Assessment Of End-of-Life Care In Three Distinct Health Care Settings In Regional, New South Wales Using A Modified Liverpool End-of-Life Base Audit Tool

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Background

- There is increasing community concern about the quality of care at the end of life
- Dying patients need to have access to the best evidence based end-of-life care regardless of their site of care
- In the absence of access to a specialised palliative care service the majority of people dying of a life limiting illness in rural Australia are likely to have their end of life care managed in either
  - their own home
  - within the acute hospital environment
  - a residential aged care facility (RACF)

Aim

- To identify systems and management in the management of care in the last days of life in three discrete clinical settings in regional New South Wales
  - Residential Aged Care Facility (RACF)
  - District hospital (DH)
  - Base hospital medical unit (BHMU)

Method

- The Liverpool End-of-Life Base Audit Tool was modified following a review of the literature (Ellershaw, et al. 2003)
- Content validity was assessed by key informant consultation
- Piloting was undertaking to assess inter-rater reliability
- Medical records audit of consecutive patients (N=48) who died during a three month period in early 2004

Findings

ITEM	
Mean Age	78 years ± SD = 10.66
Male	56.3%
Female	43.8%
Malignant Disease	40%
Non-Malignant Disease	60%

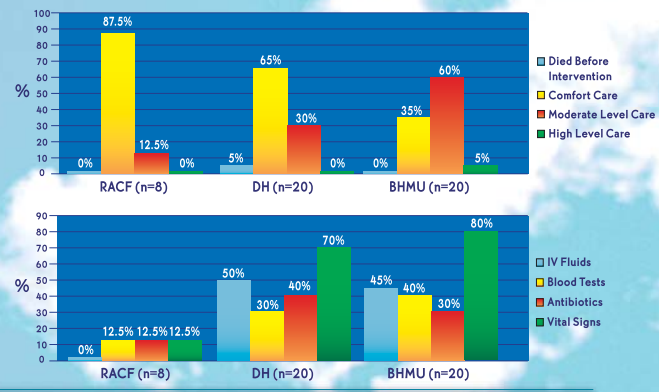
Length of Stay

Site	Number	Mean	SD
RACF	n=8	485.5	1205.88
DH	n=20	17.4	22.18
BHM	n=20	16.35	16.88
Total	N=48	94.81	497.9

Awareness of dying

- 60% of patients aware of diagnosis
- 31.3% of patients aware they are dying
- 79.2% of next of kin aware patient is dying
- 77.1% patient's plan of care discussed with next of kin
- 47.9% of the time, general practitioner informed that the patient is dying

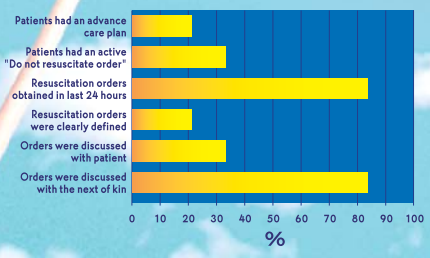
Level of Intervention in last 24 Hours



Pain Management in last 24 Hours

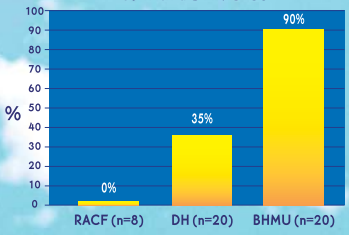
- 0% of patients had a pain assessment chart
- 81.3% of patients had an opiate order
- 52.1 % of patients had episode of uncontrolled pain
- 97.5% of patients given analgesia at this time
- 35.4% of patients had an appropriate break through medication order

Resuscitation orders



Do Not Resuscitate (DNR) orders varied according to site

% with a DNR Order



- Limitations of convenience sampling and small sample size acknowledged
- The documentation of assessment and management of symptoms at the end of life was of a variable quality regardless of setting
- The more acute the health care setting the more active the intervention
- End-of-Life care was not always in accordance with best practice guidelines

Conclusions

On the basis of these findings key areas for focussing on improvement are the introduction of systematic processes to guide general health care providers in the provision of end-of-life care across the three health care settings, including the introduction of:

- Advance Care Planning
- Use of an end-of-life care pathway
- Use of specific pain assessment tools for people with cognition and another for those with cognitive impairment
- Targeted end-of-life education for health care providers

These findings will inform the Mid North Coast Palliative Care Project

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