

# **National Audit of End-of-Life Care in Hospitals in Ireland, 2008/9**

**Dying in Hospital in Ireland:  
An Assessment of the Quality of Care in the Last Week of Life**

**National Audit Report 5  
Final Synthesis Report**

# Hospitals and the cycle of life

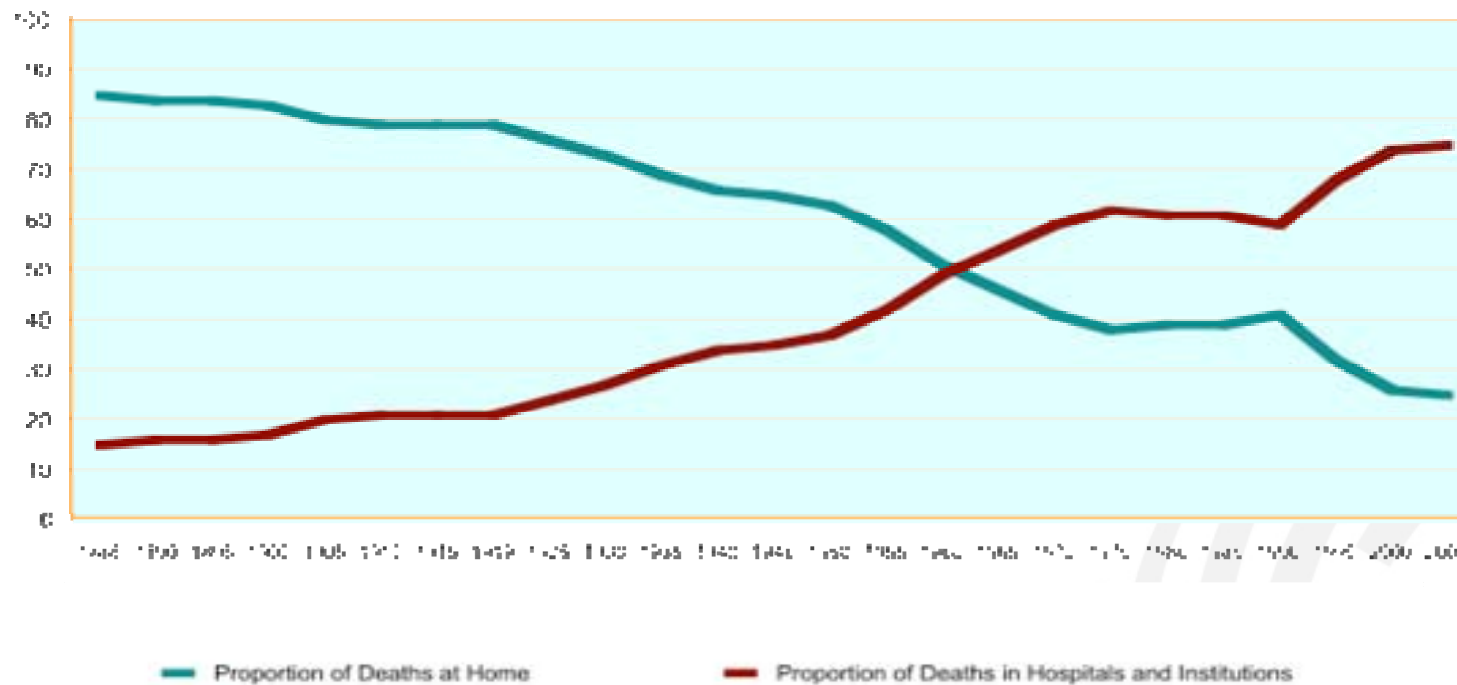


**Hospitals are now  
central to the cycle of life  
... but it was not always  
so ...**

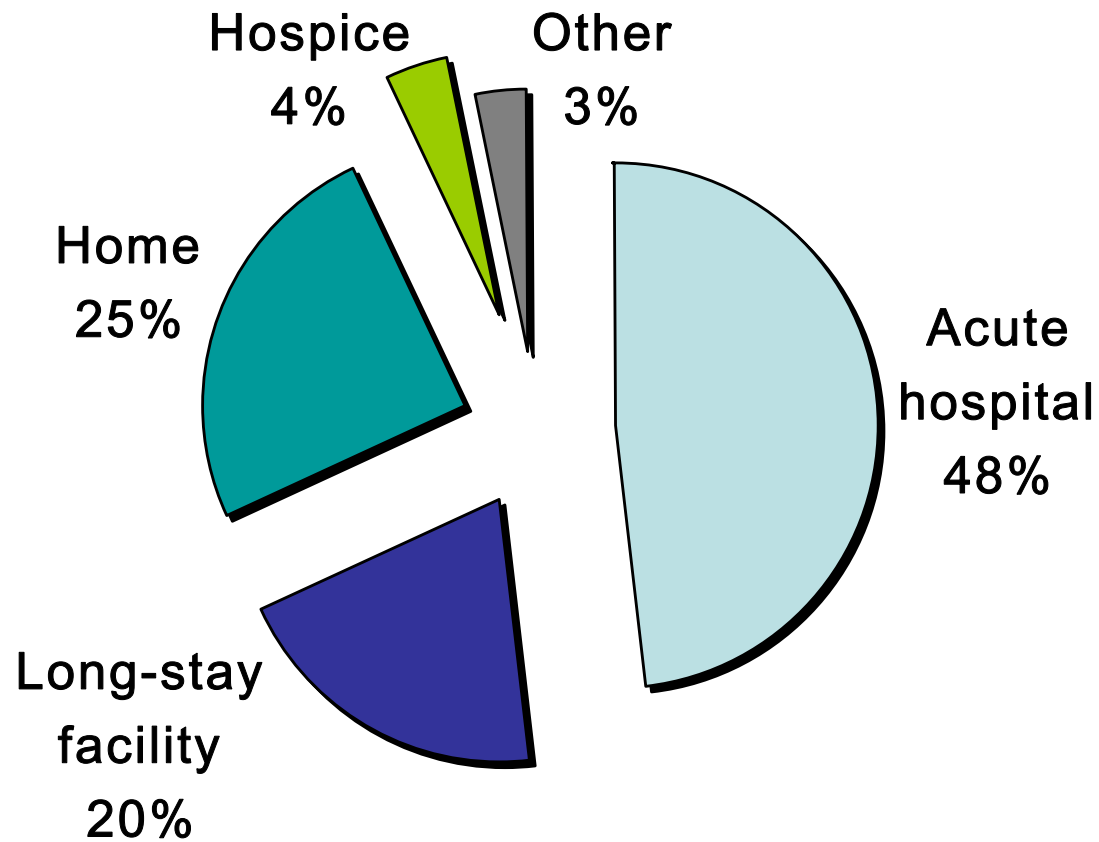


# The hospitalisation of dying

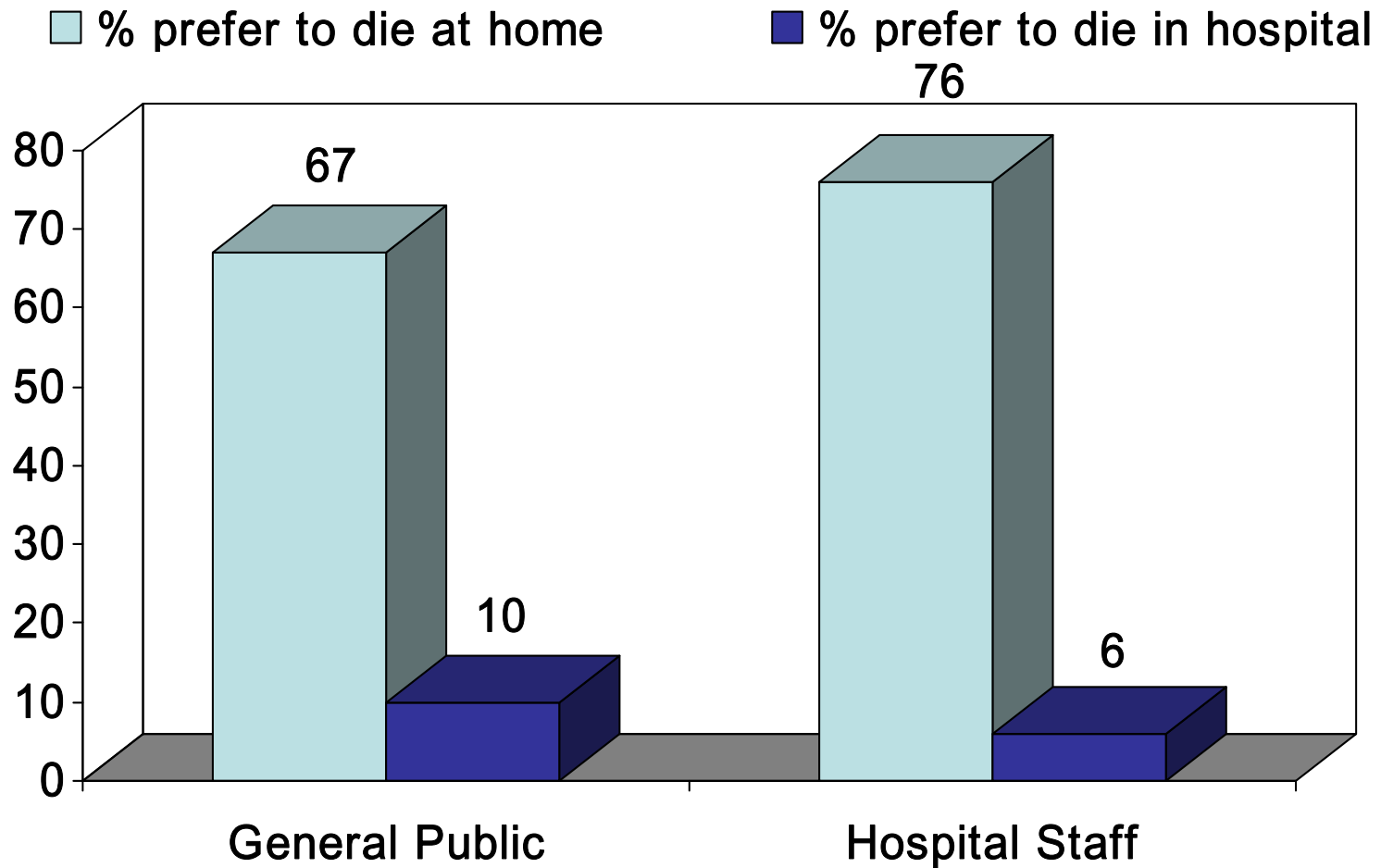
## Place of Death in Ireland, 1885-2005



# Place of Death in Ireland, 2006 (28,488 Deaths)

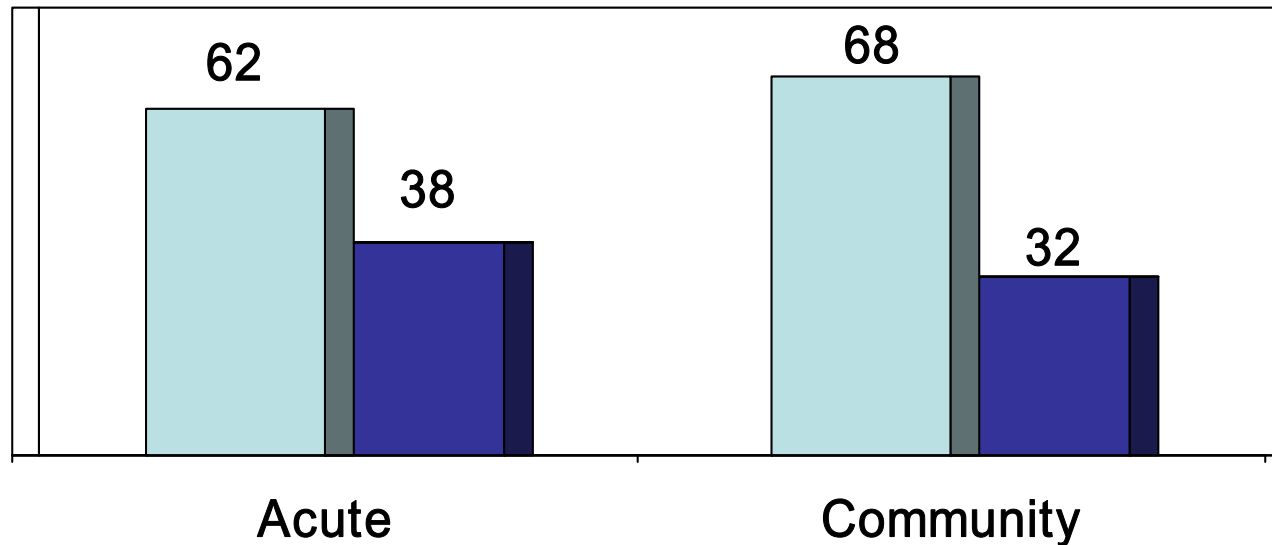


# So, why are attitudes to dying in hospital so ambivalent?



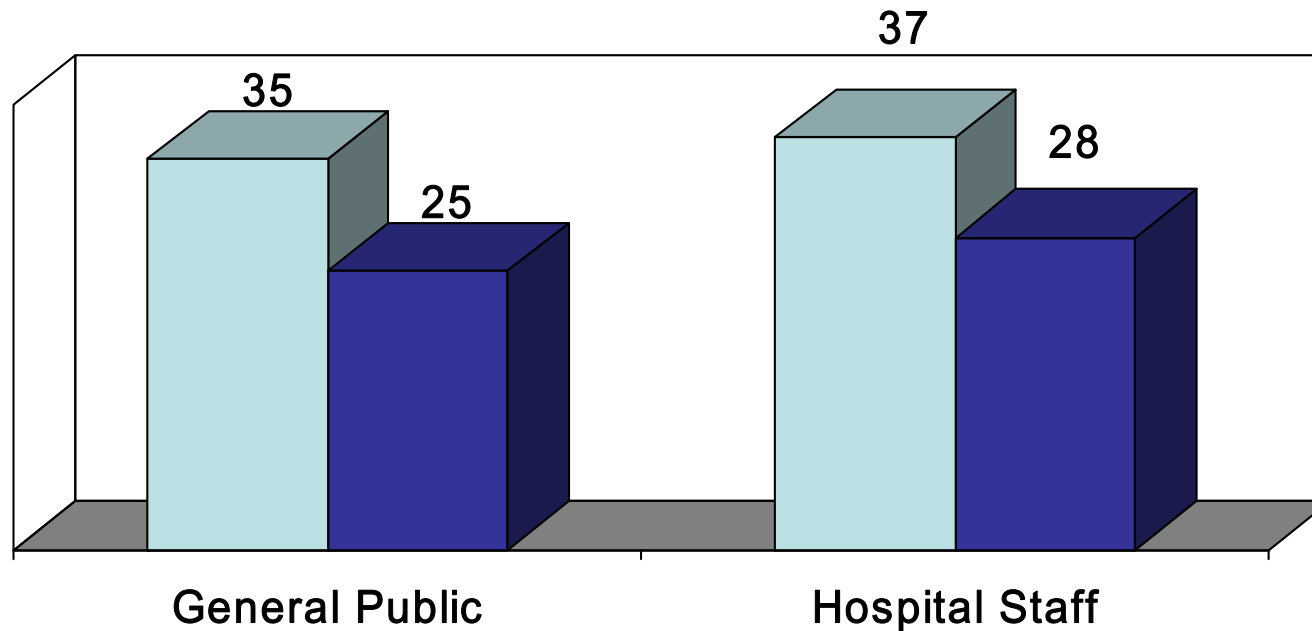
# Are hospitals also ambivalent about their role in dying?

- % Hospitals with no end-of-life objectives in service plan
- % hospitals with end-of-life objectives in service plan



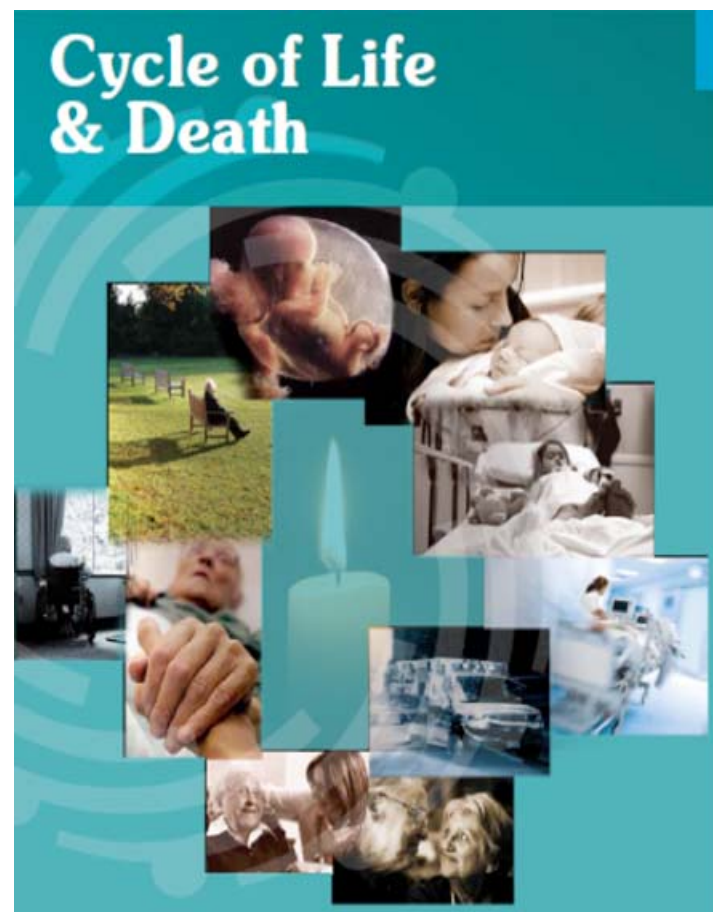
# Is this related to attitudes to dying, death, and bereavement?

- % very comfortable talking about dying and death
- % very comfortable talking to bereaved person



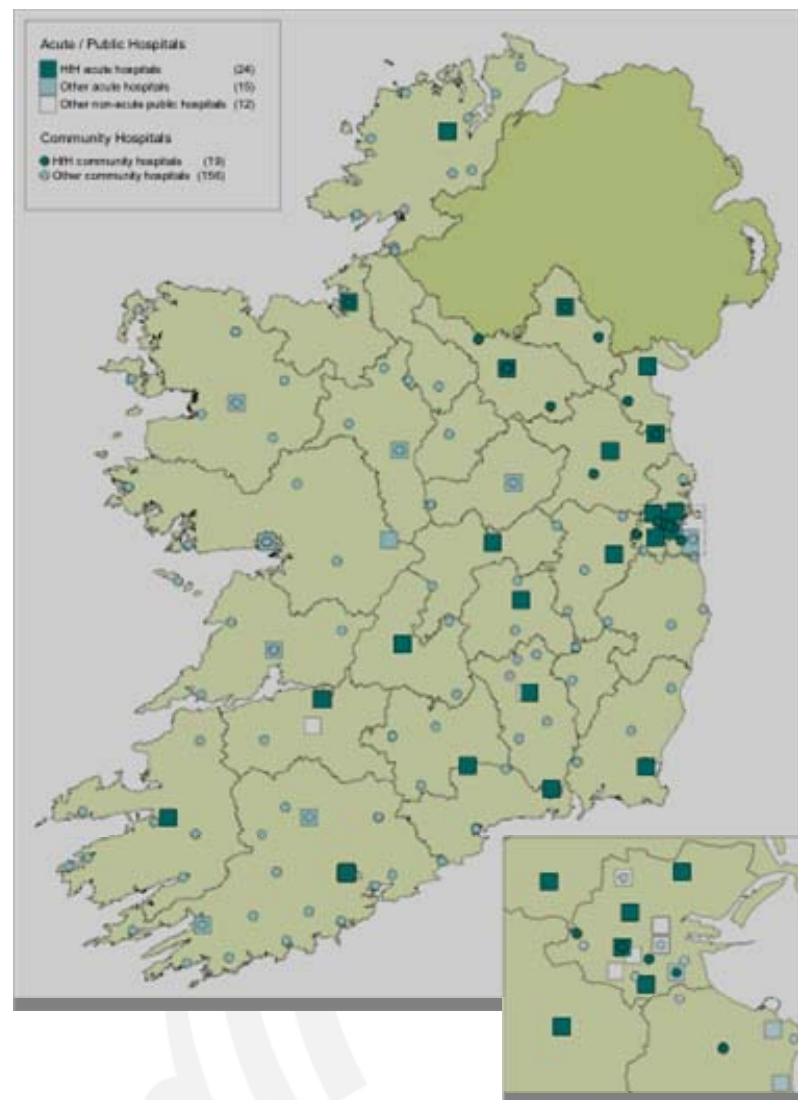
# Hospitals and the cycle of life

- The participation of hospitals in the audit, and in the preparation of standards, reflects a more explicit and radical engagement with their role in end-of-life care.
- It is also part of a more general quality improvement process.



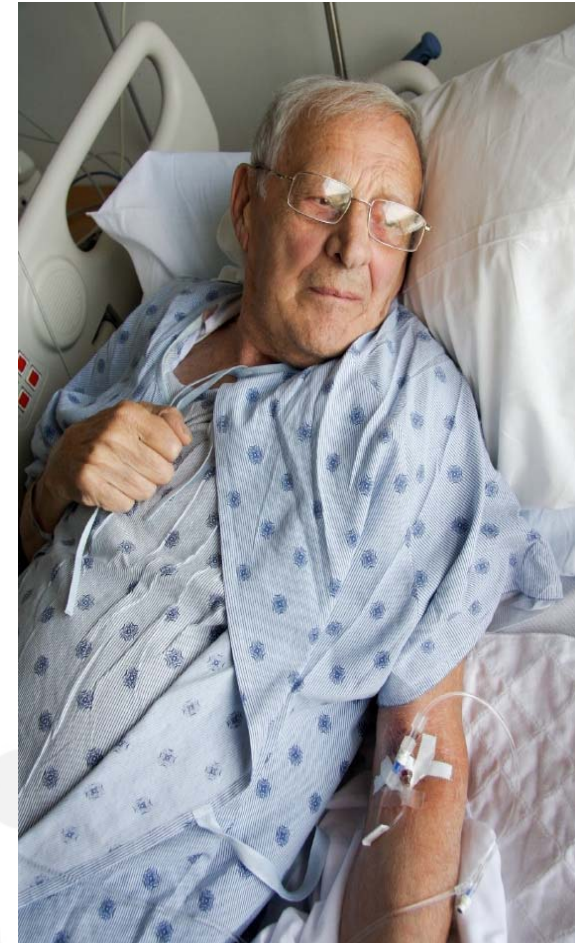
# Scope and Scale of Audit

- A representative sample of 1,000 deaths.
- Participation by 75% of acute sector and 20% of community sector.
- Data comprises:
  - Assessment of each death by a nurse, doctor and relative
  - Survey of ward and hospital staff (4,000+)
  - Resources and facilities in each hospital (43 hospitals).
- All data is linked by a common-ID.
- An external reviewer of the audit, Dr. Joanne Lynn, described the audit as: *'a remarkable undertaking, unequalled anywhere else'*.

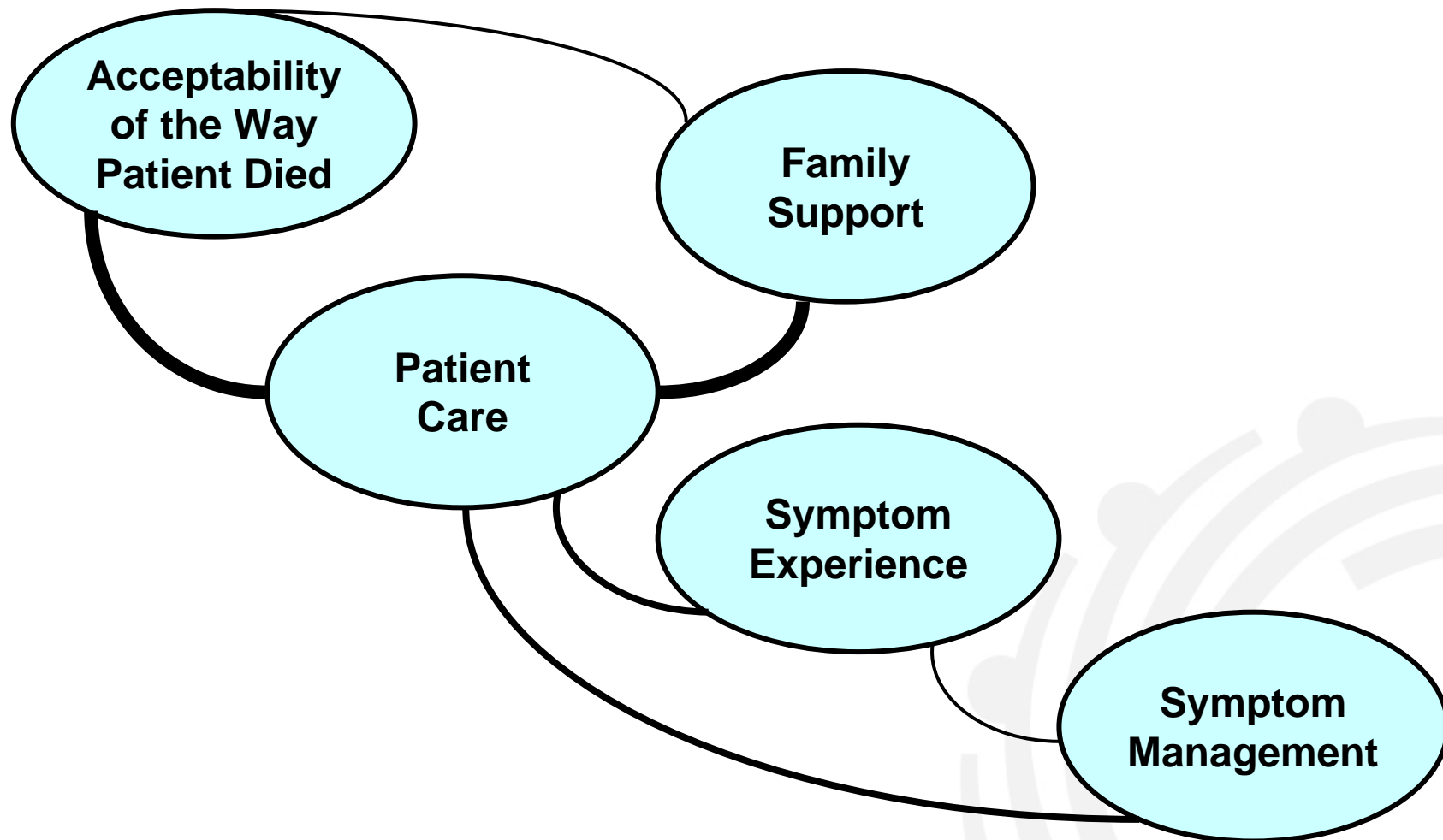


# Profile of Patients in Audit

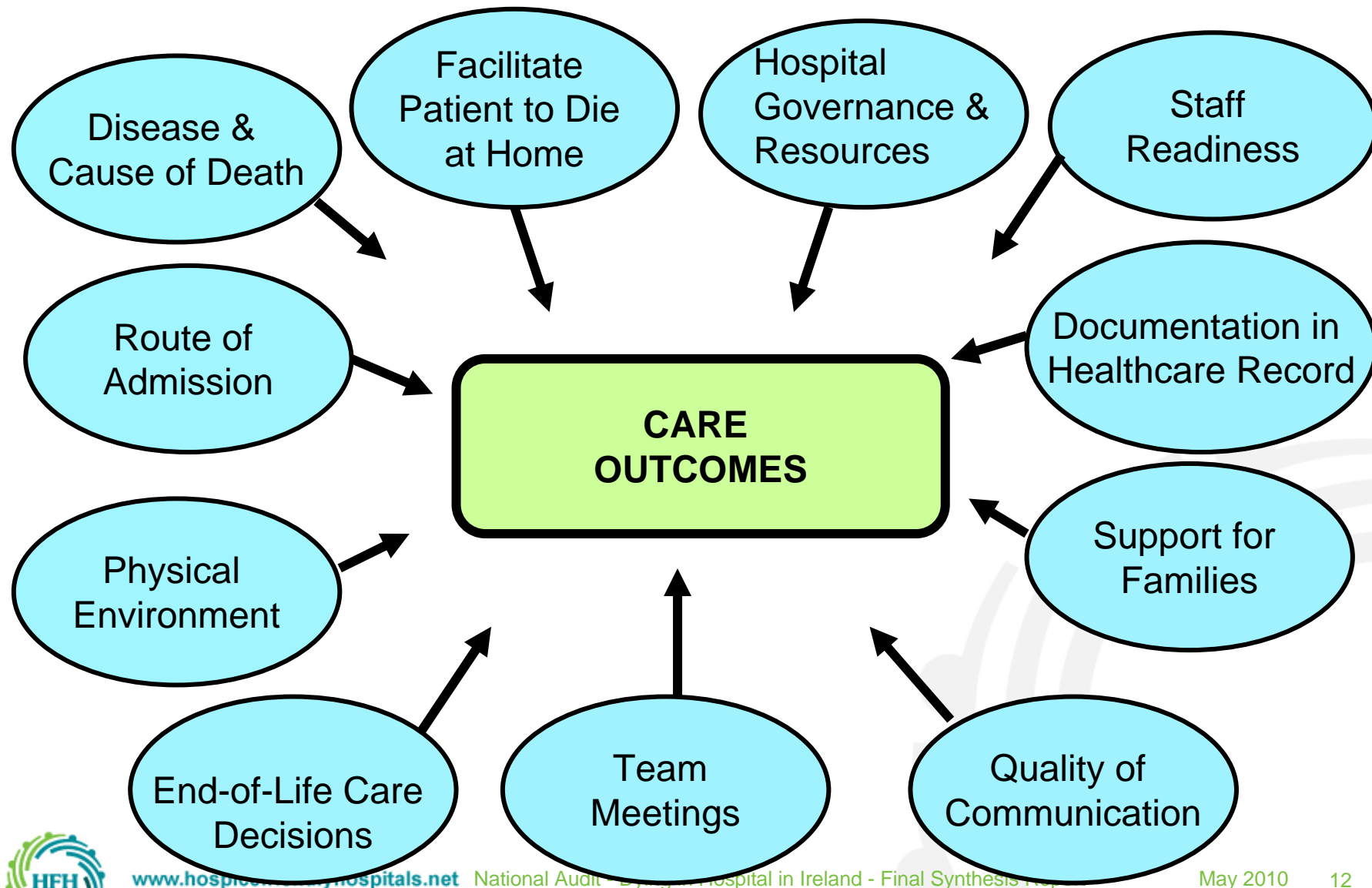
- Average age is 76
- Average stay in acute is 24 days
- Deaths are in A&E (68%), ICU (20%), A&E (12%)
- Admission mainly through A&E - 84%
- Most deaths are expected – 75%
- Majority die in a multi-bedded room - 56%
- 20-30% received specialist palliative care
- At least one person was present at 75% of deaths
- Not known exactly how many may have died alone



# What are the Outcomes of End-of-Life Care?

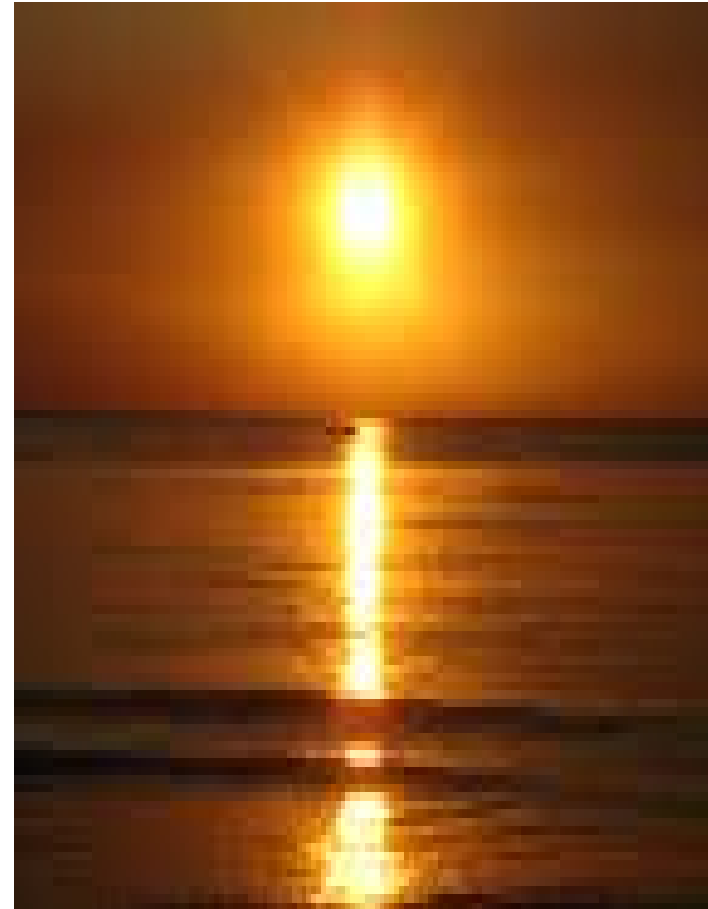


## What are the Inputs to End-of-Life Care?



# Two Key Findings of the Audit

- 1. The quality of end-of-life care in Irish hospitals is high by international standards.**
- 2. There are significant and substantial opportunities to improve end-of-life care in Irish hospitals.**



# Detailed Results and Implications

➤ In order to reinforce the link between audit and standards, we present the key findings and their implications under each standard.

➤ Note that the numbers in the audit do not correspond exactly with the numbers in standards



# 1 The Hospital

The hospital has systems in place to ensure that end-of-life care is central to the mission of the hospital and is organised around the needs of patients

## 1.1 Put End-of-Life Objectives in the Hospital's Service Plan



# 1 The Hospital

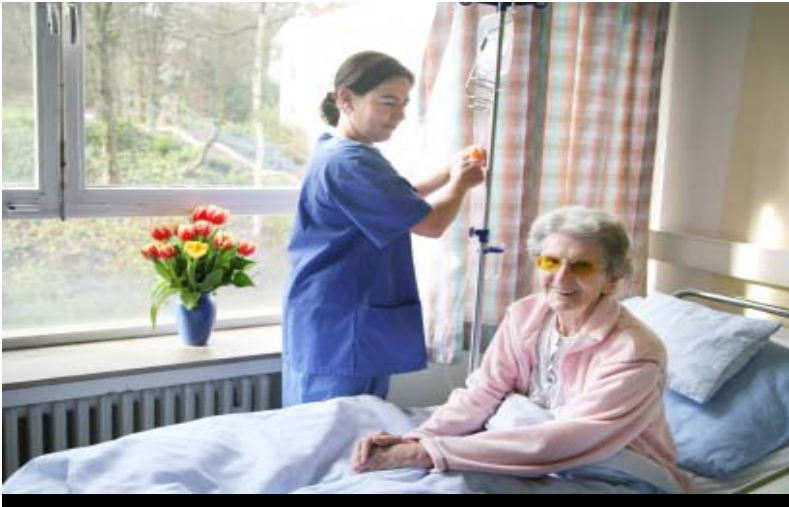
The hospital has systems in place to ensure that end-of-life care is central to the mission of the hospital and is organised around the needs of patients

## 1.2 Move from Emergency to Planned Admissions



# 1 The Hospital

The hospital has systems in place to ensure that end-of-life care is central to the mission of the hospital and is organised around the needs of patients



## 1.3 Improve the Hospital's Physical Environment and Usage of Single Rooms



# 1 The Hospital

The hospital has systems in place to ensure that end-of-life care is central to the mission of the hospital and is organised around the needs of patients



## 1.4 Improve Documentation in the Healthcare Record



# 1 The Hospital

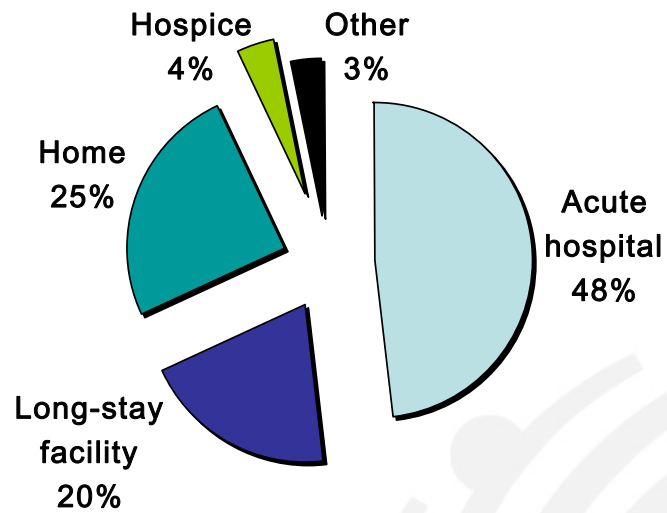
The hospital has systems in place to ensure that end-of-life care is central to the mission of the hospital and is organised around the needs of patients

## 1.5 Ensure Sufficient Ward Staff



# 1 The Hospital

The hospital has systems in place to ensure that end-of-life care is central to the mission of the hospital and is organised around the needs of patients



## 1.6 Improve Hospital Information Systems



# 1 The Hospital

The hospital has systems in place to ensure that end-of-life care is central to the mission of the hospital and is organised around the needs of patients



## 1.7 Facilitate Patients to Die at Home



## 2 The Staff

Staff are supported through training and development to ensure they are competent and compassionate in carrying out their roles in end-of-life care.

### 2.1 Develop Skills to Diagnose End-of-Life and Dying



# 2 The Staff

Staff are supported through training and development to ensure they are competent and compassionate in carrying out their roles in end-of-life care.

## 2.2 Improve End-of-Life Care Decision-Making



## 2 The Staff

Staff are supported through training and development to ensure they are competent and compassionate in carrying out their roles in end-of-life care.

### 2.3 Hold Team Meetings



## 2 The Staff

Staff are supported through training and development to ensure they are competent and compassionate in carrying out their roles in end-of-life care.

### 2.4 Provide Training in End-of-Life Care



# 2 The Staff

Staff are supported through training and development to ensure they are competent and compassionate in carrying out their roles in end-of-life care.

## 2.5 Prepare Staff for the Death of Patients



## 2 The Staff

Staff are supported through training and development to ensure they are competent and compassionate in carrying out their roles in end-of-life care.



### 2.6 Build on the Experience of Staff



# 3 The Patient

Each patient receives high quality end-of-life care that is appropriate to his/her needs and wishes.



## 3.1 Extend to All Patients the Quality of Care for Cancer Patients



# 3 The Patient

Each patient receives high quality end-of-life care that is appropriate to his/her needs and wishes.



## 3.2 Improve the Quality of Communication with Patients



# 3 The Patient

Each patient receives high quality end-of-life care that is appropriate to his/her needs and wishes.

## 3.3 Strengthen the Role of Specialist Palliative Care



# 4 The Family

Family members are provided with compassionate support and, subject to the patient's consent, given information before, during, and after the patient's death.

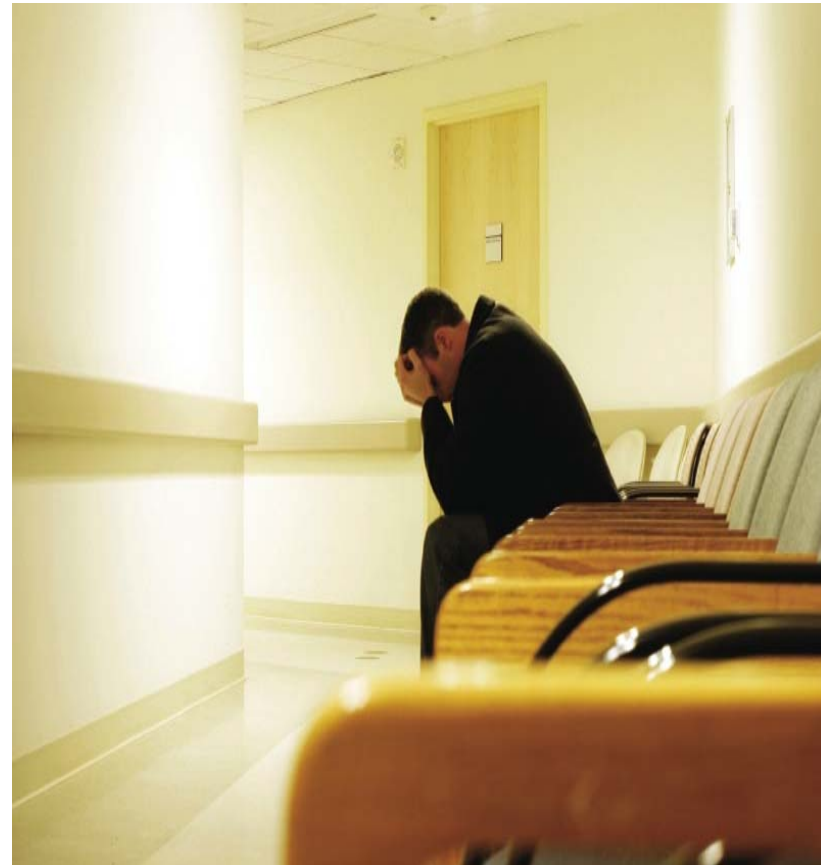
## 4.1 General Support for Families



# 4 The Family

Family members are provided with compassionate support and, subject to the patient's consent, given information before, during, and after the patient's death.

## 4.2 Support for Families Following Sudden Deaths



# Interpreting the Results for Individual Hospitals

- The purpose of the audit is to assist hospitals to meet and, if possible, exceed the Quality Standards for End-of-Life Care in Hospitals.
- As an aide to this, individual hospital results are overlaid with a colour code of green, amber, red.
- The invitation to each hospital is to consider their results in the context of the Quality Standards, and reflect on the areas of improvement.



# Concluding Messages from Audit

1. End-of-life care in Irish hospitals is generally good by international standards.
2. By our own standards - now published - there is substantial scope for improvement.
3. The key to quality improvement is for each person in the hospital to assume leadership and responsibility for making the changes that are needed.



