Assessing Family Care Conferences in Long-Term Care: Lessons Learned From Content Analysis

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INTRODUCTION

- End of life (EOL) communication in long-term care homes (LTC) is often inadequate and delayed, leaving residents dying with unknown preferences or goals of care.[1]
- Poor communication with staff contributes to families feeling unprepared, distressed and unsatisfied with care.[2]
- Family Care Conferences (FCC) aim to support structured, systematic communication around goals and plans for EOL.[3]

OBJECTIVES

As part of the 'Strengthening a Palliative Approach to Care' (SPA-LTC) project[4,5], FCCs were implemented in 4 LTC sites in Ontario, Canada.

The purpose of this sub-study is to examine FCC:
a) content, and
b) guiding processes such as documentation and multidisciplinary staff participation using mixed methods.

METHODS

- 39 residents were enrolled in SPA-LTC with a Palliative Performance Scale of 40% (nearing death)
- 24 FCCs organized by LTC staff for enrolled residents based on clinical expertise (e.g. declining and family would benefit from EOL communication)
- Data collected from 41 FCC forms and site-specific electronic charts to explore content discussed and care planned
- Directed-content analysis using the Canadian Hospice Palliative Care Association's 'Square of Care' model domains [6,7,8]

Documents Used for EOL Communication in Family Care Conferences:
FCC Forms
- Family questionnaire
- Physician invitation
- Staff communication sheet
- Planning checklist
- Plan of Care Conference Summary

Site-Specific Documents
- Paper chart or electronic (e.g. "Point Click Care")

Figure 1: Canadian Hospice Palliative Care Association: 'Square of Care'

Common Issues	Process of Providing Care: Assessment	Information Sharing	Decision-making	Care Planning	Care Delivery	Confirmation
Disease Management						
Physical						
Psychological						
Social			Patient and Family Care			
Spiritual						
Practical						
End of life/ Death Management						
Loss, Grief						

Results

Resident Characteristics	FCC (n=24) n(%)	Mean (SD)
Male Female	9 (37.5) 15 (62.5)	
Age at enrollment (years)		86 (9)
Length of Stay in LTC		6.7 (3)
Dementia	22 (92%)	
Charlson Comorbidity Index		7.75 (2)
Hospitalizations in last year (Y/N)	8 (33%)	
Palliative Performance Score		38 (8.9)
Duration from FFC to death (weeks)		7.11 (9.9)
Deceased, in LTC	9 (37.5)	

Staff Disciplines Attending	Family Care Conference (n=24)
Nursing (RN/RPN)	20 (71%)
Social Work	14 (58%)
Recreational Therapy	11 (46%)
Director/Assistant of Care	9 (38%)
Dietary	9 (38%)
Physician	8 (33%)
Physiotherapy	3 (13%)
Personal Support Workers	3 (13%)

Family Attending	
Daughter/in-law	12 (50%)
Son/in-law	9 (38%)
Wife	3 (13%)
Other	2 (8%)
Resident	1 (4%)
Husband	1 (4%)

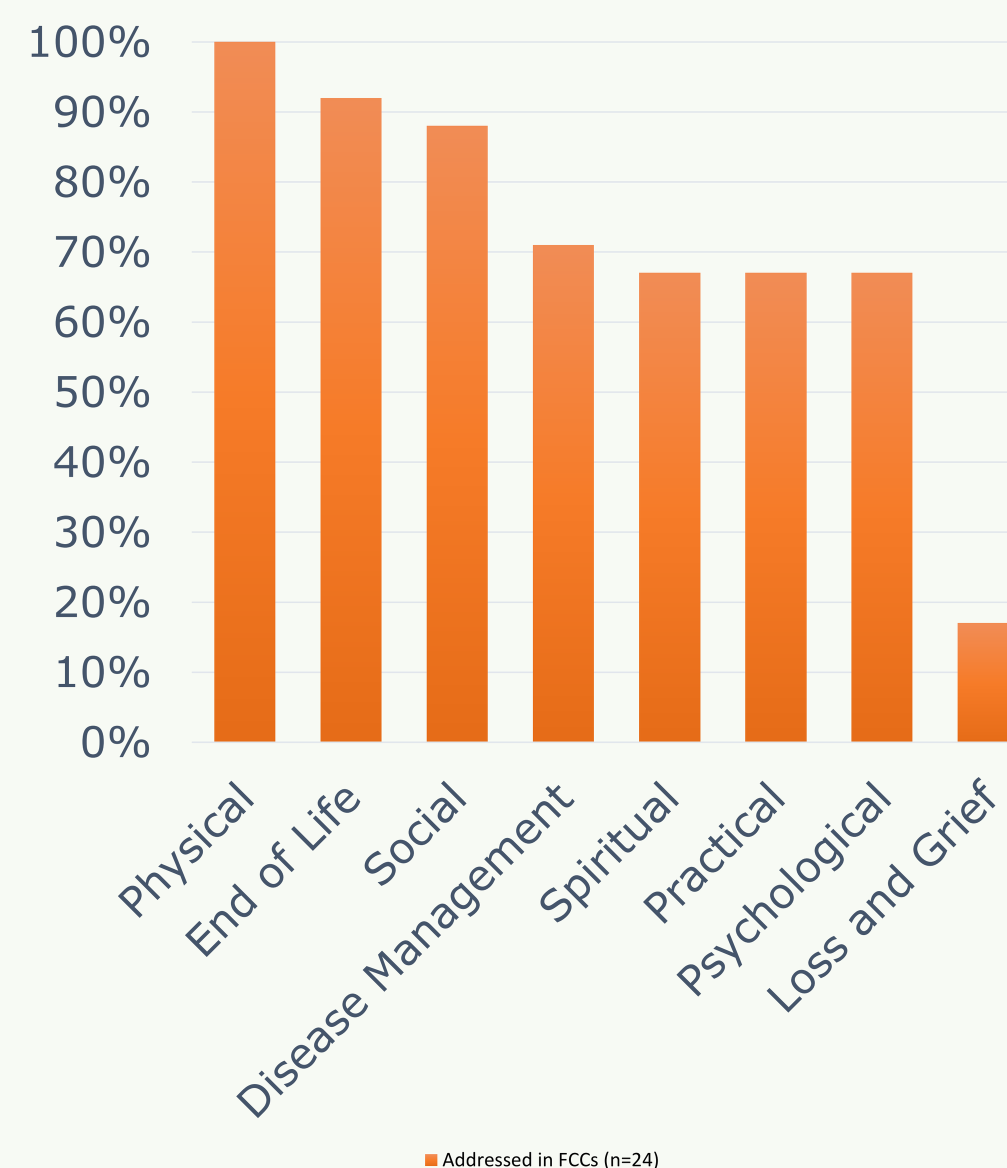

Chart 1: 'Square of Care' Domains

Palliative Care Domain	Care Plan	FCC Forms M(SD)	Electronic Documents M(SD)
Disease Management	Goal	0.06(0.2)	0
	Planned Intervention	0.12(0.5)	0.4(0.7)
Phsycial	Goal	0.29(0.5)	0.3(0.7)
	Planned intervention	0.82(0.9)	1.2(1.6)
Psychological	Goal	0.35(0.5)	0.22(0.4)
	Planned Intervention	0.65(1.2)	0.44(0.8)
Social	Goal	0.35(0.5)	0.22(0.4)
	Planned Intervention	0.50(0.8)	0.4(0.7)
Spiritual	Goal	0.12(0.3)	0.11(0.4)
	Planned Intervention	0.47(0.8)	0.56(1.3)
Practical	Goal	0.24(0.6)	0.22(0.4)
	Planned intervention	0.35(0.7)	0.5(1.3)
End of Life	Goal	0.35(0.6)	0.44(0.7)
	Planned Intervention	1.47(1.7)	1.57(2.1)
Loss/ Bereavement	Goal	0	0.1(0.3)
	Planned Intervention	0	0.(0.7)

Care Planning

Goal: *"Family does not want resident to be alone if dying"*
Planned intervention: *"Provide 1:1 staff for nights and volunteers when family isn't in. Provide a cot at beside for family to sleep"* *(Site 4)*

Goal: *"Only medications for comfort measures…son does not feel that all of her medications are necessary"*
Planned Intervention: *"Doctor to review and discontinue disease management medications"* *(Site 3)*

Goal: *"Only transfer to hospital for treatable conditions, not for life-saving measures"*
Planned Intervention: *"Provide care and maintain resident in LTC if at end of life"* *(Site 4)*

Goal: *"Jewish prayers to be said…"*
Planned Intervention: *"Rabbi to meet with resident to find out where her shawl is located and choose prayers"* *(Site 4)*

Summary

Palliative Care Content Addressed in Conferences[9]
- 71% of domains addressed by FCCs on average
- Focus on physical and EOL care discussion, minimal discussion of loss and bereavement

Care Planning in Conferences
- 2.0 (SD2.2) Goals identified per FCC
- 5.0 (SD5.0) Planned interventions per FCC

Multidisciplinary Participation:
- On average each FCC attended by 4 staff, representing 4 disciplines
- Minimal participation by Personal Support Workers and Physicians
- 3-4 Disciplines attending = 59% of palliative domains addressed
- 5-6 Disciplines attending = 80% of palliative domains addressed

Format of Documentation
- Higher proportion of goals documented on FCC forms (M 1.9 vs. M1.4)
- Higher proportion of interventions documented on electronic charts (M 4.4 vs. M4.6).

CONCLUSIONS

- FCCs address the majority of palliative care domains
- Implications to optimize FCCs include tailoring use of FCCs forms, prompting bereavement discussion, furthering engagement of PSWs and physicians.

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