



# Can families report satisfaction after receiving “bad news”?

## The impact of inpatient palliative care meetings on family satisfaction

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### Introduction

When caring for terminally ill patients, it is common to reach a point in treatment when they are unable to make decisions for their continuation of care<sup>1</sup>. At this time, families and physicians become involved in a decision making process to establish new goals for the patient that are in line with the patient's wishes. Palliative care family meetings aim to include everyone involved in the care of the patient and ensure that everyone is working towards the same goal. The skills required in delivering bad news and aiding in decision making are a major value demonstrated by palliative clinicians<sup>2</sup>. Studies on the importance of family and physician direct communication have shown that families are more satisfied with the care of their relatives when they are given the opportunity to openly discuss their loved one's situation<sup>1,3</sup>. It has also been shown that families express more satisfaction after meetings when the palliative care providers leading the meeting have been trained in the subject and are able to accomplish the proposed objectives<sup>2</sup>. This study aims to further our understanding of the impact a palliative family meeting has on family satisfaction. We hope to add to the continuously growing evidence showing that meetings led by trained members of a palliative care team can ultimately lead to improved end of life care and greater family satisfaction.

### Objectives

- 1) To compare families' satisfaction of communication before and after a palliative team family meeting
- 2) To compare the perception of the palliative clinicians to the families' report of satisfaction following the family meeting

### Methods

Every patient receiving an initial palliative care (PC) consultation at MedStar Union Memorial Hospital between June 23 and July 24, 2015 was screened for participation.

#### Inclusion Criteria

- Only initial meeting with PC team and patient's family was evaluated
- Meeting includes both family and palliative clinicians
- Participants speak and understand English
- Patients and survey participants are 18 or older

#### Survey Process

- Families were offered to participate in the study before the meeting.
- Following the meeting, the consent and survey data were collected via tablet devices.
- Clinicians in the meeting were surveyed as well to record their perceptions of the family and topics discussed during the meeting.
- No more than 5 family members and 5 clinicians were asked to complete the survey per meeting

#### Pre / Post Consult Satisfaction

- |                       |            |
|-----------------------|------------|
| •Listening            | •Trust     |
| •Understanding        | •Conflict  |
| •Courtesy and respect | •Met needs |

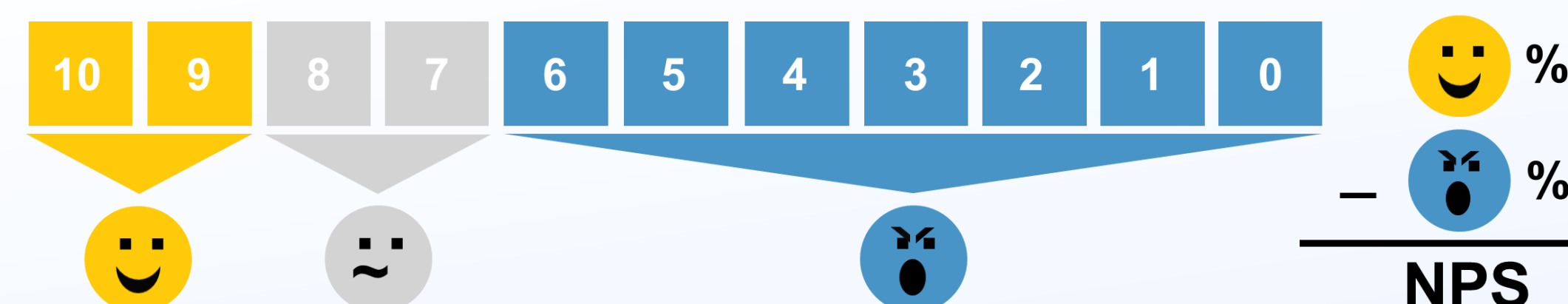
#### Clinician Perceptions

- Level of family understanding
- Conflict
- Family Satisfaction

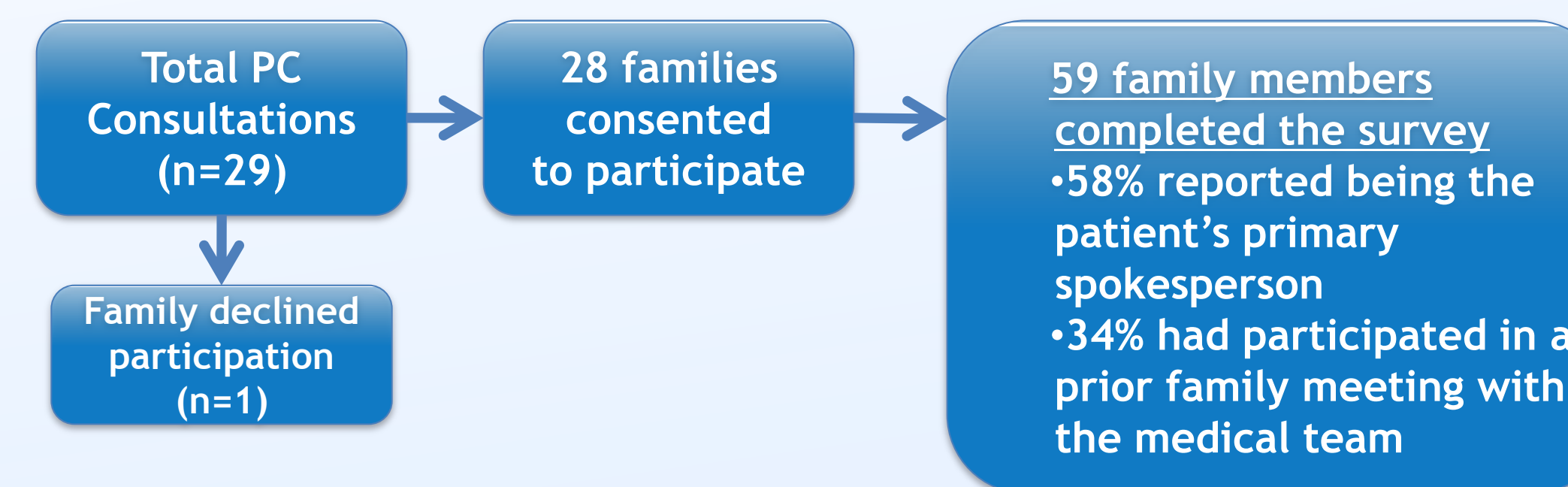
### Methods (cont'd)

#### Analysis

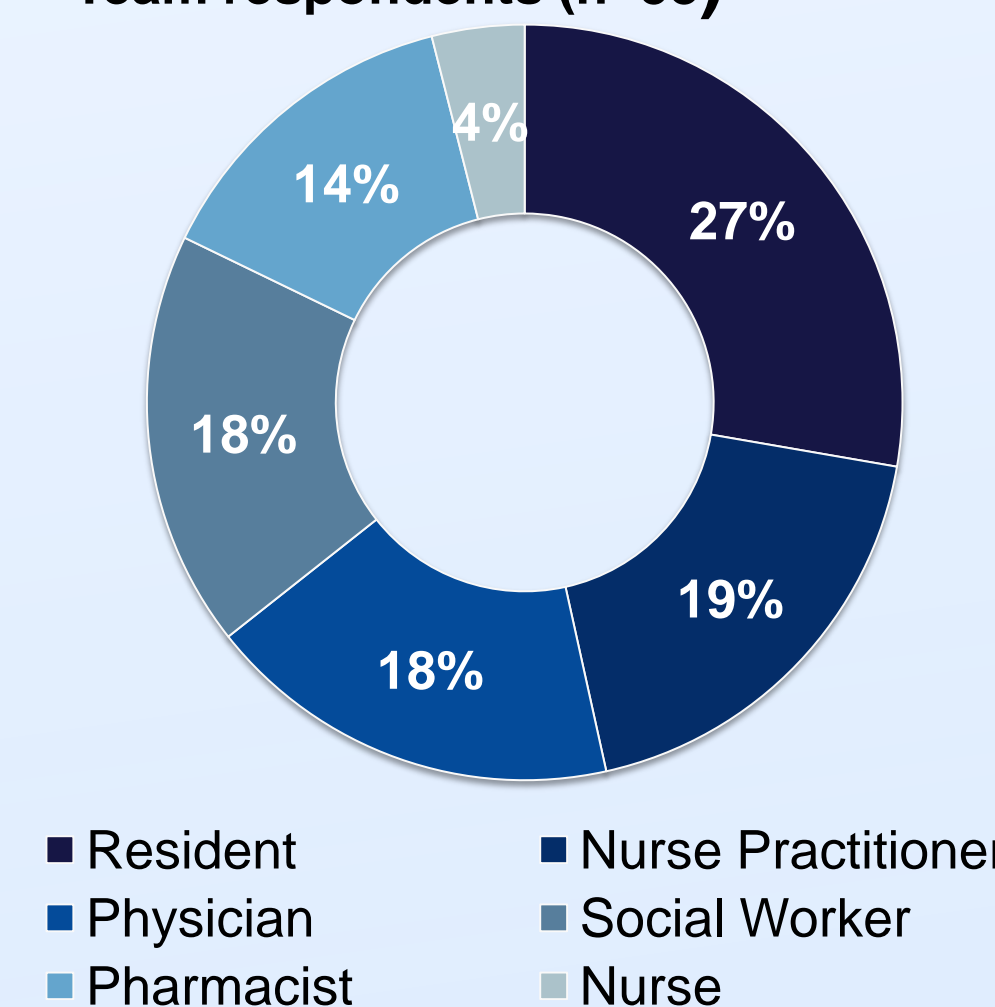
Average scores were calculated for each Likert scale question to compare the differences in family members' ratings before and after consultations as well as any differences observed between the clinicians and families. Questions on the family survey were further analyzed via an adapted net promoter score (NPS) calculation. NPS is a satisfaction measure designed for 0-10 scaled survey questions and is calculated by deducting the percent dissatisfied (scores 0-6) with a service from the percent pleased (scores 9-10) with the service and excludes those that are passive (7-8). The NPS ranges from -100 to +100<sup>4</sup>.



### Results



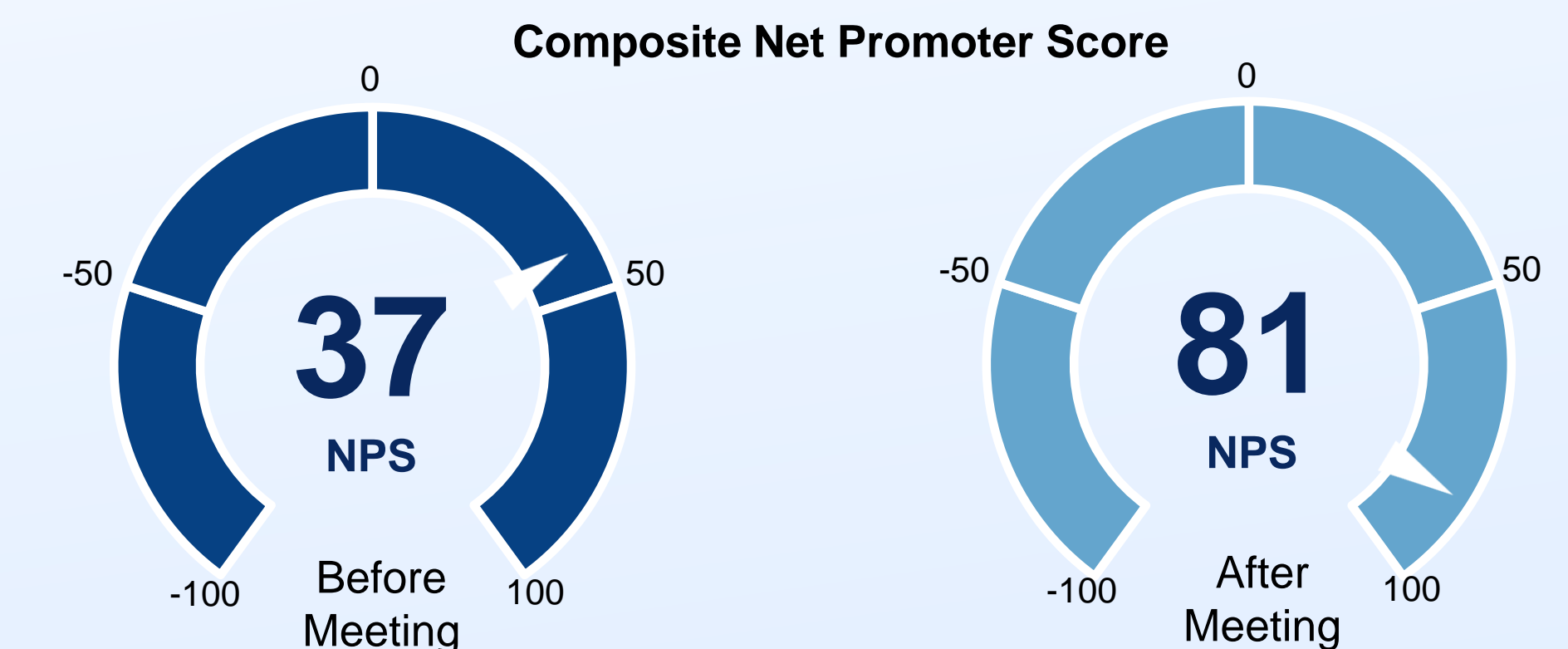
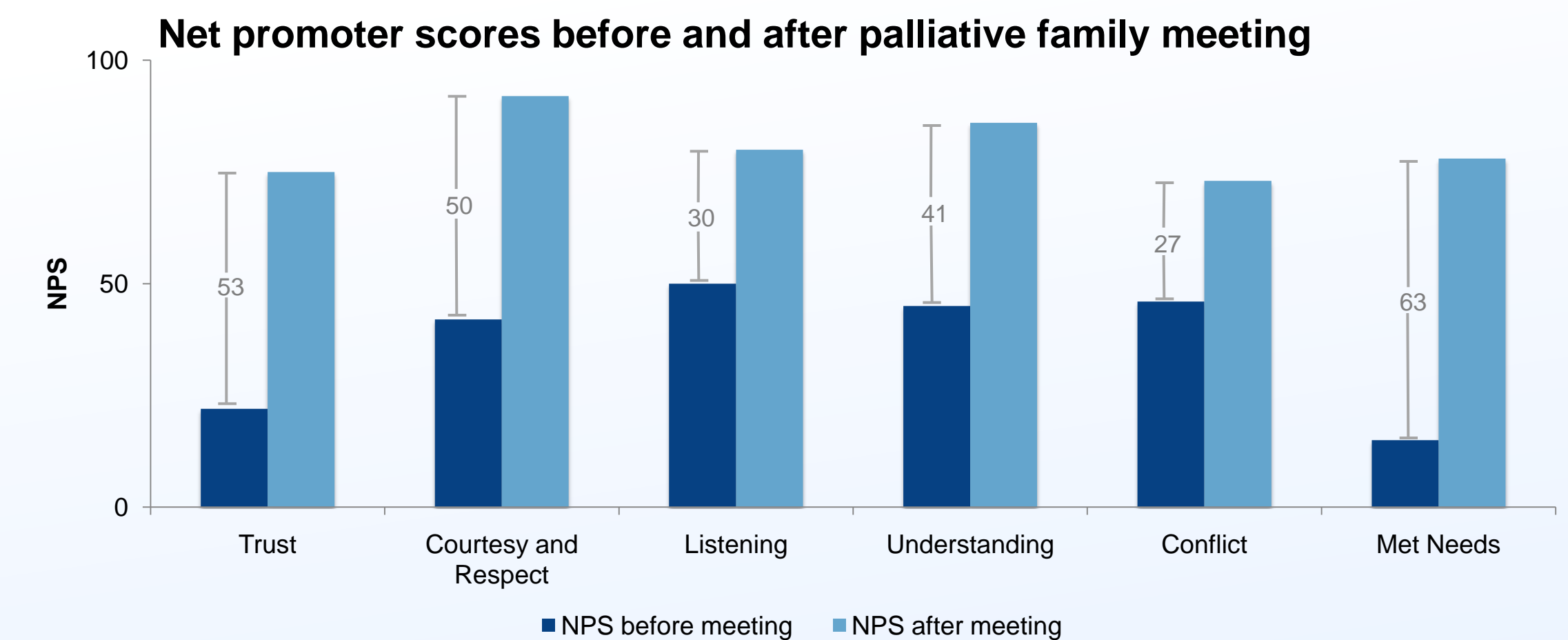
Team respondents (n=58)



#### Topics Discussed in Meeting

- |  |     |
|--|-----|
| • Goals of care                                    | 96% |
| • Communication of end stage or terminal prognosis | 79% |
| • Pain or symptom management                       | 63% |
| • Hospice discussion                               | 54% |
| • Communication of new diagnosis                   | 42% |
| • Other  | 25% |

### Results (cont'd)



#### Qualitative data from family survey:

- |   |
|---|
| "The doctors were very concerned about my mother, which was very comforting to me." |
| "The meeting was successful. The team explained everything in plain English."       |
| "The team made today easier for me."  |
| "I'll fully appreciate everything that took place today."                           |
| "Informative and respected the wishes of the family."                               |

### Discussion

Despite discussing serious topics in family meetings with the palliative team, families reported high levels of satisfaction compared with prior communication. Areas of greatest impact included meeting families' needs, trust, and treating the families with courtesy and respect.

### References

1. McDonagh JR, Elliott TB, Engelberg RA, et al. Family satisfaction with family conferences about end-of-life care in the intensive care unit: Increased proportion of family speech is associated with increased satisfaction. *Crit Care Med*. 2004;32(7):1484-1488.
2. Griffith JC, Brosnan M, Lacey K, Keeling S, Wilkinson TJ. Family meetings--a qualitative exploration of improving care planning with older people and their families. *Age & Ageing*. 2004;33(6):577-581.
3. Seccareccia D, et al. 2015. Communication and Quality of Care on Palliative Care Units: A Qualitative Study. *J Palliat Med*.
4. Satmetrix. Online information available at [www.satmetrix.com](http://www.satmetrix.com) (accessed July 2015).