

Family Readiness Assessment

Hospital Partners

SITUATION

When discussing end-of-life (EOL) options, patients' NOK/families are asked to make many decisions. These decisions are based on information given at various times throughout the course of the hospitalization, as well as from goals-of-care (GOC) and prognosis conversations.

BACKGROUND

33% of Next of Kin (NOK)/families who declined the opportunity to begin their healing process through organ, eye and tissue donation, said that the reason was due to perceived late initiation of the organ donation conversation/process.

ASSESSMENT

When NOK/families are discussing EOL options, they are asked to make important decisions based on the information provided by the care team.

Many times following those conversations, they are then approached by a donation professional, with separate information about organ donation. They are told this would change the process of the decision they had previously made with their care team. This often causes frustration, confusion and lack of confidence in decision-making.

RECOMMENDATIONS

Information gathering and comprehension play a crucial role in reducing uncertainty and promoting confidence regarding the donation decision. When care teams communicate closely with Lifeline of Ohio staff, families receive consistent information, increased support and reduced decision fatigue.

Proposed process:

- The Lifeline of Ohio Family Services Coordinator (FSC) can collaborate with the hospital care team to assess the family's understanding of the patient's prognosis based on triggers (*listed on back of this page*).
- The FSC can present a family with donation information in a timely manner, which gives the family a chance to make an informed decision. This includes information about their loved one's donation decision.

This would provide consistency regarding timeline and process of w/d moving forward.

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When any **two or more of these cues are a “yes,”** it would be best if the care team and Lifeline of Ohio collaborate to support families in making a single, informed decision regarding EOL, including organ donation, without being provided two seemingly conflicting options.

FAMILY INDICATORS

- Family speaking about loved one in the past tense
- Family wanting to change code status
- Family asking about funeral homes/arrangements
- On-site family bringing in additional family to see the patient/say “goodbye”
- Making statements like “He/she wouldn’t want to live like this”
- Family asking about next steps or “What’s next?”
- Religious leaders are being brought in
- Family understands their loved one has suffered a non-survivable injury
- Family is deciding that they do not want any escalation in care
- Movement towards comfort care only
- Family says they feel the patient is suffering

INTERNAL INDICATORS

- Encouraging code status change
- Grave prognosis given to family
- Goals of Care (GOC) meetings being scheduled
- Palliative consulted. If so, when?
- Bedside nurse indicates family is realistic regarding prognosis

