

The [Comprehensive Care at the End of Life](#) actions form part of the National Safety and Quality Health Care Standards (2021).



## 5.15: The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care.



### Consider these questions:

- What policies and processes are enacted regarding identifying patients at the end of life in your organisation?
- What is your organisation trying to accomplish in terms of quality assurance in end-of-life care?
- How will you know whether certain changes lead to an improvement in end-of-life care?
- What changes will drive improvement?

Consider accessing the End-of -Life Essentials [Meeting the Standards Module](#) and [Toolkit](#) to learn more about what you can do to deliver high-quality end-of-life care and prepare the organisation for accreditation, including:

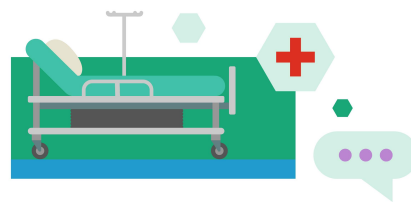


- **Leadership** - ensuring coordinated goals, priorities, and strategic directions drives quality.
- **Workforce capability** - ensuring staff have the knowledge, skill and competence to implement the use of triggers and tools that identify end of life.
- **Communication** - enable timely and appropriate communication within and beyond teams and care settings.
- **Evaluation and audit** - to monitor quality and safety and to identify areas of need within the organisation.



The [Recognising Dying Training Resources](#) are available to support the education of staff around factors that may influence when end of life begins for a patient. Consider the following seminar-type question: "What prevents you from having early conversations about patient goals and values?"

Consider accessing the End-of-Life Essentials [Recognising the End of Life Module](#) and [Toolkit](#) which highlights that “Many healthcare professionals are unaware of how to recognise end of life and this leads to missed opportunities”.



**Key Tools** to help clinicians step back from the acute situation and consider whether end-of-life care might be needed include:

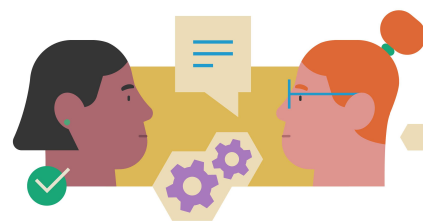
### 1. The SPICT<sup>1</sup>

The [Supportive and Palliative Care Indicators Tool \(SPICT\)](#) is one example of a trigger tool that can help health professionals to identify if patients have end-of-life care needs.

### 2. The Surprise Question<sup>2</sup>

‘Would you be surprised if this patient were to die in the next few months, weeks, days?’ [The Surprise Question as a prognostic tool.](#)

The End-of-Life Essentials [Clinical Change Management Module](#) and [Toolkit](#) aims to identify key points in your hospital where change can facilitate better end-of-life care and service. The process of clinical change involves:



- A comprehensive planning phase.
- Awareness of local barriers and facilitators to change.
- Use of evidence-based approaches including auditing and data aids.
- The consideration of different types of patient and carer engagement.

## EOLE insight

Prioritise. Consider areas where the numbers of patient deaths are high (e.g., medical units) and systematically auditing the identification of the end of life using recognised tools. Identification of end of life and dying is a foundational step in providing safe and quality care. Refer to the [Auditing Case Story](#), where one urban hospital knew they wanted to improve end-of-life care, but were not sure where to start.

1. Highet et al. Development and evaluation of the Supportive and Palliative Care Indicators Tool (SPICT): a mixed-methods study. *BMJ Support Palliat Care*. 2014;4(3):285-90. [doi:10.1136/bmjspcare-2013-000488](https://doi.org/10.1136/bmjspcare-2013-000488)
2. Downar et al. The “surprise question” for predicting death in seriously ill patients: a systematic review and meta-analysis *CMAJ*. 2017;189(13):E484-493. [doi:10.1503/cmaj.160775](https://doi.org/10.1503/cmaj.160775)
3. Abernathy et al. The Australia-modified Karnofsky Performance Status (AKPS) scale: a revised scale for contemporary palliative care clinical practice. *BMC Palliat Care*. 2005;4(7). <https://doi.org/10.1186/1472-684X-4-7>
4. Oken et al. [Toxicity and response criteria of the Eastern Cooperative Oncology Group](#). *Am J Clin Oncol*. 1982;5(6):649-55.