

# Running effective family meetings: can clinical guidelines help?

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# Outline

- \* Background to family meetings
- \* Aims and research questions
- \* Methods
- \* Results
- \* Conclusions

## Family meetings and palliative care

- \* A planned and structured meeting that attempts to address caregiver and patient needs
- \* Family meetings are important in the delivery of palliative care to
  - \* foster communication between multiple health professionals, the patient and family
  - \* share information about the patient's illness
  - \* formulate a plan of care that addresses the patient's and family's needs
  - \* clarify or establish appropriate goals of care
  - \* Determine the family's desire and ability to care for a patient at home

## Background

- \* Literature demonstrates use in palliative care, ICU, aged care, rehabilitation, child protection, and mental health settings
- \* Despite their importance as an approach to supporting carers, little evidence exists on the best way to conduct family meetings
- \* Approaches vary according to clinician experience and preference
- \* Preliminary work by Hudson et al (2008, 2009)

Difficult meetings often left to least experienced staff

Poorly run meetings can leave families feeling confused and anxious

The image shows the cover of a publication. At the top left is the 'cpcer' logo, with the text 'Centre for Palliative Care Education & Research' below it. To the right are logos for 'StV' (St Vincent's), 'cpcer' (Centre for Palliative Care Education & Research), and 'THE UNIVERSITY OF MELBOURNE'. The title 'Family meetings in palliative care: multidisciplinary clinical practice guidelines' is prominently displayed in a serif font. Below the title is a photograph of a family of four walking on a beach. At the bottom left, the authors are listed: 'Authors: Peter Hudson<sup>1</sup>, Karen Quinn<sup>2</sup>, Brendan O'Hanlon<sup>3</sup>, Sanchia Aranda<sup>3</sup>'. Below the authors are three numbered footnotes: '1 Centre for Palliative Care Education & Research, St Vincent's and The University of Melbourne, Victoria, Australia', '2 The Bouverie Centre, La Trobe University, Victoria, Australia', and '3 School of Nursing and Social Work, The University of Melbourne, Victoria, Australia'.

Hudson, P, Quinn, K, O'Hanlon, B, Aranda, S. (2008). Family meetings in palliative care: multidisciplinary clinical practice guidelines. *BMC Palliative Care*, 7, 12.

Hudson, P, Thomas, T, Quinn, K, & Aranda, S. (2009). Family meetings in palliative care: are they effective. *Palliative Medicine*, 23, 150-157.

Developed by Hudson et al (2008) for use in palliative care settings using

- Literature review

- expert multidisciplinary panel

- focus group of palliative care specialists

Meeting preparation, conduct, documentation and follow-up

Evaluation of guidelines at St Vincent's Health, Melbourne

## Two research questions

- a) Do caregivers of patients receiving palliative care on acute hospital wards report positive outcomes after attending a family meeting conducted using newly developed clinical practice guidelines?
- b) Are these family meeting guidelines acceptable and useful to the health professionals who use them?

To investigate whether conducting family meetings using recently developed clinical practice guidelines was effective at meeting the needs of family caregivers of patients receiving palliative care on acute hospital wards

## Methods

- \* Literature review
- \* Ethics Approval
- \* Prospective pre-test/post test design
  - \* No control or comparison group
- \* Qualitative and quantitative data collection and analysis

## Various self-report instruments, questionnaires and structured interviews

Socio-demographic caregiver questionnaire  
Pre-meeting and post meeting caregiver questionnaire  
The Family Inventory of Needs (FIN)  
Family Caregiver Meeting Checklist  
Family Meeting Facilitator self-assessment checklist  
FMF focus group at end of study

## Basic descriptive and inferential statistics and content analysis

## Populations under investigation

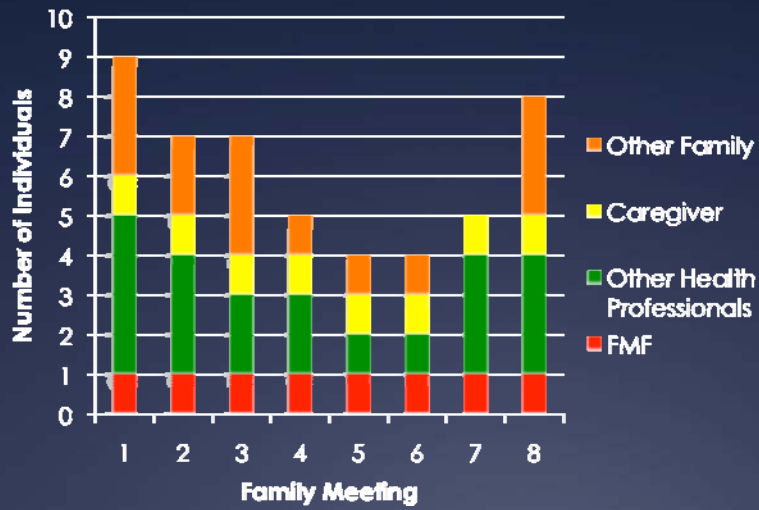
- Caregivers of inpatients on acute wards diagnosed with life-threatening illness
  - \*  $n = 8$
  - \* Patients not included in this study
- Experienced palliative care/oncology clinicians – Family Meeting Facilitators
  - \*  $n = 4$
  - \* Social work, CNC, Registrar, Physician
  - \* Training session in use of clinical practice guidelines

Equal numbers of men and women

Average age was 48 years

5/8 were caring for a parent

## Results – family meetings $n = 8$



## Results – caregiver concerns

- \* Pre-meeting questionnaire
- \* Concerns in four key areas
  - \* The patient's health
  - \* Their own health and ability to cope
  - \* Future care (incl. site of care)
  - \* Financial concerns

## Results – caregiver concerns

- \* Visual analogue scale one to ten
  - \* How worried
  - \* Confidence to deal with them \*
  - \* Frequency of concerns \*\*
  - \* How much interfering with life
- \* One-sample *t* tests to examine for changes pre to post-meeting
- \* All items showed improvements post meeting scores

\*  $p < .01$  \*\*  $p < .05$

## Results – caregiver questions

- \* Collected in pre-meeting questionnaire
- \* Three domains
  - \* Plan of care
  - \* Prognosis
  - \* Availability of services and supports
- \* All eight caregivers reported that their questions were answered in the meeting

## Results – meeting caregiver needs

- \* FIN measured caregiver needs at three time points
- \* Paired *t* tests
- \* Improvements in scores from pre to post meeting \*
- \* Maintained at final measurement 48 hours post meeting

\*  $p < .05$

## Results - family meeting conduct

- \* Nine closed-ended questions on aspects of meeting attendance and conduct
  - \* Unanimously positive results regarding
    - \* Venue
    - \* Informed about meeting purpose
    - \* Time of day
    - \* Length
    - \* Information presentation
    - \* Opportunity to ask questions
    - \* Met expectations
  - \* 1 out of 8 caregivers was no clearer about the plan of care
  - \* 3 out of 8 caregivers did not receive a written summary of the meeting outcomes

## Results - benefits of family meetings

- \* Caregiver responses fell into four key domains

- I. Informative

- \* *"I liked the way things were explained"*

- II. Planning for the future

- \* *"I found the family meeting to be invaluable as I'm now able to make arrangements and plans for the future"*

- III. Acceptance and support

- \* *"It was all done really nicely with great care and consideration for the position we were in"*

- IV. Listening

- \* *"I was given the opportunity to talk and express my concerns"*

## Results – negative feedback

- \* Five of the eight caregivers
- \* Two key domains
  - I. Meeting organisation
    - "before the meeting started, staff came into the meeting room and asked what we were doing in there and informed us it was not a hangout area. This was not appreciated as we were put in there by the head nurse"*
  - II. Communication
    - "I didn't like the intercom [personal address] system"*

Caregivers asked what they didn't like about the meeting

## Results – FMF focus group

- \* Three key domains

- I. Positive factors

- \* Detail and clarity
- \* Improved structure of meetings
- \* Pre-meeting questionnaire to prepare for meeting
- \* Documenting meeting outcomes for family

*"The guidelines are a reminder that its about meeting families' needs, the protocol appears to achieve that and ensures that family are involved prior to the meeting and from the beginning"*

## II. Limitations

- \* Family conflict
- \* Inexperienced clinicians

*"I'd be interested to see it used by someone quite junior and see how they found it, whether they found it friendly and easy to use, because we're sort of a skewed group"*

### III. Utility and future use

- \* Teaching tool
- \* Format useful beyond palliative care and oncology

*"People learn from sitting in on family meetings and (...) role modeling and this is something they can actually look at and refer to so that they can understand how family meetings are run"*

## Conclusions

- \* Family meetings conducted by experienced palliative care clinicians using these guidelines can result in meetings that are effective at meeting a range of caregiver needs
- \* Seen as usable and beneficial by the clinicians using them
- \* Further testing is indicated
  - \* CALD groups
  - \* family conflict
  - \* educational tool
  - \* Areas outside of inpatient palliative care

## Download guidelines...

[http://www.pallcare.unimelb.edu.au/  
research/resources.html](http://www.pallcare.unimelb.edu.au/research/resources.html)