Avoiding Harm At The End Of Life: How Good Are We?

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**AIM**

- When someone is dying, there is no room for less than perfect care for both the person involved and their family.
- It is critical that ward staff have the knowledge-base and skills to consistently deliver a high standard of person-centred care, underpinned by effective care processes.
- As part of a larger piece of work developing a process to support the delivery of key aspects of palliative care in a medical area, we wanted to create a system that would enable us to know how well we were achieving this.

**METHOD**

- A tool was developed that centred on four key process indicators for end of life care:
  1. Communication
  2. Symptom management
  3. Essential care and
  4. Review (Figure 1)
- This was piloted across wards in the Medicine of the Elderly department at the Western General Hospital.
- Five sets of case notes of patients whose deaths were felt to have been expected and unavoidable were selected randomly and reviewed each month.
- The results were fed back at the well-attended multidisciplinary departmental morbidity and mortality meeting (M&M).

**RESULTS**

- Case note review took between 5 to 10 minutes. This was aided by a care-rounding document that incorporated key aspects of comfort care.
- Compliance rates for the months of July to November 2014 ranged between 97 and 100% (figure 2).
- Graphs created were reviewed at the morbidity and mortality multidisciplinary meetings to both complement staff and emphasise key aspects of end of life care to all team members.
- Results were used to stimulate discussion around complex topics and practice, such as challenging communication.

**CONCLUSION**

- This system supports us in assessing how well we are delivering key aspects of person-centred care towards the end of life.
- It provides a means of monitoring the impact of other quality improvement measures being tested in this work stream.