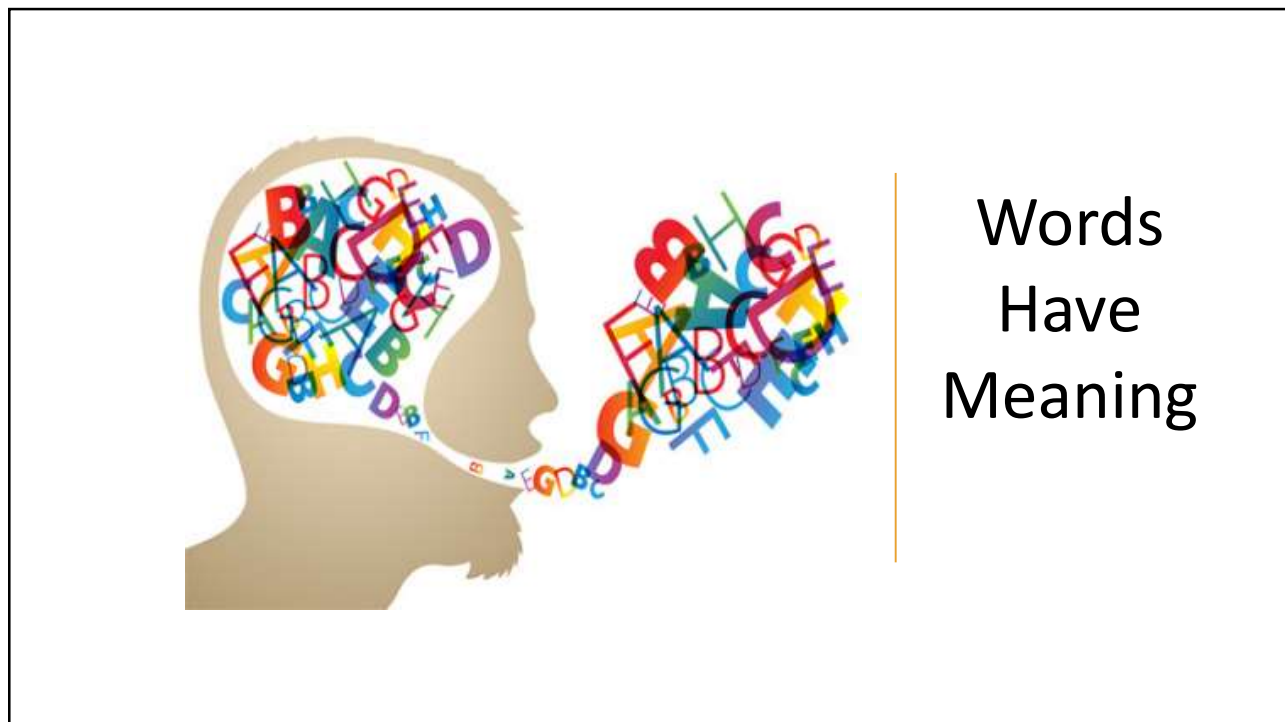


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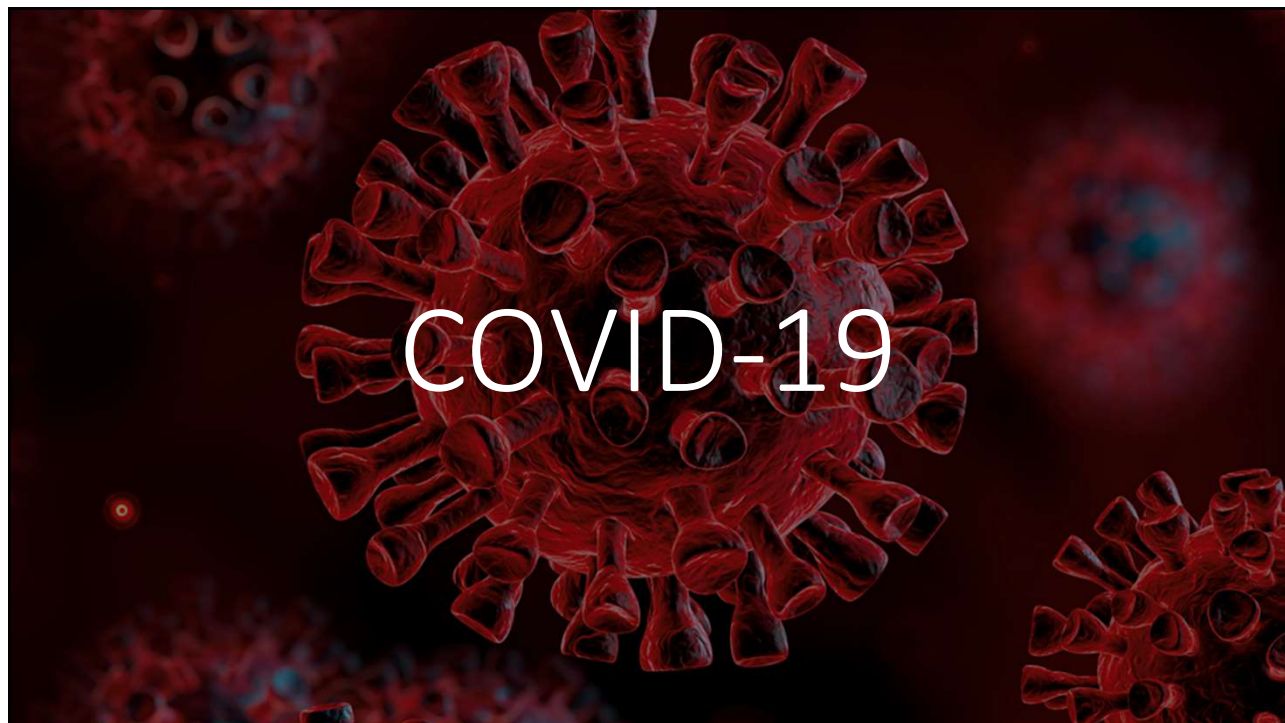
Objectives

1. Articulate five important messages when communicating with families during a crisis.
2. Explain two ways to increase trustworthiness and transparency during a crisis and how to apply those in one's facility.
3. Summarize the five rights of communication and give examples that incorporate therapeutic statements.
4. Identify pitfalls of communication and how to transform them into opportunities for improvement.
5. Describe how to use the "If-When" strategy to communicate with a family about a resident's decline.

2



3



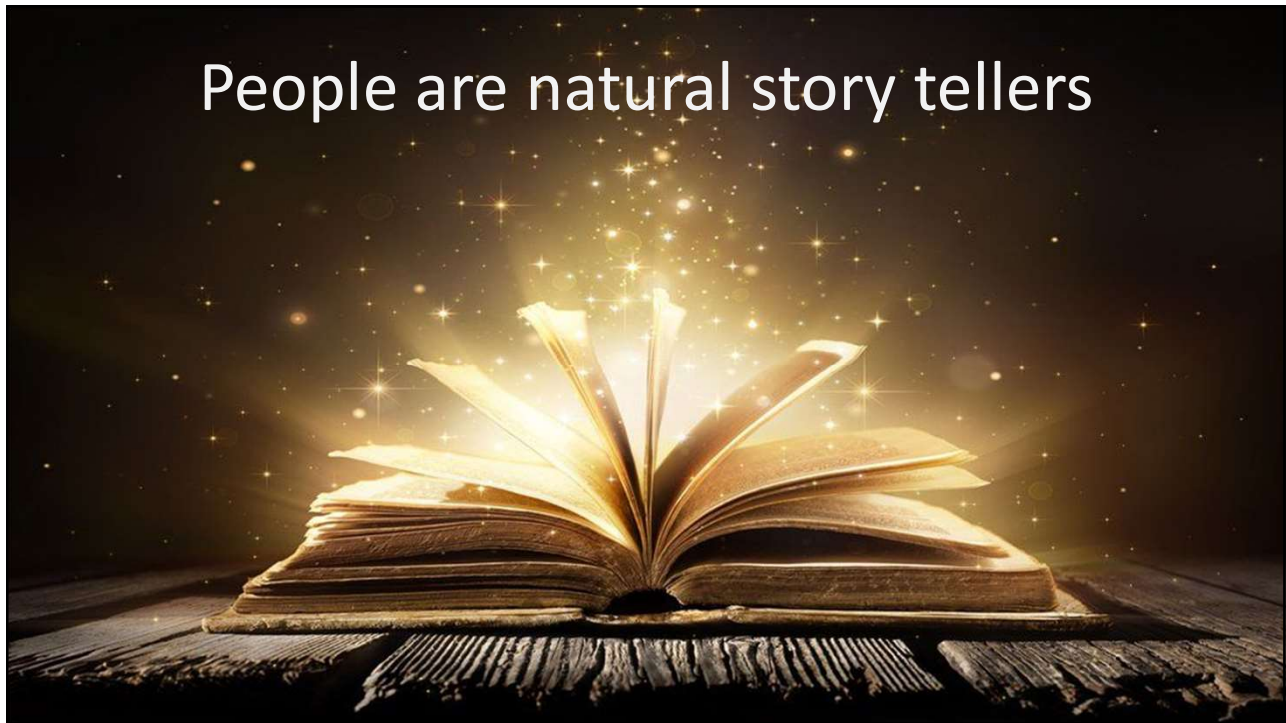
4

“...crises can produce great leaders and communicators, those whose words and actions comfort in the present, restore faith in the long term, and are remembered long after the crisis has quelled.”

Mendy A, Lass Stewart M, VanAkin K. (2020) A leader's guide: Communicating with teams, stakeholders, and communities during COVID-19 [Article].
<https://www.mckinsey.com/business-functions/organization/our-insights/a-leaders-guide-communicating-with-teams-stakeholders-and-communities-during-covid-19>.

5

People are natural story tellers



6

Guess what I
heard on the
radio today?!

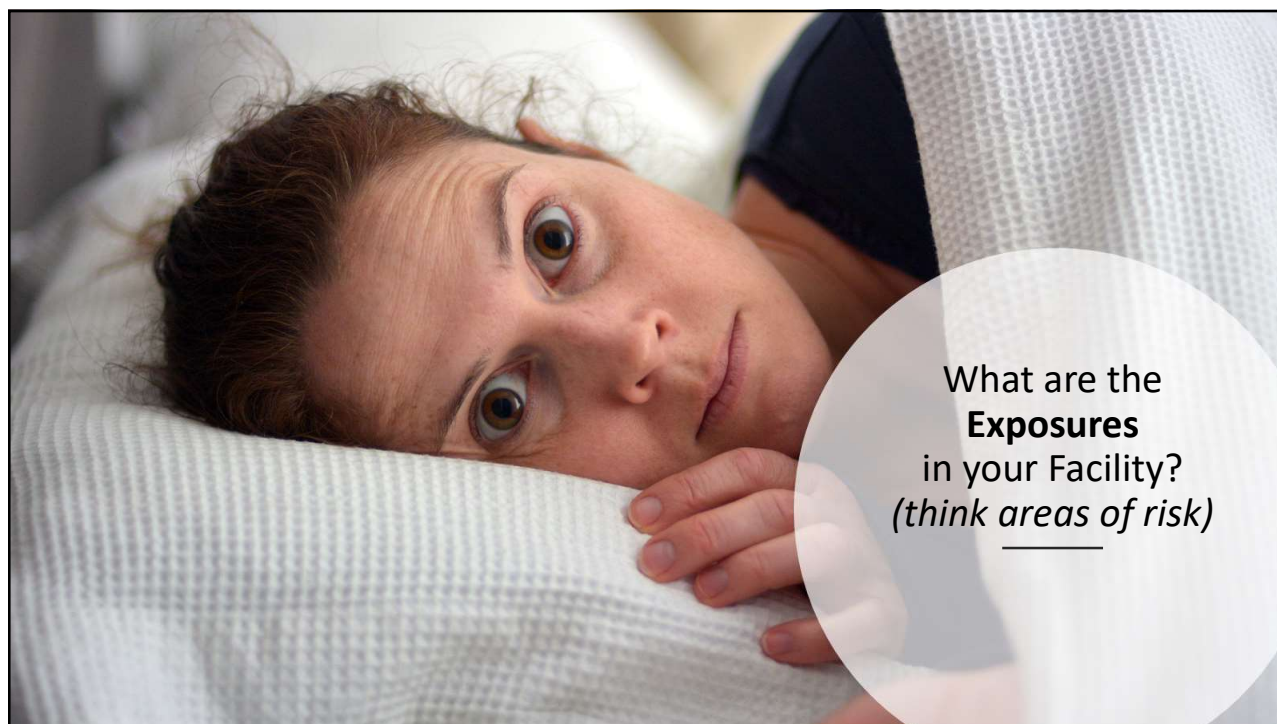


7

Risk
Management



8



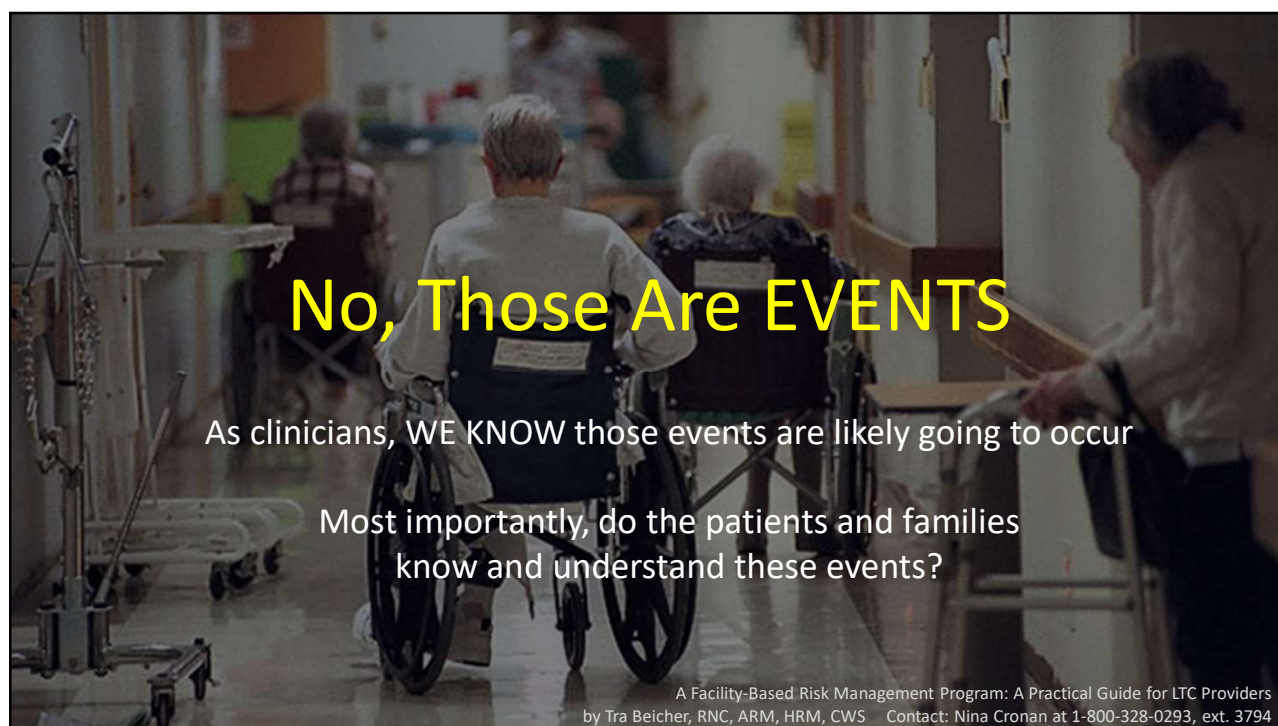
9



Falls
Wounds
Infections
Elopement
Weight loss
Medication Errors
Improper discharge
Resident to resident altercations
Wrong patient/procedure/site/site
Changes of condition (untreated or undiagnosed)

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by Tra Beicher, RNC, ARM, HRM, CWS Contact: Nina Cronan at 1-800-328-0293, ext. 3794

10



11

EXPOSURES are the Real Risk

Staff unprepared for consequences of guilt induced anger

Staff unprepared to defuse escalating situations

Family or patient concerns going unreported

Voiced concerns not addressed (*from a customer service perspective*)

Lack of documented support from the physician for nursing care plans and resident's diagnoses and prognosis

Facility failure to negotiate risks and minimize them in the record and care plans

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Staff Must Be Prepared To Handle Customer Service and Service Recovery

When staff are unprepared, facilities make themselves helpless in dealing with adverse events

- Staff act methodically and their reactions are defensive

“It is **not the events themselves that are worrisome** from a litigation standpoint, but **what actions the staff takes and how they interact with and react to the family** that can immensely influence whether a lawsuit is filed.”

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13



Marshall C. *Satisfied Customers Seldom Sue*.
Marblehead, MA.: HCPPro, 2009.

14



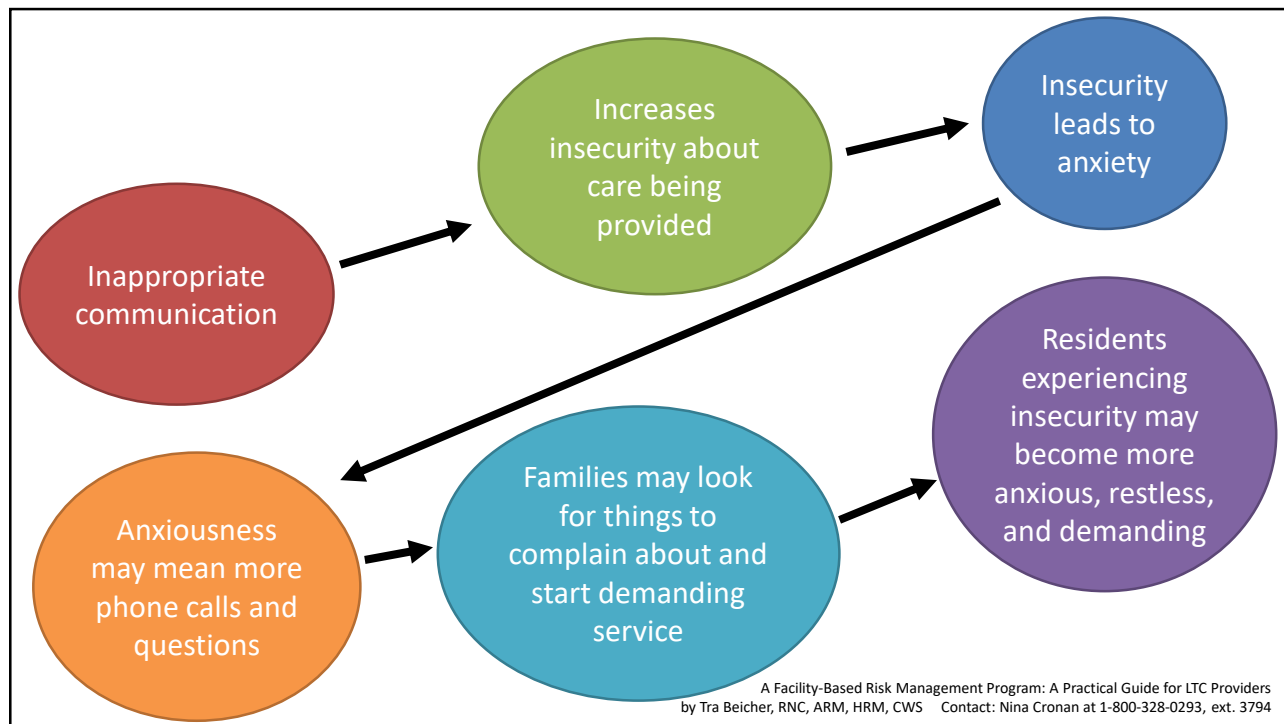
15

F941 Communication (Phase 3)

“A facility must include effective communications as a mandatory training for direct care staff.”

(No Guidance issued as of the date this presentation was completed)

16



17

Monitor what's being said about your facility

18



What percent of
communication
is **verbal**?

7%

Crisis Prevention Institute, Inc. 2005

19

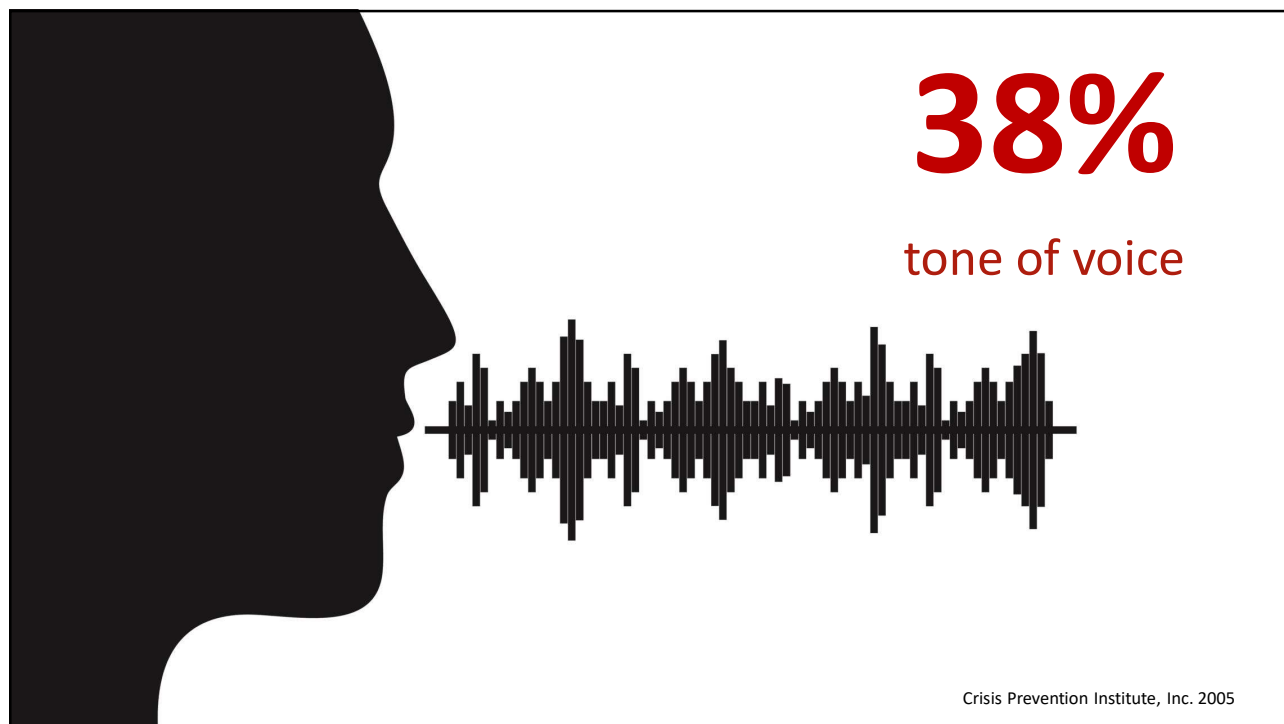


55%

non-verbal

Crisis Prevention Institute, Inc. 2005

20



21

Communication Style

Not WHAT we say but HOW we say it

Volume – loud or soft, needs to be good *for the audience*

Pitch – high and low pitch, like a piano

Pace – fast or slow, or somewhere in between

Crane T. *The Heart of Coaching*. San Diego, CA: FTA Press; 2012.

22

5 Messages For Communicating with Families About COVID

1. Provide a clear purpose for calling
 - “We are calling to update you on our approach to coronavirus management.”
 - Consider using ‘minimize’ or ‘manage’ rather than ‘prevent’
 - Anticipate questions, explain why each step is important
2. Express empathy (feelings of anxiety, confusion, sadness)
3. Specify protocols used in decision-making (CDC, CMS, state health department)
 - Provide educational resources
4. Reassure families
 - Make it clear that resident safety is the top priority
 - “We/I want to assure you that our team is doing everything we can to protect your loved one.”
5. Instill a message of hope and togetherness
 - Acknowledge this is a new experience for everyone, will get through it together, that you appreciate their cooperation and understanding, for supporting you and the staff

Feldman V. (2020) Communicating with patients and families during COVID-19: Five messages to consider. [Article]. <https://www.mcknights.com/marketplace/communicating-with-patients-and-families-during-covid-19-five-messages-to-consider/>.

23

Communicating Uncertainty (e.g. visitation)

Avoid ‘hard and fast’ estimates

Instead, be clear that you’re sharing an opinion, acknowledge uncertainty, and give the criteria you will use to determine a course of action

“It’s my hope that *[fill in statement]*; however, that is far from certain. We will be following government guidance when making decisions for our nursing home.”

Mendy A, Lass Stewart M, VanAkin K. (2020) A leader’s guide: Communicating with teams, stakeholders, and communities during COVID-19 [Article]. <https://www.mckinsey.com/business-functions/organization/our-insights/a-leaders-guide-communicating-with-teams-stakeholders-and-communities-during-covid-19>.

24



Share Information
Provide websites, other resources

25

And here's how we're moving forward.

Rick DeBruhl

26



Trustworthiness and Transparency
(2nd principle of a trauma informed care organization)

Regular updates, even if there is nothing new to report, *emphasize what you continue to do*


Be visible and accessible!

27

When people don't know what's going on,
they think the worst



28

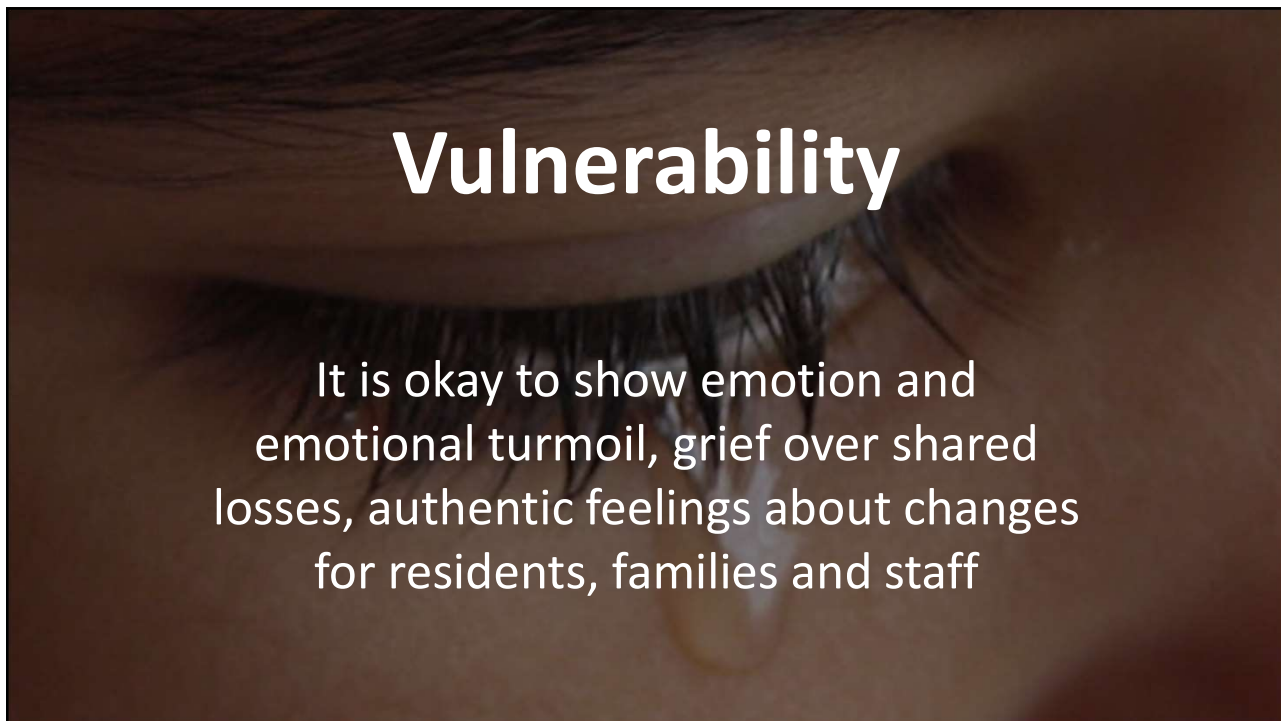


Address the Hard Stuff

(Do not offer empty or false reassurance)

“Yes, this is hard, no doubt about it. It’s understandable to be [angry/sad/frightened]. I can’t change the situation, but my team and I will do everything we can to keep [name] safe. Is it okay if I (or someone from my team) check back with you in a day or two?”

29

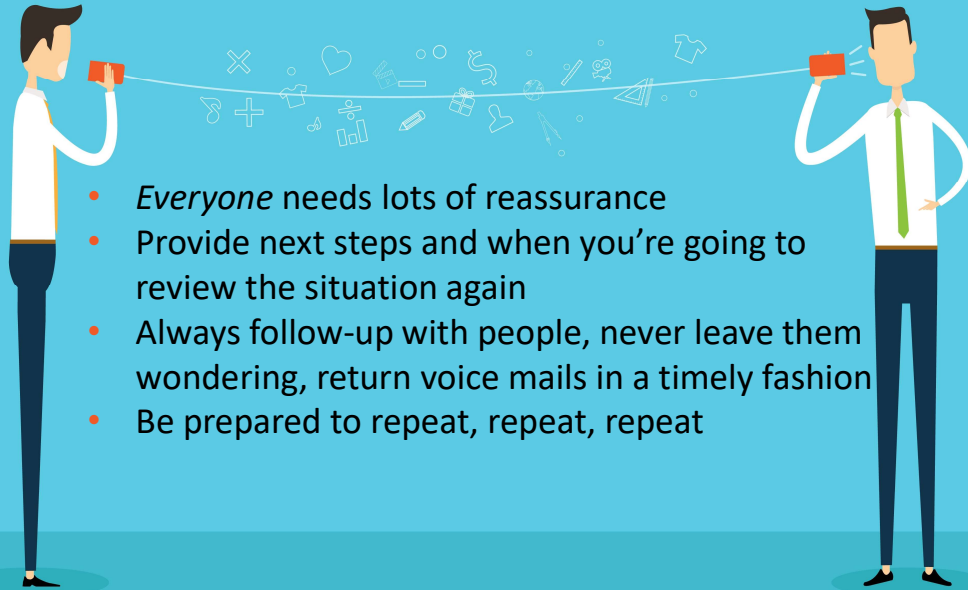


Vulnerability

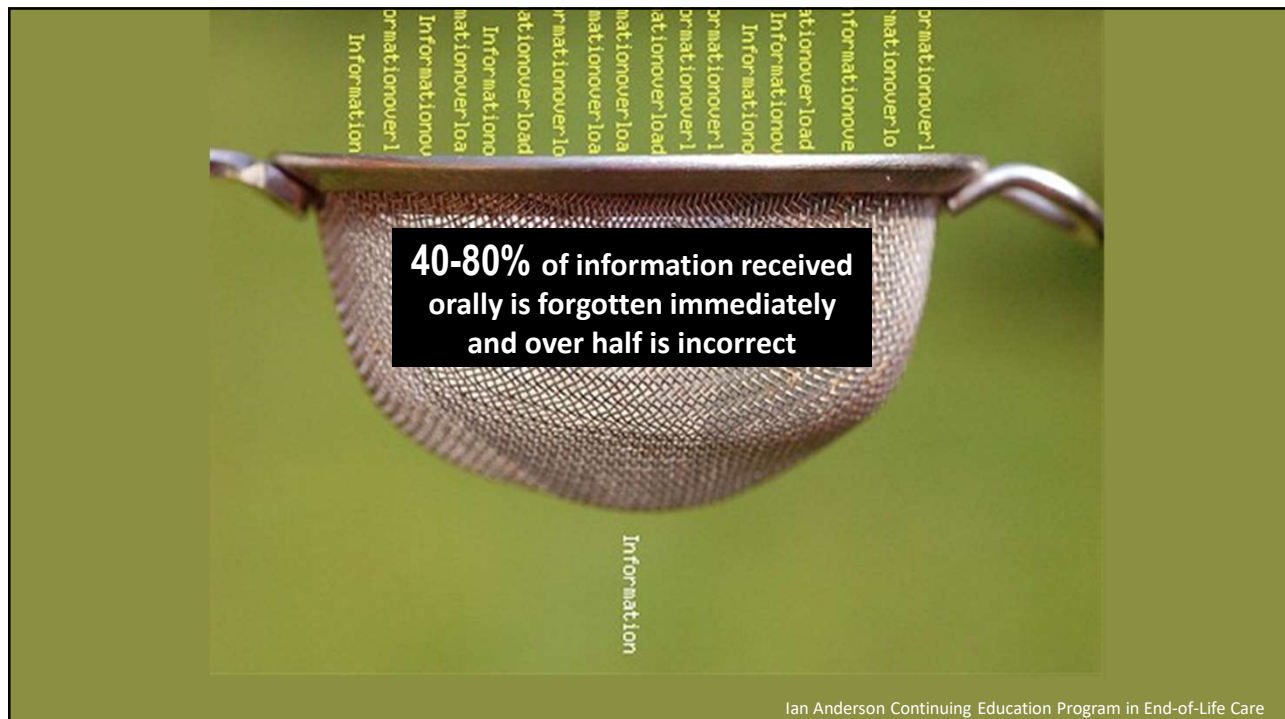
It is okay to show emotion and emotional turmoil, grief over shared losses, authentic feelings about changes for residents, families and staff

30

Communication During a Crisis



31



32

Let me show you.

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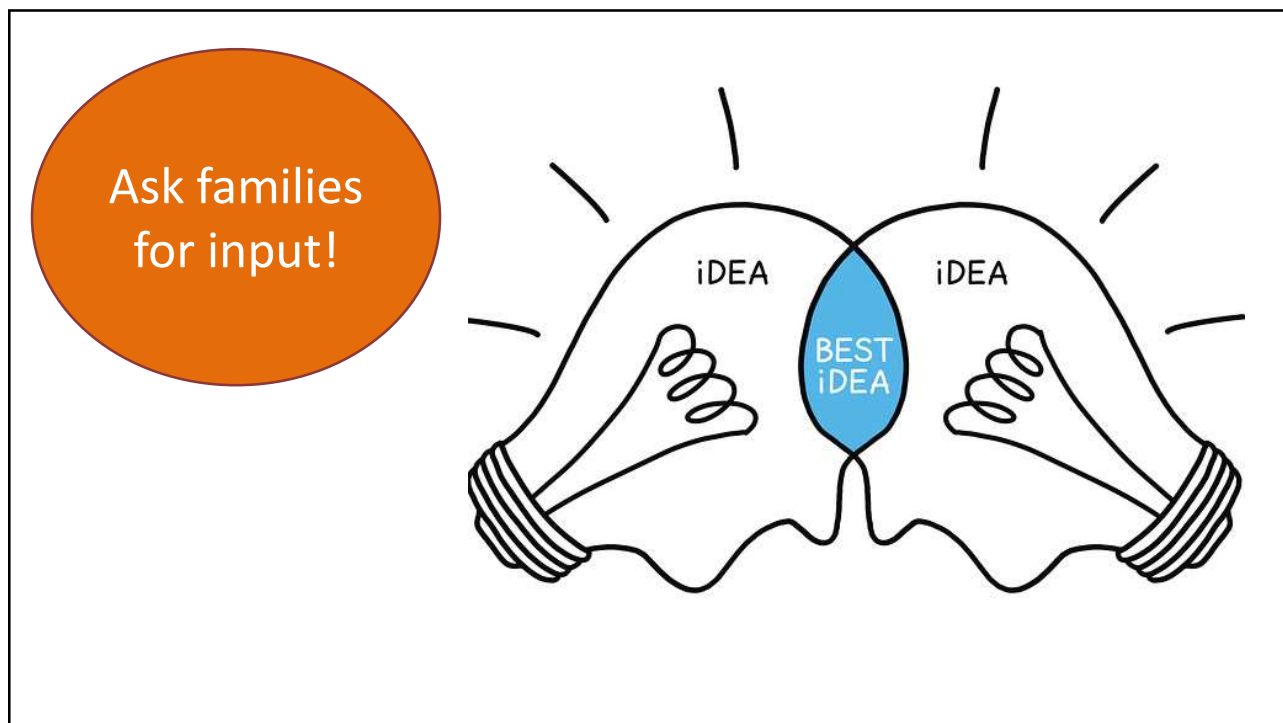
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34



35



36

Please, give us a job.

“Family members want jobs. We feel a complete lack of control over the medical situation and we want you to tell us what we can do to help. Please tell us what we can do to help...It means giving us actionable, feasible tasks to put on our to-do list...literally anything I can do to make the situation just slightly less painful for everyone involved...If you don't have something for me to do, find something. No task is too small.”



Zimmerman BA. Patient's Sister, Seeking Job. JAMA. 2020; 323: 1670-1671.

37

General Communication Strategies



38

“Most people do not listen with
the intent to understand;
they listen with the intent to reply.”



Stephen Covey, Author
“The 7 Habits of Highly Effective People”

39

Closing the Gap of Communication

I want to make sure I've done a good job with sharing important information with you.

...of outlining the plan with you

...describing the next steps

*Can you tell me what you heard me say?
And, please tell me if I heard you correctly.*

40

Ask More Questions.....



What is it like for you...

Help me understand...

Tell me more...

Did I hear you correctly?

41

Notifications



42

F580 Notification of Changes

Accident with injury (or without)

Significant change in resident's physical, mental, or psychosocial status

Need to **alter treatment**

Decision to **discharge**

Change in **room or roommate assignment**

Change in **resident rights**

43

Phone **Conversations**

Do not write, *"Family notified"*

Do write, *"Daughter Sue notified by phone that her father [....]
She responded [...]."*



44

Phone Messages

Party not home:

Message on answering machine with a request to call back is acceptable

Must SPEAK with person to meet definition of notification



Long-Term Care Pocket Guide to Nursing Documentation, HCPro, Inc., 2004

45



46

Essential & Therapeutic Communication

Essential

- Communication that must be done, usually a time sensitive component
- Most information is essential

Therapeutic

- Communication that is factual, AND delivered with heart and empathy
- This is an art that needs to be taught
- What healthcare should be known for!

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Example

Essential

"Your dad fell and is going to the ED."

Therapeutic

"Your dad fell and a staff member found him by his bed. We gave him pain medicine and bandaged a skin tear on his arm. Your dad denies hitting his head. I notified the physician and we decided to call the paramedics to take him to the ED since your dad is complaining of pain in his right wrist. It's likely he'll go to [hospital name] but I will call you as soon as I know for sure."

48

Notification: The Five Rights

The *right* information

The *right* time

The *right* sequence

The *right* person

The *right* attitude



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The Right Information

Gather all the data and have it with you, *then* call the family

ONLY share facts, **not** opinions or subjective speculation

ALWAYS tell the family you will follow-up and give a time frame

Call the family back when you get more information

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50

Example

Incorrect Information Sharing

"Mrs. Keith, this is Julie from the nursing home and your mom got a skin tear. It looks bad and I'm going to call the doctor. No one saw it happen, but I think it's from..."

Correct Information Sharing

"Mrs. Keith, this is Julie from the nursing facility and I'm calling to let you know your mom got a skin tear. The nurse aide said it happened when she transferred your mom from the wheelchair to the bedside commode and her arm rubbed on a rough edge of the commode. We've notified the physician, cleaned the skin and applied steri strips which are a type of bandage. Your mom said the area stings, so I gave her Tylenol. And, we've already replaced the commode with a new one."

51

The Right Time

Even if all the details are not known, *be prompt* to notify

Sometimes, initial information may be incorrect so it's necessary to follow-up

52

The Right Sequence...*for the situation*

Might be physician, administrator, family

Or,

Family, administrator, medical director

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The Right Person

Who is listed as the responsible party on the face sheet? Is it accurate?

Is the responsible party and the POA different?

Is a copy of the POA document in the record?

Consider creating a notification flow chart that staff follow in a crisis

– Staff may be feeling panicky so make it easy for them to notify quickly

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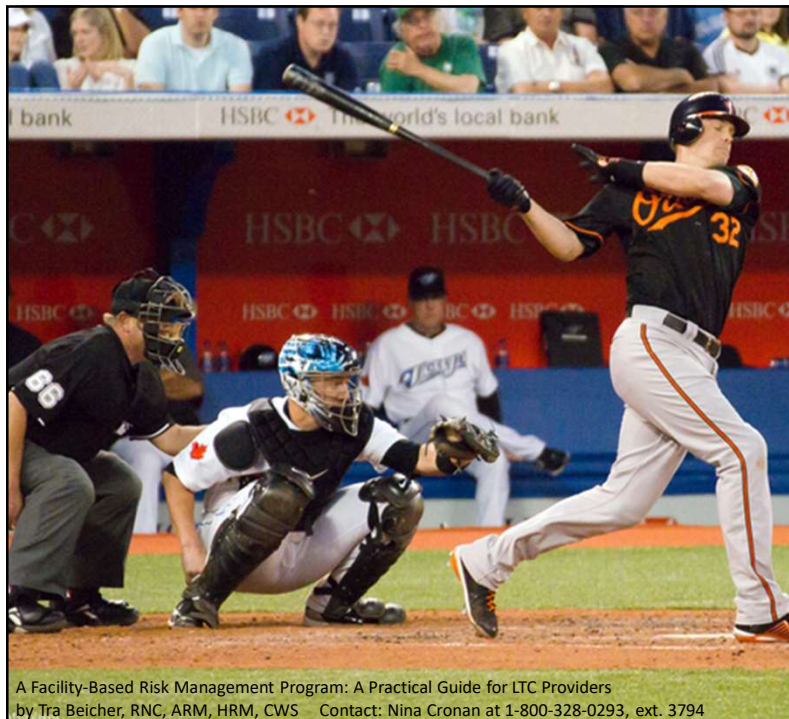
54

The Right Attitude

- Family will expect you to be in charge and have the situation under control
- Say the person's name and give yours at the beginning and end of the call
- Allow for anger and "attitude", accept it graciously
- Use of silence, allow the person to gather their thoughts
- Give them information they can share with other family,
"She had just used the restroom and returned to bed when...."

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Missed Opportunities!

Calling the family
with good news or
for no particular
reason at all

56



“Hi! Just want you to know your dad walked all the way to the dining room. He was so happy!”

“You sister said she’s feeling much better today and even attended the musical activity this afternoon.”

57



58

Listen to the problem, not the delivery

Remove the personality from the problem and deal with the facts

Be a resource, not an obstacle

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Game Over

“It’s against our policy...”



Instead say...

“I’d like to discuss your idea with you. The facility has systems in place to make sure the needs of the resident are met. Let’s take a look at what you need and see what can be done.”

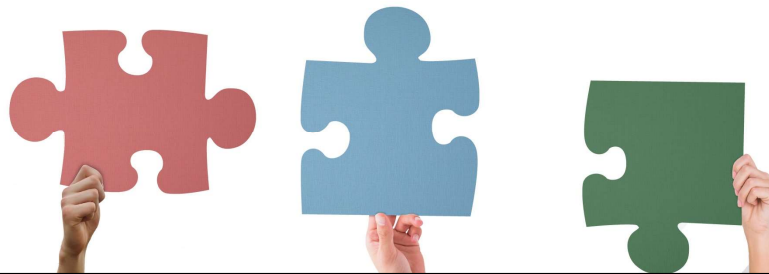
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Seldom Just One Solution!

When a solution is decided, be sincere and eager to implement it

"I am happy to do that for you. Thanks for bringing it to my attention."



61

YES!

Do whatever it takes to get to that magical word

Yes, I agree.

Yes, you are right about that.

Yes, she sure does enjoy that.

Yes, we sure have been busy today, and...

Yes, I will call you when she turns in for the night.

Yes, we'll continue to check his blood sugars daily.

Yes, that is correct. The medication was discontinued.

Marshall C. *Satisfied Customers Seldom Sue*. Marblehead, MA: HCPro, Inc; 2009.

62



63

'Yes' does not mean the request will be honored; Yes, means you find a way to build a partnership with the family.

Marshall C. *Satisfied Customers Seldom Sue*. Marblehead, MA: HCPro, Inc; 2009.

64

Agree Whenever Possible

“My husband hates bingo and there is never anyone to play pinochle with him.”

Try saying...

“You are right, it is hard to find other residents who can play that game.”



Marshall C. *Satisfied Customers Seldom Sue*. Marblehead, MA: HCPro, Inc; 2009.

65

More Strategies To Achieve Successful Outcomes

Ask the person to work with you to achieve a desirable outcome

Mrs. Keyes, what can we do together to make this better for you?

Let's figure this out together.

Enlist their support to help make the situation better

Would you be willing to...?

How about if you _____ and I _____?

When appropriate, hold them accountable (responsible) for contributing to the desired outcome

Mrs. Keyes, last week we talked about _____ and you had agreed to _____. Did you happen to _____?

John, I'm wondering if you still feel _____ is important. I've noticed you have not followed through with what you said you were willing to do.

Lieberman D. *Executive Power*. Hoboken, NJ: John Wiley & Sons, Inc.; 2009.

66

Happen

Softens the approach and changes it from an answer-seeking inquiry to a mere curiosity

Lieberman D. *Executive Power*. Hoboken, NJ: John Wiley & Sons, Inc.; 2009.

67



Resident with unrealistic expectations uses call light multiple times an hour for *non-urgent* needs. She agreed to keep a log which staff checks each hour. Today, she is having difficulty following through with the plan.

Instead of, *"Did you write down your requests in your notebook?"*

Try, *"Did you **happen** to write your requests in your notebook?"*

68

Communication Pitfalls *and* Opportunities for Improvement

69



Staff Make This Mistake

Assume the facility and family are on the same page


- Falls, skin, cognitive status

When information is not shared, families may respond *disproportionately to a situation*

- Becoming irate when dad falls on the second day of admission

Marshall C. *Satisfied Customers Seldom Sue*. Marblehead, MA: HCPro, Inc; 2009.

70



What is one thing
you wish staff
would **NEVER** say
to a family?

Marshall, C. *Satisfied Customers Seldom Sue*. Marblehead, MA: HCPro, Inc; 2009.

71

We are working short.

72

Why is that a wrong thing to say?

Sets families and residents up to become disgruntled, anxious and unhappy

It affects peoples' perceptions of staffing ratios

Perceptions are then shared with surveyors

Marshall C. *Satisfied Customers Seldom Sue*. Marblehead, MA: HCPro, Inc; 2009.

73

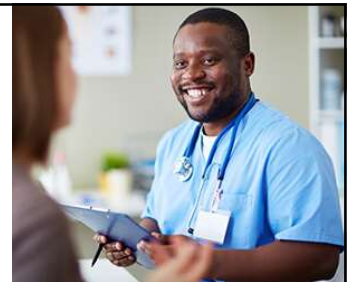
Well...what **should** they say?

Yes, we are very busy and in the process of reassigning tasks. I'm here now and happy to assist you.

Do **NOT** get drawn into the discussion of "short staffed"

- Family persists on arguing? Say, *"It sounds like you are worried that your mom needs something...."*

Keep returning to what you can do and that you are here to assist or that you will be back to assist



Marshall C. *Satisfied Customers Seldom Sue*. Marblehead, MA: HCPro, Inc; 2009.

74

Compassion: Another Challenge

WHAT?!



Compassion may overtake facts at the bedside

Here's what happens:

Family may feel guilty, sad, frustrated, etc.

Staff may feel badly for the family

Family says something like, *"Dad looks worse doesn't he? I think he has declined since he's been here, don't you?"*

Staff member responds in agreement

Staff may even say that care was lacking or that Dad is worse

75

Staff Need
Guidance
On How To
Handle These
Situations



In a deposition the family
(and the prosecutor) will say that staff agreed.

76

What To Say, and Do, Instead

You know I don't recognize that. Let's get his vital signs or ask the physician about some labs. I'll check and see if he ate breakfast or attended activities this morning.

— Few minutes later, *"Yes, he attended coffee club this morning and ate most of his breakfast."*

You know your father best so let's get some vital signs and call the doctor.

77

Do NOT Get Caught Up In the Emotion

Focus on ***objective assessment information*** and the facts:

He had his bath.

She ate well.

Vitals are great.

She responded well to the pain medicine.

**Emphasize teamwork and collaboration
in decision-making**

78

What If You Agree With Family?

If staff also notices a change, it's okay to say that!

- *You're right, he does seem a little lethargic and if he's not better after lunch, we'll call the provider.*

Tell the family what you are doing or plan to do

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Breakdown in Communication

Source of most allegations of negligence and substandard care

Number one and two complaints (by families):

- I could not get them to listen.
- They did not even apologize.

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To Say Or Not To Say? *"I'm Sorry"*

Definition(s)

1. Feeling sorrow, regret, or penitence
2. Mournful, sad

<https://www.merriam-webster.com/dictionary/sorry>

Be intentional with using that phrase:

I am sorry, I know this is upsetting to you.

I can see this is upsetting to you.

NOT "I am sorry your dad fell."

81

Communicating with Families About Decline

82

Common Scenario

When a decline is recognized, families who are not prepared tend to find problems with caregiving or ask multiple questions.

- *How is Dad eating?*
- *Has Dad gone to the bathroom?*
- *Did he take all his medications?*

The real issue is *what?*

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The **DECLINE** is the real issue

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Disease Progression Time Line



Walking → increased confusion → stiffness → increased falls → declining “refusing” care → behavioral changes → difficulty swallowing → lack of interest in food → loss of weight → non-ambulatory → compromised skin → death

85

 The background of the slide is a dark blue field filled with numerous 3D-rendered coronavirus particles. These particles are spherical with prominent, irregular spikes protruding from their surfaces. They are scattered across the frame, with some appearing larger and more detailed than others.

Important for
COVID-19 Diagnosis

No way to completely
protect anyone,
and if there is a COVID-19
diagnosis, decline or
death may follow.

86

“If”, and then...“When”

Inform family of point-to-point decline

*Your father is not eating now. **If** this continues, he will lose weight. This also means his protein will be low which means his skin might break down. Let's talk about what we will do **when** that occurs.*

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If the ‘**When**’ doesn’t
happen, staff has exceeded
the family’s expectations

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If the “WHEN” does occur,
do not start any sentence with...

“Unfortunately...”

“As you know...”

“I’m afraid...”

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Instead, Ask the Family Questions



Would you like to talk about the changes in your father?

Would you like more information about his medical issues?

Would you like to review the care plan again?

90



Identify With Emotion

I'm wondering if you feel **scared** that...

Is it **frightening** for you to see your dad...

What are you **hoping** for?

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COVID Perspective

Are They Ready for the '*Next Normal*'?

Some people are seeking meaning from the crisis and moving into the "next normal" BUT others are not yet ready for this step, they are not ready yet for hope, they are feeling rising uncertainty and worry.

Mendy A, Lass Stewart M, VanAkin K. (2020) A leader's guide: Communicating with teams, stakeholders, and communities during COVID-19 [Article].
<https://www.mckinsey.com/business-functions/organization/our-insights/a-leaders-guide-communicating-with-teams-stakeholders-and-communities-during-covid-19>.

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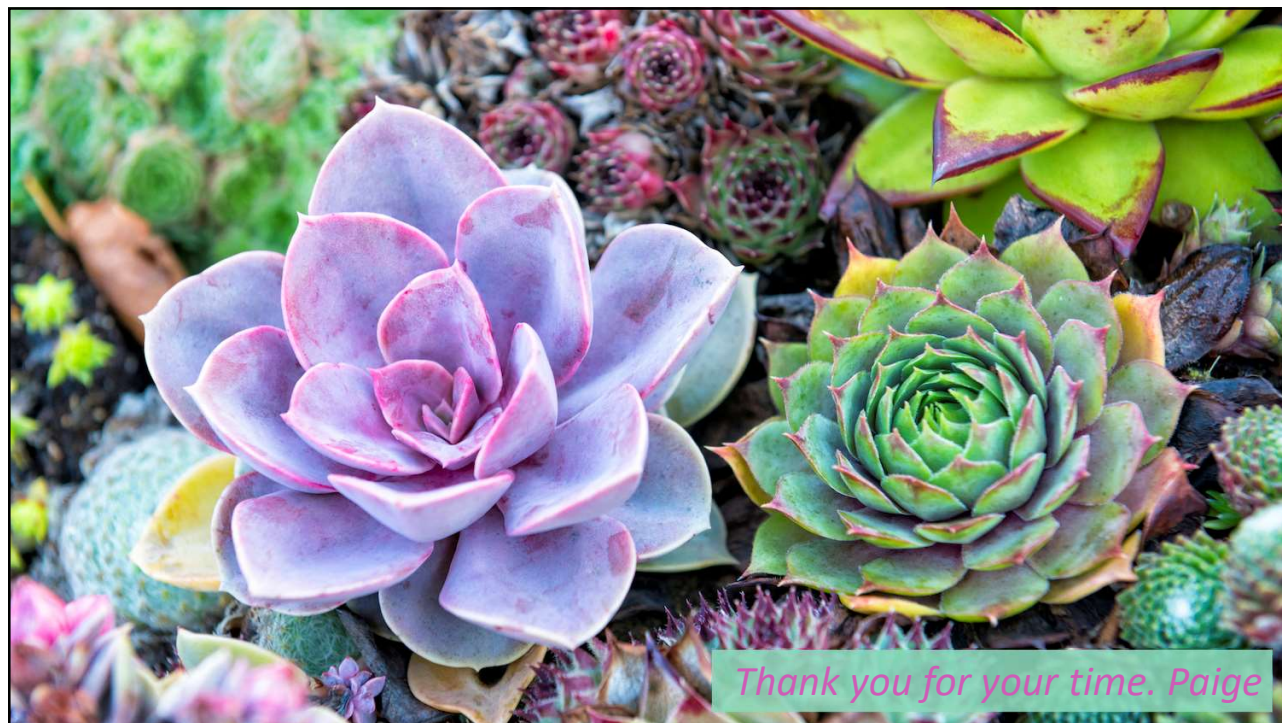


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Remember that you are facilitating
another person's process.
It is not your process.
Do not intrude. Do not control.
Do not force your own needs and
insights into the foreground.
*If you do not trust a person's process,
that person will not trust you.*

The Tao of Leadership

95



96