

Engaging Families in Collaborative Care

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The information presented in this CME program is based on recent information that is explicitly “evidence-based”.

This CME Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in the CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards



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Learners will be able to:

- Understand how to apply a model for engaging families in collaborative care
- Identify key opportunities in the care planning process to engage families in collaborative decision making
- Recognize the importance of information transmission that promotes relationship building

Mentimeter Slide

In your experience, what are some of the biggest barriers to collaborating with families in care?

3 Keys to Collaborative Care Planning

1

Building relationship through proactivity and psychological safety

Quality in Ageing – Policy, practice and research Volume / Issue 3 September 2006 © Pavilion Journals (Brighton) Ltd 2006

Transitions in care homes: towards relationship-centred care using the 'Senses Framework'

Mike Nolan, Sue Davies and Jayne Brown

Journal of Organizational Behavior
J. Organiz. Behav. **30**, 709–729 (2009)
Published online 3 November 2008 in Wiley InterScience
(www.interscience.wiley.com) DOI: 10.1002/job.565

High-quality relationships, psychological safety, and learning from failures in work organizations

ABRAHAM CARMELI^{1*,†} AND JODY HOFFER GITTELL^{2†}

3 Keys to Collaborative Care Planning

- 2 Co-design the care process vs. one partner informing the other after decisions are made

cihccpis

Canadian Interprofessional Health Collaborative
Consortium pancanadien pour l'interprofessionnalisme en santé

A National Interprofessional Competency Framework
Februarv 2010

SBAR:

A Shared Structure for Effective Team Communication

Adapted for Rehabilitation and Complex_ Continuing Care

AN IMPLEMENTATION TOOLKIT

2nd Edition

Funded by: The Toronto Rehabilitation Institute | The Canadian Patient Safety Institute

Mav 2010

3 Keys to Collaborative Care Planning

3 Co-producing sustainable quality improvement (supportive structure & process)

[BMJ](#). 2018; 362: k3617.

PMCID: PMC6120430

Published online 2018 Sep 6. doi: [10.1136/bmj.k3617](https://doi.org/10.1136/bmj.k3617)

PMID: [30190297](https://pubmed.ncbi.nlm.nih.gov/30190297/)

Quality Improvement

Getting more health from healthcare: quality improvement must acknowledge patient coproduction—an essay by Paul Batalden

[Paul Batalden](#), professor emeritus, paediatrics, community, and family medicine

Innov Entrep Health. 2018 ; 5: 1–14. doi:10.2147/IEH.S151040.

**Innovation Implementation in the Context of Hospital QI:
Lessons Learned and Strategies for Success**

Pavani Rangachari¹

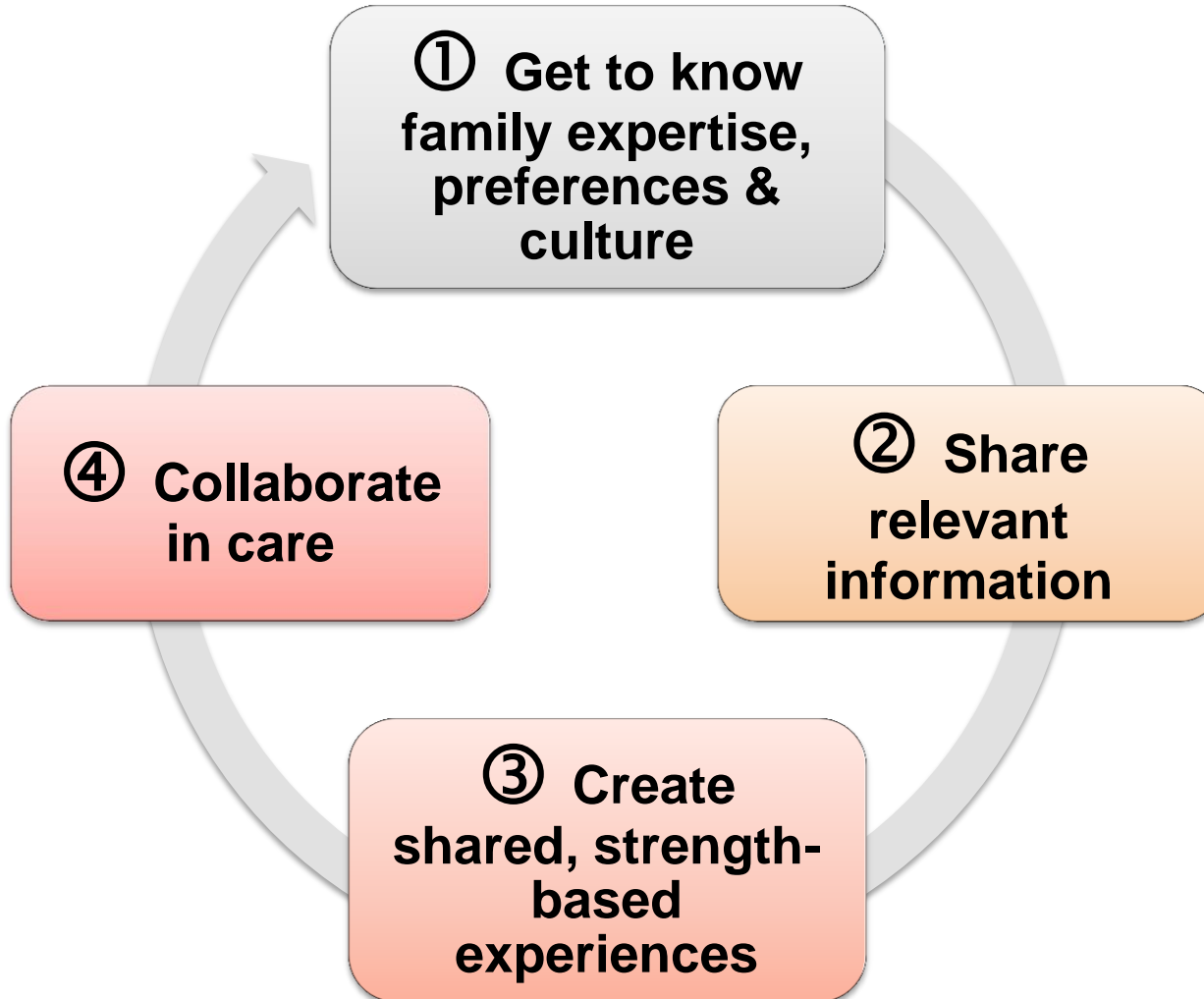
So Where Do We Start?



Move from counting
‘transactions’ to
building relationship
as a foundation for
sustainable quality
improvement

Outcomes will follow

How to Engage Families in Care



**① Get to know
family expertise,
preferences &
culture**

Questions for the family

- What helps the resident to feel more comfortable during care?
- What can you share with us about the resident's occupation and pastime to help us meet his or her needs proactively?

Key Opportunity: Admission

② Share relevant information

Objective & Specific

e.g. SBAR

S: Describe the **Situation**: What is the concern?

B: Relevant **Background**: What do you know?

A: **Actions** taken: What did you do?

R: **Recommendation** &/or request: What do you need?

Key Opportunity: Resident Change in Condition

Which Report Offers More Valuable Information?

Report A

Mrs. Green's daughter attacked me today when I saw her in the hall. I couldn't even get a word in before she demanded that I hand over her mother's medication list. When I said no, you should have seen her! She yelled at me and wouldn't listen. I think we let the nurse manager handle this.

Report B

Mrs. Green's daughter asked me to hand over her mother's medication list. I told her as a PSW I was not allowed to discuss meds. She raised her voice and pointed her finger at me, then walked away. I want to find out why she seemed so upset. She may have noticed something we haven't yet.

③ Create shared, strength-based experiences

Treat the family (and resident) as team members who:

- Mutually shape care approaches
- Elicit direct input when planning and evaluating care

By having the team actively acknowledge and value the importance of family wisdom

Key Opportunity: Activation Planning

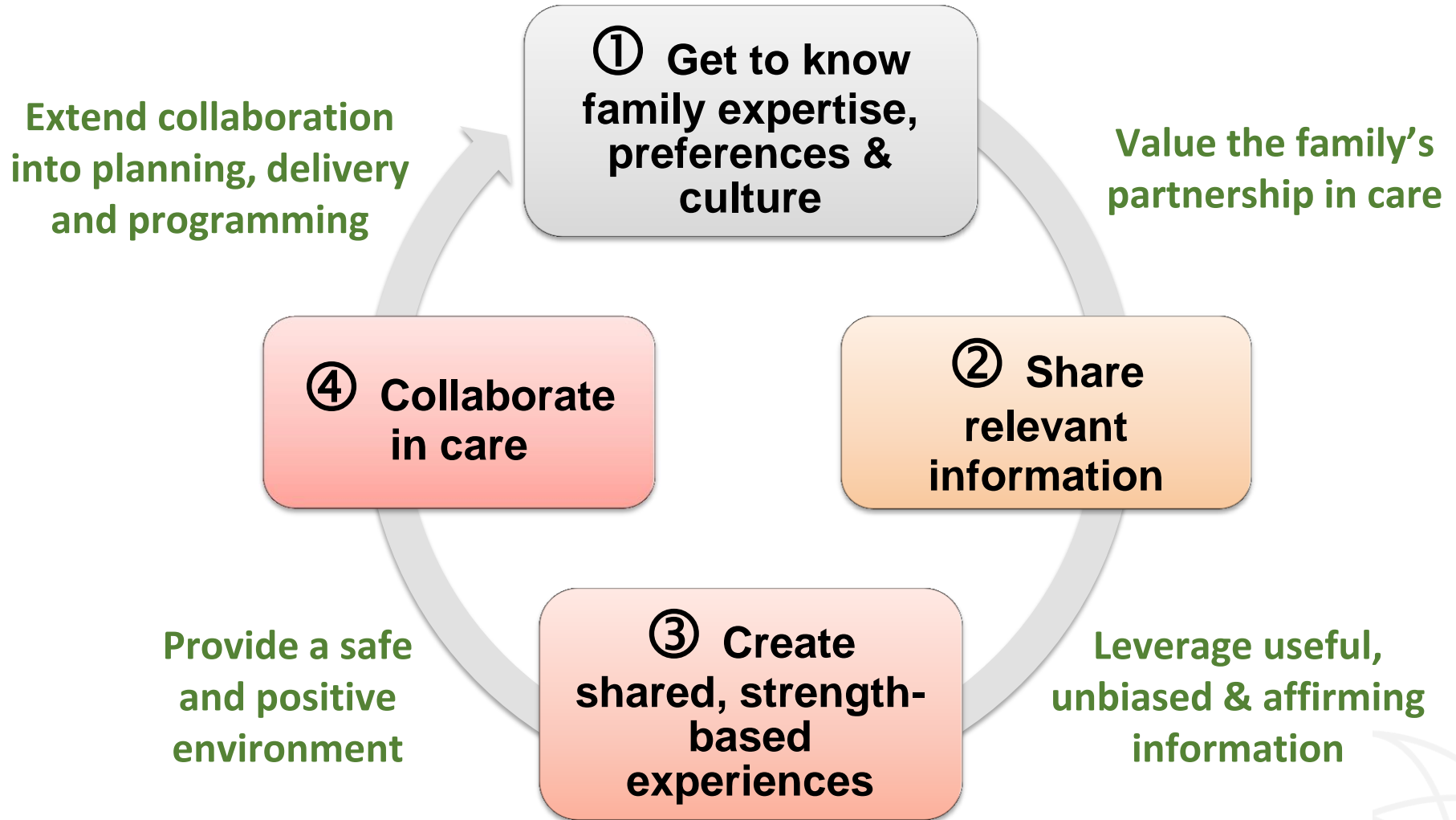
④ Collaborate in care

Co-create care plans...

- Pay attention to underlying family (and resident) needs and distress
- Encourage realistic expectations by exploring how requests can or cannot be translated to action in real time

Key Opportunity: Ongoing Family Meetings

How to Engage Families in Care



Stop & Reflect

A daughter who brought her mother to live in your home 5 years ago is now admitting her father.

If you were to ask her to share two ways in which she was better able to collaborate in care this time, what would they be?

What Ontario CLRI Offers through *Team Essentials for Engaging Families in Care*

- Workshops and eLearning:
 - Proactively developing relationships with families (relational care)
 - Recognizing and reflecting on signs of family distress
 - Developing presence, mindfulness and emotional co-regulation
 - Responding with compassion to family concerns
 - Objective, efficient information exchange (SBAR)
 - Co-creating collaborative care plans with family & team
 - ARC tool for compassionate communication
- Leadership Coaching
 - Promoting relational leadership
 - Creating psychological safety with teams
 - Effectively facilitating team education
 - Strategies for ongoing quality improvement
- Innovation around Resident and Family-led Huddles with University of Toronto