

End of life care

planning: a retrospective health record review

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Donna Goodridge, RN, Ph.D.

College of Nursing, University of Saskatchewan

Objectives

- To describe the frequency and nature of documented end of life care
- To assess adherence to clinical end of life care policies
- To examine associations between end of life care planning and patient characteristics

Procedure

- Health records of all adults who died in SHR between 01/01/08 and 03/31/08 audited using a standardized instrument
- *Saskatchewan Health Information Privacy Act* allows disclosure of health information for deceased individuals without consent to allow for study of health services practice; REB approval obtained

Sample Characteristics

(N=310)

- 49% male
- Mean age 72.0 (SD=16, R=18-102 years)
- Main causes of death:
 - Cancer 27.7%
 - Sepsis 9.7%
 - MI or other acute cardiac event 9.7%
 - Pneumonia 8.7%
 - Multisystem organ failure 8.1%

Sample Characteristics

- Location of death:
 - Medical units 48.7%
 - ICU 20.3%
 - Palliative care 16.1%
- In last week of life:
 - 11.9% had CPR
 - 26.2% were admitted to ICU
- Mean comorbidities: 4.7 (SD=2.7, R=1.17)

Health Region Resuscitation Care Plan Policy (2005)

- Resuscitation care plans to be completed for all patients for whom resuscitative interventions may be required
- Do Not Resuscitate orders no longer to be used
- Use concept of Allow Supported Natural Death (ASND) for orders instead
- Serious Illness/Sudden Collapse Policy (LTC only)

End of Life Orders

- Resuscitation care plans completed for 19.5% of decedents
- 66.5% of EOL orders had associated narrative entries describing discussions with patients/families
- Multiple EOL orders for 13.1% (12.5% had 2 orders; 0.6% had 3 orders)

EOL Order Nomenclature

- 238 (76.8%) had some type of end of life medical order
 - ASND 0
 - DNR 85.3%
 - CTC (Compassionate Terminal Care) 23.1%
 - End of life care order 3.4%
 - No CPR 3.4%
 - Comfort measures 0.8%
 - No code 0.4%

Crude Associations with Presence of EOL Orders

- Presence of cognitive impairment
- Diagnosis of dementia
- Diagnosis of cancer
- Admission from long-term care
- Palliative care consult
- LOS
- Type of unit
- Age, sex, next of kin not significant

Advance Care Plans

- 9.4% completed ACP prior to admission
- 2.8% completed after admission
- Distribution by age:

■ <54 years	6.9%
■ 55-69 years	17.2%
■ 70-84 years	44.8%
■ 85 or more	31.0%