



Care of the Dying Adult Audit: Review of expected adult inpatient deaths and compliance to the Five Priorities for Care of the Dying Person 2017

ONE CHANCE TO GET IT RIGHT

Trust Audit

Sample: Expected adult in-patient deaths during July, August and September 2017 (first twenty deaths from each division or until end of September)

- Exclusions: 1) OOHCA in ED or Cath Labs
 2) Sudden or unexpected deaths
 3) Eligible patients whose notes were not available at the bereavement centre.
- Standards: 11 Core Standards adapted from national guidelines and audit (LACDP, NICE, RCP)

Results: 1) Compared against 2015 & 2016 results 2) With Care Plan vs. Without

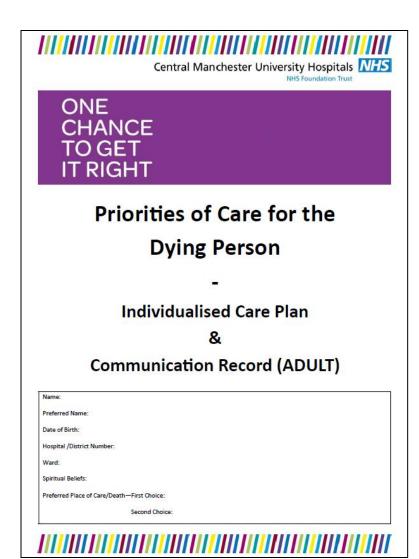
Results

Standard	Compliance 2015	Compliance 2016	Compliance 2017
Recognition of Dying	N/A	97%	96%
Individualised Plan of Care	48%	77%	95%
DNACPR decisions	99%	99%	100%
Discussions relating to prognosis with: 1) Individual 2) Family/Carers	78%	98%	99%
	99%	100%	99%
Involvement in care planning/management: 1) Individual 2) Family/Carers	76%	98%	99%
	90%	98%	99%
Assessment of hydration needs	86%	93%	99%
Assessment of nutrition needs	76%	78%	89%
Assessment of spiritual needs	42%	77%	92%
Mouth care provision	52%	70%	90%
PRN prescribing for terminal symptoms	61%	77%	92%
Care after death support / signposting	94%	96%	100%
Preferred place of care (PPC)	N/A	66%	93%

Care Plan

Needs to include:

- Food and Drink
- Symptom Management
- Psychological Support
- Spiritual Support
- Social Support
- Family/Carer Support
- Communication



Care Plan

62% (45/73) utilised the new Individualised Care Plan & Communication Record

2016				
Standard	WITHOUT Care Plan	WITH Care Plan		
Individualised Plan of Care	64%	90%		
PPC	54%	78%		
Spiritual needs	65%	89%		
Mouth care provision	58%	83%		
PRN prescribing	67%	87%		

2017				
Standard	WITHOUT Care Plan	WITH Care Plan		
Individualised Plan of Care	93%	96%		
PPC	86%	96%		
Spiritual needs	93%	91%		
Mouth care provision	82%	96%		
PRN prescribing	86%	96%		

Conclusions

1.Significant improvement in standards

2.The Individualised Care Plan & Communication Record continues to prove effective at guiding care

3.Remains room for improvement

Discussion

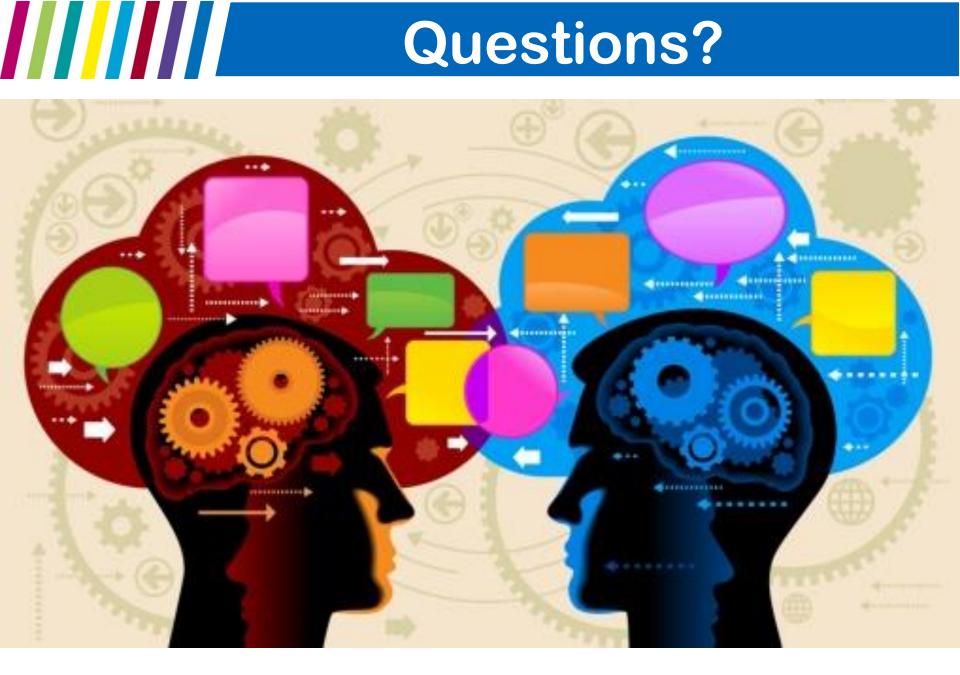
Reasons for improvement multifactorial:

- New and improved EOL Care Leadership and Governance Structure
- SPCT seven day provision & team expansion
- Dedicated and caring workforce including established CHAMPS network

Actions

Divisional Specific Action Plans
 SPCT support education and training
 Disseminate findings
 Celebrate and Sustain success

Questions?



Thank you

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