Family Members and Coordination of Care Plan Meetings

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Nursing Home Social Work Network
Webinar Series

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Elise Beaulieu is currently a PhD Candidate at Simmons College. Her undergraduate work was at Suffolk University with a Master’s in Social Work from Boston College. She has over 25 years of clinical social work practice experience with older adults and those with disabilities in nursing homes, housing, rest homes, and visiting nurses. In addition, she has taught full-time and lectured at a number of Massachusetts’s colleges and universities. She currently serves as the Chair of the Nursing Home Shared Interest Group for Massachusetts Chapter.

Elise Beaulieu’s book (2nd edition)

She is the author of a number of published articles and A Guide for Nursing Home Social Workers, 2nd Ed. Springer Publishing Company 2012

Deb Beringer LBSW, Director of Social Services

Education:
• BA Degree in Recreation Education with Therapeutic Emphasis University of Iowa
• BS in Social Work from the University of Northern Iowa

Employment:
• Home Day Care: 1982 -1991
• 1991 to present – Director of Social Services in a retirement center/nursing home in Iowa.

Objectives

At the end of this seminar participants will:
1. Understand the background of NH Family Meetings
2. Identify a family systems theory approach to understanding families
3. Cite specific Federal Regulations for care plan meetings
4. Understand the best practice & realities for care plan meetings
5. Understand a sample of care plan documentation
6. Define Special Care Plan Meetings
7. Experienced critical thinking regarding a case vignette
Family Meetings in the NF

Drivers:
- Leadership
- Purpose of the meeting
  - Care planning
  - Specialized
- Attendees
  - Family representation, resident representation, attending staff
- Expectations and goals
  - Information provision, e.g. care being given, conflict resolution, discharge planning

Systems theory approach to understanding families

- Residents & families roles past/present
- Cultural differences
- Impact of change, e.g. admission to a nursing facility
- Healthy and not so healthy responses

Bowen Family Systems Theory

*Interaction and relationships of family members*

Eight Components:
1. Levels of differentiation of self
2. The nuclear family
3. Family projection process
4. Multigenerational transmission
5. Sibling position
6. Triangles
7. Emotional cut off
8. Societal emotional process

Facility Staff

- Role with the family
  - Consistent
  - One voice
  - Pro-active instead of reactive
- Communication (telephone, email, person to person, mail)
  - Type of interaction
    - Frequent, detailed
    - Crisis only

Federal Regulations for care plan meetings

- 483.20 Resident Assessment
- Comprehensive assessment of all residents with the Resident Assessment Instrument (RAI)
- MDS 3.0 gives the dates for the assessments 14, 30, 60 and then 90 days
  - Significant change in status
- Federal regulations: Resident has the right to attend care planning

Meetings: Best Practice & Realities

Best Practice:
- Care plan meetings correspond to MDS
- Formal invitations are sent
- All participants are included: (resident, family, staff, ancillary staff, etc.).
- Care plan is resident-focused and in lay language

Realities:
- Meetings are irregularly scheduled
- Invitations are irregularly sent out
- Staff and/or families rarely attend
- Meetings are completed remotely
Documentation

• **Purpose of documentation**
  – Provide a record of what has been discussed
  – Share pertinent information with those who have not attended
  – Provide goals for future follow-up

• **Recording**
  – Following improvement of a resident
  – Provide family services

• **Change planning**
  – Advance directives

Family Members and Coordination of Care Plan Meetings

A Case Study of a Care Plan Conference

By Deb Beringer, LBSW

Helpful Meeting Strategies

Team Planning:

– Determine meeting leader
– Clearly outline problems, solutions, interventions
– Identify who will be present at the meeting
– Identify who will carry out interventions
– Identify how interventions will be monitored
– Identify a time-frame

Key Elements

Family aware of resident’s cognition and wishes:

– Intermittent ability to make appropriate decisions
– Inclusion in the plan her plan of care
– Demonstrated great distress about going to wound clinic
– Refusal of wound clinic care
Conflicts

• Wound clinic treatment continuation at recommendation of the staff
• Concerns about quality of life
• Decisions about treatment continuation and referral to hospice

Education & Clarification

• Nursing intervention:
  – Recommendation of dual care: Hospice and Wound Clinic
  – Discussion with resident/family about pain and care issues
  – Nursing concern about ceasing treatment to cause increased pain and distress that would be preventable
• Social work intervention:
  – Validation of difficult decision making, encouragement of right to make decisions
• Family understanding:
  – Care should be based on an ongoing evaluation and change when necessary

Family Perspective

Problem from family’s perspective:
• Loss over loved one’s decline
• New caregivers at clinic confuse and cause distress to loved one
• Guilt about decisions made in light of nursing department’s treatment recommendations
• Not feeling heard or respected

Resident Perspective

Problem/Concerns from resident’s perspective:
• Wound Clinic trips painful, scary
• Trips disagreed with her wishes
• Did not want strangers involved
• Liked trusted staff involved in care

Staff Perspective

Problem from nursing staff perspective:
– Worrifies about best practice for wound care
– Proper pain management
– Compliance with regulations
– Informed decision making
  • Cognition loss
  • Substitute decision making

Social Worker perspective:
– Resident and family autonomy
– Compromised relationship with family
– Need for staff education

Social Work Preferred Outcomes

What were the preferred outcomes/options considered?
• Respect for family/resident wishes
• Comfort care and wound care to be managed by familiar staff
• Increased awareness of resident/family autonomy
Interventions
Increase quality communication between staff and family:
• Care plan meeting
  – social work support for resident family rights for decision making
• Additional meeting time
  – build trust
• Administration involved for problem-solving
• Social Work to educate staff about:
  – Self directed care
  – Legal authority and responsibility of surrogate decision makers
  – Effective listening techniques and communication with families

Effective Interventions
• Speaking with family individually
  – Positive comments about trusting staff
  – Sharing institutional perspective of care
• Staff education
  – Nursing accepting comfort care and wound care responsibility
  – Managed Risk Agreement

Unintended Consequences
• Concerns about the reputation of the facility by the Administrator
• Facility not meeting care goals, particularly around wound care and treatment
• Concerns about care post-mortem
  – Concerns about abuse reporting
  – E.g. Neglect

Care Plan Modification
Care Planning Strategies:
• Increase everyone’s awareness of disease progress, treatment choices and clarity of roles.
• Care plans are inclusive instruments of resident, family and staff input.
• Reflect good care through understanding the wishes of resident and family.
• Adjusting care plans to reflect changing needs of resident.

Regulations Guiding this Case Study
• Resident Rights – The 1987 Nursing Home Reform Law
• Public Law 501 Self-Determination Act
• Psychosocial Severity Guide
• Advance Directives – F-tag 155

Lessons Learned
• Improved communication and listening skills
• Improved caregiving skills at end of life
• Awareness about:
  – Role and power of the Health Care Power of Attorney
  – Right to autonomy
  – Meaning and importance of advance care planning
Possible Questions

- How was this case similar or different from situations in your own facility?
- The family in this example was united and consistent but what if the family was fragmented and inconsistent how might you utilize the team and care planning to help the resident.

Resources

**Bowen:**
- [http://www.youtube.com/watch?v=J8f8BjhHx1k](http://www.youtube.com/watch?v=J8f8BjhHx1k)

**Federal Guidelines:**

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*Thank you.*

A recording of this webinar is available through the National Nursing Home Social Work Network website:
[http://clas.uiowa.edu/socialwork/nursing-home/webinars](http://clas.uiowa.edu/socialwork/nursing-home/webinars)