

## End of Life Care Audit: Dying in Hospital

### ORGANISATIONAL data collection tool

No.	Question	Response Options
<b>SECTION 1: Personnel responsible for submitting trust data for this audit</b>		
1a	What is the discipline of the auditor completing the organisational audit data collection form?	Clinical Governance/Audit staff <input type="checkbox"/> Medical staff <input type="checkbox"/> Nursing staff <input type="checkbox"/> End of Life Care Facilitator/Team <input type="checkbox"/> Data Manager <input type="checkbox"/> Other <input type="checkbox"/> (please specify)
1b	Is this auditor a member of the hospital (trust) specialist palliative care service?	Yes <input type="checkbox"/> No <input type="checkbox"/>

No.	Question	Response Options
<b>SECTION 2: Background information regarding the Trusts/hospitals participating in the audit</b>		
2a	How many hospitals within your Trust were eligible for inclusion in the case note review element?	
2b	What types of bed, as well as numbers of each, did your Trust have on 1 <sup>st</sup> May, 2015?	Enter number for each (Enter a zero if none)  Medical ____ Surgical ____ Acute Medical Admissions Unit ____ Rehabilitation ____ Oncology ____ Cardiology unit ____ Respiratory unit ____ Renal unit ____ Care of the elderly unit ____ Specialist Palliative Care unit ____ Paediatric ____ Teenage and Young Adult unit ____ Intensive care ____ Maternity ____ Other ____
	<b>Total number of adults beds in the Trust</b>	<b>This field is calculated automatically based on the figures entered in question 2b (excluding paediatrics, and teenage and young adult unit)</b>

<b>End of Life Care Frameworks</b>			
<b>No.</b>	<b>Question</b>	<b>Response Options</b>	
2c	Is the Trust involved in the 'Transforming End of Life Care in Acute Hospitals' programme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2d	Which of the following are used within your Trust? <ul style="list-style-type: none"> <li>• Advance Care Planning (ACP) process, specifically a framework to record a dying patient's wishes and preferences at the end of life</li> <li>• Electronic Palliative Care Co-ordination System (EPaCCS)</li> <li>• The AMBER (Assessment, Management, Best Practice, Engagement of patients and carers, for patients whose Recovery is uncertain) care bundle</li> <li>• The Rapid Discharge Home to Die Care Pathway</li> <li>• Priorities of care for the dying patient</li> <li>• Situation Background Assessment Recommendation (SBAR) tool</li> <li>• Gold standard framework hospitals</li> <li>• Schwartz Rounds</li> <li>• Locally developed programmes of work to improve and support End of Life Care</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2e	Does your Hospital Trust have a named member of the Trust Board for End of Life Care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2f	Is there a lay member on the Trust board with a responsibility/role for End of Life Care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2g	Does your trust have 1 or more End of Life Care Facilitators as of 1 May 2015?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2gi	If yes what is the profession of the End of Life Care Facilitator? <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing</li> <li>• Other</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If other please specify: _____ _____ _____	
2gii	What is the number of contracted End of Life Care Facilitator posts and the number currently employed in these posts as of 1 May 2015?	<b>Contracted posts</b> Medical (PA) _____ Nursing (WTE) _____ Other (WTE) _____  <b>Filled posts</b> Medical (PA) _____ Nursing (WTE) _____ Other (WTE) _____	

<b>SECTION 3: Audit and evaluation to promote Continuous Quality Improvement (CQI) in Care of the Dying</b>			
3a	Was a formal audit of care delivery for patients in the last hours or days undertaken in the previous financial year? (i.e. between 1 <sup>st</sup> April 2014 and 31 <sup>st</sup> March 2015)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3b	Were these results fed back to clinical teams?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3c	Were these results fed back to the Trust board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Action planning for improvement</b>			
3d	Was an action plan produced in the Financial Year (i.e. between 1 <sup>st</sup> April 2014 and 31 March 2015) to promote improvement in End of Life Care in your Hospital Trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3e	Was this action plan fed back to clinical teams?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3f	Was this action plan fed back to the Trust board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3g	Within your Trust Quality Governance structure was there a formal process for discussing and reporting on the 5 priorities of care, between 1 <sup>st</sup> April 2014 and 31 <sup>st</sup> March 2015?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3h	Was End of Life Care reported on at Trust Board level between 1 <sup>st</sup> April 2014 and 31 <sup>st</sup> March 2015?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3i	Between 1 <sup>st</sup> April 2014 and 31 <sup>st</sup> March 2015, was there carer and public representation within these discussions/reporting processes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3j	As of 1 May 2015, did your Trust have a mechanism for flagging complaints that related to 'End of Life Care'?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3ji	What number of complaints relating to End of Life Care did your Trust receive between 1 <sup>st</sup> April 2014 and 31 <sup>st</sup> March 2015?	Number _____	Not known <input type="checkbox"/>
3jii	Are complaints related to end of life care routinely reported to the End of Life Care Strategy group?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not known <input type="checkbox"/> No EOLC strategy group <input type="checkbox"/>

SECTION 4: Trust Demographics - <i>Acute Hospital Trust Demographic data as at 1 May 2015</i>		
No.	Question	Response Options
<b>Trust Size</b>		
4a	Number of adult single patient occupancy rooms in Trust	
<b>Number of Deaths</b>		
4b	Number of all adult deaths occurring in the previous financial year (i.e. 1 <sup>st</sup> April 2014 – 31 <sup>st</sup> March 2015)	
4c	Number of ALL adult deaths occurring in the national data collection period (i.e. 1 <sup>st</sup> May 2015–31 <sup>st</sup> May 2015).	
4d	Number of all adult deaths meeting the audit inclusion/exclusion criteria, occurring in the national data collection period (i.e. 1 <sup>st</sup> May 2015 – 31 <sup>st</sup> May 2015) in those hospitals which submitted data to the case note review.	
<b>SECTION 4: Supportive information for relatives or friends or those important to patients</b>		
4e	<p>Does your Trust give the following written information to families and those people that are important to the patient while the patient is dying and when the patient has died?</p> <ul style="list-style-type: none"> <li>• A leaflet outlining the changes that may occur in patients in the hours before death (e.g. the 'Coping with Dying' or 'What to expect when someone important to you is dying' leaflet or equivalent) for families and those people that are important to them?</li> <li>• A leaflet explaining local procedures to be undertaken after the death of a patient (for relatives or friends)?</li> <li>• Department of Work and Pensions (DWP) leaflet 1027, 'What to Do After a Death in England and Wales' or equivalent?</li> </ul>	<p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>

**SECTION 5: Availability of Trust Wide Continuing Education and Training on End of Life Care.**

**Education and Training on Care of the Dying**

5a	Between 1 <sup>st</sup> April 2014 and 31 <sup>st</sup> March 2015 was there a formal in-house continuing education training programme within your Trust on the subject of End of Life Care?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
5b	<p>In the period between 1<sup>st</sup> April 2014 and 31 March 2015 what continuing education and training was available for the following staff groups:</p> <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing – registered</li> <li>• Nursing – non registered</li> <li>• Allied Health Professionals</li> <li>• Other</li> </ul>	<p><b>E-learning</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Update session (every 6-12 months)</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Session in Trust Mandatory Training</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Session in Trust Induction Programme</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5c	<p>Between 1<sup>st</sup> April 2014 and 31<sup>st</sup> March 2015 did this formal in-house training include/cover specifically communication skills training for care in the last hours or days of life for the following staff?</p> <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing – registered</li> <li>• Nursing – non registered</li> <li>• Allied Health Professionals</li> <li>• Other</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			

**SECTION 6: Please specify the Trust wide access to specialist palliative care to support care in the last hours or day of life**

No.	Question	Response Options
6ai	Is there a Specialist Palliative Care service provided by the Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6aii	Does your Trust have access to a Specialist Palliative Care service funded and based outside of the Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6b Please state the 'Number of filled posts' and 'Number of vacant posts' for each of the following categories within the Specialist Palliative Care Team

			Filled posts -WTEs		Vacant posts-WTEs	
			(1)	(2)	(1)	(2)
Please provide <b>(1)</b> the Number of Direct Clinical Care WTEs for assessment and treatment of Hospital Inpatients (excluding those in Specialist Palliative Care Beds)	<ul style="list-style-type: none"> <li>• Consultant</li> <li>• Non-consultant career grade doctor</li> <li>• Specialist Registrar</li> <li>• Nurse Consultant or Advanced Practitioner</li> <li>• Clinical Nurse Specialist in Palliative Care</li> <li>• Other Nurse</li> <li>• Occupational therapist</li> <li>• Physiotherapist</li> <li>• Social Worker</li> </ul>					
and  <b>(2)</b> Number of Direct Clinical Care WTEs for assessment and treatment of Hospital Inpatients for patients in Specialist Palliative Care Beds included within this audit data collection						

6c Please indicate the level of face to face AND out-of-hours specialist palliative care service in your Trust. Please indicate which of the following was applicable as at 1st May 2015:

6ci. **Face to face** (if tick yes to doctor and nurse 24 hours per day, 7 days per weeks, blanks other face to face options)

	Face to Face (9-5, Monday to Friday only)		Face to face (9-5, Monday to Saturday only)			Face to Face (9-5, 7 days a week)		Face to Face (24 hours per day, 7 days per week)	
	Yes	No	Yes	No	Exceptionally if required	Yes	No	Yes	No
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6cii. **Telephone out of hours**

	Out of Hours telephone service (Monday to Friday only)		Out of Hours telephone service (Saturday)			Out of Hours telephone service (Sunday)		
	Yes	No	Yes	No	Exceptionally if required	Yes	No	Exceptionally if required
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 7: Care of the Dying –Trust wide clinical provisions and protocols promoting patient comfort, dignity and privacy - up to and including after the death of the patient**

7a	Guidance for the prescription of medications for patients in the last hours or days of life: Agitation / delirium Yes <input type="checkbox"/> No <input type="checkbox"/> Dyspnoea / breathing difficulty Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea / Vomiting Yes <input type="checkbox"/> No <input type="checkbox"/> Pain Yes <input type="checkbox"/> No <input type="checkbox"/> Noisy breathing / death rattle Yes <input type="checkbox"/> No <input type="checkbox"/>		
7b	Guidelines for referral to 'Pastoral care/Chaplaincy Team'	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7c	Policy for promoting dignity	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7d	Documentation of a cardiopulmonary resuscitation decision	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7e	Policy for the deactivation of 'Implantable Cardioverter Defibrillators' (ICD's)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7f	Policy for carrying out Care of the body in the immediate time after the death of a patient	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7g	Policy for providing Relatives/Carers with verification and certification of the death	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7h	Policy for viewing the body in the immediate time after the death of a patient	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7i	Designated 'quiet spaces' available for relatives or carers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7j	Designated prayer room, chapel?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7k	Please state what support processes are available in the Trust for people important to the dying patient, and to staff and volunteers?		
		<b>People important to the dying patient</b>	<b>Staff and volunteers</b>
	Access to bereavement services/ bereavement team	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Access to counselling services	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Achieving Priorities of Care (APoC) document for last days & hours of life	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Bereavement cards/ leaflets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Clinical supervision / Peer support	Not applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Comfort packs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not applicable
	Complementary therapy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Debriefing sessions	Not applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Health and wellbeing team	Not applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hospital Chaplaincy team /support. Multi denomination spiritual/ religious support	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hospice services support	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Intranet advice	Not applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Macmillan/ Marie Curie Palliative Care Clinical Nurse Specialist or information	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Overnight stay facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not applicable
	Palliative Training Programme or end of life care training	Not applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>
	PALS Volunteers / Patient Support Services / Patient experience team	Not applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Psychologist adult and/ or child	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Use of 'Last Days of Life care plan'	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Specialist Palliative Care Team	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Specialist or lead nurses- EOL and other specialities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other (no need to specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	None of the above	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

No.	Question	Response Options
<b>Section 8: Bereaved Relatives or Friends Perspectives</b>		
8a	Did your Trust seek bereaved relatives' or friends' views during the last two financial years (i.e. from 1st April 2013 to 31st March 2015)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8ai	If yes, did you use a questionnaire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8aii	If yes, what is the name of the questionnaire you used? (tick one option only)	
	<ul style="list-style-type: none"> <li>• CODE questionnaire / modified CODE</li> <li>• FAMCARE</li> <li>• In-house or locally developed questionnaire/survey</li> <li>• Questionnaire within 'Guidance following Bereavement'</li> <li>• VOICES bereavement questionnaire/survey</li> <li>• Other</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
8b	<p>Were the results shared with:</p> <p>(a) the clinical teams (medical/ nursing)?</p> <p>(b) the Trust Board?</p> <p>(c) the public?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
8c	Have you implemented change to your service as a result of your most recent assessment of Bereaved Relatives or Friends perspectives?	Yes <input type="checkbox"/> No <input type="checkbox"/>