

Meeting Comprehensive Care Standard Action 5.15

The **Comprehensive Care at the End of Life** actions are new to the National Safety and Quality Health Care Standards and include these actions:



5.15: The health service organisation has processes to identify patients who are at the end of life.

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** module: *Recognising the End of Life* which highlights that “Many health care professionals are unaware of how to recognise end of life and this leads to missed opportunities”. Tools and triggers can help clinicians step back from the acute situation and consider whether end-of-life care might be needed. Some tools are identified here:

1. SPICT¹

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 Question²

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

3. AKPS³

Australian Modified Karnofsky Performance Score is a measure of the patient’s overall performance status or ability to perform their activities of daily living. [View AKPS Scale.](#)

4. ECOG⁴

The ECOG Scale of Performance Status describes a patient’s level of functioning in terms of their ability to care for themselves, daily activity, and physical ability (walking, working, etc). [View ECOG Performance Status.](#)



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.

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 Sep;4(3):285-90. Epub 2013 Jul 25.
2 Downar et al. *The “surprise question” for predicting death in seriously ill patients: a systematic review and meta-analysis* CMAJ, 2017, Apr 3; 189(13):E484-493
3 Abernathy et al. *The Australia-modified Karnofsky Performance Status (AKPS) scale: a revised scale for contemporary palliative care clinical practice.* [ISRCTN81117481]. BMC Palliat Care 4, 7 (2005). <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 Dec;5(6):649-55