



Educating Family Members on the Care Plan

In Long Term Care Setting
by Rebecca MacLure



Welcome

I would like to begin by acknowledging that the land, on which we gather, is the traditional and unceded territory of the Abegweit Mi'kmaq First Nation.

Purpose

The purpose of this presentation is to outline the health initiative “Educating Family Members on the Care Plan” for the population of those living in long-term care (LTC) and their family members. Current evidence from research will be provided to support the initiative and a budget will show the costs required to implement the project. Community Readiness Model and Strengths Model will be defined as theories to guide this program. This initiative will show how nursing can implement changes in health-care through an education and health promotion program. This project will provide solutions that impact quality of care, client outcomes, and health costs.

Objectives

- Clear Mission Statement
- List of Project Goals
- Describe the population
- Provide relevant research that supports how and why family members want to be involved in the resident care plan
- Describe how this project is relevant to the population within a primary health care framework
- Describe the materials required and present a budget for pilot project
- Outline theories used for program
- Summary

Mission Statement

Enhancing the lives of those living in Long Term Care facilities by educating their family members and using these strengths to develop care plans that improve quality of life and help them prepare for end-of-life decisions

Goals of Program

- Improve quality of life for residents by including family members in the care plan
- Promote partner centered care by improving communication and working relationships between staff, family, and residents
- Develop an accessible education program for families to include them decision making and the care plan
- Use chosen theories to guide program
- Stay within budget
- Over time see a reduced use of acute care services such as Emergency and a decrease in hospital stays

Population of Residents in Long Term Care

- In March, 2014 there were 1519 long term care facilities in Canada, serving 149 488 residents
- Increase of 20% in the age group of 65-85 since 2011
- Another increase of 20% for this age group in Canada by the year 2024
- Growing need for nursing homes as 6.8% of people over 65 in Canada live in nursing care facilities
- The percentage of people over 85 or more years of age that live in nursing homes is 30%

(Statistics Canada, 2015)

- On PEI in 2018 the senior population was 19.4% and is expected to grow to 25% by the year 2025

(Government of PEI, 2018)

Provincial Action Plan for Seniors

The province of PEI created a Provincial Action Plan for Seniors, Near Seniors, and Caregivers to improve overall health. This plan provides a framework to help the province in the promotion of health and wellness for seniors on PEI. It was determined there was an overall need for improved education and communication for seniors, and their caregivers, in our health-care system.

(Government of PEI, 2018)

Reasons to include family in the Care Plan

Family Members:

- See involvement as a value not a burden.

(Thoresen and Lillemoen, 2006)

- Help the resident maintain quality of life and sense of autonomy.

(van Hoof et al., 2016)

- Encourage best quality of personal care to residents.

(Voutilainen et al., 2006)

Reasons to include family in the Care Plan

Family Members con't:

- Represent the residents' perspective, history, and maintain family connections.

(Bern-Klug and Forbes-Thompson, 2008)

- Detect health issues early and therefore early hospital admissions may be avoided.

(Blighe et al., 2018)

- Their preparation and education results in fewer hospital transfers at end-of-life as the difficult decisions have been dealt with in advance.

(Cornally et al., 2015)

Evidence to Support education and involvement of family in the care plan

- Family members are most aware of resident's needs upon admission to LTC.

(Hutchinson et al., 2017)

- Staff who want to see improved relationships with family, suggest the role of family to be more specific and outlined by the care plan.

(Bauer M. 2006)

- When family members are more involved in care, and communicating well with staff, conditions may be detected that avoid early hospital admissions.

(Blighe et al., 2018)

Evidence to Support education and involvement of family in the care plan con't

- Encouragement of family involvement helps provide the best quality of care to residents and this requires a systematic approach.

(Voutilainen et al., 2006)

- Residents express their desire to have family work with staff to increase communication and quality of care. Person-centered care involves family and friends, coordinated care, and communication and education. Research shows the importance of family involvement to improve the well-being of the resident.

(Hutchinson et al., 2017)

- When communication and education are not used to help residents and families set their goals of care, there is a great deal of pressure on the family to make uninformed decisions. They are less likely to require the use of emergency or hospital stays if these decisions are made prior to an incident.

(Stone et al., 2013)

Methods to Educate Family Members

- A booklet including topics of disease, end-of-life care, and decision making that is used as an early education tool and given to families to review even before admission if possible.

(Van der Steen et al., 2012)

- Initial face-to-face meeting with family and staff during admission process used to discuss the advance care plan process. This initial meeting being the foundation for follow-up meetings to reinforce the information and answer questions.

(Cornally et al., 2015)

- A blend of face-to-face and online education and training recommended for residents and family that includes all staff of the facility in the process, beginning at time of admission.

(Cornally et al., 2015)

- A model of care that has staff collaborate with family as a necessary part of their role where educators assist staff in implementing a new partnership approach.

(Hutchinson et al., 2017)

Education topics outlined by families

- Respecting the wishes of residents care choices
- How to communicate with family members of dying residents
- End-of-life care
- Care and coverage offered by the facility
- Principles of care
- Physiology of stages in death and dying

(Brazil and Vohra, 2005)

Barriers to providing education

- Institution and financial resources
- Family's acceptance of disease and dying
- Availability of educational resources
- Ability of family to attend sessions
- Language or culture barriers
- Staff availability

(Brazil and Vohra, 2005)

Proposed materials to implement project

1. One wall, preferably in the family room or common area, will be used to promote family education. This area called “Making Room for Family” will supply educational materials.
2. An education binder including a list of topics and basic knowledge of each area with a list of supplemental education (e.g. websites, modules, forums) the family may find online.
3. A “Checklist” form will be made for the family of education topics and it will include a self evaluation of their knowledge. This may be kept by family member and an updated copy for the resident file. This “Checklist” will have an area for nurses to note what areas of education have been covered with family members by nursing staff.
4. Computer access will be provided for family members to look-up suggested online educational materials.

Examples of Topics for Binder and Checklist:

1. Progression of dementia
 - a. Eating and drinking difficulties
 - b. Repeated infections
 - c. Appropriate hospital transfer
 - d. Palliative and comfort care
2. End of life decisions
 - a. Role of family and practitioners
 - b. Improving methods of communication and decreasing conflict
 - c. Withholding life-prolonging treatments
3. Relief of symptoms
 - a. Breathing, pain, anxiety, dehydration
 - b. Use of antibiotics
 - c. Respecting the choices of residents and family
4. Care and coverage of the facility
5. Final stages of death and dying (the physiology and emotions)

Proposed Budget for Pilot

1. Staffing Hours required for setting up above materials and space	100 X 30 = 3000
2. Materials for Family Room Wall	500 = 500
3. Binders and photocopy services	200 = 200
4. Ipad for each unit	3 X 600 = 1800
5. Family computer all ready in facility moved to more accessible space	0 = 0

	\$5500.00

Promoting Primary Health Care Within the Initiative

Public Participation - This population health program will include the participation of family members and caregivers of those living in a LTC facility in the care plan of their loved one.

Accessibility - The program will aim to give family members access to health information by providing an area in the facility where they can use the materials provided or request additional educational materials.

Appropriate technology - These supplied materials will be offered both in person, on paper, as well as supplementing with websites that offer health information for the older adult.

Promoting Primary Health Care Within the Initiative con't

Wellness promotion - The research given here show how the inclusion of family can increase quality of life for residents and help them maintain their best state of mental and physical health.

Intersectoral collaboration - The staff of LTC will be required to work with the families to implement this education program. Nursing as well as dietary, OT, PT, and activities will be included in each residents plan of care and family will be made more knowledgeable regarding their roles.

Financial - This program can provide families access to a great deal of existing information at a very low cost to health care. With its implementation the health care system would have a large potential savings due to reduces hospital stays through increased family knowledge.

Theory - Community Readiness Model

McKenzie et al. (2017) outline the Community Readiness Model (CRM) as a stage theory that was developed in the 90s used to address the concerns of communities and help them establish programs to help their community evolve. This theory may be used to create an initiative for the families of residents in the LTC community. By conducting interviews with the stakeholders it acknowledges the current strengths and readiness of the community and then moves toward developing a community-specific program.

Theory - Community Readiness Model

1. No Awareness - problem not recognized
2. Denial - little recognition
3. Vague Awareness - something should be done but no motivation
4. Preplanning - recognition but no plan
5. Preparation - planning not based on data and modest support
6. Initiation - information to justify and support efforts, staff training, little resistance
7. Stabilization - program running, staffed, and supported
8. Confirmation/Expansion - program supported by community, evaluated, and modified
9. Professionalism - running effective program continues to be evaluated and modified

Theory - Community Readiness Model

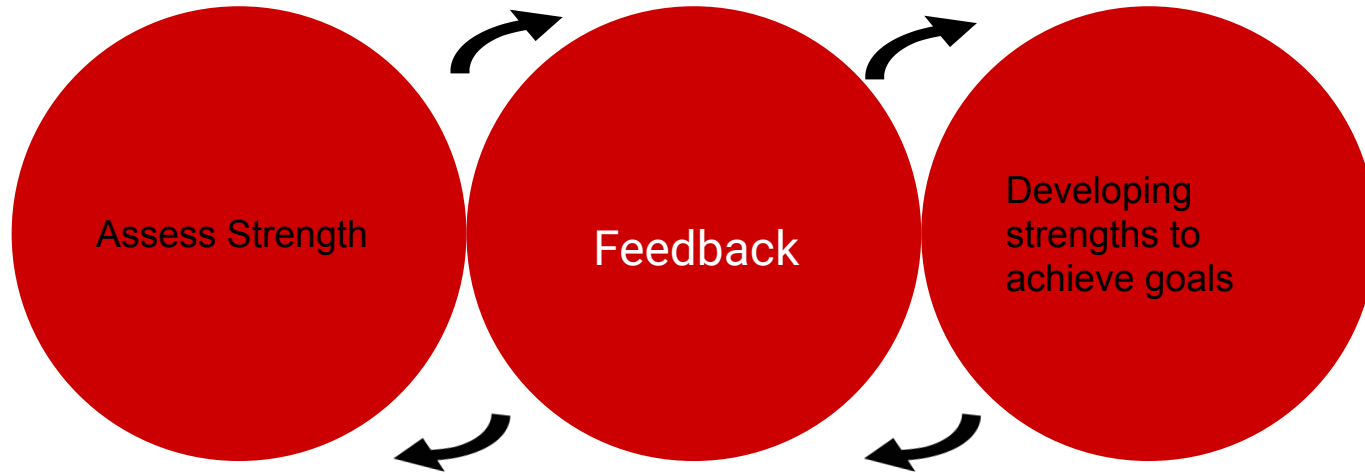
The CRM defines nine stages of readiness for the community. An assessment is done to find the starting point from which the program should begin and then continue with the following stages to create an effective program. The initiative continues to be evaluated and modified to meet the needs of the population.

Once the stage of readiness can be established the initiation process can provide information for a program to begin.. The final stages of the model enhance the services provided and continue to evaluate and modify the program to stay current with the needs of this population.

(McKenzie et al., 2017)

Three Step Strength Based Model

(Kiwanuka et al., 2019)



Three Step Strength Based Model con't

This model can be used to simplify the aspect of patient and family centered care for the purpose of increasing family education. The three keys steps are used to develop strengths. Each time strengths are assessed and developed the step of feedback is required. The family can see where they are making improvements and then work on new areas where they want to see growth. This process continues as the family becomes more educated and capable in their ability to work and cope with the care of their loved one in the LTC facility.

(Kiwauka et al., 2019)

Summary

This presentation has provided criteria for the health population project “Educating Family Members on the Care Plan” for the population of LTC residents and their loved ones. The research shows a need for communication and education in this population. The families of those living in LTC have expressed the desire to be more engaged in care (Hutchinson et al., 2-17). The theories chosen to guide this program have been used successfully in institutional settings to both develop and improve community programs. A budget is provided for the project. This budget shows how this initiative can be implemented without a great deal of cost to the health care system. The outcomes of executing this project will include improved quality of life for residents, and savings for the health-care system by reducing the use of acute care services and hospital stays.

Questions



References

Bauer M. (2006). Collaboration and control: nurses' constructions of the role of family in nursing home care. *Journal of Advanced Nursing (Wiley-Blackwell)*, 54(1), 45–52. Powell, C.,

Bern-Klug M, & Forbes-Thompson S. (2008). Family members' responsibilities to nursing home residents "she is the only mother I got." *Journal of Gerontological Nursing*, 34(2), 43–52.

Blighe, A., Froggatt, K., McCormack, B., Woodward, C. B., Young, J., ... Downs, M. (2018). Family involvement in timely detection of changes in health of nursing homes residents: A qualitative exploratory

Brazil, K., & Vohra, J. U. (2005). Identifying educational needs in end-of-life care for staff and families of residents in care facilities. *International Journal of Palliative Nursing*, 11(9), 475-480. Retrieved from <https://proxy.library.upei.ca/login?url=http%3a%2f%2fsearch.ebscohost.com%2flogin.aspx%3fdirect%3dtrue%26db%3dc8h%26AN%3d106549337%26login.asp%26site%3dehost-live%26scope%3dsite%26profile%3Dehost>

Cornally, N., McGlade, C., Weathers, E., Daly, E., Fitzgerald, C., O'Caoimh, R., . . . Molloy, D. W. (2015). Evaluating the systematic implementation of the 'let me decide' advance care planning programme in long term care through focus groups: Staff perspectives. *BMC Palliative Care*, 14, 1-10. doi:10.1186/s12904-015-0051-x

References

Government of Prince Edward Island. (2017) Promoting Wellness, Preserving Health –A provincial Action Plan 2018. Retrieved from https://www.princeedwardisland.ca/sites/default/files/publications/dhw_promoting_wellness_preserving_health_action_plan.pdf

Government of Prince Edward Island. (2018) Healthy Islanders Healthy Communities 2015-2018 Strategic Plan. Department of Health and Wellness. Retrieved from https://www.princeedwardisland.ca/sites/default/files/publications/dhwsp20152018_0.pdf

Hutchinson, A., Rawson, H., O'Connell, B., Walker, H., Bucknall, T., Forbes, H., . . . Ockerby, C. (2017). Tri-focal model of care implementation: Perspectives of residents and family. *Journal of Nursing Scholarship*, 49(1), 33-43. doi:10.1111/jnu.12269

Kiwanuka, F., Rad, S. A., & Alemayehu, Y. H. (2019). Enhancing patient and family-centered care: A three-step strengths-based model. *International Journal of Caring Sciences*, 12(1), 584-590. Retrieved from <https://proxy.library.upei.ca/login?qurl=http%3a%2f%2fsearch.ebscohost.com%2flogin.aspx%3fdirect%3dtrue%26db%3dc8h%26AN%3d136698228%26login.asp%26site%3dehost-live%26scope%3dsite%26profile%3Dehost>

McKenzie, J., Neiger, B., & Thackeray, R. (2017). *Planning, Implementing & Evaluating Health Promotion Programs* (7thed.). United States, WA: Pearson Education.

Statistics Canada Long-term Care Facilities Survey, 2013
<https://www150.statcan.gc.ca/n1/daily-quotidien/150504/dq150504b-eng.htm>

References

Statistics Canada. 2017. *Age and sex, and type of dwelling data: Key results from the 2016 Census*.
<http://www.statcan.gc.ca/daily-quotidien/170503/dq170503a-eng.pdf>

Statistics Canada. 2015. *Canada's population estimates: Age and sex, July 1, 2015*.
<http://www.statcan.gc.ca/daily-quotidien/150929/dq150929b-eng.pdf>

Stone, L., Kinley, J., & Hockley, J. (2013). Advance care planning in care homes: The experience of staff, residents, and family members. *International Journal of Palliative Nursing*, 19(11), 550-557. Retrieved from
<https://proxy.library.upei.ca/login?url=http%3a%2f%2fsearch.ebscohost.com%2flogin.aspx%3fdirect%3dtrue%26db%3dc8h%26AN%3d104165976%26login.asp%26site%3dehost-live%26scope%3dsite%26profile%3Dehost>

Thoresen, L., & Lillemoen, L. (2016). "I just think that we should be informed" a qualitative study of family involvement in advance care planning in nursing homes. *BMC Medical Ethics*, 17, 1–13.
<https://doi-org.proxy.library.upei.ca/10.1186/s12910-016-0156-7>

van der Steen, Jenny T., Arcand, M., Toscani, F., de Graas, T., Finetti, S., Beaulieu, M., . . . Hertogh, C. M. P. M. (2012). *A family booklet about comfort care in advanced dementia: Three-country evaluation*. New York, New York: Elsevier B.V. doi:10.1016/j.jamda.2011.02.005

References

van Hoof, J., Verbeek, H., Janssen, B. M., Eijkelenboom, A., Molony, S. L., Felix, E., ... Wouters, E. J. M. (2016). A three perspective study of the sense of home of nursing home residents: the views

Voutilainen P, Backman K, Isola A, & Laukkala H. (2006). Family members' perceptions of the quality of long-term care. *Clinical Nursing Research*, 15(2), 135–149.