Family Readiness Assessment Tool (FRAT)

Family/contact information
Who is legal next of kin? Are they at the hospital? Any unique dynamics to keep in mind?

Responsiveness of family toward grave prognosis
Is the family showing signs that they may be accepting that this is a non-survivable injury? Examples:
- "They wouldn't want to live this way."
- "We can't see them suffer anymore."
- Decision not to attempt resuscitation
- Decision not to escalate interventions
- Asking about what happens next

Assess actions/comments that lead toward end-of-life decisions from family/healthcare team
Has the family made comments that would lead you to think they may elect comfort care in the next day or two? Examples:
- Physician's care plan is being exhausted and comfort care is presented to family as an option
- Discussion related to possibly ending life-supporting treatment without a specific time identified
- Discussing funeral arrangements
- Asking for permission for, or awaiting, others to come say “goodbye”
- Asking what it would look like if patient was taken off the ventilator

Time: Is it an appropriate moment for family interaction? Does the attending physician approve of MTN engaging with the family?
Exploratory Conversation
- Building rapport
- Emotional support
- Exploration of family plan/expectation for patient’s care — does family understand this is a non-survivable injury?
- Assessment of family needs for next steps — has family made decision for comfort care to be implemented at some time in the future?
- Conclusion
  - Pause, family is not ready for donation discussion
  - Share FPA information with family
  - Share patient’s opportunity to donate with family
  - Full donation discussion

RED FLAGS
- Distrust
- Blame or anger
- Ethics consult
- Family members clearly not aligned
- Physician not supportive of timing of MTN/family conversation
- Family avoiding hospital communication