

Long-Term Care Survey Alert

Family Relations: 8 WAYS TO ENLIST FAMILIES IN MUTUAL QUEST FOR QUALITY CARE

Residents' families can be a facility's best friends or their worst nightmare if they gather and report evidence of poor care to outside authorities.

Some family members may even belong to the Black Pen Society, whose members are trained by advocacy organizations to sketch an immobile resident's position and label the drawing with the time and date, cautions **Mark Kleiman**, a Los Angeles attorney who often represents whistle blowers. Then the family person returns a couple of hours later to see if the resident is still in that position. If so, you may have a complaint in the making.

"You never know when family members are doing things like that or logging observations such as missed treatments," Kleiman notes.

You can, however, partner with family members to help ensure their loved ones get the best possible care. In that regard, Kleiman suggests facilities follow the example of a nursing home in San Francisco that invites residents' families to drop by at off-hours. "The facility's staff couches their approach by saying, 'We want you to see how your loved one is doing and to be our eyes and ears. We don't expect a problem but if you see one, we want you to tell us about it immediately,'" Kleiman reports.

Here are other ways to build solid relationships with families by addressing their concerns, emotional needs and observations:

1. **Assign new family members an internal "ombudsman,"** e.g., a licensed professional. This person can answer family members' questions or direct them to someone in the facility who will help them, suggests **Harvey Tettlebaum**, an attorney with **Husch & Eppenberger** in Jefferson City, MO. After a few months, the family members can be transitioned to a regular caregiver on the unit or floor.

But make sure that whoever serves that function can cross departments to address nursing, dietary, maintenance or other issues, adds **Francis Battisti**, a psychiatric social worker in Binghamton, NY.

2. **Assign the same caregivers on a regular basis.** Residents and families who forge a trusting relationship with a constant set of caregivers are more likely to vent their concerns to those individuals rather than to outside agencies. Primary caregivers will also be in a position to validate family members' observations of subtle changes in a resident's condition that might signal a serious illness.
3. Educate family members upfront about their loved one's disease and the aging process so they don't blame you for inevitable outcomes. "Otherwise, family members, who are grieving or in denial may misinterpret their resident's decline or symptoms as abuse or neglect," Kleiman notes.
4. **Provide a "new resident family" orientation program that truly helps families know what to realistically expect from your facility.** "The orientation should also explain the range of emotions that families experience when placing a loved one in a nursing facility," Tettlebaum suggests. Also make sure the family understands the chain of

command in the facility and examples of what they need to report or discuss with the DON or administrator, suggests Arlington, VA attorney **Joseph Bianculli**.

5. Inform residents/families before or at admission of any religious or ethical policies governing end-of-life care. Facilities that don't do that can end up clashing with residents' families they've known for years, cautions **Ari Markenson**, attorney with **Epstein Becker & Green** in New York City. For example, some facilities have a policy against withholding nutrition or hydration in any circumstance, Markenson notes. "And when resident and families are aware of such policies up front, they can make an informed decision about whether to use the services of that facility."
6. Identify and assist family members who appear overly anxious, guilty or angry. "All staff should be on the lookout for family members who look sad when they visit or those who nit pick the care, as examples," Battisti emphasizes. Ask the facility social worker or mental health nurse to spend some time talking with the family to see how staff or an outside referral might meet their needs.
7. Resolve billing questions or disputes promptly. Misperceptions of financial or billingim proprieties can quickly escalate into complaints to outside agencies or surveyors.

For example, one Florida facility got a deficiency when a resident's family member complained to a survey or during a standard survey that the facility refused to bill her Medicare Part B. Turns out the resident didn't even qualify for Medicare.

8. Implement a confidential formal mechanism for lodging complaints or concerns. "Larger organizations can provide hotlines or 800 numbers as a means for families to complain," suggests Bianculli. Or the facility can provide a confidential comment box. The administrator and DON should also have an open-door policy.