Planning dementia care through case conferencing

Transcript

Elspeth Correy: Using case conferences to manage conflict (short)

A facilitated case conference can be useful when you've got different ideas in a family, or between family and staff about a particular care issue.

What you really want to do is make sure you are prepared beforehand, that you are all coming in prepared, particularly when you are anticipating there's going to be some conflict within the situation.

The planning includes:

- Making sure when you actually start the family meeting, that you got a clear agenda and that you are going to be sticking to that agenda within the meeting.
- You also make sure for any medical information that you have, any results, anything like that, you've already got that available so that you are not caught off guard.

After that, the next thing is to be aware that in situations where there's conflict, you are likely have high emotions and that really can be an issue, reflect on that and put it in check, think about other people within your care team who are going to be attending the conference and get them to check their emotional responses as well and be aware that you may be meeting some quite hostile responses perhaps or emotive responses of the family members and to think to yourself how you are going to handle those.

Once you've done that, then you can get to listening to the family members, so you do make sure that each person has had the opportunity to say something and also to be heard, to reflect back that you've understood what they're needing to have said at that time.

Acknowledging the emotional side of the responses too when you are listening to someone is really important, because as we've said, talking about some of these things - which is for the person who you are caring for, is moving towards a matter life or death, that they really are emotive, and I always check in with the family to say "I understand that you are the advocate", but you all need to make sure that the best care possible, can happen in this situation.

A time when I've seen this type of issue is when we had someone come back to the aged care facility. A lovely Italian lady with an Italian family, Anna had advanced dementia where she had been bedbound for some years, was nonverbal, had had problems with swallowing for long time and she came back to the facility after some time

in hospital when she had a choking episode. In the discharge summary it actually said "unable to have goals of care discussions with family because they did not want to discuss any limitation of treatment and they wanted that discussed again when she came back". Not even wanting to talk about 'not for resuscitation'; wanting to still look at the idea of tube feeding for their mother and still wanting her to go to hospital.

In the situation with Anna, we would ask the family to do the questionnaire and also for the team members to do that as well. We would make sure that we would have the information on tube feeding, on CPR and on what is the appropriate way to introduce that and talk with that with the family of someone who has advanced dementia; that we'd have an up to date assessment of Anna's dementia, where it was in the trajectory of dementia and decline.

I mean tube feeding isn't something that I would recommend but I have to realise that for this family, they may have a different approach. So putting all those things into line and perhaps talking with my other team members and saying "what do you feel about what we are discussing now?" We would also be saying "from a cultural, from a personal and from a religious point of view, how does that influence how you're feeling about these decisions?"

So you go through and you hear those emotions, you go through and hear what's important for them and how important their relationship is and then on the basis of that, you go to making a plan and you would let them go through that 'the best care in this situation would be supporting her within the facility' and when they feel that you are on their page rather than the other way around, they may well be able to come around to a plan that would incorporate some less active treatment in that situation.

This is a transcript of Elspeth Correy: Using case conferences to manage conflict (short) video. To view the video visit www.caresearch.com.au/DementiaCaseConferencing