THE PATIENT AND FAMILY MEETING PROGRAM

**STEP 1**
PATIENT IDENTIFICATION
High risk triggers inform which patients will benefit from the Patient and Family Meeting Program

**STEP 2**
INTERDISCIPLINARY ROUNDS
Huddle to determine which patients should proceed with the Patient and Family Meeting Program

**STEP 3**
ORIENTATION
Patient and family oriented to the Patient and Family Meeting Program

**STEP 4**
NEEDS ASSESSMENT
Identify values and biopsychosocial/spiritual needs of patient and family and offer necessary intervention and care

**STEP 5**
MEDICAL TEAM ALIGNMENT
Clarify medical recommendations and evaluate barriers to care

**STEP 6**
SOCIAL WORK LED FAMILY MEETING
Interdisciplinary team meet with patient/family to develop a treatment plan aligned with patient values and goals

**STEP 7**
EDUCATION AND PSYCHOLOGICAL SUPPORT
Supportive care assists patients and their families to reconcile their goals and values with medical team recommendation

**STEP 8**
DOCUMENTATION
Summary form to include M.D. recommendations, patient wishes and values and educational information

**STEP 9**
DEBRIEFING
Identify potential barriers in implementation of plan

**STEP 10**
SATISFACTION SURVEYS
Satisfaction surveys for patient, caregiver and staff

*Repeat to Step 4*
THE PATIENT AND FAMILY MEETING PROGRAM

STEP 9

Purpose of a Debrief

Discuss and address areas of concern for the situations listed in Table 1 and consider an alternate delivery approach.

Areas of Concern

1. Miracle thinking
2. Intellectualizing
3. Cultural barriers regarding withdrawal of life support
4. Medical decision maker* stuck: Disagreement between family members, medical decision maker has no idea of patient wishes/preferences without family unity
5. Staff compassion fatigue
6. Near end of life and family resistant to administration of comfort care
7. Family resistance/denial of DNR/DNI and de-escalation of care and patient death <1 month
8. Physician disagreement on goals of care

Useful Interventions

1. Ethics consult
2. Chaplaincy
3. Supportive care consult
4. Determine how family best receives information and consider alternate approaches (small groups or individual interactions)
5. Rotate medical staff to meet with family to reduce distress and ensure healthy boundaries and avoid staff dissatisfaction
6. Medical team meetings to get on the same page or restructure

* A person who can share your wishes and make health care decisions for you if you are unable to make them yourself

Attendees for Postmeeting Debrief

Primary team, Consultants, Supportive Care Team and Case Management

Debriefing

Identify potential barriers in implementation of plan

This document was developed by health care professionals in the Department of Supportive Care Medicine at City of Hope in Duarte, California. Permission to reproduce this document with no changes is granted herein. For permission to print with changes or questions, please email FamilyMeeting@coh.org.