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Auditing

One urban hospital knew they wanted to improve end-of-life care within the service, but were not sure where to start…

Overview

This Case Study explores the learnings of the hospital, covering the following areas:

- Retrospective death audit

- Audits on Advance Care Planning and Goals of Patient Care

- Barriers to Audit Implementation

- Elements to a successful auditing process

- Key Learning and Outcomes

- Impact of auditing in meeting the National Safety and Quality Health Service Standards (2nd edition)

Advice for other Hospitals

1. **NSQHS Standards are a minimum standard of care that should be provided.** A hospital's quality improvement activities should not just aim to meet the minimum care level but strive to provide the best care possible. By doing this the hospital will meet accreditation requirements.

2. The best evidence for accreditation is the hospital being able to **establish a clear baseline and demonstrate the impact on quality improvement.**

3. Consider sending out an **Expression of Interest for staff to be part of an End-of-Life Care Working Group**. The health service found this approach attracted a large amount of interest amongst staff, across a range of departments and disciplines which supported the operations and activities of the Working Group.

Retrospective death audit

They began by conducting a search on available audit tools which identified the Australian Commission on Safety and Quality in Health Care (ACSQHC) End-of-Life Care Audit Toolkit. In addition, as part of the Health Roundtable the hospital learned about the trial of the Canterbury Quality of Death (CQD) file audit.

An End of Life Working Group was established. The Working Group decided to undertake both audits to best guide the hospital's future approach. An ethics application was submitted, and two post graduate students were engaged to undertake an audit of the files of 200 deaths retrospectively.

The data gathered via the End-of-Life Audit Toolkit provided a lot of valuable information and recommendations to inform the workplan for the End-of-Life Working Group for the next three years.

The CQD file audit was also very useful to the health service, particularly as it focused on quality of care and took less time to complete than the End-of-Life Audit Toolkit.

In determining the future use of the two audit tools, the Health service considered the following:

- the types of data/information derived from the two different tools.

- the resources required to undertake each of the tools; and

- the timing of when information was required by the hospital.

Based on these considerations, the health service decided to undertake the ACSQHC End-of-Life Care Audit once every 5 years and the CQD file audit annually.

> **Hospital Insight:** Audit results were fed back to the End-of-Life Working Group, then communicated through to the hospital wide Comprehensive Care Working Group. The results were categorised into areas/wards and made available to areas on request to support their own quality improvement activities.

Audits on Advance Care Planning and Goals of Patient Care

The Health Service also conducted monthly audits on the following:

- Presence of Advance Care Planning (ACP);

- Goals of Patient Care; and

- End- of-life care documentation.

The data from these audits were made available to staff via an online dashboard to allow staff and quality assurance managers to see how the health service was performing at having ACP documents on file.

(Action 5.17 – Health Service organisation has process to ensure that current ACP can be received from patients and are documented in the patient's health record)

Barriers to Audit Implementation

The Health Service identified the following barriers to implementing audits:

- Limited time and resources to train staff/students to undertake the audits.

- Ensuring consumer representation in the audit process for end-of-life care. The Health Service is working with their Consumer reference Group for End-of-Life Care to develop an appropriate tool to engage with consumers to provide feedback on quality improvement activities.

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Elements to a successful auditing process

The health service identified the following elements that aided in the implementation of the auditing process:

support and sponsorship from executive

The Executive Director was the executive sponsor for the project and supported the need to obtain baseline data to demonstrate impact on quality improvement activities.

dedicated resource

Staffing resource that can lead and implement audits and quality improvement activities across the hospital.

collaboration

Strong collaboration with a local university, providing access to students interested in working with real data, resulting in ongoing student involvement in a volunteering capacity (undertaken in line with required governance and ethics requirements).

establishment of working group

Working group consisting of passionate and knowledgeable members that are easily accessible.
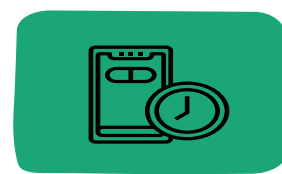
data

Data obtained is used to facilitate discussions with areas/units (e.g. demonstrate areas that could be improved).

sharing of results

Sharing of results supported further engagement with hospital staff and led to quality improvement activities being implemented.

ongoing monthly audits

Ongoing monthly audits available via the online dashboard, supports the ongoing monitoring and quality improvement practices of health services.

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Key Learnings and Outcomes

The audits helped to change the hospital culture around end-of-life care and led to implementation of the following quality improvement activities:

1. **Comfort Care Pathway:** providing guidance to staff for patient centred end-of life-care (including but not limited to care in the terminal phase). Implemented based on the data from the audits identifying that poor quality care occurred weeks leading up to patient's death. Checklist provided to prompt considerations around discontinuing unnecessary patient medications and interventions. Implemented as a result of the audits identifying guidance on interventions (both medical and non-medical), as well as accessing specialist palliative care being, areas requiring improvement (Actions 5.16, 5.20).

2. **New End of Life Goals of Patient Care Plan** incorporating shared decision making and a planning tool to assist medical officers to identify when a patient may be at end of life and what to do (i.e., refer for Advance Care Planning, complete End of Life Goals of Patient Care Plan) (Actions 5.15, 5.17, 5.20).

3. **Anticipatory medication guidelines for palliative care** (Action 5.20).

4. **End-of-life and palliative care information for staff** provided via the intranet (i.e., accessing specialist palliative care advice) (Actions 5.16, 5.20).

5. **Comfort Care Support at End of Life Program** based on creating an environment that is comforting and less 'hospital like' for patients. Provides practical ways that staff can support patients and their families. The Program provides information sheets on specific items (i.e., diffusers, weighted blankets, fans) and a consumer/carer brochure providing guidance on ways to help provide comfort (i.e., items to bring from home) and available services through the Program (Action 5.20).

6. To support quality of care, an **End of Life and Palliative Care Education Pathway** introduced with recommended education on end of life and palliative care, to ensure staff from each area are able to clearly identify the training recommended for their area and discipline. (Action 5.20).

Hospital Insight: As quality improvement activities were based on empirical data, the hospital experienced staff 'buy-in' and support to implement activities, overall assisting in the health service meeting the NSQHS Standards. Key area of focus was on communication around delivering high quality care, compared to undertaking an activity to meet accreditation standards.

Impact Auditing has had on meeting the National Safety and Quality Health Service Standards (2nd Edition)

- Audits identified gaps in service delivery at the patient, ward and health service level. The hospital's subsequent quality improvement activities were implemented as a result of audit recommendations, and developed to ensure they aligned with the National Standards (*Comprehensive Care Standard,* as well as other Standards -*Partnering with Consumers* and *Recognising Patients who are Deteriorating*).

- Staff survey identified that ¼ of staff felt they did not have access to supervision and support in their area. This resulted in a Staff Perception of End of Life Care tool being for staff to complete following the provision of end-of-life care. The Staff Perception of End of Life Care Tool obtained feedback from staff around their experience of how end of life care was delivered. It also incorporated a series of debriefing questions for staff to self debrief, and details on where to access further support (Action 5.18).

- A hospital working group was established to look at how better to support staff caring for patients at end of life. Hospital wide policies have been introduced around managing psychological distress which includes references and actions relating to caring for people at their end of life. Further work is also currently underway with trials of conducting staff memorials and team debrief sessions (Action 5.18).

- Annual audit revised to include a review of a selection of patient files to assess whether patient had advance care planning against the planned goals of care (Action 5.19).