AN AUDIT OF END-OF-LIFE DOCUMENTATION AND ASSESSMENT IN A TERTIARY TEACHING HOSPITAL

Aim

To assess the documentation of hospital based end-of-life care against regional guidance and identify areas for improvement

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Related publications:

1. Royal College of Physicians End of Life Care Audit – Dying in Hospital. London, RCP, 2016. Available at: https://www.rcplondon.ac.uk/projects/outputs/end-of-life-care-audit-dying-hospital-national-report-england-2016.

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This poster is part of the SPPC poster exhibition 2020

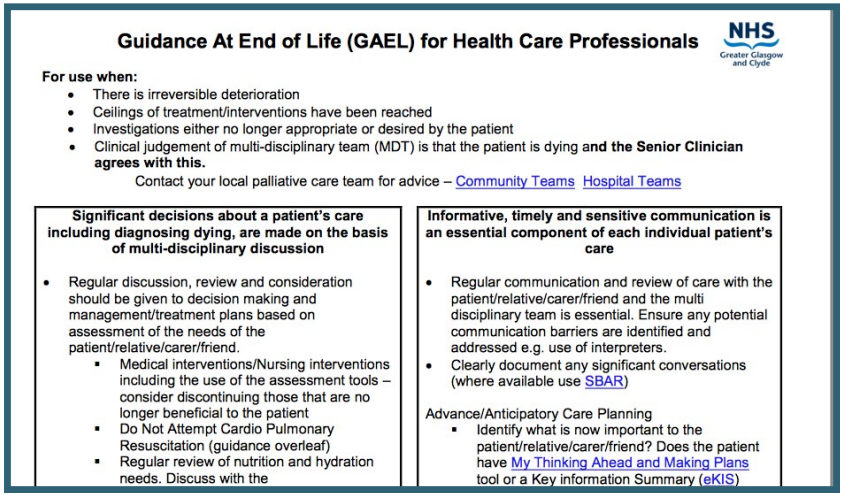
Background

- All physicians have a role in assessing and managing the fundamental aspects of care in patients whose deaths can be anticipated.
- The 2016 Royal College of Physicians audit [1] identified major gaps in how these aspects of care were documented and many patients did not have access to a hospital specialist palliative care team (HSPCT) review during their admission.

Methods

A total of 50 sequential deaths from across five medical, surgical and care of elderly wards in a tertiary teaching hospital were audited.

Data was collected from clinical notes, with reference to NHS Greater Glasgow and Clyde's 'Guidance for Adults at End of Life' (GAEL).



Guidance At End of Life (GAEL) for Health Care Professionals

NHS Greater Glasgow and Clyde

For use when:

- There is irreversible deterioration
- Ceilings of treatment/interventions have been reached
- Investigations either no longer appropriate or desired by the patient
- Clinical judgement of multi-disciplinary team (MDT) is that the patient is dying **and the Senior Clinician agrees with this.**

Contact your local palliative care team for advice – Community Teams Hospital Teams

Significant decisions about a patient's care including diagnosing dying, are made on the basis of multi-disciplinary discussion

- Regular discussion, review and consideration should be given to decision making and management/treatment plans based on assessment of the needs of the patient/relative/carer/friend.
  - Medical interventions/Nursing interventions including the use of the assessment tools – consider discontinuing those that are no longer beneficial to the patient
  - Do Not Attempt Cardio Pulmonary Resuscitation (guidance overleaf)
  - Regular review of nutrition and hydration needs. Discuss with the

Informative, timely and sensitive communication is an essential component of each individual patient's care

- Regular communication and review of care with the patient/relative/carer/friend and the multi disciplinary team is essential. Ensure any potential communication barriers are identified and addressed e.g. use of interpreters.
- Clearly document any significant conversations (where available use SBAR)

Advance/Anticipatory Care Planning

- Identify what is now important to the patient/relative/carer/friend? Does the patient have My Thinking Ahead and Making Plans tool or a Key information Summary (eKIS)

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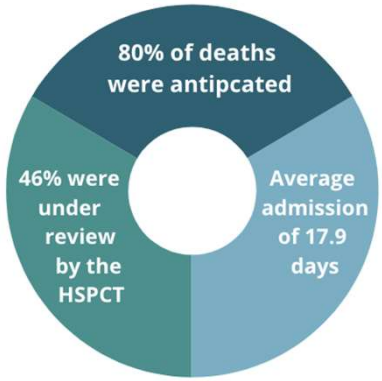
Results

Details of Admission



Details of admission

Documentation of palliative management

Input from HSPCT

GAEL Proforma Areas of Assessment

Input from HSPCT

46% of the sample group were reviewed by the HSCPT in addition to parent team care

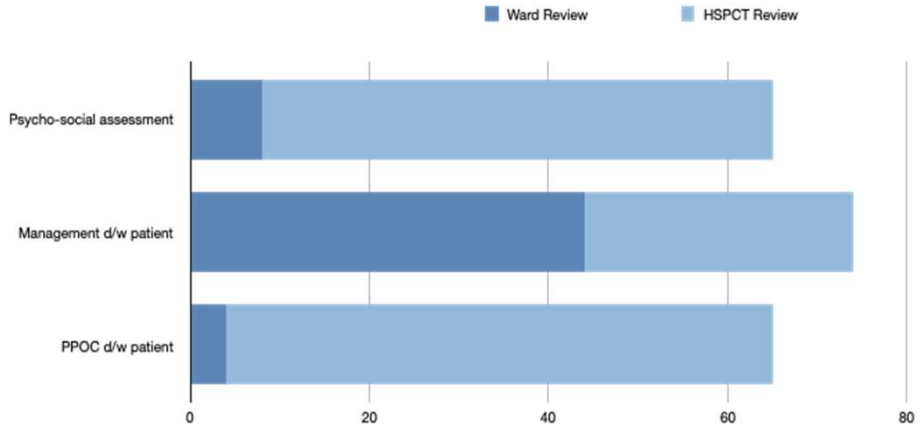


Figure (3) Comparative data between those reviewed by the HSPCT and those who had solely parent team reviews

Documentation

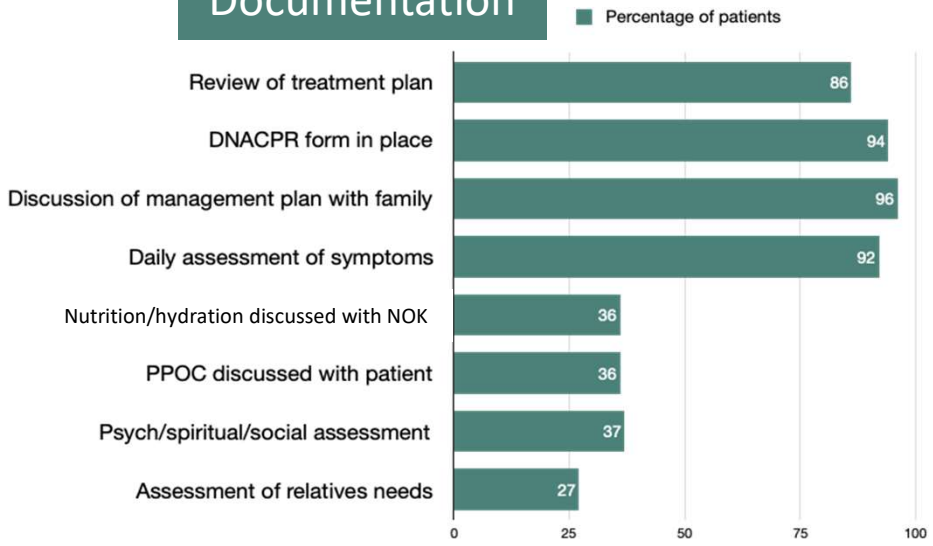


Figure (2) Aspects of care for which documented evidence exceeded 80% or fell below 40% across the patients sampled

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Conclusions

'If it isn't documented it didn't happen!'

- In the majority of cases, when death was anticipated treatment plans were reviewed and a DNACPR was put in place (with family discussion).
- The audit identified areas that were less commonly documented by parent teams, such as discussions regarding place of care and the needs of relatives.
- These gaps in documentation gave an insight into aspects of palliative care that non-specialist physicians may feel less equipped to address, and have identified potential areas for future teaching.
- HSPCT input had a positive role in ensuring a comprehensive assessment was achieved in end-of-life care.

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