Audit of Care Checklist for the Imminently Dying Patient in the Palliative Care Unit

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Introduction
A Care Checklist for the Imminently Dying Patient has been implemented as a supplementary tool in the palliative care unit since 2009 with the first audit completed in 2011. The staff is encouraged to use this tool to facilitate the provision of comprehensive care and facilitate the team to work together effectively to provide care to dying patient and their relative. In 2014, a series of talks and workshops with emphasis on communication and care process was organized for staffs working in palliative care unit.

Objectives
To review the usage and completion of the checklist in the palliative care ward

Methodology
All patients who died in the palliative care ward during the period from 13th October 2014 to 6th December 2014 were investigated. Each of their case records and checklists were also reviewed. Descriptive statistics were applied for data analysis.

Result
Result: A total of 41 deaths occurred during the period. Fifty-five percent (n=24) were male. Mean age was 73±(SD 12.8). Ninety-three percent (n=38) were cancer deaths. All deaths were preceded with a DNACPR order. The mean length of stay for the death episode was 13 days (SD 9.2). Among 41 deaths, forty-four percent (n=18) had the Care Checklist started during the last days of life. More than 94% of the checklist was completed by both doctor and nurse, including pre-bereavement and aftercare management. Allied health (MSW, chaplaincy, CP) was consulted in 89% in the death episode. The mean days of using checklist was 3.2 (SD = 2.86) with a range from 1 to 11 days. Discussion: When comparing with the previous audit in 2011, for those using
the checklist, the overall compliance rate of both doctor and nurse was increased from 90% to 94% and the allied health referrals were increased from 65% to 89%. All these represent the heightened awareness of symptom control, pre-bereavement care and psycho-spiritual needs of the patient and family. On the other hand, the percentage of using the checklist dropped from 64% in 2011 to 44% in 2014. This was because after years of implementation, most of the staff might become experienced and competent enough to provide adequate care even without its supplementary use. Conclusion: The checklist was widely adopted in the palliative care unit. It may supplement care, especially for the junior staffs to improve documentation and comprehensive care for the imminently dying and their relatives.