



Invitation and Family Questionnaire

RELIEF, COMFORT AND SUPPORT: Palliative Approach Family Meeting

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A Palliative Approach
in Aged Residential Care



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Invitation and Family Questionnaire

RELIEF, COMFORT AND SUPPORT: Palliative Approach Family Meeting

Important Information

A family meeting has been organised for:

Name of resident:

Date: ____/____/____ Time: _____

Location: _____

Your facility contact for this family meeting is:

Name of staff member:

Telephone: _____

Please read through this information sheet. It answers some frequently asked questions about palliative approach to care and specifically palliative approach family meetings.

It also provides a section for you to write down any questions or issues you wish to have addressed at the family meeting.



Some Frequently Asked Questions About Palliative Approach Family Meetings

What is a palliative approach to care?

Palliative care is the support of people who are suffering from an illness from which no cure can be anticipated. Frailty and the multiple conditions that can co-exist in old age also means no “cure” is anticipated. The aim of palliative care is to maximise the quality of the person’s life. This is achieved by coordinating and delivering a range of services in response to the individual needs of the person being cared for and their family. It is recognised that a range of problems, including physical, emotional, social and spiritual may need attention.

Is my family member dying very soon?

People often confuse the terms ‘palliative’ and ‘terminal’. People who require a palliative approach to care often live for months and years. The focus of care is on relief, comfort and support.

When a person is in the terminal phase of an illness they are expected to die within days or weeks.

What is a palliative approach family meeting?

A palliative approach family meeting is a meeting held between a resident, their family, and the aged care team.

The aim is to identify clear goals of care for you or your relative including a review of any advance care plans.

The family meeting provides a safe environment where issues and questions about palliative and end-of-life care can be raised and appropriate strategies agreed upon.

Common topics that may be discussed:

What is known about the resident’s current condition?

How is the resident’s condition likely to progress over the next few months?

How will nursing, medical and facility staff manage this progression?

Do the resident and/or family have any specific wishes concerning end-of-life care and treatment?

Anything else that is troubling or worrying you or your relative.

Who from my family should attend the palliative approach family meeting?

This is your decision. Any concerned family member or friend is welcome to attend. We also encourage the resident to attend the family meeting (if they have the capacity to do so).

Please note: it is important that those with legal decision-making responsibilities for the resident are present e.g. Enduring Power of Attorney



Family Questionnaire

Please complete this brief questionnaire and return to the facility contact prior to the family meeting if possible.

1. What are the main issues/concerns for you at the moment?

2. How upset/worried are you about these concerns? (Please tick relevant circle)

1 2 3 4 5 6 7 8 9 10

Not at all As worried as I could possibly be

3. What questions would you like answered at the family meeting?

If you think of other questions between now and the family meeting, please write them down and bring them with you on the day.

Please return this section to the facility contact prior to the family meeting if possible. Having your input ahead of time will significantly help the staff prepare for the family meeting.



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Resident Questionnaire

Please complete this brief questionnaire and return to the facility contact prior to the family meeting if possible.

4. What are the main issues/concerns for you at the moment?

5. How upset/worried are you about these concerns? (Please tick relevant circle)

1 2 3 4 5 6 7 8 9 10

Not at all As worried as
I could possibly be

6. What questions would you like answered at the family meeting?

If you think of other questions between now and the family meeting, please write them down and bring them with you on the day.

Please return this section to the facility contact prior to the family meeting if possible. Having your input ahead of time will significantly help the staff prepare for the family meeting.



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Form 2: Fax template (GP invitation)

Fax Message

To		Fax Number	
From		No. of Pages (including this page)	
Subject	Palliative Approach Family Meeting	Date Sent	

Dear Dr _____

A Palliative Approach Family meeting has been organised for _____ (resident name)

Date: ____/____/____ Start time: _____ Expected duration: _____

Venue: _____

As a vital member of the care team we invite you to participate.

This could be considered as the 3 month review. EPC items allow reimbursement for family meetings of at least 15 minutes.

Please advise if you are able to participate in this family meeting by ticking one of the options below:

- Attending in person Attending via teleconference (telephone: _____)
- Unable to attend

Please fax this back to _____ (insert fax number) by ____/____/____

Looking forward to your reply.

Sincerely

(name)

Palliative Approach Family Meeting Facilitator



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Form 4: Palliative approach family meeting: planning checklist

Name of Resident: _____

Date of Family Meeting: /_____/_____ Time: _____

Venue: _____ Room booked (tick circle)

Family Meeting Facilitator: _____

Participants: Name and contact details	Invitation sent? (Date)	Accepted (A) or declined (D)

Document	Required	Obtained	N/A
Family questionnaire			
Resident questionnaire			
Staff communication sheet			
Clinical record (including most recent medication) chart			
Advance care planning documentation (legal or non-legal)			
Other (specify)			

Goals of family meeting:



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Form 5: Palliative approach family meeting summary

Name of Resident: _____ Date of Birth: ____/____/____

Purpose of Family Meeting:

Participants:

Resident in attendance? Yes No

Health Professionals

Name	Discipline/Position

Family Members

Name	Relationship



Form 5: Palliative approach family meeting summary (continued)

Key Issues	Description
Advance care plan	
Symptoms	
Social / psychological needs	
Assessments / investigations	
Other	



Form 5: Palliative approach family meeting summary (continued)

Action Plan

Goal	Actions	Key Person(s) Responsible	Review Date

Time commenced: _____ Time completed: _____ General practitioner: _____ (name)

Tick appropriate circle

- GP organises and coordinates a family meeting in an ARC
- GP participates in a family meeting in an ARC
- Original placed in the resident's clinical notes
- Copy sent to GP
- Copy offered to participating allied health professionals
- Copy offered to the resident/family members
- Resident's care plan and assessments reviewed and updated

Palliative Approach Family Meeting Facilitator

Name: _____ Position: _____

Signature: _____ Date: ____/____/____



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Form 6: Palliative approach family meeting: Facilitators Guide

What is facilitation?

Definition – *making easy, the act of assisting or making easier the progress or improvement of something.*

It is about helping the group to have an efficient and inclusive meeting. Facilitation combines a series of roles and tasks. Sometimes you can have shared facilitation, with a sharing of responsibilities for ensuring the meeting is well run, productive and participative.

Practice points for facilitating a group;

A facilitator never directs the group without its consent

At no time does the facilitator make decisions for the group or take on its functions which are the responsibility of the group as a whole.

A good facilitator stays neutral and helps the members of the meeting be aware that it is their business that being conducted. The success of the meeting is the mutual responsibility of the whole group.

Role of the facilitator; in a palliative approach family meeting the facilitator assists the person and their family and whanau to: (it may or may not include the following list)

- increase understanding about their disease, its course and prognosis
- increase knowledge and understanding of palliative approach to care
- assess family strengths, needs, coping and decision making capacity
- recognize wishes for the future
- and to establish through partnership the key goals of care

Tasks:

1. Identify that a palliative approach family meeting is appropriate;
A family meeting will be triggered by either a) answering positively to the InterRAI question 'would I be surprised if this resident were to die in 6 months' or b) a CHES score of 4-5, and/or c) clinical judgement that a resident would benefit from a family meeting.
2. Set up the meeting;
 - Once it has been identified as appropriate to have a palliative approach family meeting use the written resources to assist.
 - Send information to the resident (if appropriate), to closest family member or 'first contact' person (usually the EPO) and to general practice team.
 - Ask clinical staff to complete form 3 - staff communication sheet
 - Use **Form 4** - Checklist to check if all processes in place
 - Provide a private space to accommodate those who are attending the meeting.
 - Ensure there is a person identified who will record or scribe notes so a summary and outcomes of the meeting can be available for all participants of the meeting.
3. Welcome and introduction;
It may be appropriate to start with a specific welcome/greeting or karakia. It is important to ask the family what is important to them and to acknowledge the family's culture at the beginning of the meeting.
Ask each participant to introduce themselves and give their relationship (family member) or role (health professional) to the resident.



4. Meeting format;

Outline the purpose of the meeting and the timeframe, and process of the meeting to all. Use the questions that have been brought to the meeting as a prompt and guide for the meeting.

It may be useful to give an overview of where the resident is at in terms of disease journey and prognosis.

Using the summary sheet record any outcomes, decisions of care, or anything else that is relevant from the meeting. Also at the meeting agree on who will receive a copy of this information.

5. Record of meeting;

A summary of the meeting should be made available to the resident, family and whanau, ARC facility and General Practice team and any others involved in the ongoing care of the resident. Who receives the summary will be identified and agreed upon at the meeting. A summary of the meeting should be kept in the residents file. It may be more appropriate to have a recording of the meeting. That is given to the family and whanau. Ensure all decisions and plans are reflected in the NCP or STNCP with goals, actions and evaluation.

6. Following the meeting;

Ensure the family, whanau and those involved in the family meeting have contact details of the facility manager should they have questions or need follow-up.