Audit & Review of Death
Tools to review death regularly
Audit & Review of Death  Tools

The information below is from the Hospice Friendly Hospital Programme’s *Map for End-of-Life Care*

**After Death Review Meetings**

Regular review meetings held with the multidisciplinary team at ward/unit level or one-to-one provide opportunities for supporting staff through reflection, learning and debriefings which is very important if a death has been particularly distressing. Review meetings also promote a culture of continuous improvement in the services delivered to patients at the end of life.

Feedback from the bereaved relative should also be considered.

**Questions to consider:**

1. What went well in the care of this patient and their family at the end of life?
2. What didn’t go well?
3. What would I do differently in the future when caring for end of life patients and their families?
4. Would the way this patient died be acceptable to me?

**Take Care**

End-of-life care can be difficult. It is important that staff support each other in this important area of work. Staff can be supported through peer support, informal debriefing sessions or counselling as appropriate.
Minimum Dataset to Monitor End-of-Life Care

The following dataset emerged from the National Audit of End-of-Life Care in Hospitals in Ireland, 2008/9

<table>
<thead>
<tr>
<th>Hospital Performance Indicator</th>
<th>Scale</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall care outcome</td>
<td>1-10</td>
<td>Mean of Indicators (1)+(2)+(3)+(4)</td>
</tr>
<tr>
<td>Acceptability of dying (1)</td>
<td>1-10</td>
<td>Do you feel the way this patient died in hospital would be acceptable for you? [Scale: definitely not acceptable (1) to very acceptable (10)]</td>
</tr>
</tbody>
</table>
| Patient care (2)              | 1-10  | - How well do you think the hospital team communicated with the patient about his or her situation and the likely prognosis?  
- How well do you think the hospital team provided end-of-life care that respected the patient’s wishes?  
- How well do you think the hospital team managed the patient’s symptoms, such as pain, to a level that was acceptable to him or her? [Scale: not well (1) to very well (10)] |
| Symptom management (3)        | 1-10  | If the patient had this symptom at any time during their last week of life, how well it was managed by the hospital team to keep the patient comfortable?  
- Pain  
- Nausea and / or vomiting  
- Breathing difficulties  
- Increased secretions  
- Restlessness or agitation  
- Anxiety or fear [Scale: very badly (1) to excellent (10)] |
| Family support (4)            | 1-10  | - How well do you think the hospital team communicated with the relatives or friends about the patient’s illness and the likely prognosis?  
- How well do you think the hospital team gave emotional support for the family or friends of the patient? [Scale: not well (1) to very well (10)] |
| Disease and cause of death:   |       | Which of these illnesses describes the patient’s primary disease or illness at their last admission to hospital?  
[5 categories: cancer, circulatory, respiratory, frailty/dementia, other] |
| Sudden deaths                 | Y / N | Was the patient’s death sudden?  
[2 categories: sudden and expected] |
| Route of admission:           |       |  |
| Admission not through A&E     | Y / N | If the patient died in an acute hospital, was the patient admitted through A&E?  
[2 categories: A&E and outpatient/day services/medical admission] |
| Elective admission            | Y / N | If the patient died in an acute hospital, was the admission elective?  
[2 categories: elective and emergency] |
| Physical environment:         |       |  |
| Death in single rooms         | Y / N | Did the patient die in a single?  
[2 categories: single room and multi-occupancy room] |
| Dignity of room/ ward         | 1-10  | Tell what you think objectively about the type of room the patient spent most of the time during their last week of life in terms of the following:  
- Patients have dignity when getting personal care  
- Patients can have easy access to toilet, and shower or bath  
- Patients can choose company, or to be alone [Scale: very poor (1) to excellent (10)] |
### Environment of room/ward

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| 1-10  | Tell what you think objectively about the type of room the patient spent most of the time during their last week of life in terms of the following:  
- Patients can see nature  
- Patients can see natural daylight  
- Patients can experience quiet  
- Patients can listen to TV or radio without disturbing others  
[ Scale: very poor (1) to excellent (10)] |

### Hospital Performance Indicator

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
|       | Does the mortuary have any of these:  
- An outer entrance with protection from the weather  
- An inner reception area  
- A waiting room that can hold more than one family  
- More than one waiting room  
- A waiting room that has hot and cold drinks  
- A waiting room that has toilets nearby  
- A viewing room that can hold several relatives at the same time  
- A viewing room that can be adapted to the needs of different faiths and cultures  
- A viewing room that can be adapted for baby or child deaths  
- A viewing room that has suitable furniture for relatives to stay over-night if they want  
- A viewing room where people can wash their hands  
- A viewing room that has toilets nearby  
- More than one viewing room  
- A multi-faith room  
- A meeting or interview room  
- A preparatory room for ritual washing of the body or preparation of the body for viewing  
- A storage area for extra furniture or storage of religious symbols of different faiths  
- Access to a mortuary garden  
- The route from the hospital to the mortuary is covered  
- Enough car parking at the mortuary  
- Good access and exit routes for cars to stop congestion between arriving and departing groups  
[Scale: hospital with no mortuary facilities (1) to all mortuary facilities (100)] |

### End-of-Life care:

<table>
<thead>
<tr>
<th>Diagnosis of dying</th>
<th>Y / N</th>
<th>Had the medical team diagnosed that this patient was dying?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision to review care in last week</td>
<td>Y / N</td>
<td>At any time during the patient’s last week of life, was there a decision to review medication, route of administration, and/or stop non-essential medication?</td>
</tr>
<tr>
<td>Use of specialist palliative care</td>
<td>Y / N</td>
<td>Did the patient get any contribution from a specialist palliative care service after admission to hospital?</td>
</tr>
</tbody>
</table>

### Team meetings:

<table>
<thead>
<tr>
<th>Medical and nursing team meeting</th>
<th>Y / N</th>
<th>If the staff generally knew that the patient was dying, did the medical and nursing staff have a meeting to talk about and review the aims of care for this patient?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multidisciplinary team meeting</td>
<td>Y / N</td>
<td>If the staff generally knew that the patient was dying, did the multidisciplinary team (all health care professionals involved in the care of the patient) have a meeting to talk about and review the aims of care for this patient?</td>
</tr>
</tbody>
</table>
Insert hospital specific information