New Images OFAGING

INNOVATIONS IN THE CONTINUUM OF CARE

Pretirement, Americans are giving fresh thought to the problems of old age. But Catholic providers, who share a holistic view of life, may be particularly innovative in their approach to the care of the elderly. This special section describes several new programs Catholic facilities have developed for older adults. SPECIAL

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Practical

ach time you admit a resident to your facility, you are (in a manner of speaking) admitting the resident's family as well," writes Susan Mintz (*Nursing Homes*, November-December 1994). That being the case, a nursing facility determined to provide high-quality care should *encourage* residents' families to participate in its daily routines. If it does not—if, on the contrary, it ignores the family's needs and concerns—the facility may find itself in conflict with the family, which would be good for neither the home, the family, nor the resident.

Staff at St. John Neumann Nursing Home, Philadelphia, pursue a variety of ways to involve family members in the care of the facility's residents. Some of these approaches are traditional in nursing homes; others are more innovative. All are practical and relatively easy to implement.

TRADITIONAL APPROACHES

A shared sense of family wholeness is the goal in each of the traditional services discussed below. Long-term care with a truly holistic approach sees the entire family, not just its elderly member, as the client.

New Family Group This discussion group for families of new residents has two purposes:

• It gives family members an opportunity to share intense feelings they may have about placing



Mr. Lewis is assistant administrator, St. John Neumann Nursing Home, Philadelphia. This article is a follow-up to his article, "How to Foster Self-Determination," which appeared in the November-

December 1995 issue of Health Progress.

Ways LTC Facilities Can Involve Family Members in Residents' Care By KENNETH LEWIS their loved one in a nursing facility.

• It gives the facility's staff an opportunity to discuss with family members its policies, regulations, services, and activities, including those services and activities which both residents and family members can participate in.

The group helps ease the anxieties families commonly feel when a member becomes a nursing home resident. It also helps family members understand what the facility can and cannot accomplish, through supportive care and clinical treatment, for their loved one.

Postadmission Family Conference This corollary service is arranged about a month after the resident has been admitted. A staff member, usually a social worker, discusses with the family the specific services and treatment the resident is receiving. Discussions like these can, on one hand, forestall family misunderstandings about intervention strategies the staff may have planned, and, on the other, allow family members to offer their own ideas about treatment. More informal than Care Planning Conferences (see p. 37), these sessions give family members an opportunity to form relationships with key staff.

Family Council In these sessions, families get together to freely discuss the institution's operations and services. According to Pennsylvania regulations, the nursing facility must provide space and materials for such meetings, but the families themselves decide whether a representative of the facility can attend.

Through the meetings, families often come to better understand the facility's limitations and, as a result, offer practical suggestions that help it make better use of its limited resources.

Family Support Group These sessions, usually facilitated by a social service worker, bring together members of several families so that they may share their thoughts and feelings about having loved SPECIAL



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ones in an institution. The group discusses such topics as Alzheimer's disease, depression, and relocation trauma. As family members exchange ideas, they often establish a common bond that helps them cope with the stresses of daily life.

Spouses' Group These sessions are for spouses who have undergone a radical change in their own lives because their husbands or wives have been admitted to the nursing facility. The group's discussions help alleviate participants' feelings of guilt and anxiety. The friendships that are often formed in these groups ease spouses' sadness and loneliness, sometimes even after the loved ones in the nursing home have died.

INNOVATIVE APPROACHES

As they exercise their creativity, staff will develop more innovative ways to involve families in the care of their loved ones. The following approaches are examples.

Unit Meetings for Families Each unit or floor in the facility invites its residents' families to semiannual meetings. Each unit tends to have its own personality, but when family members attend meetings regularly, they begin to understand both the unit and the treatment and activities it provides. Unit meetings are often jointly facilitated by the team managing the unit—the nurse, recreational therapist, social worker, and others—who can capably answer questions and respond to concerns.

Annual Family Conferences These conferences ensure that the family has at least one opportunity each year to discuss all issues related to their loved one's care. The resident's social worker and (when possible) charge nurse convene the meeting after thoroughly reviewing the resident's medical chart and conferring with each of the disciplines involved in order to answer any questions the family might raise. Annual conferences also enable staff to follow the family's changing dynamics to glean information that may aid the resident's care. Contact with "Problem" Families Care givers hold monthly conferences (by phone, by mail, or in person) with families that are clearly troubled by intense feelings of guilt or frustration concerning their loved ones. Institutions frequently-and too casually-label these persons as members of "problem" families and respond callously to their persistent-and sometimes overt-expressions of anger, confusion, and pain. However, experienced staff realize that such families often need more assistance than others. By increasing these families' opportunities for discussion and helping them develop functional coping mechanisms, staff can alleviate the "problem" families' problems and often uncover unresolved issues that can help the residents as well.

Annual conferences enable staff to follow the family's changing dynamics. meetings, at which care givers review the resident's treatment care plan, need to be scheduled so that both the resident and his or her family members can attend them. Staff should be flexible, scheduling sessions during evening hours or even on weekends, if those times are more convenient for the families involved. In the case of residents who are bedridden but otherwise capable, such conferences can be held at their bedsides. This flexibility is essential to obtain vital information that may be incorporated in the treatment approaches and goals.

Discharge Planning Care givers involve the family in planning the discharge of a resident who is going home or to another institution. The family receives a thorough written review of the care and services provided during the resident's stay, and of his or her current condition (including medications, nutrition, skin status, nursing care, rehabilitation, special procedures or other needs, activity limitations, and community resources). In addition, staff institute a plan for follow-up to monitor readjustment to a more independent life-style and *Continued on page* 47

ST. JOHN NEUMANN NURSING HOME RESIDENT COUNCIL OBSERVER INPUT

Please answer each question by placing a check mark in the box which corresponds to your observations. Feel free to write any comments in the section noted at the end of the questionnaire. Signing this form is purely optional.

1.	Were a reasonable number of residents present?	□ Yes	🗆 No
2.	Did staff assist residents throughout the meeting to insure their participation?	Yes	🗆 No
3.	Do you feel residents were at ease in expressing their ideas, criticisms and opinions?	Yes	🗆 No
4.	Were department heads respectful and open to resident input when each addressed the meeting?	Yes	🗆 No
5.	Did you observe residents providing input to the discourse?	□ Yes	🗆 No
6.	Generally and from your observation do you think the St. John Neumann Resident Council encour- ages and supports independent behavior by resi- dents?	Yes	🗆 No

Please feel free to make any additional comments, suggestions and/or criticisms related to the Resident Council Meeting:

Care Planning Conferences These federally mandated

FAMILY TIES

Continued from page 37

the need for further services. Staff also ask family members to complete a questionnaire concerning the quality of the facility's care.

Family Observers Staff at St. John Neumann ask a different family each month to evaluate three of the facility's services:

• Resident Council. At this monthly meeting, where residents discuss questions and concerns with the facility's department directors, a family is present to evaluate the council process and offer suggestions for improvement (see **Box**, p. 37).

• Food service. Family members observe some aspect of the facility's food service—the timeliness of food tray delivery to residents, for example—and share the meal with their loved one. They then complete a questionnaire, which is shared with the food service director and the Resident Council, about what they have seen and tasted.

• Resident Activity Planning Committee. This residents' group meets monthly with various staff members to plan activities at the facility. By attending the meeting, the family helps ensure that residents' interests are respected. Outcomes are shared in the Residents Council meeting.

DO NOT SPEAK HARSHLY

"Do not speak harshly to an older man," advises Timothy I, 5:1, 2, "but speak to him as to a father . . . [and] to older women as mothers." The Bible tells us to respect the elderly, and our Catholic vision tells us to work toward a caring community and a stable family. This is one reason why nursing facilities should involve family members in the care of their residents.

But there is another reason. Ignoring the concerns of family members serves no useful purpose. Indeed, it could cause them to criticize the facility unreasonably. On the other hand, when families are genuinely involved in the life of a nursing facility, they often become its best advocates.

For more information, call Kenneth Lewis at 215-698-5600.

ELEVENTH ANNUAL HEALTH CARE ETHICS INSTITUTE BASIC LEVEL INSTITUTE: JUNE 2-7, 1997

HEALTH CARE ETHICS IN A PLURALISTIC SOCIETY: THE CATHOLIC PERSPECTIVE

Study objectives:

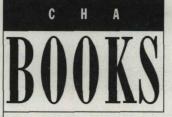
- · consider a wide range of ethical issues in health care
- develop a mentality which prompts ethical reflection and action
- follow a personalist method of ethical decision making

ADVANCED LEVEL INSTITUTE: JUNE 26-28, 1997 TRANSFORMING THE CULTURE OF HEALTH CARE

Study objectives:

- probe fundamental issues which influence health care today
- examine Catholic church teaching in regard to pivotal issues in health care
- explore factors in our society which give rise to unethical attitudes and activities

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Pastoral Care Policies and Procedures for the 1990s

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Now from CHA: a complete guide to pastoral care policies and procedures covering five essential components of pastoral care

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Copies of *Pastoral Care Policies and Procedures for the 1990s* are available from the CHA Order Processing Department for \$20 each.

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