

## Meeting Comprehensive Care Standard Action 5.19

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



### 5.19: The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care.

*Goals of care refer to what matters to the patient; they are agreed between the patient, family, carers, and health care team. Goals of care will change over time and should be reassessed as necessary. They may include all types of care or considerations ranging from medical interventions, place of care, types of nutrition or hydration, and patient values.*

Consider accessing the **End-of-Life Essentials** module: *Planning end-of-life care - Goals of Care* as evidence of training across your organisation. In addition, access the new *Meeting the Standards module* and *Toolkit* to learn more about how your organisation could demonstrate that care provided aligns with an individual patient's wishes.

Make yourself aware of the *ACSQHC End-of-Life Care Audit Toolkit* that contains 28 core questions which will provide a basic overview of the end-of-life care provided by an organisation.

Find the person in your organisation responsible for reporting end-of-life data/outcomes and bring it to their attention. This includes information on how to run an audit, as well as how to analyse and use the data. Other things to consider could be:

- a **Death Review or a Mortality Review Committee**<sup>1,2</sup> which could see the establishment of formal procedures to consider deaths in hospital and consider opportunities to improve EOL care.
- an **audit**<sup>3,4,5</sup> which can be addressed in many ways. Consider how your organisation assesses end-of-life care as audited against each patient's goals of care.

Types of actions may include:

- Asking what matters to the patient<sup>6</sup>.
  - regular review of the patient and their plan of care
  - documented evidence of the preferred place of health as indicated by the patient
- Providing evidence of shared decision-making.
- Clearly documenting and communicating goals.
  - documented evidence the patient had an individual goals of care plan



### EOLE insight:

Asking what matters to a patient is critical, as their preferences may change, and these could be very different to clinical concerns. Consider what processes are in place within the organisation to support ongoing review of end-of-life care. Whose responsibility is it? How can they be supported?

1 Kobewka et al. Quality gaps identified through mortality review. *BMJ Quality & Safety*, 2017;26:141-149.

2 Audigé et al. Treatment limitation and advance planning: Hospital-wide audit of paediatric death. *Journal of paediatrics and child health*, 2020-06, Vol.56 (6), p.893-899 3 Thomas et al. Stroke mortality audit using the Structured Judgement Review method. *Clinical Medicine*; London Vol. 19, Iss. 2, (Mar 2019): 185-187.

4 Woodham et al. Audit of parenteral nutrition use in palliative care patients *Clinical nutrition ESPEN*, 2018, Vol.28, p.263-263

5 Bloomer et al. End-of-life care in hospital: an audit of care against Australian national guidelines. *Australian Health Review* 43, 578-584.

6 Heckel et al. The quality of care of the dying in hospital - next-of-kin perspectives. *Support Care Cancer* 28, 4527-4537.