



Association for
Palliative Medicine

FAMCARE 2020

Bereaved relatives' satisfaction with specialist palliative care services: A service evaluation by the Association for Palliative Medicine of Great Britain and Ireland (APM)

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Quality and Clinical Affairs Committee

Table of Contents

1. FAMCARE Background
 - 1.1 The Project Lead
 - 1.2 Methodology
 - 1.3 GDPR Compliancy
 - 1.4 COVID-19
2. FAMCARE Objectives
3. Participation of Services and Surveys Returned
4. Sampling and Response Rates
5. How the Results are Presented – Key Themes.
6. Results - Key Themes
 - 6.1 Emotional Support and Dignity
 - 6.2 Response to Symptoms and Other Care Needs
 - 6.3 Perceived Outcomes of Treatment Provided
 - 6.4 Communication
 - 6.5 Family Support and Involvement
7. Discussion
8. Results - Data

1. FAMCARE Background

FAMCARE is an annual audit run by the Association for Palliative Medicine (APM) and has been running since 2013. It consists of a survey (FAMCARE 2 tool) which is sent out to recently bereaved relatives or a designated main carer.

This survey was developed by Prof Aoun who has given permission for its use by the APM. The survey consists of 17 questions which cover several different aspects of care which the patient received. It is completed by the main carer 4-6 weeks after the death of the patient and upon completion, is returned to the APM for analysis.

Participating services are either a hospital-based palliative care team, hospice inpatient unit or a home care team specialising in providing end of life care. Participating services receive individual feedback (including their own data) and also comparable (anonymous) data from other services.

1.1 The Project Lead

Though all the returned surveys are analysed by the APM, who is also responsible for creating the annual audit report, each service must have an assigned 'Project Lead'. This Project Lead must be a member of the APM and is responsible for obtaining local clinical governance approval. The National Research Ethics Committee has deemed that the project constitutes a service evaluation and so there is no need to obtain local research ethics committee approval. The Information Commissioner's Office has suggested that it is legitimate to use carers' contact details in this situation.

The 'Project Lead' is also responsible for requesting freepost envelopes from the APM and is required to set up a local mechanism for dealing with any queries, carer distress and carer complaints that may arise from the audit.

1.2 Methodology

Surveys were sent out from the 1st of August 2020 to the 29th of September 2020 and covered deaths between the 1st of June to the 30th of August 2020.

Services were sent a FAMCARE overview, a Project Lead checklist, a covering letter (to send to relatives), the FAMCARE 2 tool survey (to send to the relatives) a spreadsheet (used to record deaths in the service and number of surveys sent), a GDPR privacy notice and freepost envelopes.

1.3 General Data Protection Regulations (GDPR) Compliancy

For FAMCARE 2020, the APM worked closely with the compliance team Crimson Crab Ltd to ensure the service is following the rules and regulations to be fully compliant with the updated EU General Data Protection Regulations (GDPR). Relatives now receive a GDPR privacy notice along with other documents. The FAMCARE page (on the APM's website) includes clear information on GDPR and importantly, there is a link to the legitimate interest test conducted for the processing of personal data by end of life care providers to enable their participation in the FAMCARE survey carried out by the APM.

1.1 COVID-19

In 2020, the APM faced the questions of whether or not to continue with the audit given the COVID-19 pandemic. It was unanimously decided to continue with FAMCARE 2020. Being GDPR compliant has allowed us to continue despite the limitations posed by the pandemic. Unfortunately, the FAMCARE tool cannot be amended so specific data could not be collected on COVID-19, including whether the deaths were related/caused by it - unless the relative mentioned it in the blank comments box.

2. FAMCARE Objectives

The aim of FAMCARE is to evaluate the care offered to patients and their relatives from specialist palliative care services. We hope the results provide outputs which enable services to identify areas for service improvement to enhance the experience of care for dying persons and their relatives.

FAMCARE is the only validated nationally run SPC audit which can be used to benchmark services against others, evidence appraisals, and to support the need for service development

3. Participation of Services and Surveys Returned

For FAMCARE 2020, the APM received a total of **1144** returned surveys from bereaved relatives.

Table 1.

FAMCARE 2020		
Service	No. of services	Total surveys returned
HS	7	85
IU	22	382
HC	22	677
Total	51	1144

FAMCARE 2019		
Service	No. of services	Total surveys returned
HS	5	107
IU	29	547
HC	23	577
Total	57	1231

FAMCARE 2018		
Service	No. of services	Total surveys returned
HS	6	128
IU	26	538
HC	22	521
Total	54	1187

FAMCARE 2017		
Service	No. of services	Total surveys returned
HS	12	208
IU	31	718
HC	29	742
Total	72	1668

KEY

* Hospital support teams - **HS**

* Specialist Palliative Care Inpatient Unit - **IU**

* Home care teams – **HC**

In 2020, there was a reduction in the number of participating services (51 in 2020 compared to 57 in 2019). This is likely to reflect the limitations placed on services by the COVID-19 pandemic and continuing concerns of being GDPR compliant. The APM did make changes to the GDPR compliancy offered but it is likely this amendment had not been noticed by many services.

In addition, for hospital teams, the National Audit of Care at the End of Life (NACEL) was due to be run for the 3rd time and some teams may have chosen to continue with this alone. Unfortunately, NACEL did not run its round 3 in 2020 due to the pandemic.

Interestingly, despite the number of participating hospital support teams increasing from 5 to 7, there was a reduction in the number of surveys returned from users of this service (85 surveys returned from users of 7 hospital support teams in 2020, compared to 107 surveys returned from users of 5 hospital support teams in 2019). Conversely, the number of surveys returned from those whose relatives had received care in the community *increased*, despite the number of community home care teams registering decreasing (677 surveys returned from users of 22 home care teams in 2020, compared to 577 surveys returned from users of 23 home care teams in 2019). This may be a reflection of the increasing demands placed on palliative home care teams during the pandemic, perhaps due to fears of being admitted to hospital/hospice and contracting COVID-19. It may also be a reflection on the amount of contact relatives had with the palliative care teams in hospital due to reduced or no visiting being permitted

4. Sampling and Response Rates

Table 2.

FAMCARE 2020		
Type of Service	Sampling Rate	Response Rate
Hospice Inpatient Unit (IU)	81.8	42.9%
Home Care Team (HC)	68.7	31.3%
Hospital Support Team (HS)	59.0	26.2%
FAMCARE 2019		
Type of Service	Sampling Rate	Response Rate
Hospice Inpatient Unit (IU)	77.1	39.0%
Home Care Team (HC)	61.5	36.3%
Hospital Support Team (HS)	66.5	32.3%

Table 2 shows the sampling rate (number of questionnaires posted divided by number of patient deaths) and the response rate (number of questionnaires returned divided by number of questionnaires posted) for FAMCARE 2020 and 2019.

5. How the Results are Presented – Key Themes.

The survey sent to bereaved relatives (the FAMCARE 2 tool) consists of 17 questions (see table 3). These questions refer to different aspects of care and communication the patient (and their carer) received. For the purposes of interpretation and presentation, the questions have been divided into 5 sections. These are:

- Emotional support and dignity
- Response to symptoms and other care needs
- Perceived outcomes of treatment provided
- Communication
- Family support and involvement

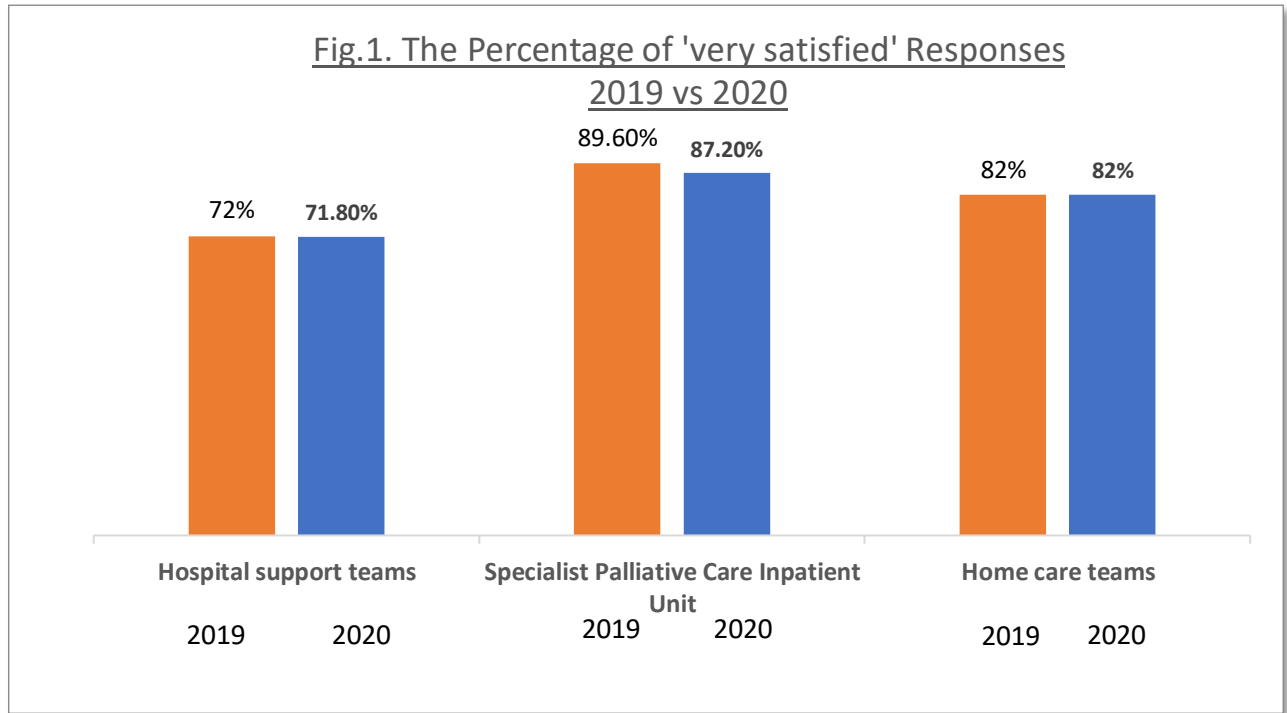
Key observations and those of interest have been highlighted in the results section. All raw data is included in this report under section 8.

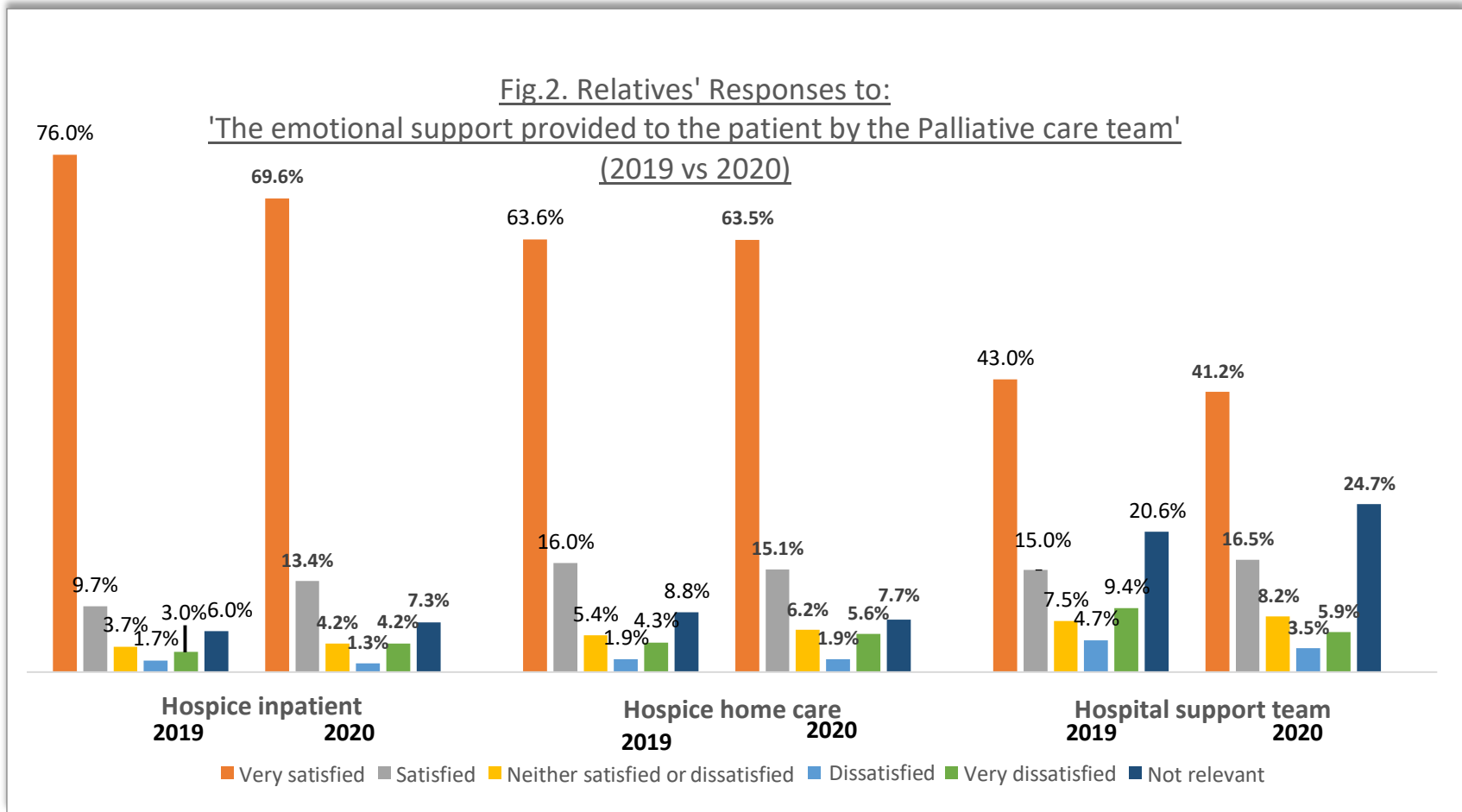
6.0 Results

6.1. Emotional Support and Dignity (referring to question 4 and 17)

'The way in which the palliative care team respected the patient's dignity'

This question received the highest percentage of 'very satisfied' responses from relatives across all 3 settings - the same as in 2019 (see below).

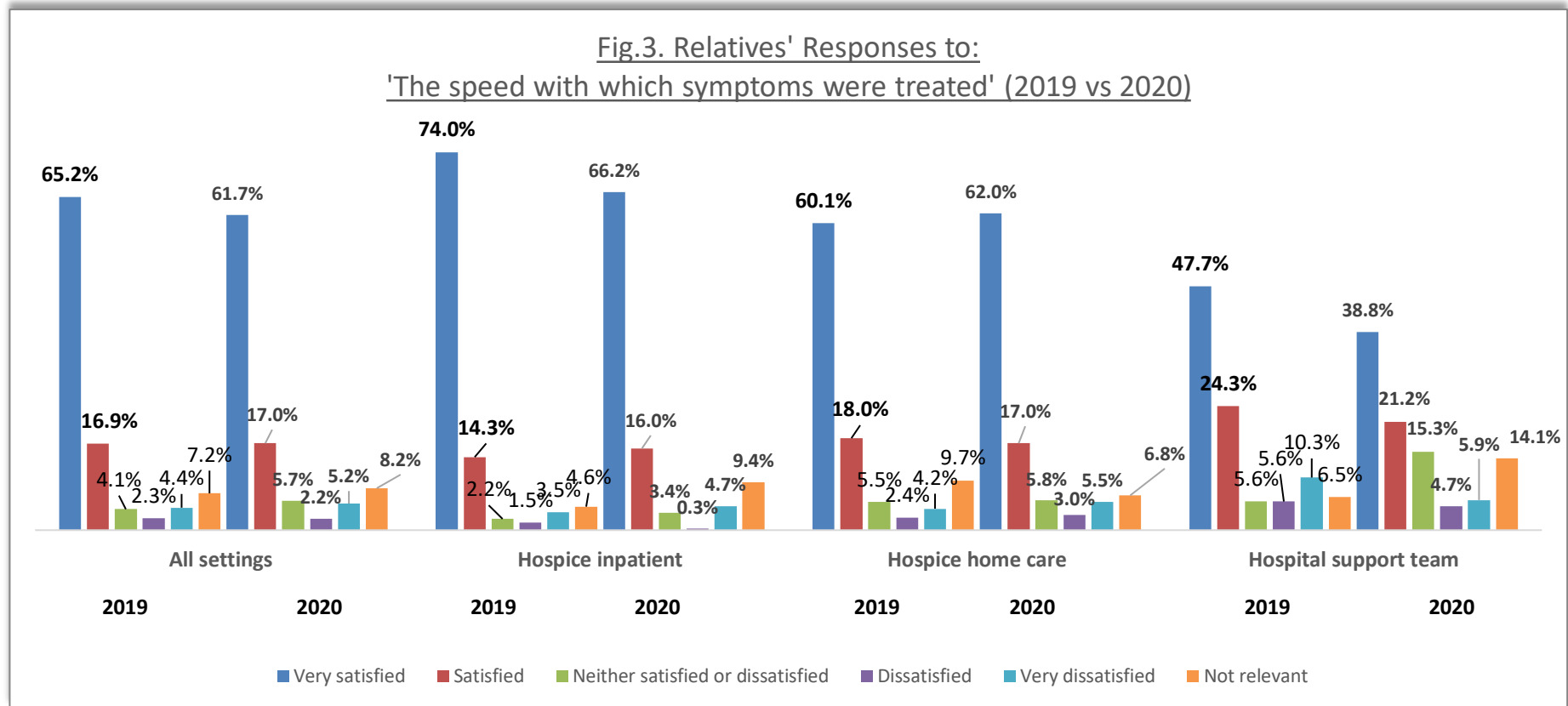




In 2020, far fewer relatives were 'very satisfied' with the emotional support provided from hospital palliative care teams compared to inpatient units and home care teams (41.2% compared to 69.6% and 63.5% respectively). However, there were significantly more 'not relevant' responses from this service. This trend was also seen in 2019 (See fig.2).

Overall, there was a lower percentage of 'very satisfied' responses across all services in 2020, compared to 2019. Interestingly, the percentages of 'not relevant' responses from relatives whose loved ones had been cared for in hospital has remained high (24.7% in 2020 and 20.6% in 2019).

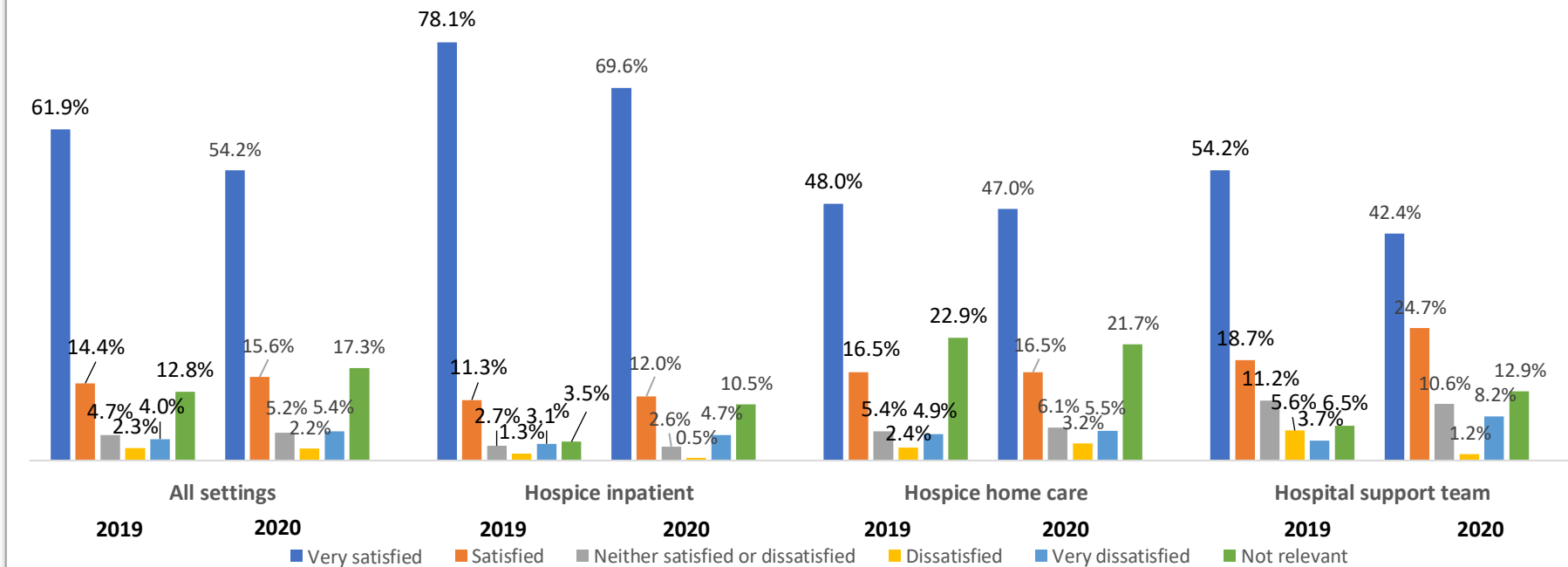
6.2 Response to Symptoms and Other Care Needs (Referring to questions 6,7 12 and 16)



In 2020, across all settings, 61.7% of the bereaved relatives were 'very satisfied' with the speed in which symptoms were treated (compared to 65.2% in 2019).

For this question, the highest percentage of 'very satisfied' responses in 2020 came from relatives whose loved ones received care in a hospice inpatient unit (66.2% very satisfied). The same as in 2019, though there was higher percentage of 'very satisfied responses' (74%).

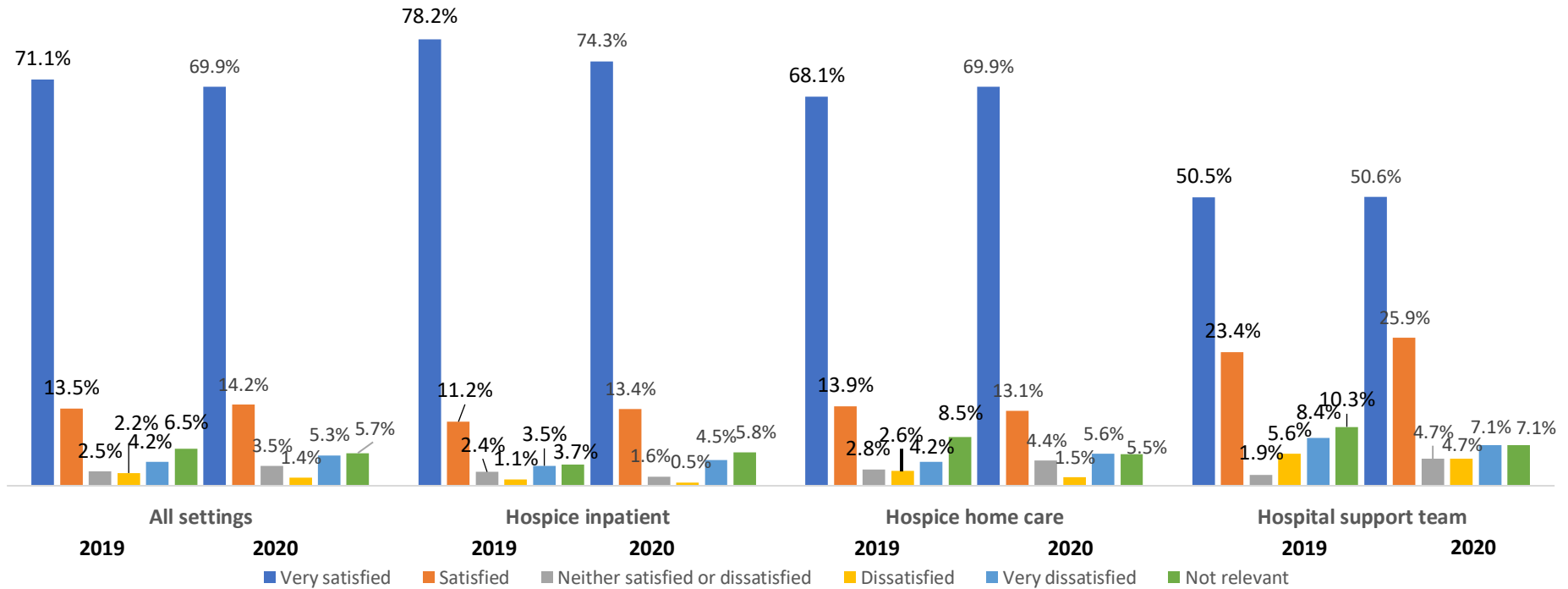
**Fig.4. Relatives' Responses to:
'The doctor's attention to the patient's symptoms' (2019 vs 2020)**



In 2020, across all settings, most relatives were either 'very satisfied' or 'satisfied' with the doctor's attention to their relative's symptoms.

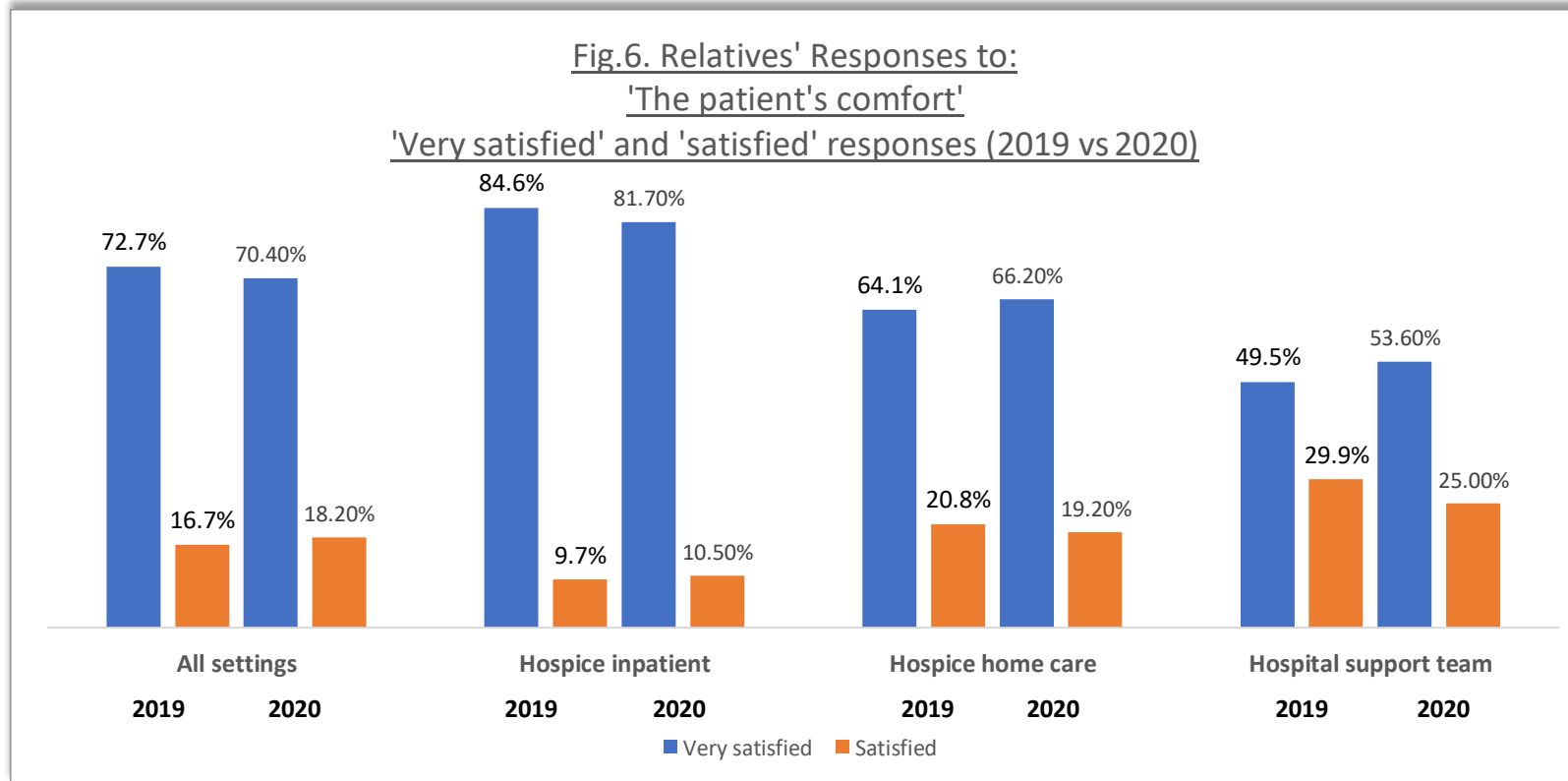
In previous years, the percentage of positive responses relating to home care teams has been significantly lower compared to other services, possibly because the patients are more likely to be reviewed by clinical nurse specialists in the community (hence greater percentages of 'not relevant' responses). However, in 2020, home care teams received greater 'very satisfied' responses compared to hospital support teams (47% vs 42.4% respectively). Additionally, hospital support teams in turn had a higher proportion of 'not relevant' and also 'very dissatisfied' percentage of responses from bereaved relatives in 2020 compared to 2019 (see fig.4).

Fig.5. Relatives' Responses to:
'The Palliative care team's response to changes in the patient's care needs
(2019 vs 2020)



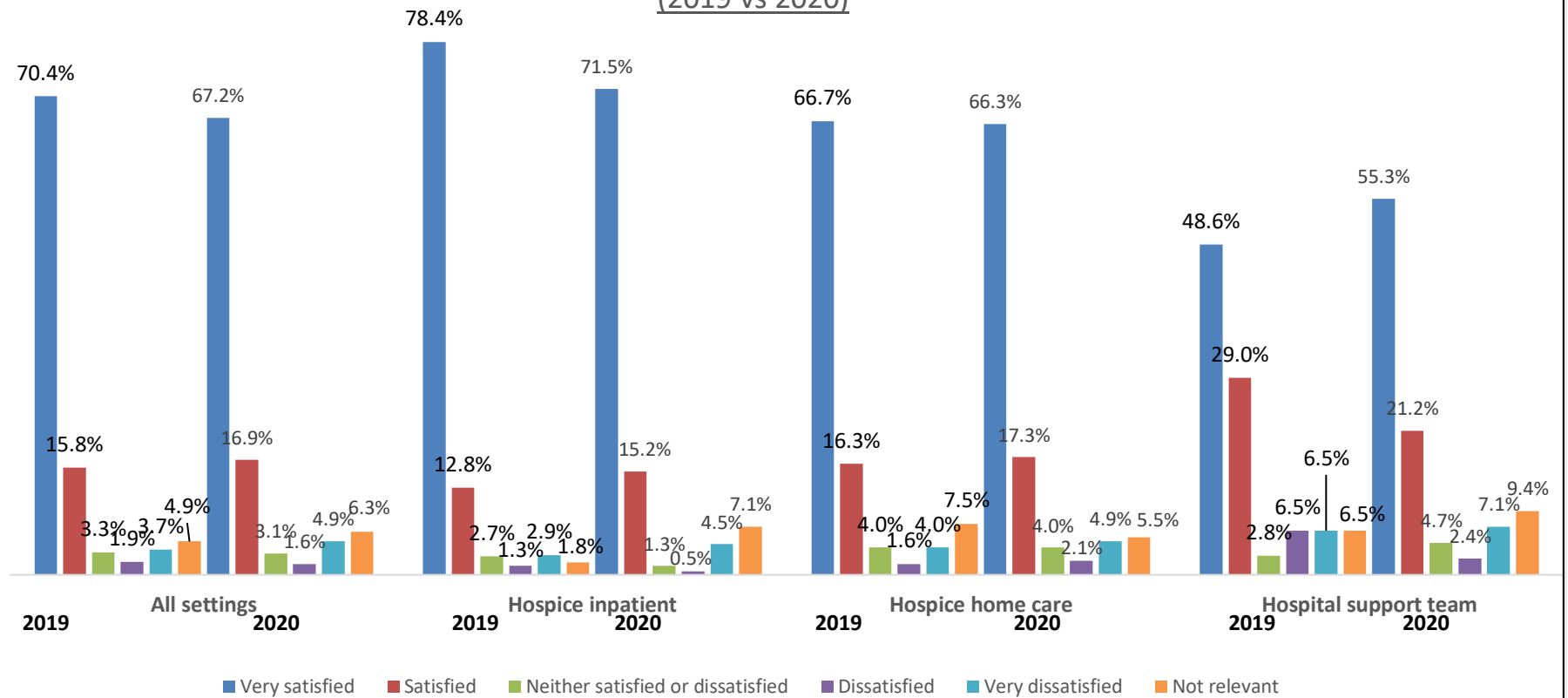
In 2020, across all settings, there were more 'very satisfied' responses when it came to how the service responded to the changing care needs of the patient, compared to the speed with which symptoms were treated, or the doctor's attention given to the patient's symptoms (69.9% 'very satisfied' responses in the palliative care teams response to changes in the patients care needs, compared to 61.7% 'very satisfied' with regards to the speed in which symptoms were treated and 54.2% 'very satisfied' with regards to the doctor's attention to the patient's symptoms).

6.3 Perceived Outcomes of Treatment Provided (Referring to questions 1,8, 15 and 11)



This question scored fairly well in terms of positive responses ('very satisfied' or 'satisfied'). In 2020, there was a greater percentage of positive responses relating to relative's care in a hospice setting compared to in a hospital or at home, the same as in 2019.

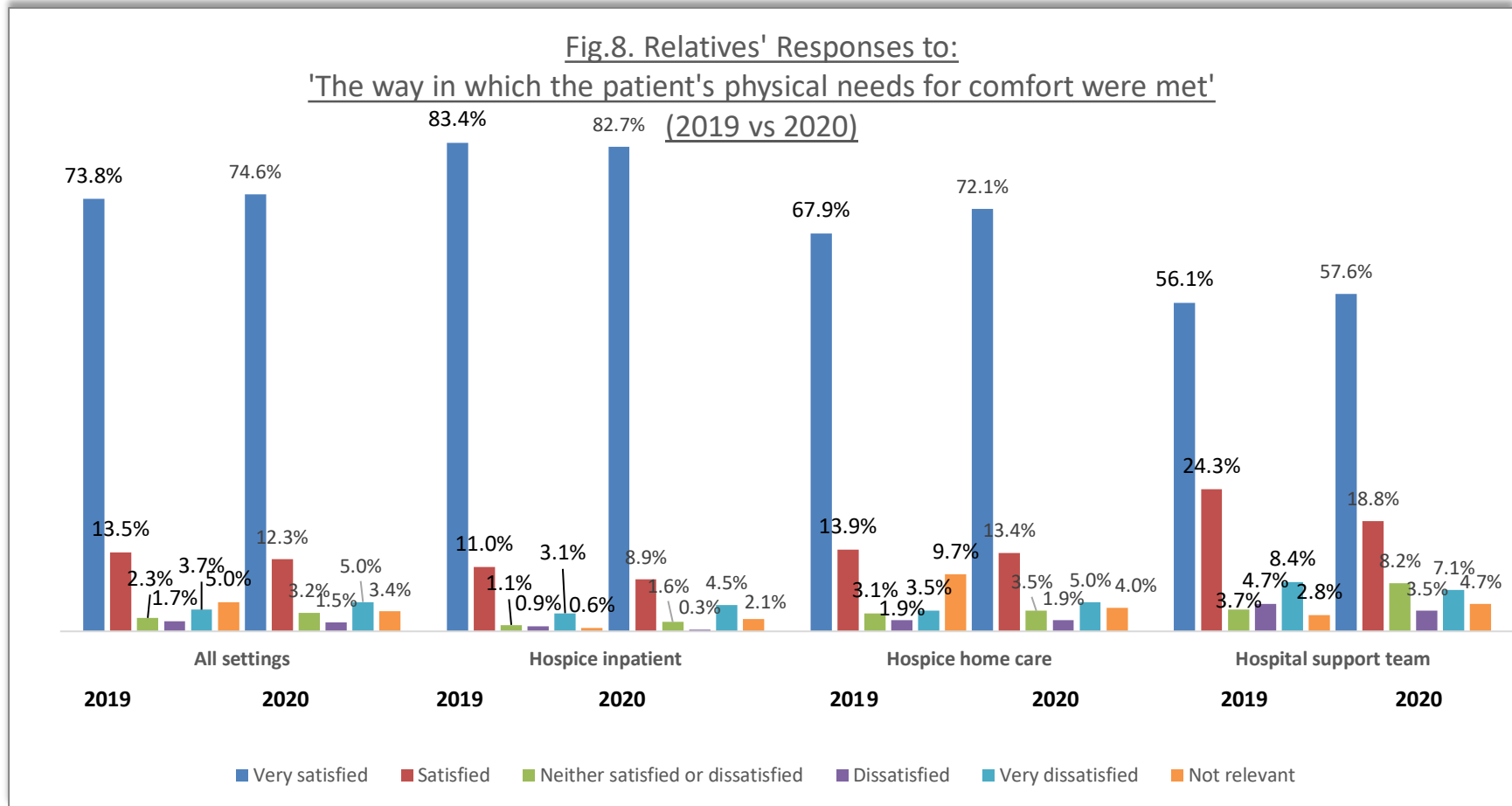
Fig.7. Relatives' Responses to:
'How effectively the palliative care team managed the patient's symptoms'
(2019 vs 2020)



In 2020, most bereaved relatives were 'very satisfied' or 'satisfied' with how effectively the Palliative care team managed their loved ones symptoms, with the hospice inpatient unit receiving the greatest percentage of 'very satisfied' responses in 2020 (71.5% very satisfied).

Comparing the two years, the home care team received similar percentages of 'very satisfied' responses (66.3% in 2020, compared to 66.7% in 2019). The hospital support team achieved a greater percentage of positive responses from relatives in 2020 compared to 2019 (55.3% 'very satisfied' compared to 48.6% in 2019). Conversely, the hospice inpatient unit received a lower percentage of 'very satisfied' responses in 2020 compared to 2019 (71.5% in 2020 compared to 78.4% in 2019).

**Fig.8. Relatives' Responses to:
'The way in which the patient's physical needs for comfort were met'
(2019 vs 2020)**

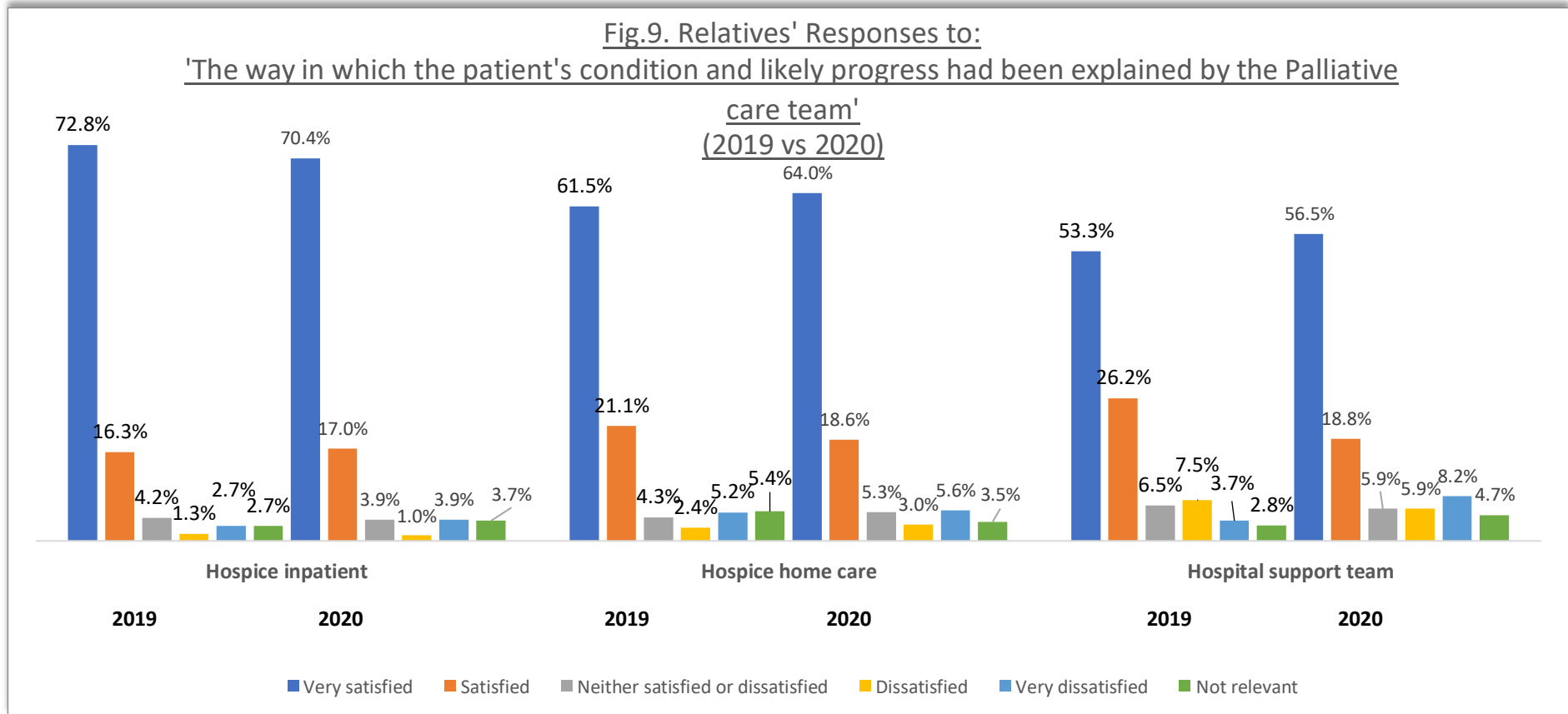


In 2020, this question scored a high percentage of positive responses. Most bereaved relatives were 'very satisfied' with the way in which the physical needs for comfort were met and the hospice inpatient units received the greatest percentage of these responses compared to other services.

This question scored very similarly to responses in 2019, with the hospice home care team scoring better in 2020 (67.9% 'very satisfied' responses from bereaved relatives in 2019, compared to 72.1% 'very satisfied' responses in 2020).

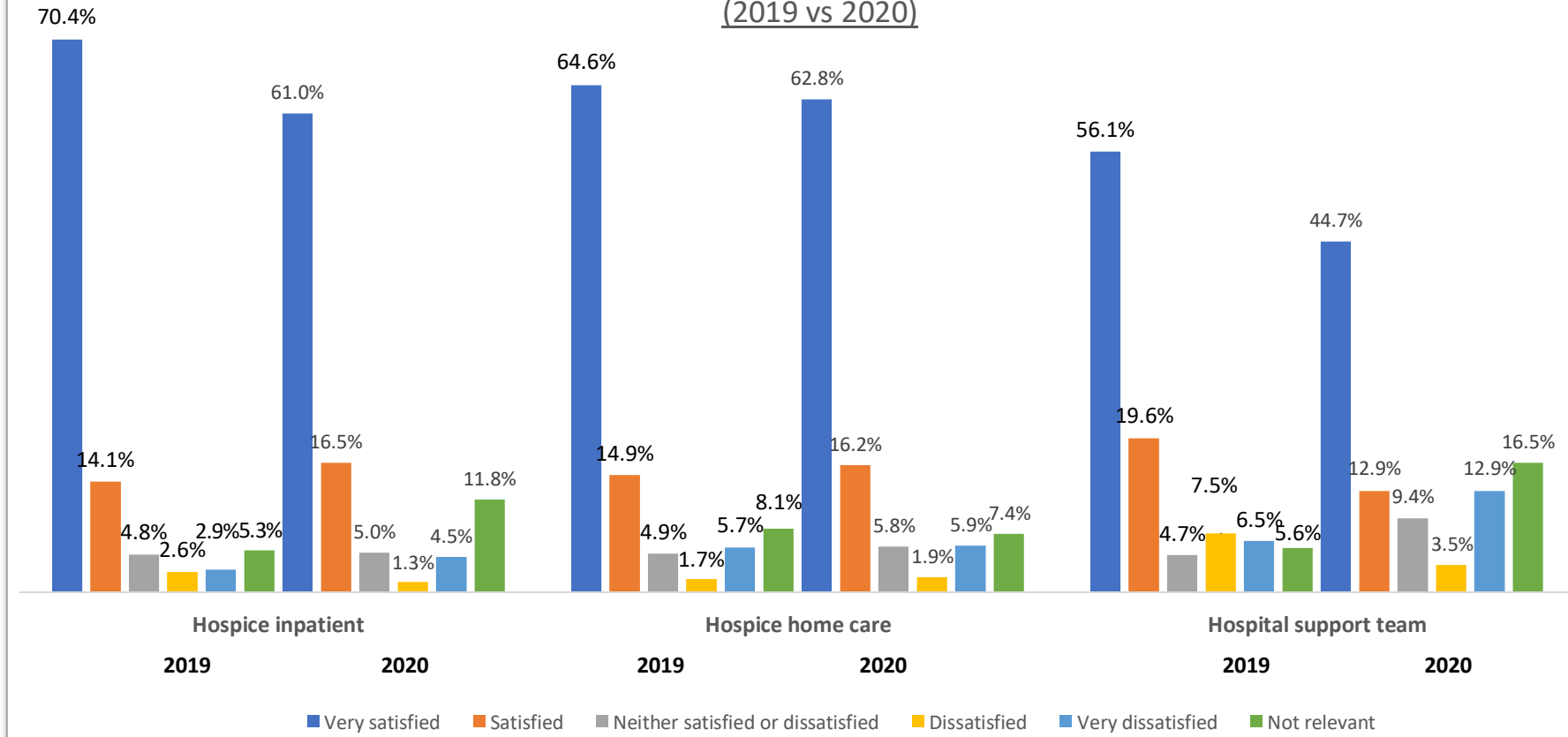
6.4 Communication (Referring to questions 2,3,5 and 14)

Fig.9. Relatives' Responses to:
'The way in which the patient's condition and likely progress had been explained by the Palliative care team'
 (2019 vs 2020)



In 2020, across all settings, bereaved relatives were mostly 'very satisfied' or 'satisfied' with the manner in which the palliative care team explained their loved one's condition and progress. For hospice home care teams and hospital supports teams, the percentage of 'very satisfied' responses were greater in 2020 compared to 2019 (see fig.9). The reverse was true of hospice inpatient teams (72.8% 'very satisfied' in 2019 compared to 70.4%'very satisfied' in 2020).

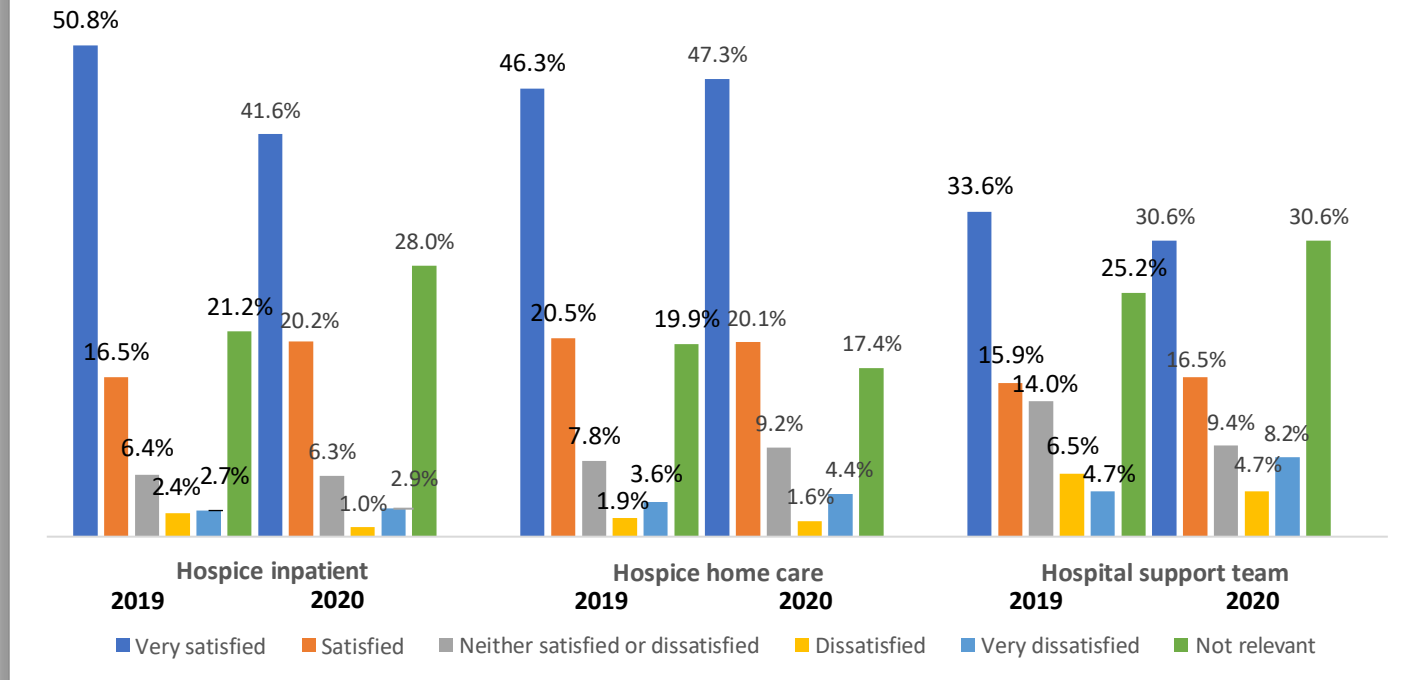
**Fig.10. Relatives' Responses to:
'Meetings with the Palliative care team to discuss the patient's condition and plan of care'
(2019 vs 2020)**



In 2020, with regards to the hospice home care team and the hospital support team, this question saw the highest percentage of 'very dissatisfied' responses from bereaved relatives compared to other questions. For the hospital support team, 12.9% felt 'very dissatisfied' with the meetings they had with the team (compared to 6.5% in 2019). For patients who received care from a hospice home care team; 5.9% felt 'very dissatisfied' with the meetings they had with the team (however this result was similar to 2019; 5.7%).

Across all settings, this question received the greatest percentage of 'very dissatisfied' responses compared to other questions (5.9% 'very dissatisfied' across all settings).

**Fig.11. Relatives' Responses to:
'Information given about the side effects of treatment' (2019 vs 2020)**

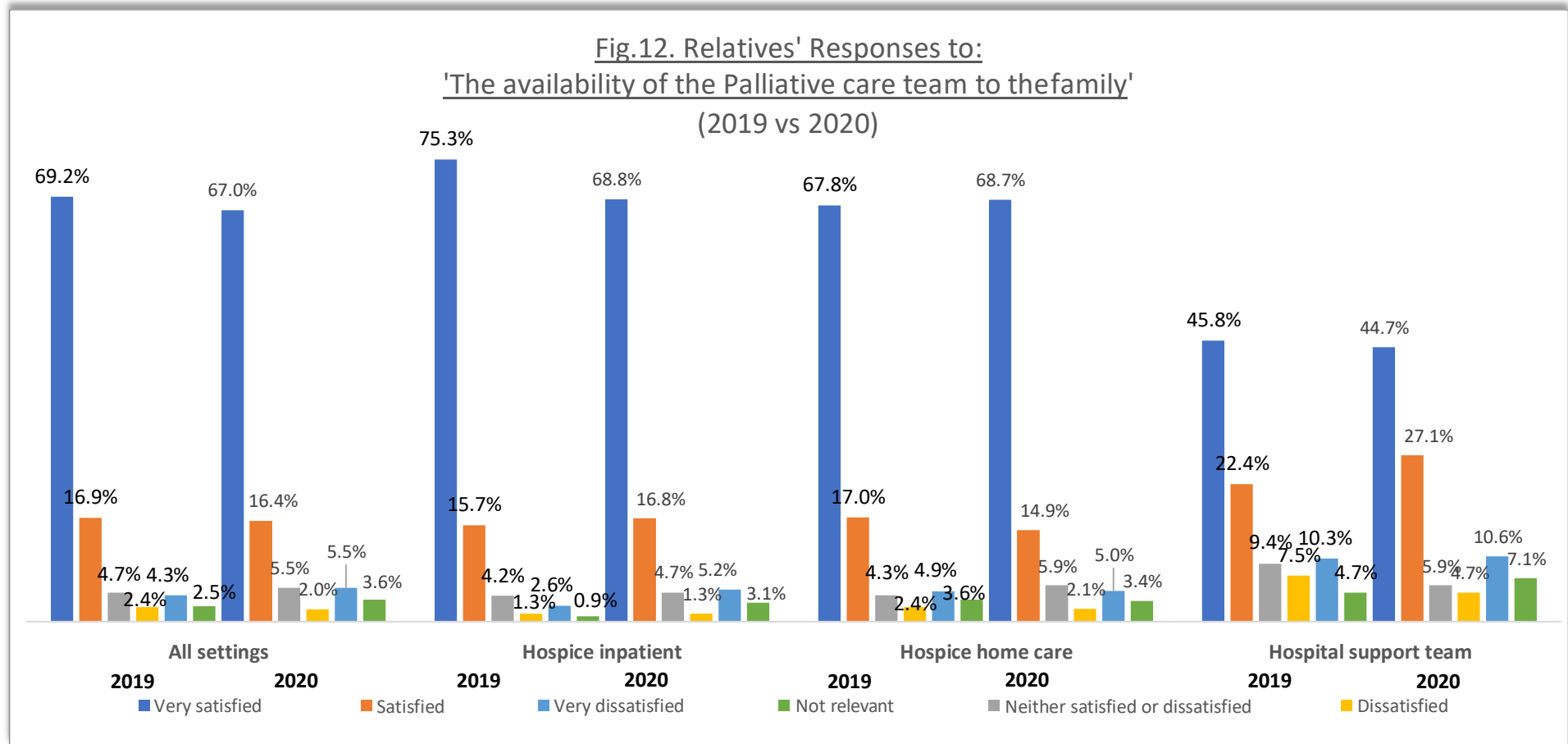


In 2020, a greater percentage of relatives whose loved one had treatment from a home care team were 'very satisfied' with the information given to them about the side effects of treatment (47.3%), compared to relatives whose loved ones were treated in a hospice or hospital (41.6% and 30.6% respectively).

In contrast, the service with the greatest percentages of 'very satisfied' responses relating to it in 2019 was the hospice inpatient unit. This service has seen the greatest decline in positive responses between 2019 and 2020, when compared to other services for this question (50.8% 'very satisfied' in 2019 compared to 41.6% 'very satisfied' in 2020).

With the exception of the home care team, there has been a greater percentage of 'not relevant', responses from bereaved relatives in 2020 compared to 2019.

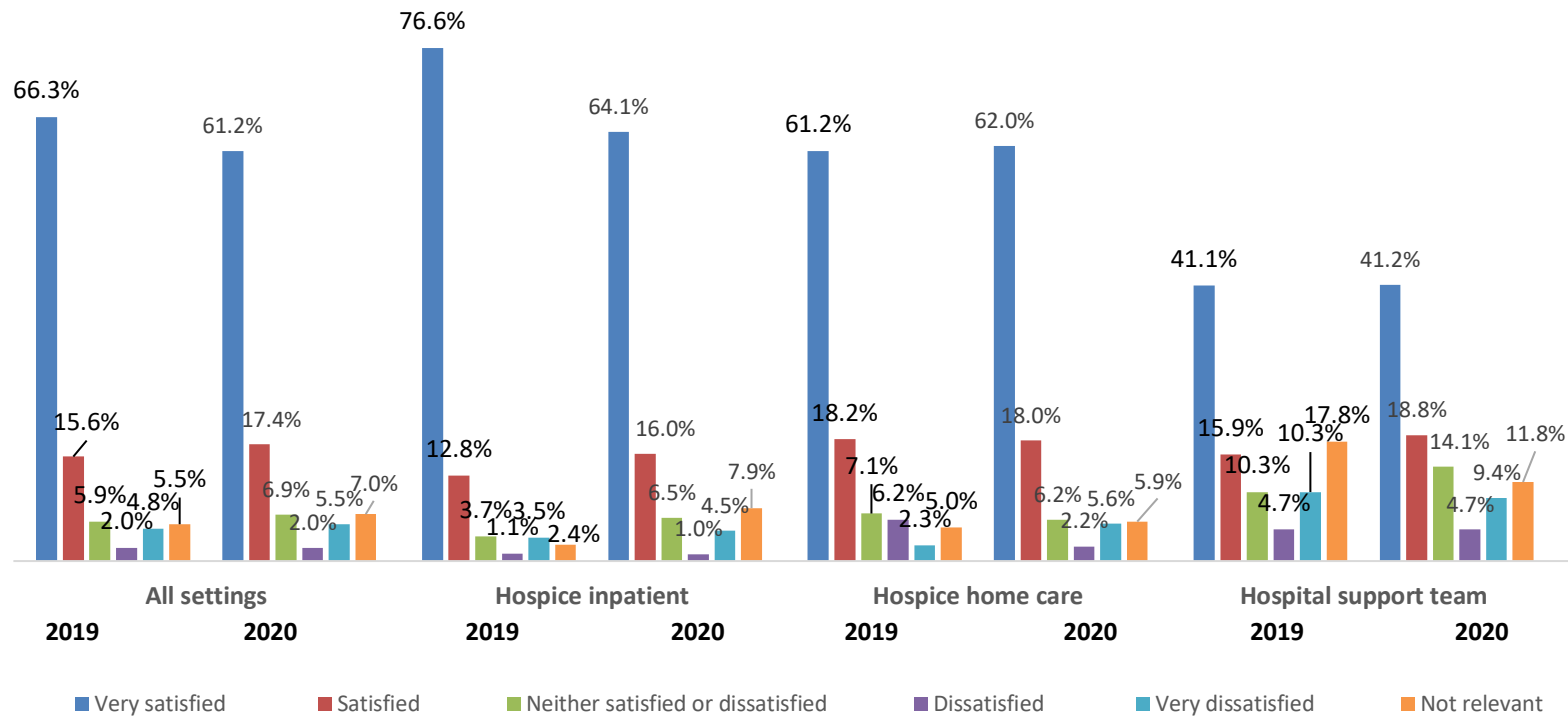
6.5 Family Support and Involvement (Referring to questions 9,10 and 13)



In 2020, most relatives were 'very satisfied' or 'satisfied' with the availability of the palliative care team to family. Responses relating to inpatient units and homecare teams were similar (68.8% 'very satisfied' relating to the hospice inpatient team compared to 68.7% 'very satisfied' relating to the hospice home care team).

Comparing yearly results, the service with perhaps a more noticeable difference between 2019 and 2020 was the hospice inpatient team (68.8% 'very satisfied' responses from bereaved relatives in 2020 compared to 75.3% 'very satisfied' responses from bereaved relatives in 2019).

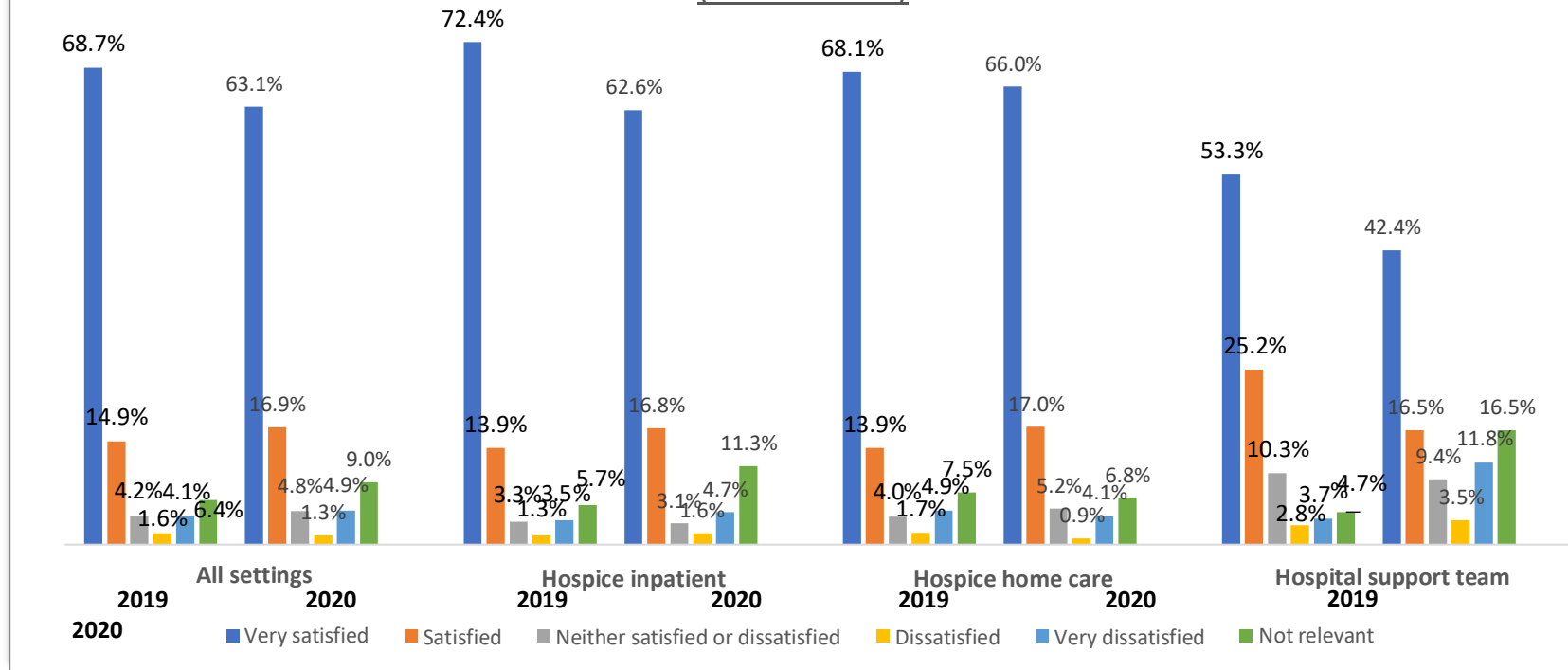
**Fig.13. Relatives' Responses to:
'The emotional support provided to family members by the palliative care team'
(2019 vs 2020)**



In 2020, most relatives were 'very satisfied' or 'satisfied' with the emotional support provided to them by the palliative care team.

Positive responses relating to inpatient units and homecare teams were similar (64.1% 'very satisfied' relating to the hospice inpatient team compared to 62.0% 'very satisfied' relating to the hospice home care team).

**Fig.14. Relatives' Responses to:
'The way the family was included in treatment and care decisions'
(2019 vs 2020)**



In 2020, most relatives were ‘very satisfied’ or ‘satisfied’ with the manner in which they were included in treatment and care decisions. The greatest percentage of ‘very satisfied’ responses were obtained from relatives whose loved ones had received care at home (66% ‘very satisfied’). In 2019, the greatest percentage of ‘very satisfied’ responses were obtained from relatives whose loved ones had received care in a hospice (72.4% ‘very satisfied’).

Comparing the 2 years, the percentages of ‘very satisfied’ responses were lower in 2020 compared to 2019 across all settings. Conversely, the percentages of ‘very dissatisfied’ responses were generally higher in 2020 compared to 2019, especially in relation to hospital support teams (11.8% ‘very dissatisfied’ in 2020 compared to 3.7% ‘very dissatisfied’ in 2019).

7.0 Discussion

FAMCARE 2020 saw a reduction in the number of services participating and total surveys returned compared to FAMCARE 2019 (see table 1).

In general, the response rate has remained poor across all services (see table 2.) The hospital support teams continue to have the lowest response rate compared to other services. Perhaps this is a reflection on whether relatives were able to physically visit their loved ones and consequently felt less confident in completing the questionnaires sent. Issues concerning GDPR and the feasibility of contacting relatives may also account for the lower sampling rates in hospitals compared to the other services, who may have found it easier to liaise with relatives during the pandemic.

The question receiving the highest percentage of 'very satisfied' responses from relatives, across all 3 settings in 2020 was 'the way in which the Palliative care team respected the patient's dignity'. This was the same as in 2019.

In 2020, the question which received the greatest percentage of 'very dissatisfied' responses compared to other questions (across all settings) was question 5; 'meetings with the palliative care team to discuss the patient's condition and plan of care'; 5.9% 'very dissatisfied' across all settings. The question receiving the greatest percentage of 'very dissatisfied' responses (compared to other questions) in 2019 was the 'emotional support provided to family members by the palliative care team'.

In general, results from hospital support teams continue to have the lowest percentage of 'very satisfied' responses when compared to other services. 2020 also saw a marked increase in 'not relevant' responses in particular with relation to hospital support teams and hospice inpatient units. There continues to however, be a small percentage of hospital services participating which may have affected the results. In addition, there has been limited statistical analysis of the results and it is not obvious to say with confidence if some results or differences observed are statistically significant.

Perhaps with increased participation from services providing specialist palliative care, in particular hospital support teams, more data can be obtained and with further significance testing more reliable conclusions can be drawn.

In 2020, the FAMCARE team were proactive in responding to negative comments. The APM is not responsible for any care provided by the services that have registered to participate in FAMCARE. The covering letter sent to relatives also mentions that any negative comments or complaints regarding the care received should be taken up with the palliative care service directly. However, the FAMCARE team found several pieces of negative feedback once surveys were returned. One survey had been incorrectly sent to a relative, and 8 negative comments referred to the quality of care received. These relatives were contacted and asked if they would consent for the APM to forward their complaints to the palliative care service which provided the care. This data has not been collected previously, so no comparisons can be made on the amount of negative comments.

8.0 Results Table 3.

Aspect of care	Degree of satisfaction	Setting			
		All settings (n= 1144)	Hospice inpatient (n= 382)	Hospice home care (n=677)	Hospital support team (n=85)
1.The patient's comfort	Very satisfied	70.4%	81.7%	66.2%	53.6%
	Satisfied	18.2%	10.5%	19.2%	25.0%
	Neither satisfied or dissatisfied	2.9%	0.8%	3.1%	4.8%
	Dissatisfied	2.6%	0.8%	2.2%	4.8%
	Very dissatisfied	4.7%	4.5%	4.9%	4.8%
	Not relevant	4.5%	1.8%	4.4%	7.1%
2.The way in which the patient's condition and likely progress had been explained by the palliative care team	Very satisfied	65.6%	70.4%	64.0%	56.5%
	Satisfied	18.1%	17.0%	18.6%	18.8%
	Neither satisfied or dissatisfied	4.9%	3.9%	5.3%	5.9%
	Dissatisfied	2.5%	1.0%	3.0%	5.9%
	Very dissatisfied	5.2%	3.9%	5.6%	8.2%
	Not relevant	3.7%	3.7%	3.5%	4.7%
3.Information given about side effects of treatment	Very satisfied	44.1%	41.6%	47.3%	30.6%
	Satisfied	19.8%	20.2%	20.1%	16.5%
	Neither satisfied or dissatisfied	8.2%	6.3%	9.2%	9.4%
	Dissatisfied	1.7%	1.0%	1.6%	4.7%
	Very dissatisfied	4.2%	2.9%	4.4%	8.2%
	Not relevant	21.9%	28.0%	17.4%	30.6%
4.The way in which the palliative care team respected the patient's dignity	Very satisfied	83.0%	87.2%	82.0%	71.8%
	Satisfied	8.5%	5.2%	9.6%	14.1%
	Neither satisfied or dissatisfied	1.0%	0.3%	0.9%	4.7%
	Dissatisfied	0.3%	0.0%	0.6%	0.0%
	Very dissatisfied	4.3%	4.5%	4.1%	4.7%
	Not relevant	3.0%	2.9%	2.8%	4.7%
5.Meetings with the palliative care team to discuss the patient's condition and plan of care	Very satisfied	60.8%	61.0%	62.8%	44.7%
	Satisfied	16.1%	16.5%	16.2%	12.9%
	Neither satisfied or dissatisfied	5.8%	5.0%	5.8%	9.4%
	Dissatisfied	1.8%	1.3%	1.9%	3.5%
	Very dissatisfied	5.9%	4.5%	5.9%	12.9%
	Not relevant	9.5%	11.8%	7.4%	16.5%

Aspect of care	Degree of satisfaction	Setting			
		All settings (n=)	Hospice inpatient (n=)	Hospice home care (n=)	Hospital support team (n=)
6.Speed with which symptoms were treated	Very satisfied	61.7%	66.2%	62.0%	38.8%
	Satisfied	17.0%	16.0%	17.0%	21.2%
	Neither satisfied or dissatisfied	5.7%	3.4%	5.8%	15.3%
	Dissatisfied	2.2%	0.3%	3.0%	4.7%
	Very dissatisfied	5.2%	4.7%	5.5%	5.9%
	Not relevant	8.2%	9.4%	6.8%	14.1%
7.Palliative care team's attention to the patient's description of symptoms	Very satisfied	63.0%	65.2%	65.3%	35.3%
	Satisfied	14.6%	12.0%	15.1%	22.4%
	Neither satisfied or dissatisfied	3.8%	2.1%	3.8%	11.8%
	Dissatisfied	1.1%	0.5%	1.3%	2.4%
	Very dissatisfied	4.5%	3.9%	4.7%	4.7%
	Not relevant	12.9%	16.2%	9.7%	23.5%
8.The way in which the patient's physical needs for comfort were met	Very satisfied	74.6%	82.7%	72.1%	57.6%
	Satisfied	12.3%	8.9%	13.4%	18.8%
	Neither satisfied or dissatisfied	3.2%	1.6%	3.5%	8.2%
	Dissatisfied	1.5%	0.3%	1.9%	3.5%
	Very dissatisfied	5.0%	4.5%	5.0%	7.1%
	Not relevant	3.4%	2.1%	4.0%	4.7%
9.Availability of the palliative care team to the family	Very satisfied	67.0%	68.8%	68.7%	44.7%
	Satisfied	16.4%	16.8%	14.9%	27.1%
	Neither satisfied or dissatisfied	5.5%	4.7%	5.9%	5.9%
	Dissatisfied	2.0%	1.3%	2.1%	4.7%
	Very dissatisfied	5.5%	5.2%	5.0%	10.6%
	Not relevant	3.6%	3.1%	3.4%	7.1%

Aspect of care	Degree of satisfaction	Setting			
		All settings (n=)	Hospice inpatient (n=)	Hospice home care (n=)	Hospital support team (n=)
10. Emotional support provided to family members by the palliative care team	Very satisfied	61.2%	64.1%	62.0%	41.2%
	Satisfied	17.4%	16.0%	18.0%	18.8%
	Neither satisfied or dissatisfied	6.9%	6.5%	6.2%	14.1%
	Dissatisfied	2.0%	1.0%	2.2%	4.7%
	Very dissatisfied	5.5%	4.5%	5.6%	9.4%
	Not relevant	7.0%	7.9%	5.9%	11.8%
11. The practical assistance provided by the palliative care team (e.g. bathing, home care, respite)	Very satisfied	52.6%	56.5%	54.2%	22.4%
	Satisfied	10.9%	9.7%	12.0%	8.2%
	Neither satisfied or dissatisfied	3.5%	2.1%	4.1%	4.7%
	Dissatisfied	1.2%	0.3%	1.2%	5.9%
	Very dissatisfied	4.8%	3.7%	5.5%	4.7%
	Not relevant	26.9%	27.7%	23.0%	54.1%
12. The doctors' attention to the patient's symptoms	Very satisfied	54.2%	69.6%	47.0%	42.4%
	Satisfied	15.6%	12.0%	16.5%	24.7%
	Neither satisfied or dissatisfied	5.2%	2.6%	6.1%	10.6%
	Dissatisfied	2.2%	0.5%	3.2%	1.2%
	Very dissatisfied	5.4%	4.7%	5.5%	8.2%
	Not relevant	17.3%	10.5%	21.7%	12.9%
13. The way the family was included in treatment and care decisions	Very satisfied	63.1%	62.6%	66.0%	42.4%
	Satisfied	16.9%	16.8%	17.0%	16.5%
	Neither satisfied or dissatisfied	4.8%	3.1%	5.2%	9.4%
	Dissatisfied	1.3%	1.6%	0.9%	3.5%
	Very dissatisfied	4.9%	4.7%	4.1%	11.8%
	Not relevant	9.0%	11.3%	6.8%	16.5%

Aspect of care	Degree of satisfaction	Setting			
		All settings (n=)	Hospice inpatient (n=)	Hospice home care (n=)	Hospital support team (n=)
14.Information given about how to manage the patient's symptoms (e.g. pain, constipation)	Very satisfied	56.2%	49.7%	63.1%	30.6%
	Satisfied	16.0%	13.6%	17.3%	16.5%
	Neither satisfied or dissatisfied	5.4%	5.0%	5.9%	3.5%
	Dissatisfied	1.3%	0.3%	1.6%	3.5%
	Very dissatisfied	5.2%	4.5%	5.3%	7.1%
	Not relevant	15.9%	27.0%	6.8%	38.8%
15.How effectively the palliative care team managed the patient's symptoms	Very satisfied	67.2%	71.5%	66.3%	55.3%
	Satisfied	16.9%	15.2%	17.3%	21.2%
	Neither satisfied or dissatisfied	3.1%	1.3%	4.0%	4.7%
	Dissatisfied	1.6%	0.5%	2.1%	2.4%
	Very dissatisfied	4.9%	4.5%	4.9%	7.1%
	Not relevant	6.3%	7.1%	5.5%	9.4%
16.The palliative care team's response to changes in the patient's care needs	Very satisfied	69.9%	74.3%	69.9%	50.6%
	Satisfied	14.2%	13.4%	13.1%	25.9%
	Neither satisfied or dissatisfied	3.5%	1.6%	4.4%	4.7%
	Dissatisfied	1.4%	0.5%	1.5%	4.7%
	Very dissatisfied	5.3%	4.5%	5.6%	7.1%
	Not relevant	5.7%	5.8%	5.5%	7.1%
17.Emotional support provided to the patient by the palliative care team	Very satisfied	63.9%	69.6%	63.5%	41.2%
	Satisfied	14.6%	13.4%	15.1%	16.5%
	Neither satisfied or dissatisfied	5.7%	4.2%	6.2%	8.2%
	Dissatisfied	1.8%	1.3%	1.9%	3.5%
	Very dissatisfied	5.2%	4.2%	5.6%	5.9%
	Not relevant	8.8%	7.3%	7.7%	24.7%