

Characteristics of Residents in Need and Family Perceptions of Family Care Conferences in Long-Term Care

P.M. Durepos, RN, PhD (c)¹; T. Sussman, MSW, PhD²; S. Kaasalainen, RN, PhD¹; J. Ploeg, PhD¹; D. Parker, PhD³; G. Thompson, RN, PhD⁴
 McMaster University, Hamilton, ON, Canada¹; McGill University, Montreal, QC, Canada²; University of Technology, Sydney, NS³, AU; University of Manitoba, Winnipeg, MB, Canada⁴



Background

- Few long-term care (LTC) homes follow a systematic process to identify residents and communicate with families at end of life (EOL) ^{1, 3}
- Barriers to communication may include²:
 - Limited resources
 - Difficulty prognosticating
- The “Strengthening a Palliative Approach to Care” (SPA-LTC) program examined Family Care Conferences (FCC) for residents nearing EOL as a way to support communication between staff and families ^{3, 4, 5, 6}

Purpose

- Sub-study to explore:
- Characteristics of residents who had FCCs compared to those who did not
 - Family perceptions of FCCs through a mixed methods approach

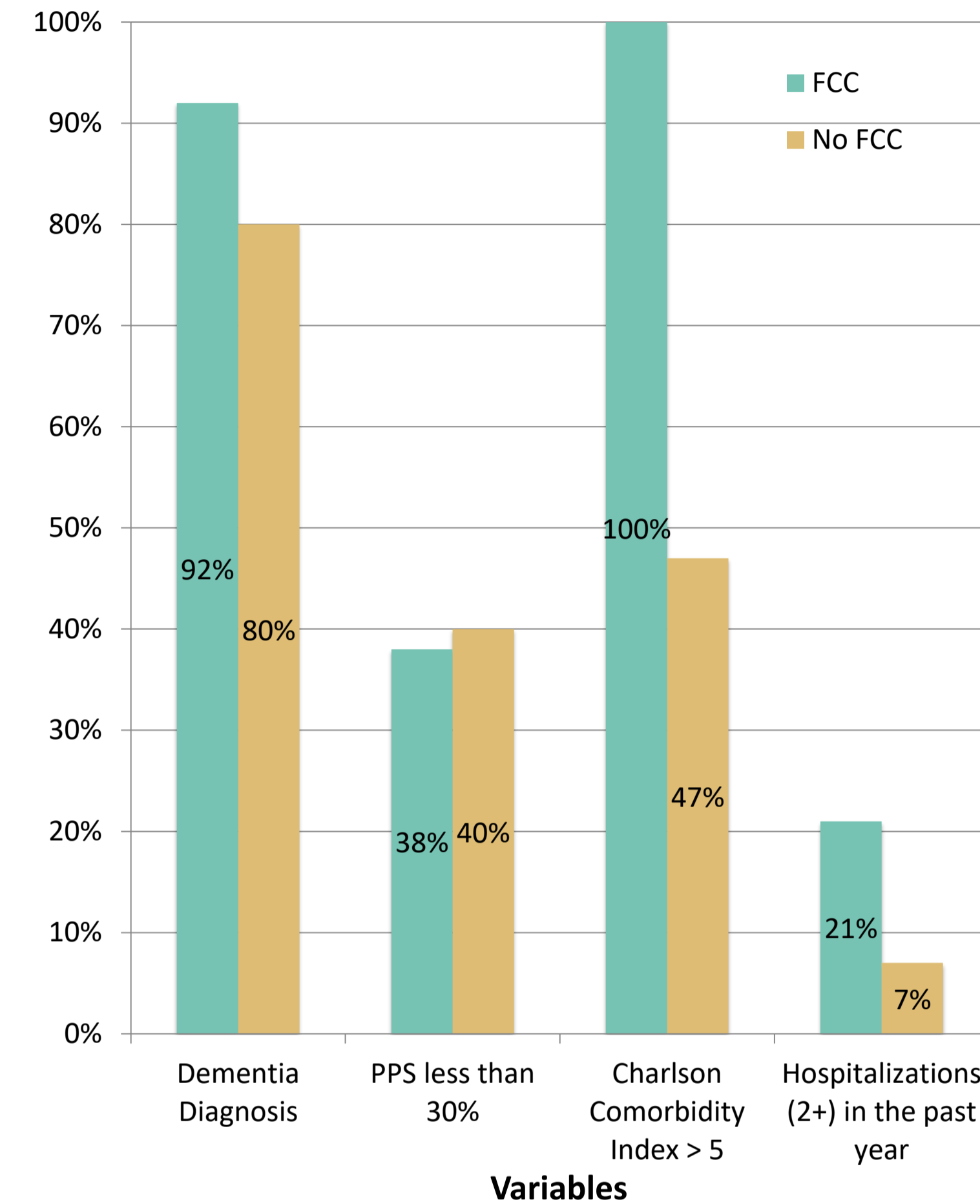
Methods

- Calculation of descriptive statistics for comparison of residents⁷
- Structured interviews with family members who participated in FCCs
- Content analysis of interview data

Results: Characteristics of Residents

Resident Characteristics	FCC (n = 24)		No FCC (n = 15)	
	N = 39	n (%) Mean (SD)	n (%)	Mean (SD)
Sex	Male	9(38)	7(47)	
	Female	15(63)	8(53)	
Mean age (years)		86.0(9.1)		82.2(13.5)
Time in LTC (years)		6.7(3.2)		2.5(0.7)
Dementia diagnosis		22(92)		12(80)
Charlson Comorbidity ⁸		7.8(2.0)		6.1(1.7)
Hospitalized (past year)		8 (33)		5(33)
Hospitalizations per resident (past year)		0.7(1.3)		0.4(0.6)
PPS score at FCC ⁹		38.3(8.9)		46.2(13.9)
Time from FCC to Death (weeks)		7.1(9.9)		-
Deceased	Hospital	9(38)		2(13)
	LTC	9(100)		2(100)

Comparison of Resident Characteristics



Structured Interview Responses

Family Perceptions of Conferences; Interview Questions	Likert-Scale (1-10) Response	Dichotomous (Yes/No) Response
N = 8 Family members	Mean (SD)	n (%)
Level of support perceived	8.75 (1.15)	
Concerns addressed	9 (1.38)	
EOL issues discussed		7 (88)
Addressed EOL Wishes and Preferences		8(100)

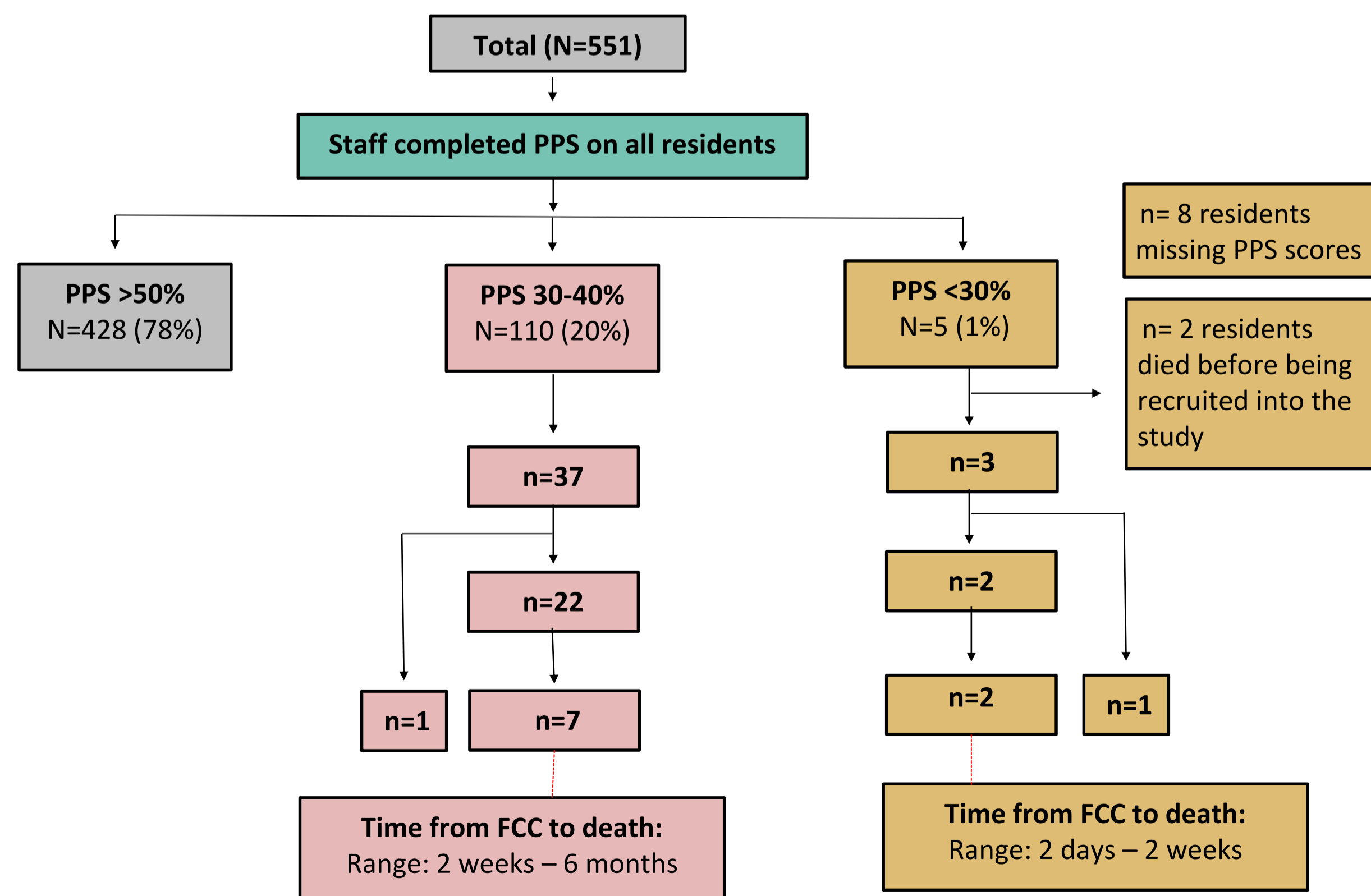
Results Summary:

- Residents who had an FCC tended to have Dementia, higher Charlson Comorbidity Indexes⁸, lower PPS scores⁹, and were hospitalized more often during the last year.
- Overall, family members perceived FCCs as beneficial supporting the value of this intervention
- Family recommendations included earlier timing and physician presence during FCCs

Conclusions and Implications

- Families of residents with specific characteristics (e.g. dementia diagnosis) may have increased need for communication or acceptance of FCCs at EOL
- Results may assist staff in allocating time and resources for EOL communication to residents and families
- Study results align with evidence that efficient communication with staff can particularly benefit family caregivers of people with dementia who struggle to make decisions for their loved one¹⁰
- Participant suggestions gained from interviews can contribute to tailoring FCCs
- Analysis of resident characteristics should be repeated in future studies to confirm findings

Participant Flowchart



Residents enrolled in study
N= 39

Family Care Conferences held
N=24

Residents who died
N=11

Results: Family Perceptions of FCCs

Eight families who participated in an FCC participated in structured interviews

Family quotes:

“...we discussed what measures would be taking place and what wouldn't be taken... the physician was very positive...kind of helped put things more into perspective...I feel quite comfortable.”(Site)

“The quality of my experience was great. I feel like everybody knows what's going to happen when it starts to happen, and there's comfort in that, and what will be a terrible and difficult time will be less terrible and difficult because we all know what she wants.”(Site)

“It's helpful to know what's going on with him.”(Site)

Family recommendations:

- Earlier timing (n=1)
- Physician presence (n=1)

References

- Bollig, G. et al. (2016). They know—Do they? A qualitative study of residents and relatives views on advance care planning, end-of-life care, and decision-making in nursing homes. *Palliative Medicine*, 30(5), 456-470. DOI:1177/0269216315605753.
- Brazil, K., et al. (2006). Barriers to providing palliative care in long-term care facilities. *Canadian Family Physician*, 52(4), 472-473.
- Parker, D. & Hughes, K., (2010). Comprehensive evidence-based palliative approach in residential aged care. Encouraging best practice in residential aged care program – Round 2. *Australian Government, Department of Health and Ageing. The University of Queensland/Blue Care Research & Practice Development Centre, Brisbane.*
- Kaasalainen, S., et al. (2016). Strengthening a Palliative Approach in Long-Term Care (SPA-LTC): A New Program to Improve Quality of Living and Dying for Residents and their Family Members. *Journal of the American Medical Directors Association*, 17(3), B21.
- Sussman, T., et al. (2017). Broadening the purview of comfort to improve palliative care practices in LTC. *In Press: Canadian Journal on Aging* 36(3).
- Durepos, P., et al. (2017). Family Care Conferences in Long-Term Care: Exploring Content and Processes in End of Life Communication. Submitted to: *Palliative and Supportive Care*, May 2017.
- Creswell, J., & Plano Clark. (2014). *Designing and conducting mixed methods research*. (2nd ed.). Los Angeles, CA: SAGE
- Bravo, G., et al. (2002). A prospective evaluation of the Charlson Comorbidity Index for use in long-term care patients. *Journal of the American Geriatrics Society*, 50(4), 740-745. doi:10.1046/j.1532-5415.2002.50172.x
- Anderson, F., et al.(1996). Palliative Performance Scale (PPS): a new tool. *Journal of Palliative Care*, 21(1):5-11.
- Ashton, S. E., Roe, B., Jack, B., & McClelland, B. (2016). End of life care: The experiences of advance care planning amongst family caregivers of people with advanced dementia – A qualitative study. *Dementia*, 15(5), 958-975.