

Auditing End of Life Care across the North West

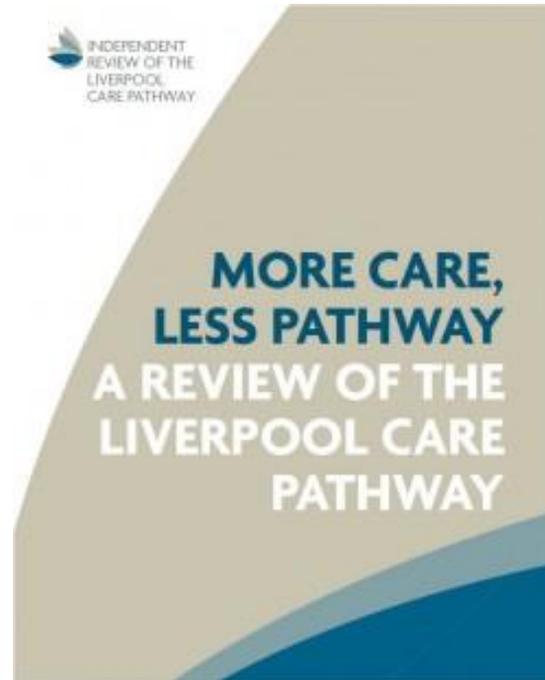
North West Audit Group

November 2016

Background



2009-12



2013



2014

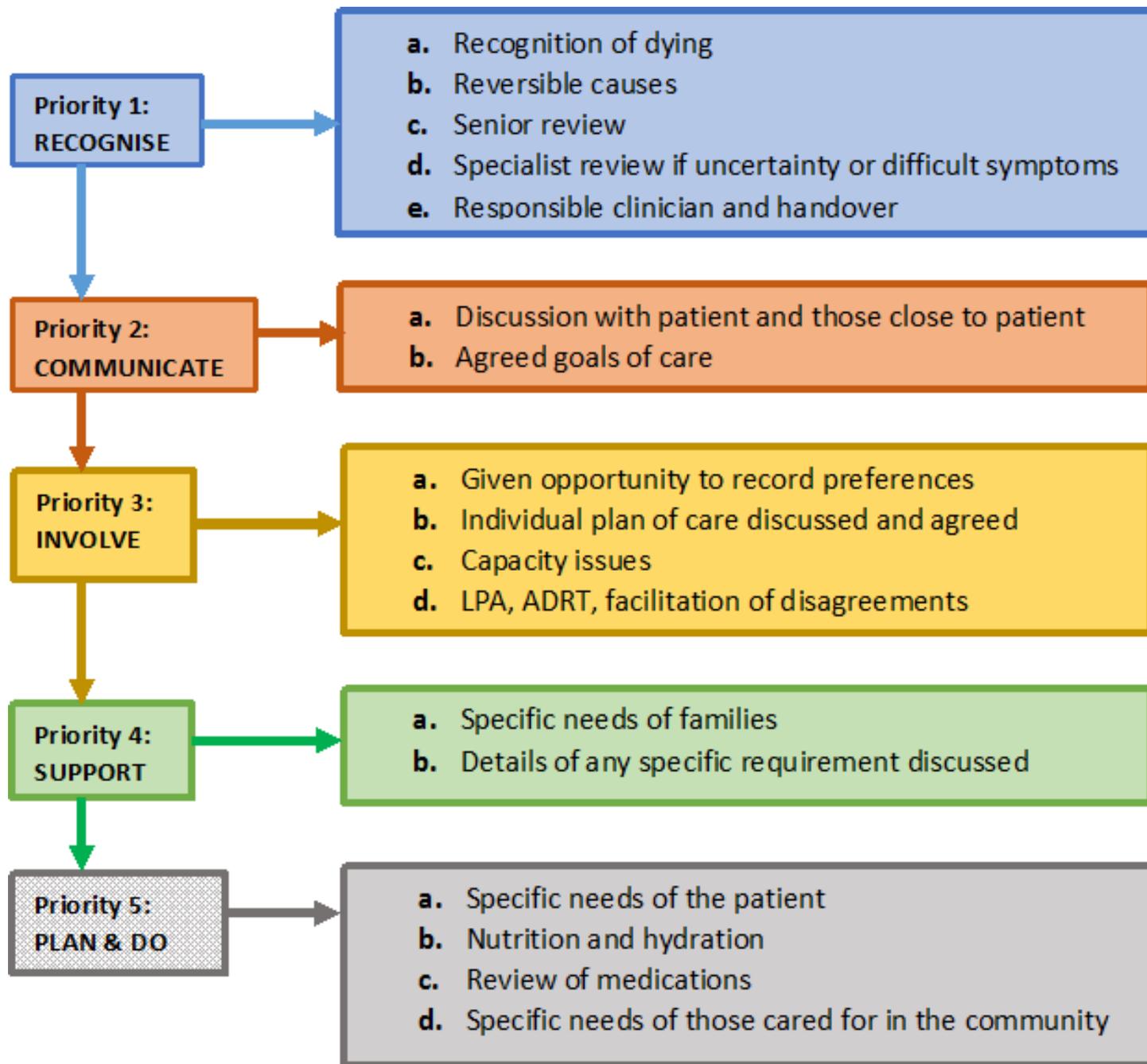
Audit objectives:

- ← Review end of life care in different settings across the region.
- ← Review if the 5 priorities of care are being complied with.
- ← Review any deficiencies in treatment or communication.

Standards: 5 priorities

1. This possibility is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
2. Sensitive communication takes place between staff and the dying person, and those identified as important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
5. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.



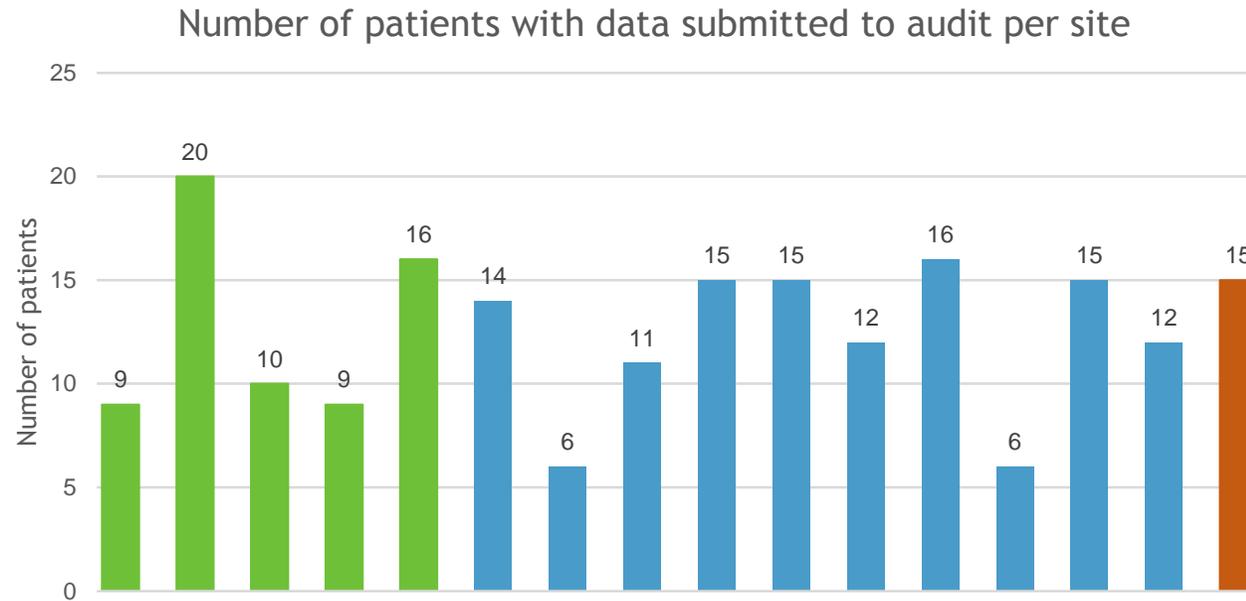


Audit methods: setting standards

- ← **Strategic clinical network:**
 - ← Hospices and Community teams (via CCG)
 - ← Hospitals: National Care of the Dying Audit of Hospitals
- ← **Expected deaths April - May 2015**
 - ← Exclude unexpected deaths
- ← **15-20 retrospective case note reviews**
 - ← Random selection - GPs / DN teams
- ← **Patient died at site /with team submitting data**
 - ← Last 2 weeks notes available (GP / DN / inpatient etc)
- ← **Electronic data collection: June to September 2015**



Audit results: demographics



- ← **Total: 201 patients**
- ← 112 were females (55.7%) and 89 males(44.3%)
- ← Median age: 77 years (mean 74.7; range 35-97 years)

Audit results: general points

← Documentation

- ← 'not clear from documentation' = non-compliant

- ← *Action*: more explicit documentation needed - all actions / conversations

← Cross sector audit

- ← Huge variance in normal operations, staffing, funding, training, resources

- ← *Action*: identification of individual sector needs re training / resource allocation

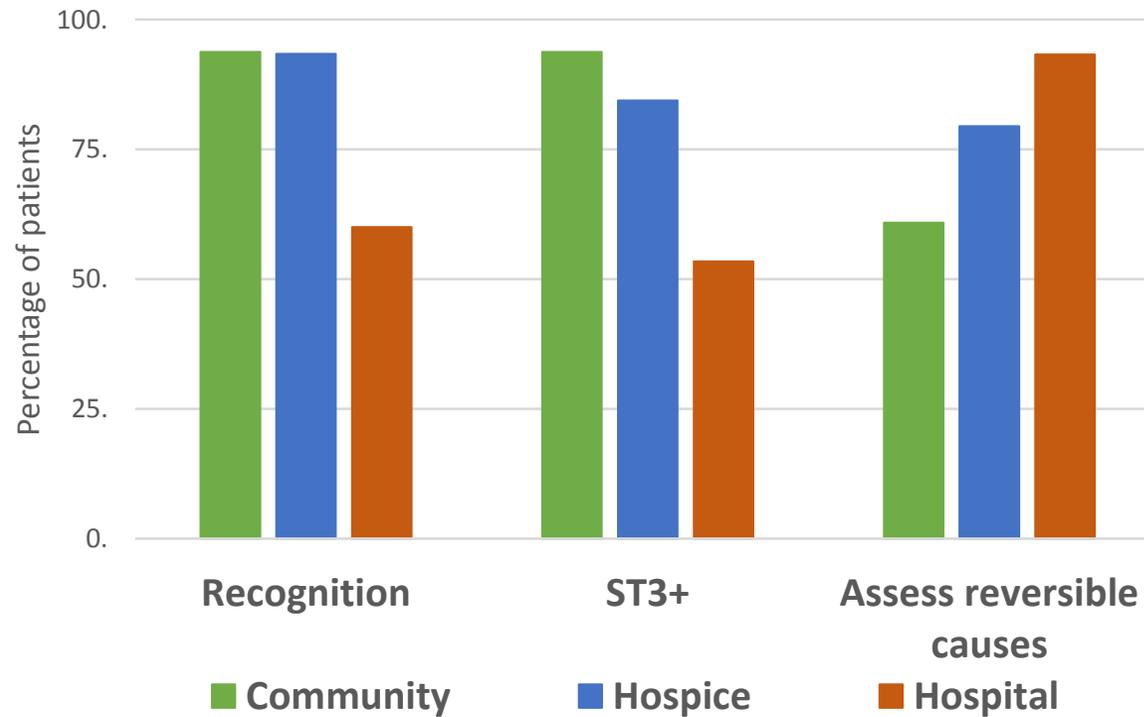
← Huge audit!

- ← 45 standards - 100 question (121 for National Hospital Audit)

- ← Huge thank you to all who took part

Audit results: assessing death & dying

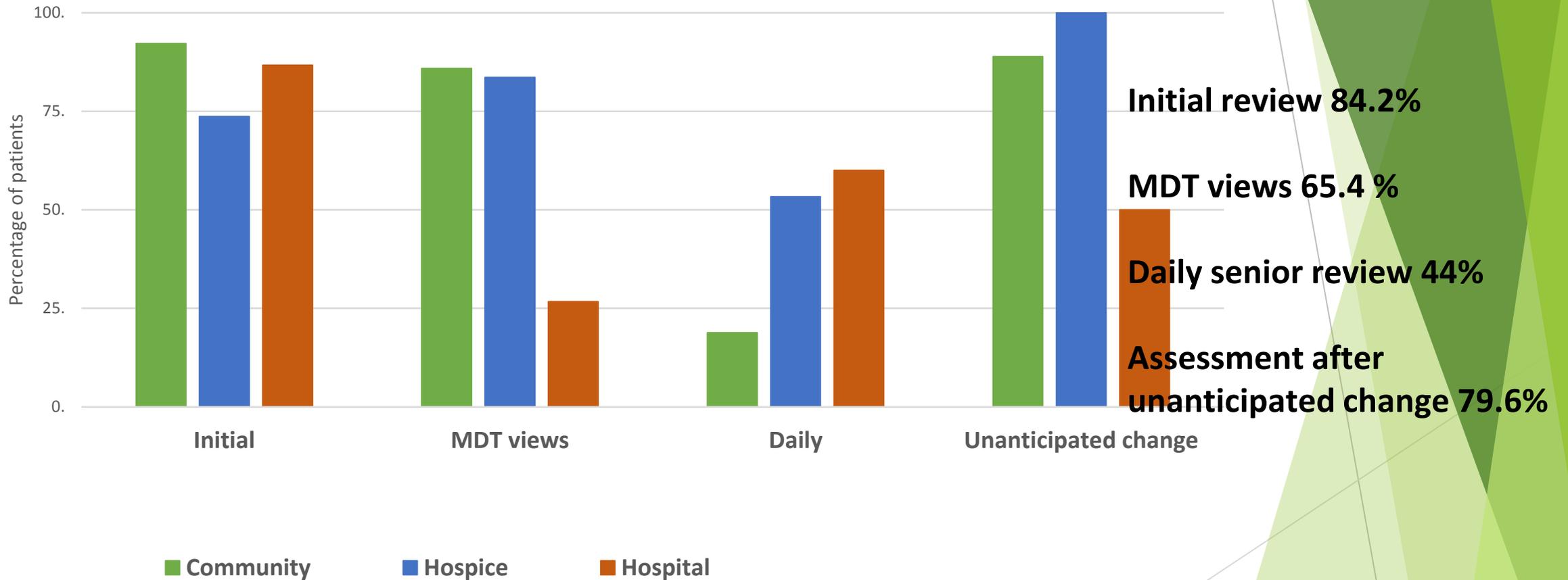
← Recognition and reversible causes:



Recognition of dying 91%

Assessment of reversible causes 74.6%

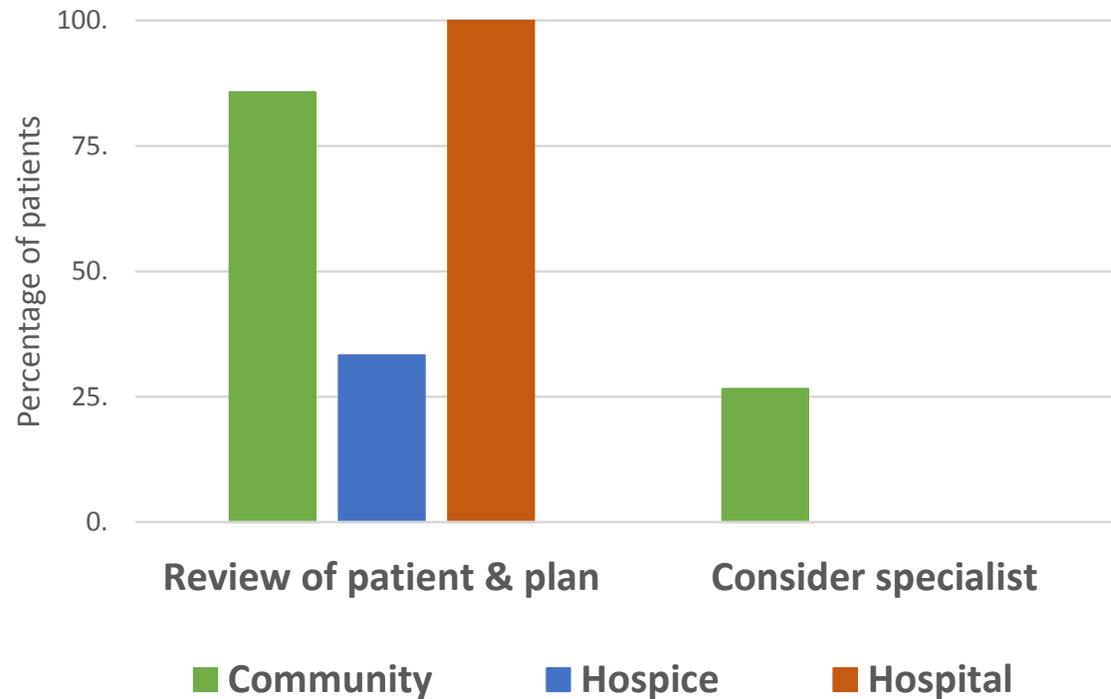
Audit results: senior review



Unanticipated change in 18 patients: 9 community, 7 hospice, 2 hospital

Audit results: uncertainty in diagnosis (11 of 201 patients)

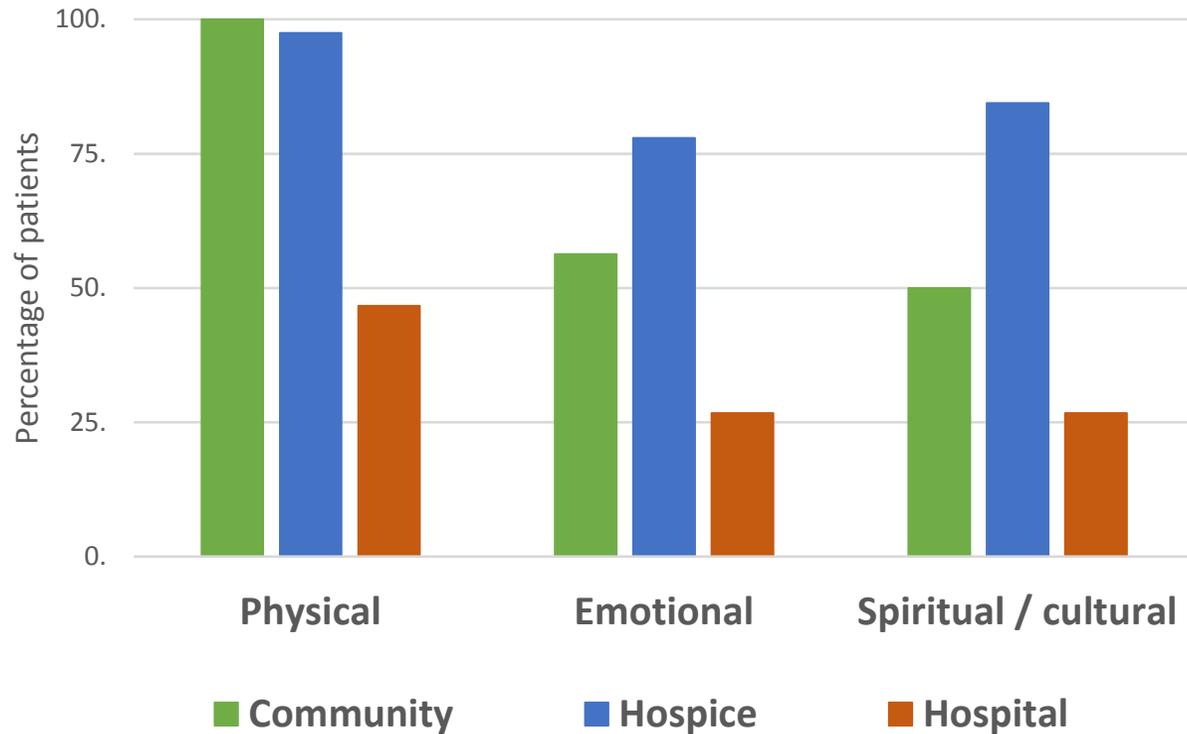
← Where uncertainty exists: 7 patients community, 3 hospice, 1 hospital



Review patient & plan 73%

**Consideration of specialist input
8.9%**

Audit results: persons specific needs



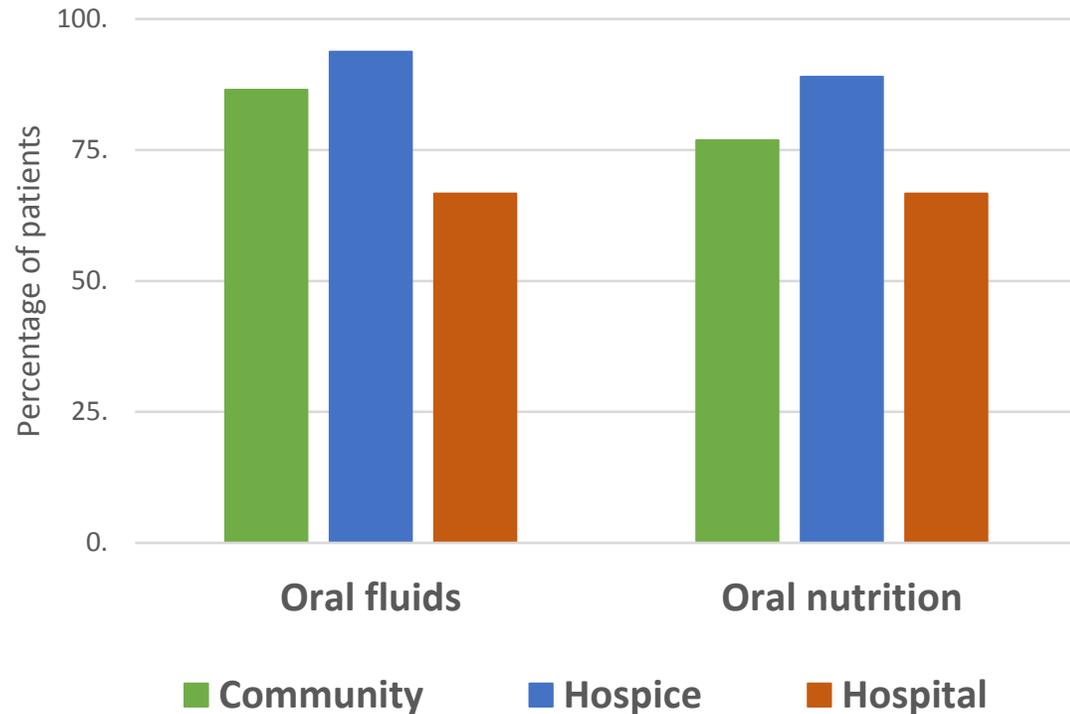
Physical (94.5%)

Emotional / psychological (67.2%)

Spiritual / cultural (69.2%)

Audit results: oral nutrition & hydration

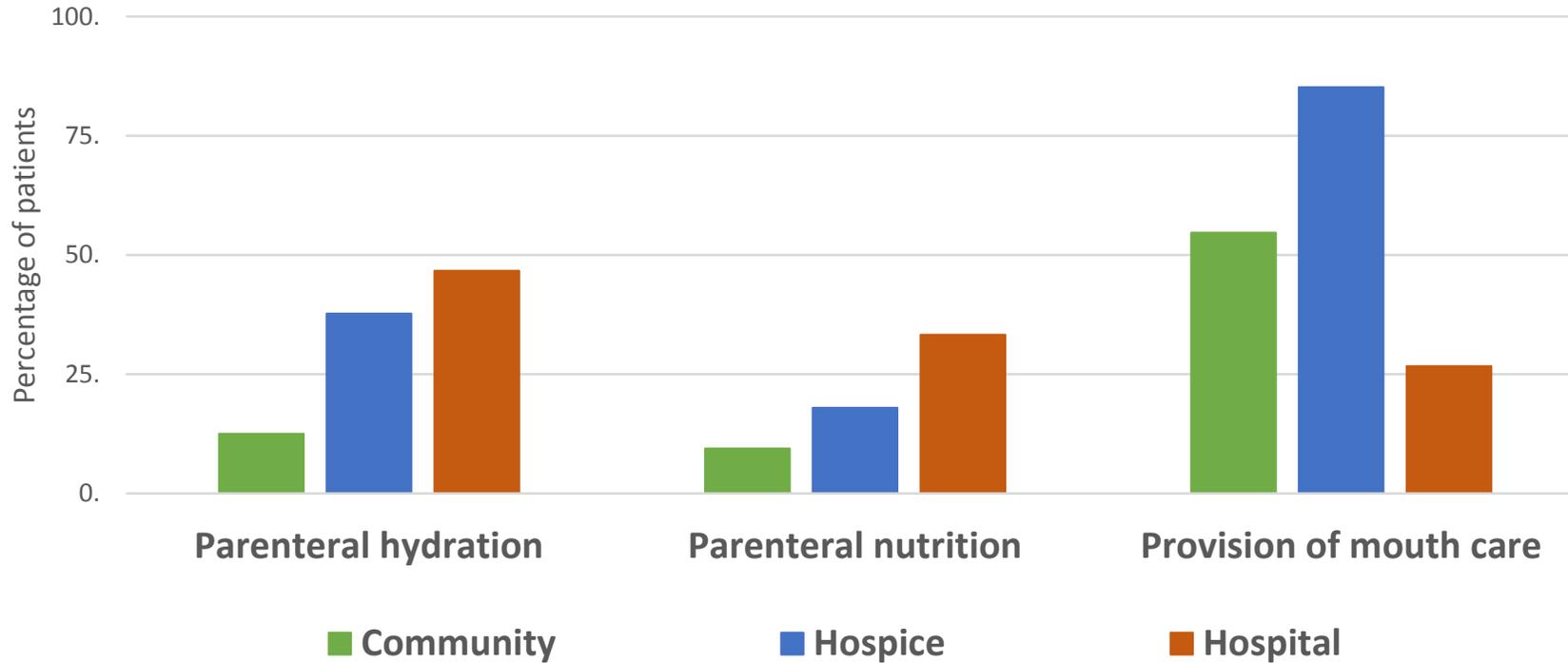
← Support with oral fluids (82.3%) and nutrition (77.5%)



Support for person making informed choice to eat / drink even with aspiration risk:

Community	56.3%
Hospice	82%
Hospital	13.3%

Audit results: support with parenteral nutrition & hydration



Consideration of:

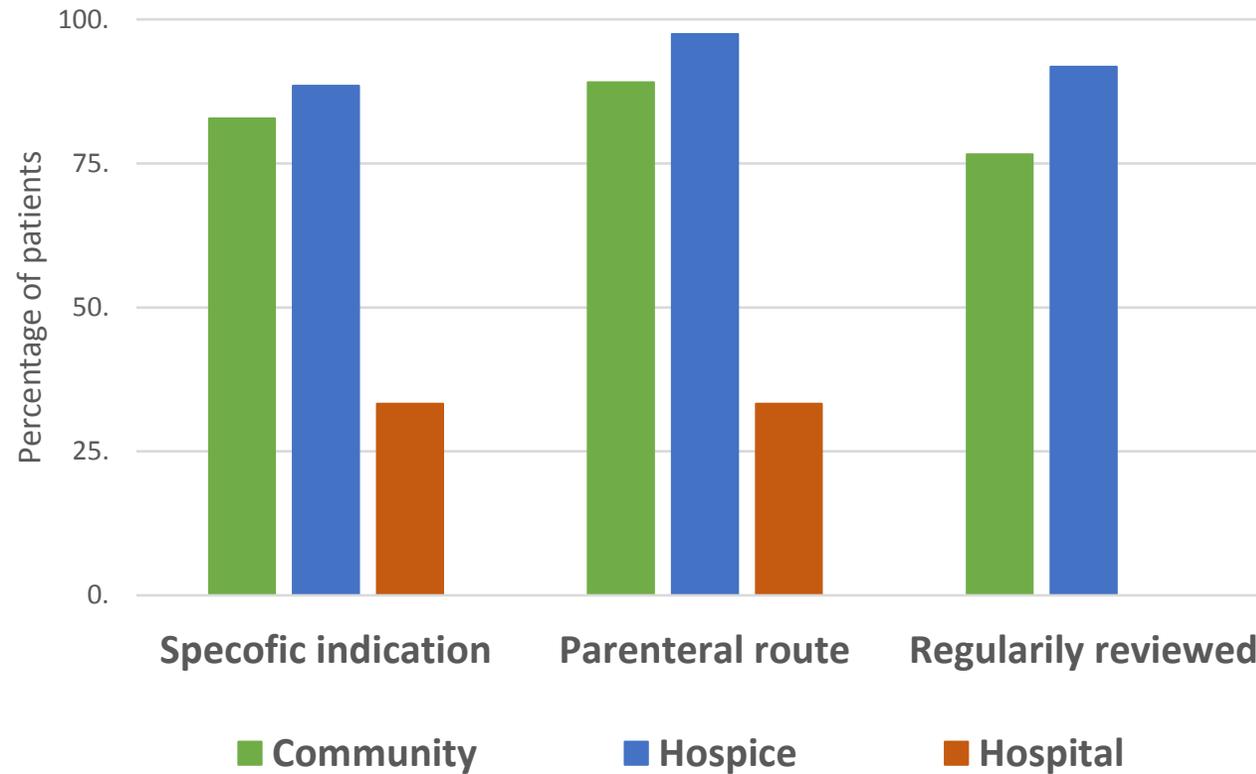
**Parenteral hydration
32.3%**

**Parenteral nutrition
60.7%**

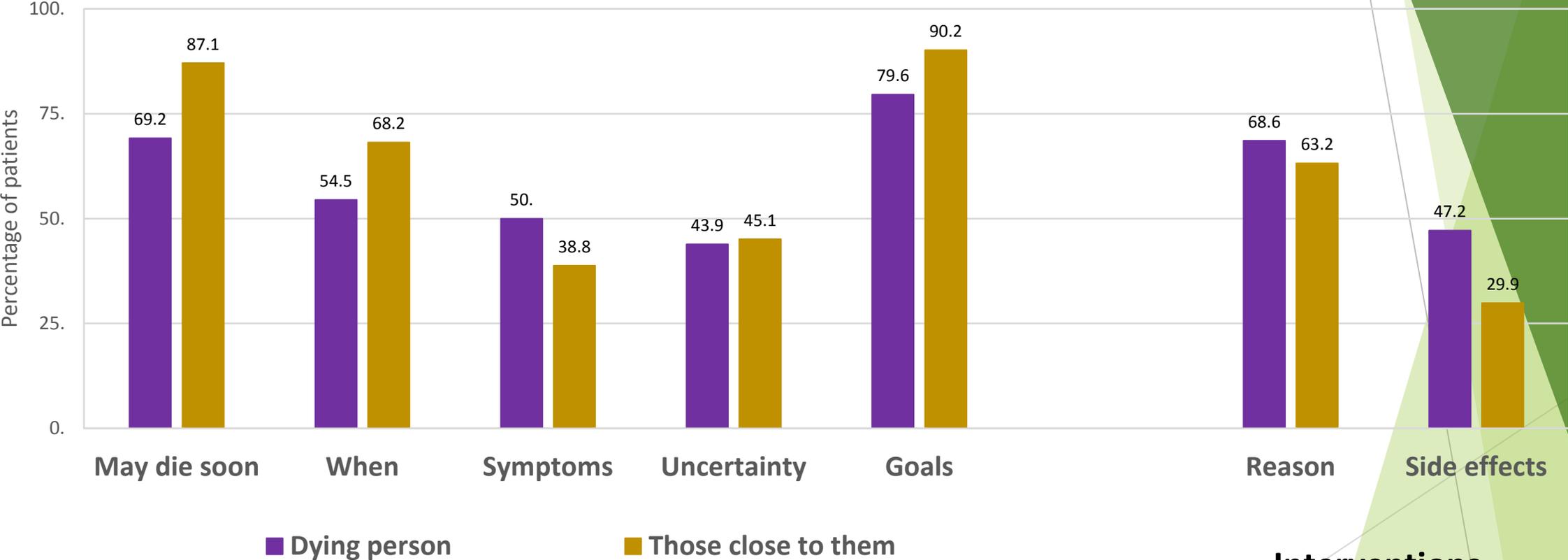
**Provision of mouth
care 55.5%**

Audit results: medications

- Review of medications: specific indication (82.6%), parenteral route (90%), regularly reviewed (80.1%)



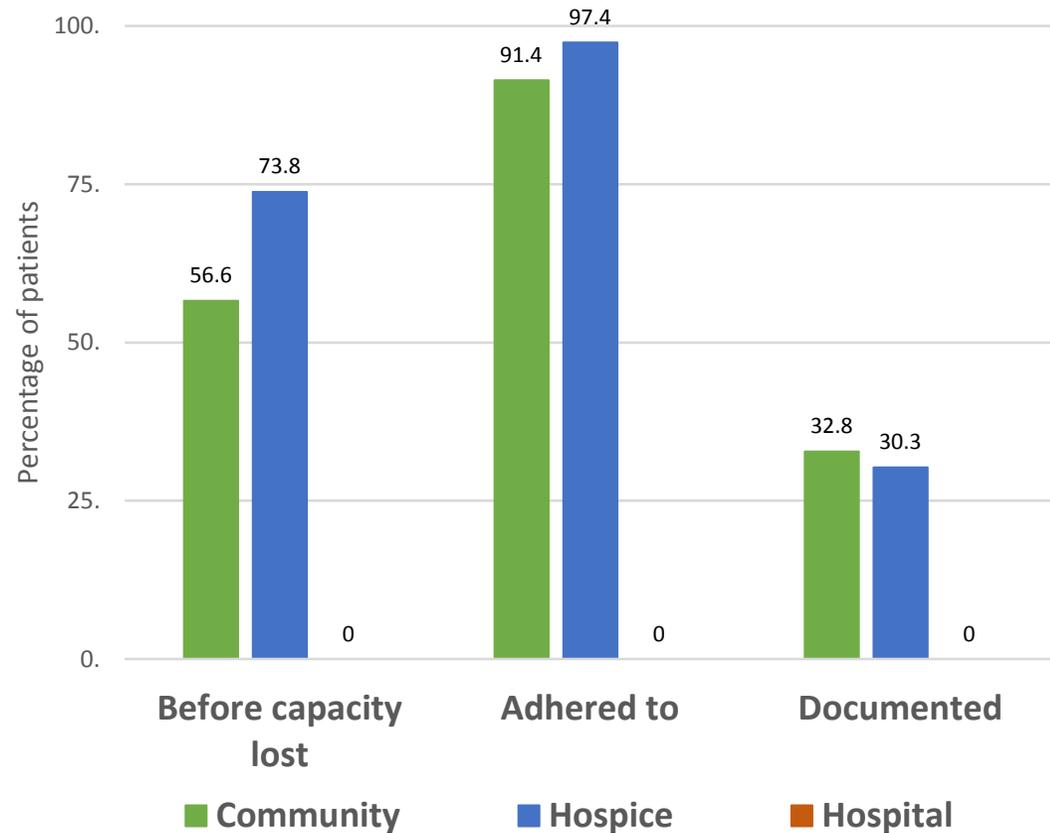
Audit results: communication



Interventions

Audit results: decision making & information sharing

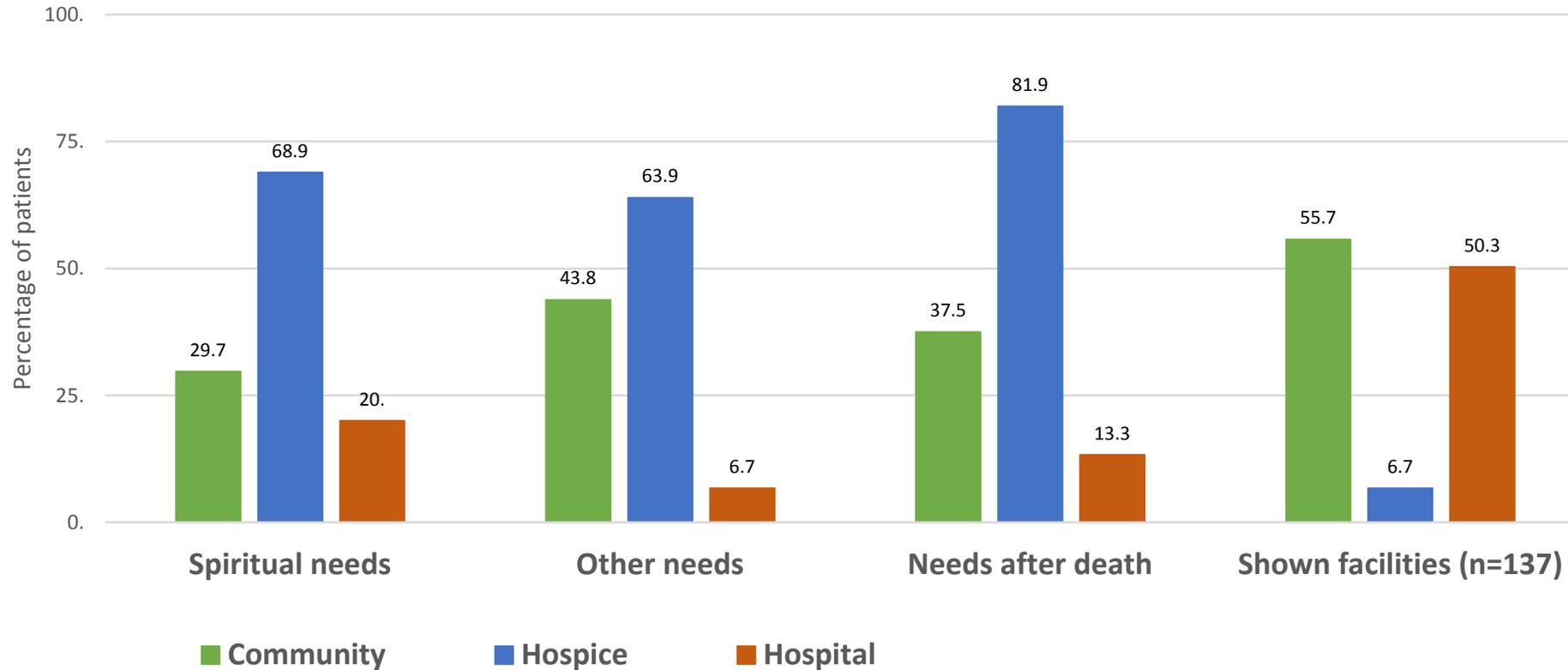
Documentation of patient preferences for contact person



Identifying those close to the patient:

Patient asked to identify:	Percentage (range)
Contact person	78.1% (67-93%)
To share medical information	65.2% (47-80%)
Not to share information with	19.9% (14-23%)

Audit results: supporting those close to the patient

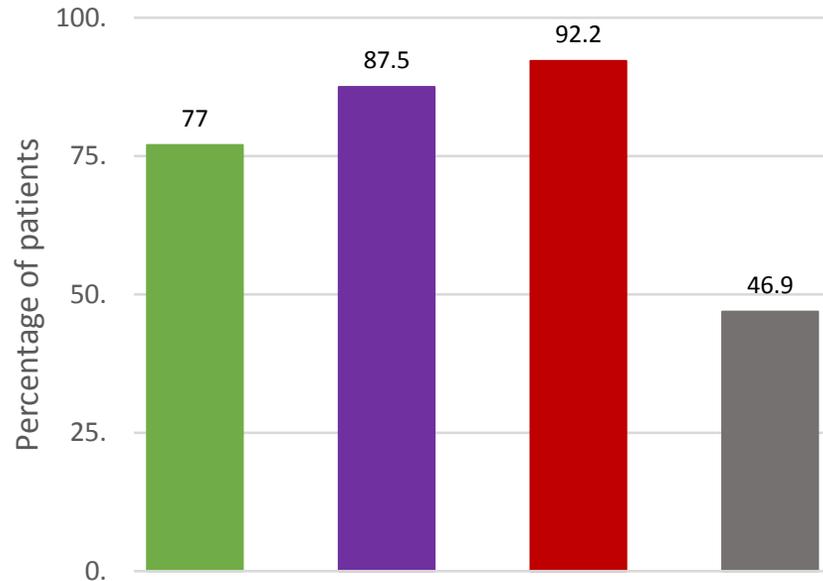


89.5% of those with **specific needs** had these individually addressed (19 hospice patients)

Documented in 3 cases that persons close to the patient **unhappy with the support** they received (1 patient community, 2 hospice)

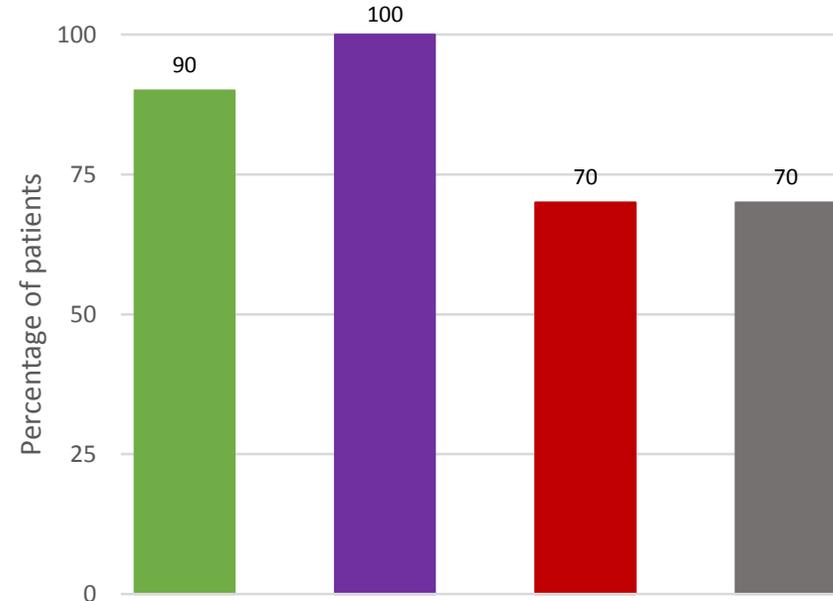
Audit results: specific needs in the community

Information sharing and documenting (64 patients):



Emergency numbers 77%
Medicines available 87.5%
Equipment available 92.2%
Guidance after death 46.9%

Transfer during the dying phase (10 patients):



Patient wishes 77%
Senior advice 87.5%
Emergency plan made 92.2%
Resus status documented 46.9%

Main points:

Recognition of dying (91%) was documented more than assessment of reversible causes (74.6%)

Physical needs (94.5%) assessed more than emotional (67.2%) and spiritual (69.2%)

Great variation across sectors - even for basics:

- Adequate review of medications (0 - 97.5%)
- Provision of mouth care (26.7 - 85.2%)
- Support for those close to the patient (6.7 - 81.9%)

Universally weak areas:

- Daily review by a senior clinician (42%; range 18-60%)
- Consideration of parenteral hydration (30.3%; range 12.5-46.7%) and nutrition (16.4%; range 9.4-33.3%)
- Documentation of advanced care planning discussions (28.9%)

Main points: Communication

Communication that the patient may die soon and the goals of care were more likely to occur with those close to the patient (68.2-90.2%), than the patient themselves (54.5%-79.6%).

Communication regarding likely symptoms and side effects were more frequent with the patient (47.2-50%) than those close to them (29.9-38.8%).

In most areas communication and its documentation showed significant need for improvement.

Going forward:

Clarity with documentation:

- ← Include **informal discussions, prior discussions** (including advanced care planning)
- ← Include **'negative'** findings (eg no pain / conversation declined)

Senior review:

- ← Define 'daily senior review'
- ← Can we include **individual patient specific trigger points** for further review / specialist input

Specific sections for:

- ← **Capacity issues**
- ← **Information sharing** with, and support of those close to patient
- ← **Community** - information given and transfer plans

Any questions / ideas?