



End of Life Point Prevalence Survey

Panther

HRT 1509 End of Life Improvement Group

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Brisbane



Key Problem

- Recent studies show that 20-30% of adult hospital inpatients die within 12 months of admission^{1,2}
- Uptake of documents such as Advanced Health Directives (AHD) and Acute Resuscitation Plans (ARP) in patients at high risk of death has been reported to be as low as 1% and 15% respectively³⁻⁶
- Even with an AHD, the availability of the document at the time of critical decision making, or physician's understanding of a patient's wishes, are often not known.

1. O'Callaghan 2014
2. Clark et al 2014
3. Gott et al 2013
4. Richardson 2014
5. Kelly
6. Salottolo 2015

Aim of this innovation

1. To identify the proportion of inpatients at this hospital who are at high risk of death in the following 12 months, using validated tools.
2. Of these, to determine the proportion with documented care planning eg ARP, AHD, or discussions with treating team
3. To identify common characteristics of patients assessed as likely to die within the next 12 months
4. To monitor mortality over 12 months - to validate and compare predictive tools in the inpatient setting.

Baseline Data – Point Prevalence Survey

- 524 patients over 2 days – all medical charts reviewed
- Data collected: pt demographics; SPICT criteria; living situation; frailty score; functional status (AKPS)
- Nursing and medical staff asked 2 key questions each
- Patients deemed likely to be in final year of life if 2 SPICT criteria apply *plus* indicative response to 2 key questions
- Results to date show 37% of our hospital inpatients are deemed likely to be in their final year of life → ongoing monitoring
- Still collecting data re ARPs and AHDs

Key Changes

- None yet!
- Survey conducted 22 / 23 April
- We expect to identify and *profile* inpatients with < 12 month survival
- We hope to initiate discussion regarding *Goals of Care*, treatment futility and end-of-life planning for patients and family
- As expected, we have found under-use of ARPs, AHDs and End of Life (EoL) discussions

Key Changes anticipated -

1. Systematic earlier identification of a dying patient
2. Earlier discussions in disease trajectories
3. Clinical staff to trust what they already believe and allow patients and families to be involved in decision making around EoL
4. Embed the above into the culture and practice of the organisation

Outcomes so far

- 37% of inpatients deemed to be in their final year of life
- Characteristics exhibited so far:
 - Older
 - Longer LoS
 - Admitted by ambulance
 - Have persistent symptoms, multiple admissions, poor performance and dependant on others
 - More likely to come from residential aged care, or living alone
 - More likely to have domiciliary services
 - Have poorer function and increased frailty

There have been 18 deaths / 100 pts reviewed to date less than 1 month post PPS

Lessons Learnt

Emerging issues:

- Passion in many hospital staff about EoL issues, with awareness of “over treatment”
- Simple evaluation of clinical record and simple questions easily identify those in final year of life
- There are common trends / features in those likely to be in final year of life
- We await 12 month mortality data to determine accuracy of our predictions

