ISSUES AT RISK

Long-term care brings special challenges

By Kathryn Wire

After a long day, the staff at a long-term care facility (LTC) calls to report changes in your elderly patient's condition. You haven't seen the patient for two weeks, but the change is not unexpected.

You remember the patient's only son often talked to you about finding the "right" care to enable his mother to go home. He moved her to this facility because of "unsatisfactory progress" at the previous facility. You wonder what liability exposure you would face for not examining her tonight if her downward slide continues.

Lawsuits against long-term care facilities many times end in well-publicized large awards. Many physicians are drawn into those suits, as primary care physicians or as the facilities' independent medical directors.

Despite different levels of care, rounding schedules and geographic inconvenience, physicians in these roles must manage patients and stay out of liability trouble. How can they, especially if the best care won't improve the patient's condition?

Long-term care risks require focused intervention from all care providers, including physicians. Risks often arise not from clinical care but from the patient's family and society's conflicted feelings about its elderly.

Many physicians dread dealing with these interpersonal issues, but a regular investment in managing "squishy" risks can alleviate the stress of the 5 p.m. phone call.

Nursing home suits often arise from a family's guilt and anger directed toward care providers. The lack of understanding of the physiological process of aging, ignorance of the patient's underlying disease and its likely course, or both, add to the emotional toll. Families accustomed to daily physician contact in acute care environments suddenly find the visits and calls are less frequent. They struggle to accept their loved one's decline and eventual death.

Managing this tricky combination of emotions and change requires two things:

- extraordinary attention to "reading" the patient and family and
- giving the family the resources and information they need to process what is happening.

Some families require more attention than others. Physicians are an essential part of the team trying to meet these needs. They must support the facility's efforts with their time and energy.

Hospice-care providers can often fill some of these needs. Unfortunately, many long-term care patients lack the "terminal" diagnosis that would justify involving hospice's support and educational services. The facility and the physician must fill that void.

To spot some "needy" family situations, ask yourself:

- Was the patient healthy and independent before an acute event?
- Did one sibling provide most of the care for the parent?
- Has the family moved from one facility or physician to another, citing dissatisfaction with care?
- Do family members disagree about appropriate care, or have they overridden the wishes of the patient?
- Does the legal decision-maker have regular contact with the patient and the facility? If not, why not?
- Have you encountered unusual communication barriers, such as being unable to reach the responsible person by phone or having unreasonable limits set on the hours in which you may call?

These situations often signal communication challenges, inappropriate expectations or decision-making issues within the patient's family. Care givers must strive to improve communication and understanding so family expectations reflect reality.

Because you can't fix all dysfunctional situations, you must also carefully document your efforts in these cases. At the same time, consider introducing community or facility resources to help the family.

The risk management approach is simple: educate, communicate and document. And it must be consistent.

- Education sets expectations. Some falls are inevitable. Some patients lose weight. Aged patients become feeble. These things happen despite your best efforts.

Education begins during admission interviews and continues with each family contact. The facility will do most of the "heavy lifting" on this issue, but they need physician collaboration.

- Communication helps families and patients adjust their expectations as the situation evolves. When conditions change, even when changes are subtle, the family must be told. Explain your plan to assess further changes and to address things that have occurred.

A change in condition may simply mean the patient has come closer to an unavoidable precipice, but make sure the family can anticipate what's ahead. If they know that you anticipate a problem, and how you will approach it, they will be more comfortable with your actions.

- Document these efforts to support that you did the right thing, and the family understood your decisions.

If the family understands the likelihood of an unfavorable development and the way you expect to treat it, they will be more likely to accept your management of that event, even if it's by phone.

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