

FAMCARE

QUICK USER GUIDE

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Detailed FAMCARE and FAMCARE-2 Guidelines for Use, developed by the Edmonton Zone Palliative Care Program, consist of eight key sections: (1) *Background*, (2) *Versions*, (3) *Translations*, (4) *How to Administer*, (5) *How to Interpret*, (6) *How to Report*, (7) *How to Implement*, (8) *Frequently Asked Questions*. These guidelines may be accessed at: <http://www.palliative.org/NewPC/professionals/tools/famcare.html>

The FAMCARE tool was originally developed for administration to family members of advanced cancer patients receiving inpatient palliative care services. The tool can be administered to family caregivers while the patient is receiving palliative care or after a patient's death.

The FAMCARE Scale is used to measure family caregiver satisfaction with care of inpatients with advanced cancer. The tool measures different areas of care such as availability of care, physical patient care, psychosocial care and information giving. The original scale is a "20 item Likert-type scale measuring the degree to which family members are content with the health care provider behaviors directed toward the patient and themselves" (Kristjanson, 1993, p. 696). The FAMCARE Scale is used in such places as North America, Australia and Europe. Each FAMCARE item is a five-point Likert-scale with the following responses: very satisfied, satisfied, undecided, dissatisfied and very dissatisfied. Family caregivers may decide that a question is not applicable and/or they may choose not to answer some questions.

F
A
M
C
A
R
E

How satisfied are you with:

1. The patient's pain relief
2. Information provided about the patient's prognosis
3. Answers from health professionals
4. Information given about side effects
5. Referrals to specialists
6. Availability of a hospital bed
7. Family conferences held to discuss the patient's illness
8. Speed with which symptoms are treated
9. Doctor's attention to patient's description of symptoms
10. The way tests and treatments are performed
11. Availability of doctors to the family
12. Availability of nurses to the family
13. Coordination of care
14. Time required to make a diagnosis
15. The way the family is included in treatment and care decisions
16. Information given about how to manage the patient's pain
17. Information given about the patient's tests
18. How thoroughly the doctor assesses the patient's symptoms
19. The way tests and treatments are followed up by the doctor
20. Availability of the doctor to the patient

In Covenant Health, the palliative care unit at St. Michael's Hospital, Lethbridge, was the original pilot site in Alberta for the implementation of the FAMCARE in April 2010., followed by the tertiary palliative care unit (TPCU) at the Grey Nuns Community Hospital, Edmonton, in August, 2010. In June, 2012, the Edmonton Zone Palliative Care Program adopted the FAMCARE-2 for use on the TPCU and hospice sites in Edmonton. The Covenant Health palliative care units in Lethbridge and Medicine Hat will also adopt the FAMCARE-2, as of January 2013. In the EZPCP and Covenant Health palliative care sites, the FAMCARE/FAMCARE-2 is mailed to family caregivers approximately one to two months after a patient's death. Completed surveys are returned by mail to the palliative care sites. An additional section has been added for family caregivers to provide comments. If a family caregiver is very dissatisfied and if contact information is available, then it would be important for a staff member to contact the family caregiver to go over the issues experienced.