

The impact of guidelines and a documentation form on Formal Family Meeting practice

Moran S*, Brosnan A**, Clifford M**, Conneely, J**, Conroy M*, Mulcahy E*, Murphy J**, Farrell G**, O'Donovan E**, Murphy R**, O'Reilly M*, Quill S**, Rhatigan J*, Richardson M*, Sheridan J*
 *Milford Hospice, Milford Care Centre, Castletroy, Limerick
 **Marymount University Hospital & Hospice



Introduction

Formal Family Meetings (FFMs) are a vital tool in effective communication with patients and families. Audits in 2 specialist palliative care units (SPCUs) revealed a number of practice deficits. A complete audit cycle is presented here, comparing data before and after the implementation of practice guidelines and a standard form for documentation of FFMs.

Aims

The aim of this study was to investigate the impact of introduction of guidelines and a documentation form for FFMs through audit of documentation in the patient chart.

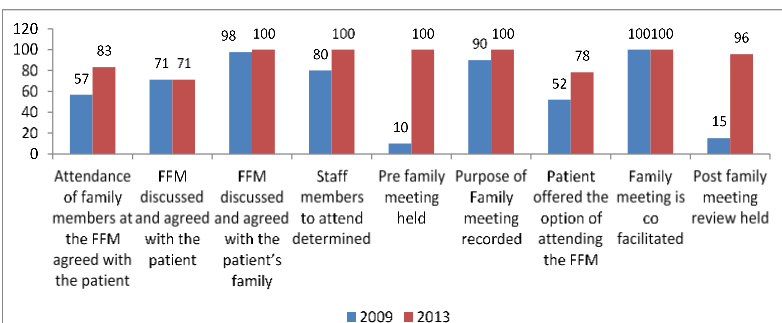
Methods

All FFMs that took place from 1st Jan to 31st March 2009 were audited against quality standards developed by a multi-disciplinary working group. A number of practice deficits were identified, particularly regarding pre-meeting planning and post-meeting follow-up. Guidelines and a standard form containing checklist reminders were developed and implemented. Re-audit took place on FFMs from 1st Oct to 31st Dec 2013 and compared with 2009 data using Fisher's exact test.

Results

There was no significant difference in the patients' gender or diagnosis. FFM practice had improved across a number of domains between 2009 and 2013. Patients were more likely to be offered the option of attending the meeting (78% 2013, 56% 2009, $p = 0.006$), as well as being consulted regarding which family members should attend (83% 2013, 57% 2009, $p = 0.033$). Staff preparation also improved, with a decision being made and documented re which staff members to attend in all cases in 2013 ($p = 0.008$). A staff discussion took place immediately before all meetings in 2013 compared with only 10% of meetings in 2009 ($p = 0.0005$). Staff debriefing took place after 96% of meetings in 2013 compared with 15% in 2009 ($p = 0.0005$).

Figure 1 Comparison of 2009 and 2013 audit results



Family Meeting Record Sheet

Date & Time of meeting: _____
 Venue: _____
 Duration: _____

Patient Information Label

PRE-MEETING PLANNING

Family Meeting discussed with patient: Yes No Reasons if not discussed _____
 Verbal consent obtained from the patient: Yes No If not, why? _____
 Patient Attending: Yes No If not, why? _____
 Family members to attend as agreed by patient: _____
 Family members contacted by: _____

Purpose of Family Meeting:

Medical, Nursing, Physiotherapy update Discussion on place of care
 Discharge planning Prognosis/End of life care
 Other: _____

Patient's family's concerns: _____
 Family Meeting leaflet given: Yes No

Staff Present:

MED: _____ NURSING: _____
 PHYSIO: _____ SW: _____ OT: _____
 OTHER TEAM MEMBERS ATTENDING: _____
 Chairperson: _____
 Hospice at Home / Home Care notified Day Care notified

POST FORMAL FAMILY MEETING

Feedback given to patient who did not attend the F.M.: Yes No By whom? _____
 If not, why? _____
 Family Meeting record sheet completed by: _____
 Goals achieved by Patient Family MDT
 Is follow up meeting required? Yes No If Yes, when _____
 Staff Debriefing: Yes No

© Developed by the joint FM Project Group, Marymount University Hospital & Hospice, Cork, and Milford Care Centre, Limerick

Discussion

The introduction of Family Meeting Guidelines and a standardised Family Meeting Record sheet significantly increased documentation of evidenced based practice. This is important as poor standards of documentation in health care have been shown to impair continuity of care and increase risk of error. Structuring and organising information can result in improved service user safety and quality of care. There is also evidence that a proforma not only documents practice but also supports and guides its delivery.

As a follow-up to staff surveys re: Formal Family Meetings and the introduction of guidelines and a proforma record sheet, the joint Marymount / MCC project group has developed a Family Meeting ELearning Programme which will be available early in 2015.



Conclusion

There were significant improvements in FFM practices following the implementation of practice guidelines and a standard documentation form, particularly regarding pre meeting planning, post meeting follow-up and patient involvement.