Responding to Challenges
Presented by Families

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FAMILIES ARE CRITICAL KEYS
TO OUR SUCCESS
The Varied Roles they play:
- Customers
- Advocate
- Partners in developing/implementing care
- Watchdogs
- Referral Source
- Potential Legal Adversary
- MDS 3.0 & QIS Participant

Families & Residents are influenced by:
- General media — sensational reporting of abuse, neglect or mistreatment
- Public’s negative perceptions or stigmas regarding sickness, aging & death
- The real and perceived loss of control and dignity in institutional, medical settings
- Families’ own anxiety/guilt/fear...leads to confirmation bias
- Their own experience with your staff!!!
Key Concepts in Health Care Reform

**Triple Aim:**
- Decrease costs (e.g., avoid re-hospitalizations and ER visits)
- Improve quality/outcomes (LOS on rehab units, 5 Star and State Survey Ratings)
- Increased Satisfaction

Why it’s important
- Who selects the nursing home?
  - Word-of-mouth effect our referrals
  - Negative feedback to referral sources effects admissions and census
- Who calls the “Hotline” or Ombudsman?
- Who sues the nursing home?

Increased Family-Caregiver stresses include:
- Nearly 1 out of every 4 households is involved in providing care to a person aged 50+
- 5.8 – 7 million people (family, friends and neighbors) provide care to persons 65+ who need assistance with everyday activities
- Of those caring for someone aged 50+, the average age of family caregivers is 46
- 75% of those providing care to older family members and friends are female
- 25% of all workers provide eldercare (65+)
- 52% of all caregivers for persons 50+ are working full-time
- Among working caregivers, two-thirds report having to rearrange work schedules, decrease their hours or take unpaid leave in order to meet their care giving obligations
### Community Long Term Care Support providers

<table>
<thead>
<tr>
<th>Relationship to older person</th>
<th>% of all Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife</td>
<td>13.4%</td>
</tr>
<tr>
<td>Husband</td>
<td>10.0%</td>
</tr>
<tr>
<td>Daughter</td>
<td>26.6%</td>
</tr>
<tr>
<td>Son</td>
<td>14.7</td>
</tr>
<tr>
<td>Other female relative</td>
<td>17.5%</td>
</tr>
<tr>
<td>Other male relative</td>
<td>8.6%</td>
</tr>
<tr>
<td>Other female nonrelative</td>
<td>5.7%</td>
</tr>
<tr>
<td>Other male nonrelative</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

### MDS 3.0 & QIS

**MDS 3.0**

Repeated multiple times in discussing input during Assessment, Decision Making, and Care Planning:

“Residents’ families (and/or guardian or other legally authorized representative)”
Input From Families at Each Stage

- Assessment
- Decision Making
- CCP Development
- CCP Implementation
- Evaluation

Family Input

QIS Involving Families

- **Family Interview**
  During Stage I interview 3 family members or representatives who visit facility regularly. Should involve family/reps of residents who are not capable of being interviewed

- **Quality Indicator Survey Critical Elements Pathway**
  Family members or representatives can be interviewed for 14 of the 16 Critical Elements Pathways

Topics Covered in Family Interview

- Choices/Preferences
- Activities
- Privacy
- Dignity
- Interaction with Others
- Sufficient Staff
- ADL Assistance
- Oral Health
- Abuse
- Personal Property
- Building and Environment
- Exercise of Rights
- Costs & Personal Funds
- Admissions Process
- Notification of Change
- Participation in Care Plan
Potential QIS Input: Critical Elements Pathways

- Activities
- ADL/ROM
- Bladder Function
- Hearing/Vision
- Dialysis Treatment
- General Matters
- Hospice/Palliative

- Nutrition/Hydration
- Pain Management
- Physical Restraints
- Pressure Ulcers
- Psychoactive Medications
- Rehab & Community Discharge
- Ventilator-Dependent Residents

Understanding Families

- Adjustment problems to transition and change in role
- Guilt/Compensation
- Displacement/Projection of Feelings
- Introduction of longstanding family problems
Examples of Longstanding Problems

- Role in Family... examples:
  Favorite child
  Unappreciated/sacrificing spouse
  Overly responsible daughter
- Unresolved emotions/needs
- Conflicts between first and second families
- Sibling Conflict
- Mental health issues
- Hidden agendas

The costs of failure....

- Hotline Calls
- Poor survey outcomes
- Lawsuits
- Insurance issues
- Marketing/Admissions impact

Success Loop

- Increased family satisfaction
- Increased regulatory compliance
- Increased quality of care
- Stable staffing
- Staff satisfaction
- Resident satisfaction

Increased family satisfaction
Results of Family Factors
- Small issues escalate
- Struggle for power
- Chaotic interactions
- Difficulty responding to concerns
- Targeting of staff
- Outburst/threats
- Loss of boundaries
- Abdication of Role

Effects on the Caregiver
- Increased frustration
- Arguing with Family Members
- Feelings of being manipulated/exploited
- Avoiding resident
- Feeling angry at the resident
- A loss of professional objectivity
- Contamination of care environment

Consistent Findings
90% of unresolved conflicts are caused by a small number of families!
Common Factors Leading To Conflict With Families

Summary of Major Problems With Families
- Families attempt to control Staff
- Families attempt to dictate medical care
- Interested in having their way at expense of care
- Families unlimited access to Staff
- Families distorted views of Staff's motives
- Families sense of entitlement
- Families violation of rules

What Families Do To Get What They Want
- Threats or false complaints
- Harass Staff
- Demand information from other residents
- Badger other residents
- Wait for Staff at beginning of shift at elevator door
- Complain about Staff to other families
- Spread rumors
- Intimidation/abusive towards Staff
- Interrupt care of other residents
- Disrupt Care Routine/Contraindicate Care Plan
Major Problems With Families in Short-Term Rehabilitation

- Blame Staff for lack of progress
- Demand more PT
- Families resistant to appropriate discharge
- Demand resident to be placed into LTC (not qualified)
- Demands for re-evaluations
- View Short-term care as a road to Long-term care

Major Problems With Staff Behavior

- Complain about their job to Families and Residents
- Discuss personal problems with Families and Residents
- Cater to demanding Families
- Accept gifts & gratuities from Families
- Act-out anger towards resident or a difficult family member

Strategies
The Goal of Harmonious Communication

- Active listening by both parties
- Establishing a shared agenda
- Cooperative action...i.e. resolution

Interpersonal Themes

- Trust versus Distrust
- Listening versus Presenting
- Co-operation versus Competition
What Gets You Stuck?

- Patience **versus** Urgency
- Calm **versus** Intensity
- Empathy **versus** Judgment
- Connecting **versus** Defensiveness

When Problems Arise

- Conflicting agenda
- Misinterpretations
- Fundamental distortions in perceptions

Listening

- Listening is not agreeing
- Arguing is not listening
- Listening in and of itself can be helpful
- Listening is an active process
Clarifying

- People often have trouble putting their concerns into words...they aren't sure what they want...Tsunami of concerns
- Help narrow broad issues into actionable steps
- Empathize...Empathy is not agreeing

Clarifying Statements

- "I am trying to understand your concern so I can figure out how to help...tell me more"
- "I hear there is a lot going on...lets start with..."
- "Lets see how you and I can develop our next step..."
- "I think I understand what's happening, your concern is..."

Non Defensive Posture

- People often feel they have been wronged, so they want consequences rather than resolution...they attack
- Good communication often starts by allowing person to vent
- A defensive response on your part derails progress toward resolution
Non Defensive Response

- “You certainly have the right to do that, but before you do let me see if I can help resolve the matter”
- “I am concerned about this also, let me look into it more.”
- “I see you mom almost everyday and I want her to be happy with her care just like you. Let me review what’s happening”

Suggestions & Practices

- Goal is not establishing who is right or wrong
- A disagreement is not the same as poor communication
- Avoid over promising and under delivering

Care is based on trust

- The first few days of admission are key to developing trust
- Communication is the critical link to a successful admissions process
  - Identify and set realistic expectations
  - Educate and engage resident/family
  - Implement common goals with realistic outcomes
**Other Lines of Communication**

- Resident/Family education programs
- Scheduled phone calls with designated family contact points
- Family Councils
- Ethics Committees
- Newsletters
- Resident/Family Satisfaction surveys

**As always, documentation is critical**

- Attendance sheets
- Keep meeting minutes
- Separate Family contact logs
- Refusal forms
- Release of responsibility forms
- DOCUMENT IN MEDICAL RECORD
- Send Certified letters is unavailable or no phone contact

**Pro-Active vs. Reactive Management**

- Do not wait to set the tone of the relationship until problems erupt
- Use a Team approach
- Provide a consistent, cohesive message
- Create lines of communication to keep family members aware of issues
  - What might take 10 minutes to explain up front, can take 2 weeks to resolve after eruption...
Interpersonal Style

Professionalism and Objectivity
Factors that diminish our professionalism:
- Placing our beliefs/values on others
- Overreactions to residents and families
- Losing sight of our role & responsibilities
- Ignoring our contribution to the problem
- Becoming rigid/inflexible
- Losing sight of the bigger picture

Daily Practices
- Don’t personalize
- Stay calm, but set limits
- Don’t struggle for power
- Avoid contaminating the care atmosphere
- Establish realistic expectations for both family & resident
The Most Powerful Psychological Intervention
In a Skilled Nursing Facility

Maintaining Respect & Dignity!

Effective Communication to Resolve Conflict

- Tone of Voice: 55%
- Words: 38%
- Body Language: 7%

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Facility Practices and Procedures

Ten Approaches to Deal With Challenging Families
1. Early Identification/discussions with staff
2. Clarify/address unrealistic expectations
3. Establish an agreed upon approach
4. Don’t over respond, but stay actively aware
5. Appreciate the value of spending time

Ten Approaches to Deal With Difficult Families (Continued…)
6. Identify areas of family satisfaction
7. Don't allow intensity of the family to contaminate resident care
8. Set appropriate limits, but avoid becoming rigid, attempt to prove a point, or teach a lesson
9. Periodically, have an independent review of the chart
10. Communicate and reinforce a team approach