An opportunity to press the pause button: Piloting an audit and review system for end-of-life care

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Background
The Hospice Friendly Hospitals (HFH) Programme in collaboration with the HSE Palliative Care Clinical Programme, has developed a pilot end-of-life care audit and review system, a concept supported by HIQA. The system builds on the first National Audit of End-of-Life Care in Hospital Ireland (2008/9), combining elements of audit, research and reflective practice, to support a process of continuous improvement (Figure 1). Eight key domains of care for persons at the end of life (Figure 2) have been identified mainly based on national standards 2,3. The audit is applicable to all adult deaths regardless of diagnosis or whether the death was expected or sudden. The system is currently being piloted in sites across the five settings where people die: acute hospitals, hospices, community units/hospitals, nursing homes and residential care services.

Aim and Objectives of the System
The overall aim of the audit is to support a process of continuous improvement in the care of persons at the end of life, including their families. This will be achieved through the following objectives:

- To facilitate staff to review and reflect on the structures, processes and outcomes of end of life care provided.
- To carry out an independent assessment of the audit tool for staff with a view to establishing its validity and reliability.
- To survey bereaved relatives to determine their perspective on the experience of the patient’s care in the last week of life.
- To observe how audit meetings are held and facilitated to assess support that facilitators may require to ensure that these meetings are inclusive, constructive, and capable of bringing about improvements in care as required.
- To document the quality improvements that have taken place at each site as a result of the audit.
- To build a national database on end of life care which (1) assists each site and setting to review its care; (2) gives a national overview of the quality of care provided to persons during the last week of life; (3) facilitates further research and development on the audit system.
- To prepare regular reports on the quality of end of life care with a view to promoting continuous improvement.

Method
Sites were invited to participate in the pilot and briefing sessions were held by HFH to further inform interested sites. Ethical approval was granted in sites where it was required. Recruitment of hospices and primary care sites is on-going. Sites appoint an audit manager and facilitator to facilitate review meetings on randomly selected adult deaths; with both clinical and non-clinical staff. Three months after the death, a bereaved relative is asked to complete a questionnaire. Independent assessments of care are completed on a subsample of cases. All data is coded and entered online. A site report is prepared upon completion of all staff reviews with suggested areas for action. Audit facilitators and managers complete a qualitative feedback questionnaire to outline their experiences and thoughts on the process. A workshop will be held in March 2013 to explore their feedback. Cognitive testing is on-going as a measure of validity of the tool. Inter-rater reliability will be assessed through comparison of healthcare staff and independent assessors reviews using Kappa statistics on each pair of items of the questionnaires. An initial report will be available in April 2013 outlining the reliability and validity testing and key findings of the pilot in acute hospitals, private and community nursing homes.

“Not doing the audit would be just another day without stopping to press the pause button…”
(Community Nursing Unit Director of Nursing)

A Flavour of Progress and Feedback to Date...
- Between April 2012 and January 2013 107 deaths had been reviewed by staff in a total of 24 sites (Figure 4). 52 bereaved relatives surveys have been returned (with more pending) and 22 independent assessments completed. 11 other sites (including hospices and GP/primary care teams) are ready to commence. The bereaved relative response rate (49%) is good in comparison to other studies but is not yet complete and feedback is rich from a qualitative perspective.
- Staff review meetings last between 30 minutes and 60 minutes. Organising the meetings in large acute hospitals and in primary care can be a logistical challenge - but is not impossible.
- The majority of staff and services find the staff reviews useful. In some acute hospitals staff have requested that the process continues after the pilot phase as they found it useful. In acute hospitals staff report that the tool is less helpful when the death is sudden or occurs in the Emergency Department.
- Staff have welcomed the system as an opportunity to review care and debrief following difficult cases. In some areas it is the first time that non-clinical staff have been involved in care meetings presenting opportunities for enhanced team-working.
- Some care domains appear to be more relevant to the acute hospital sector than other areas e.g. single rooms.

Conclusion
Preliminary findings from the pilot to date suggest that there is a desire to engage in audit and review of end-of-life care. Subject to completion of the pilot, validity and reliability testing and further analysis of data, it is anticipated that an adapted version of the pilot system may be feasible for further development.

References:
2. 2. Hospice Friendly Hospitals Programme (2012). ‘Quality Standards’ Section of End-of-Life Care in Hospital. Dublin: The Irish Hospice Foundation
3. 3. Health Information and Quality Authority (2006). ‘Continuing Care’ National Quality Standards for Residential Care Settings for Older People in Ireland. Dublin: HIQA

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Figure 1: Components of the audit and review system

Figure 2: Eight domains of care reviewed

Figure 3: Map highlighting location of sites participating

Figure 4: Number of completed tool per site entered online (Jan 2013)