KEEPING FAMILY INFORMED ABOUT THE RESIDENT

Improvement Recommendations

1. Value families as partners in resident care by considering the following:
   - Enlisting families’ participation in care plans
     - Conduct the care plan conference when the family member can participate
       - This may need to be in the evening or on a weekend
       - Consider participation via phone, Skype or Facetime
     - Learn from family members
       - The likes and needs of the resident
       - The typical daily pattern the resident followed
       - What motivates the resident
       - The resident’s preferences for activities both group and personal
       - The resident’s end of life wishes
   - Engage families’ participation in family councils.
     - This ensures that the family members learn about and have input into facility
       - Policies
       - Processes
       - Resources
   - Communicate both verbally and non-verbally (e.g., in the resident handbook, unit signage, and policy) that the organization values family presence and involvement in residents’ care (Medland & Ferrans, 1998.)
     - Communicate verbally and provide written information to out of town families, about lodging resources, food services, etc.
   - Have a resident-centered, open visitation policy that is equipped to accommodate family members (e.g., space and opportunity to be with residents.)
     - It is recommended to provide support and training to healthcare professionals to help them accommodate the presence of family members.
     - If possible, give family members access to their loved ones 24 hours a day so that they can be partners in the care process.
     - It is recommended that visitation policies include accommodation for children.
     - It is recommended that married couples have an opportunity for privacy.
     - Make accommodations for families at the time of the resident’s end of life.

2. Prior to or at time of admission, affirm what family/friends the resident wants included in the receiving of their personal information. Ensure that this happens consistently by putting in place a procedure that is uniformly implemented:
   - Clearly document this information in the medical record or care plan for easy access to all staff members.
   - Clearly identify any limitations or specifications regarding information that is not to be shared with family.

3. Ensure that family members who will receive resident information are asked about the following:
   - The information family members want to receive:
     - Identify which changes in conditions they want to be informed of:
       - Falls
       - Weight loss
Skin tears
Doctor visits
Lab results
- Change in plan of care
- Progress toward goals (e.g. rehab or other)

How frequently do they want this information:
- When there is a positive change?
- When there is a negative change?
- Weekly, biweekly etc.

Changes in available treatment options

The way in which the family members would like to receive information:
- Telephone
- Email
- Text message
- It is recommended that a routine time is set to notify the non-present family via telephone or email to provide them with updated information.

The frequency with which the family would like informational updates.
- Ask the family members if they would like updates with any change in the resident’s condition (i.e., signs of improvement as well as deterioration.)

Document how to notify family members living out of the area.

The types of involvement the family members would like to have:
- Resident care conferences conducted by the interdisciplinary care team. This provides an open forum for family to get their questions and concerns presented and receive timely, unified answers (DeJong & Beatty, 2000.)
- Facilitate the family, as desired, in difficult communications with non-present family and/or friends (DeJong & Beatty, 2000.)

4. Ensure that the staff is accountable to meet the informational needs and expectations of families:
- Ensure that nurses are available to answer questions about residents during times when families visit.
- Inform family members in a timely manner about issues important to them (e.g., change in condition, emergency, hospitalization.)
- Ensure that the care team provides consistent, honest, and understandable information to the resident and family:
  - Use the medical record/care plan to communicate current information.
  - Members of the team need to utilize the same keywords or phrases when providing information to minimize confusion or misunderstanding.
  - Attempt to have a consistent nurse or staff member speak to a key family members.
  - Avoid medical jargon when speaking to family members.
  - Assess individual family member’s understanding of the resident’s information. Clarify as needed with written or other visual or auditory materials.

5. Make billing clear and understandable:
- Make staff available to assist with billing questions.
- Ensure that changes in billing are explained and expected (e.g., services, products, policies.)

6. Provide support services for families and friends about how to care for and visit residents going through particular phases of a disease process:
• Stages of Alzheimer’s Disease
• Stages of Parkinson’s Disease
• Cancer
• Stroke Rehab
• Cardiac Rehab
• Rehabilitation following hip or knee replacement

7. Also provide access to emotional and transition support to family members with loved ones going through the stages at end of life.

8. Inform families of events (e.g., memorials, celebrations, holidays.)

REFERENCES
