

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 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 compliment 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.

Figure 1:

Ward/Department	MCE	month this data relates to: [MMYY]					Section % compliance	
site	WGH	Jul-13					5	
Type of care setting:	Acute hospital	No. of patients considered this month:						
Element	Criterion	patient 1	patient 2	patient 3	patient 4	patient 5	% compliance	
Communication	(A) Is there evidence in the notes to suggest that it was explained to the patient's family that the patient is dying?	Yes	Yes	Yes	Yes	Yes	100%	
	(B) Is there evidence in the notes to suggest that the plan of care was explained to the patient's family?	Yes	Yes	Yes	Yes	Yes	100%	
	(C) Was a DNA-CPI form completed?	Yes	Yes	Yes	Yes	Yes	100%	
Symptom Management	(A) Is there evidence in the notes to satisfy professionals that the patient's symptoms were well managed in the last 24 hours of life?	Yes	Yes	Yes	Yes	Yes	100%	
	(B) Was PRN medication prescribed for Pain?	Yes	Yes	Yes	Yes	Yes	100%	
	(C) Was PRN medication prescribed for Agitation?	Yes	Yes	Yes	Yes	Yes	100%	
	(D) Was PRN medication prescribed for Dysarthrias/Slurred?	Yes	Yes	Yes	Yes	Yes	100%	
	(E) Was PRN medication prescribed for Nauseas?	Yes	Yes	Yes	Yes	Yes	100%	
Essential Care	(A) Is there evidence in the notes to show that the patient's mouth care was attended to in the last 24 hours of life?	Yes	Yes	Yes	Yes	Yes	100%	
	(B) Is there evidence in the notes to show that the patient's personal care needs were attended to in the last 24 hours of life?	Yes	Yes	Yes	Yes	Yes	100%	
Care Plan Review	Is there evidence in the notes / LCP to show appropriate review of the plan for, and appropriateness of, care took place at the stated period for your care setting?	Yes	Yes	Yes	Yes	Yes	100%	
	overall reliability	100%	100%	100%	100%	100%	100%	
Was the CQI bundle reliably implemented?							Overall Compliance	100.0%

Figure 2:

