



# Anticipatory Care Plans and preferred place of end of life care/death

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## Introduction

One of CHAS's stated aims is that "More children, young people and their families will have better access to palliative and end of life care in their preferred place of care".

As part of CHAS's quality programme an audit was undertaken to assess how frequently the preferred place of care/death for children and young people (CYP) was achieved.

## Aims

The aims were to establish:

- Which of the CYP, who died in the past year, had an Anticipatory Care Plan (ACP) or Children and Young People's Acute Deterioration Management Plan (CYPADM).
- Whether end of life care/death occurred in the stated preferred place when one or both were in place.

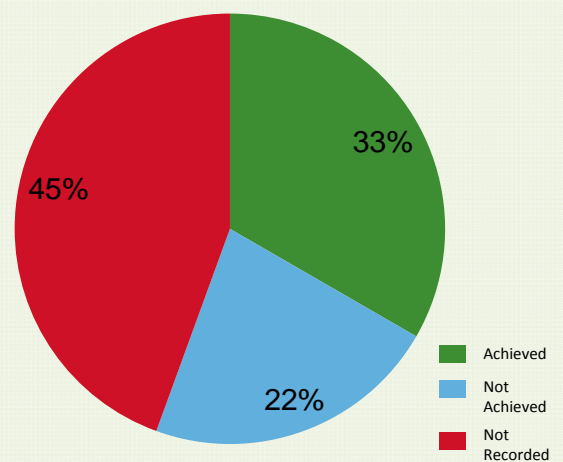
## Methods

Methods used included:

- Developing an audit tool and piloting it to clarify the questions.
- Retrospective auditing of the clinical records of all 54 CYP who died in the period 1 April 2013 to 31 March 2014.
- Recording data on audit tool and analysis of data.

## Results

Figure 1: Percentage of CYP who died in preferred place of care



Results indicate that:

- Five CYP had both an ACP and a CYPADM
- Three had an ACP only
- 22 CYP had a CYPADM only
- 24 had neither a CYPADM or ACP

Figure 1 shows the percentages of the 54 CYP who died in their preferred place of care as follows:

- CYP who died in their preferred place of care: **18 (33%) place of care was achieved.**
- CYP who did not die in their preferred place of care: **12 (22%) place of care not achieved.**
- Where no preference was recorded: **24 (45%) place of care not recorded.**

However, it is important to note that 100% of CYP who had an ACP died in their preferred place of care.

## Conclusion

The results from this initial audit have provided CHAS with a benchmark and have highlighted areas for improvement. They show a strong association between having one or both ACP or CYPADM forms completed and a child or young person dying in their preferred place. However, the results also show that there is a significant proportion of children and young people who either did not die in their preferred place or where no preference was recorded.

Results from this audit will inform further analysis of why these forms are not in place. Most importantly they will enable CHAS to make improvements to ensure more families, children and young people are given the opportunity to make choices and decisions about their preferences at end of life.