Welcome!

This webinar series is made possible through the generosity of the Retirement Research Foundation.

Communicating with Families: Addressing Perceptions, Managing Risk & Documenting Outcomes

Traeon Beicher, RNB-C, ARM, CHRM, WCS, FCCWS, WCC
Paige Hector, LMSW

Objectives

- Discuss the elements of essential and therapeutic communication
- Define Service Recovery and its function
- Emphasize the significance of F250 Medically Related Social Services in relation to communication
- Review the pitfalls of electronic medical entries
Information Sharing: Four Components

• Communication
• Notification
• Documentation
• Service Recovery

Communication

• Regulatory
• Emotional
• Legal
• Economic

Communication: FACTS

Beyond Your Control
• The circumstances which brought this resident to the facility
• Non-modifiable contributing factors that impact caregiving
• Some adverse events
• Family dynamics are way beyond
• Will always be some insensitivities to clinical intervention and some irrationalities to care delivery system
• Family complaints are seldom clinical
• No adverse events are expected

Anticipate Miscommunication

Recognize the Barriers:
• Work schedules of Nursing Management, Administration and Social Services
• Unit Nurses working in a vacuum of their shift
• Clinicians’ learn to think clinically
• Time constraints
• Most communication by staff is by phone
• Compassion at times can overtake facts at the bedside
• Families often do not know the questions to ask

Questions to Ask

When a decline is recognized, families who are not prepared tend to find problems with caregiving or ask multiple questions (How is Dad eating? Has Dad gone to the bathroom?) The real problem is the decline.
• Would you like to talk about the changes in your father?
• Would you like more information about his medical issues?
• Would you like to review the care plan again?

Essential Communication

• At the time of admission
• The first 4 weeks of service
• During the care plan process
• When families visit
• The unexpected outcomes
• The expected outcomes
  o Progression of Disease Timeline
Progression of Disease Time Line

Walking → increased confusion → increased falls → non ambulatory → refusals → combativeness → lack of interest in food → inability to swallow → loss of weight → stiffness → compromised skin → Death

Notification: FACTS

• Families seldom expect adverse events
• How and who you disclose to should depend on severity
• Clinicians trained to notify, not how to notify
• Clinicians are often unclear about responsibility and accountability

Notification: The Five Rights

• The right information
• The right time
• The right sequence
• The right person
• The right attitude

Notification: FACTS

• Nurses are required to make and keep records of their professional practice
• There are no proficient standards for documentation
• There are many limitations to the nursing record for care delivery
• There is no way to fix a broken record that will not be in question
• Electronic medical records will gather more data but may not accurately reflect the resident

Documentation: Communication

• Should be planned in advance
• Should be taught
• Should meet procedural expectations
• Keep it fact based
• Timing matters
• Call in the team

Service Recovery

Resuming caregiving following service disruption; restoring confidence to residents, families and staff:

• Resolve clinical situation efficiently based on skill and protocol
• Identify failure points in the system (even for a near miss...staff knows it occurred)
• Provide understanding, empathy, guidance and nurturing for those involved

Hector and Beicher: Communicating with Families
**F250 Medically Related Social Services**

The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

**When Staff Should Refer to Social Services**

- Lack of effective family/support system
- Behavioral symptoms
- Resident aggression
- Presence of a chronic disabling medical or psychological condition
- Depression
- Chronic or acute pain
- Difficulty with personal interaction and socialization skills

**Social Services Referrals, cont.**

- Presence of legal or financial problems
- Abuse of alcohol or other drugs
- Inability to cope with loss of function
- Need for emotional support
- Changes in family relationships, living arrangement, and/or resident’s condition or functioning
- A physical or chemical restraint
- Resident who develop mental disorders

**Additional Factors for F250**

Factors with a potentially negative effect on physical, mental, and psychosocial wellbeing include an unmet need for:

- Dental / denture care
- Podiatric care
- Eye care
- Hearing services
- Equipment for mobility or assistive eating devices
- Need for home-like environment, control, dignity, privacy

**Pitfalls of Electronic Medical Records (EMRs)**

Regardless of the Software...

- All sections must be complete
- Write narratives, especially when your assessment differs from the MDS
Beware of Inadequate Software Assessments

- Some EMRs offer thorough clinical assessments and tools (skin, falls, bowel and bladder)
- Psychosocial assessments lacking
  - Check boxes are often inadequate and do not convey the depth of the assessment
  - An assessment asks about discharge goals, but not aspects of prior living (ADLs and IADLs)

Example: Section 3 Mood

- Mood is appropriate to circumstances
- Shows symptoms of depression, crying, withdrawals from activities, etc.
- Restless, anxious, complaints, etc.
- Diagnosis affects mood
- Unable to determine
  - Describe, if necessary:

Example: Section 8 Physical Condition

- Adjusted to physical limitations
- Does not fully understand physical limitations
- Does not accept physical limitations
- Repetitive health complaints
- Unable to determine
  - Describe, if necessary:

Another EMR Example

Psychosocial Evaluation and Social History

Section B: Quality of Life

- Does the resident have enough clothing?
- Does the resident feel compatible with roommate?
- Is the resident's room personalized and homelike?
- Is the resident aware of the spiritual services offered in the facility and how to engage in them?

Same EMR, Different Section

Section D: Mood and Behavior

- Has the resident been free of weight loss and sleep pattern disturbance?
- Has the resident been free of abuse?
- Is the resident free from any adjustment/mood/behavior problem?
  - If yes to above questions, what problems does the resident have?

What Social Workers DO

- Conduct assessments based in systems perspective
- Identify barriers, possible solutions or ways to ease hardship
- Recognize the bigger picture of the entire care process
- Share information in the stand-up meeting
- Check in with family, see how they are doing
- Provide thorough and timely documentation
Social Service Interaction and Collaboration

- Increase in self-directed care or other change of condition
- Care choices that affect caregiving
  - Resistance or declination of care
- Changes in mood or behavior
- Expected decline, family needing support
  - Therapeutic communication

The Goal is not to “Fix” Everything

- Physical limitations of caregivers
- Financial limitations
- Long-standing family dysfunction
- Issues related to mental illness
- Breakdowns within “the medical system”

Be Proactive

- Meet with resident and family often, not just at care conferences
- Identify realistic expectations for care based on diagnoses and prognosis
- Identify realistic limitations of the nursing home.
  - AND, be creative and demonstrate willingness to explore options even if it’s “not how we do things.”
- Invite resident and family to be in charge of appropriate aspects of their loved ones care
  - Determine what they feel is important and give it to them, such as Dad’s blood sugar levels, therapy updates, meal percentage consumed

Stay Proactive!

- Be visible
- Find a reason to go into the room, ask the family if all is well and offer information:
  - “She chose the blue dress again this morning.”
  - “He really enjoyed the movie after lunch.”
  - “The doctor was here earlier and…”

None of us is as smart as all of us.”

--Ken Blanchard

Thank You For Attending

Traeon Beicher, RNB-C, ARM, CHRM, CWS, FCCWS, WCC
Director of Risk Management Support Services
TIS Insurance Services, Inc.
865-691-4947, ext. 3242
manager@tis.com
www.tis.com

Paige Hector, LMSW
Paige Ahead Healthcare Education & Consulting, L.L.C.
520-566-3387
paigehector@gmail.com
www.paigeahead.com