# End-of-life care audit questions

The audit tool contains 28 core questions which will provide a basic overview of the end-of-life care provided by the organisation. There are also a further 36 optional questions which explore resuscitation plans, advance care plans and medical emergency team calls in more detail. Organisations are able to tailor their audit to their individual needs.

It is recommended that sites undertake their audits using an online survey tool such as Survey Monkey. The audit tool questions and guidance on how to structure your audits can be found below.

Alternatively, the Commission has reproduced the core questions in Survey Monkey, and is able to send this version to any holder of a Survey Monkey Pro account. Users can then adapt the audit tool and add additional questions if they wish to do so. To request a copy please email mail@safetyandquality.gov.au

The audit tool should be used in conjunction with the data dictionary and patient identifier table to ensure that data collected is uniform and anonymous. The Commission has also prepared an analysis plan as part of the audit toolkit; this includes information on eligibility and recruitment criteria and sample sizes.

**Set up key for use with online survey provider:**

- Free text box
- Multiple choice
- Time/ Date
- Matrix drop down menu

## Core Questions

1. **Audit Identifier Number**

   Free text box

2. **Audit category for patient**
   - Patient died on an in-patient ward, admission 4 to 48 hours
   - Patient died on an in-patient ward, admission more than 48 hours
   - Patient died in ICU, admission 4 to 48 hours
   - Patient died in ICU, admission more than 48 hours

3. **Sex**
   - Male
   - Female
   - Other

4. **Date of birth**
   - DD/MM/YYYY

5. **Admission type**
   - Medical- Elective
   - Medical- Emergency
   - Surgical- Elective
   - Surgical- Emergency
   - Other (please specify)

6. **Date and time of hospital admission**
   - DD/MM/YYYY
   - 0:00:00
   - Text box

7. **Date and time of death**
   - DD/MM/YYYY
   - 0:00:00
   - Text box

8. **Specialty with overall responsibility for the patient's care at the time of death**
   **Sites to modify in line with hospital demographics**

9. **Where was the patient prior to hospital admission?**
   - Home
   - Supported living
   - Residential care facility
   - Other (please specify)

10. **How many times was the patient admitted to an acute hospital in the 12 months prior to this hospital admission?**
    - None
    - 1-2 times
    - 3-5 times
    - More than 5 times
    - Not known

11. **Prior to admission was there any evidence of a written advance care plan or advance health directive?**
    - Yes
    - No
    - Free text

12. **Did the patient have a legally appointed decision- maker documented?**
    - Yes
    - No
    - Free text

13. **Is there any documentation indicating that the patient's preferences for care were discussed during this admission?**
    - Yes
    - No
    - Free text

14. **At any time during the admission was a resuscitation plan documented?**
    - Yes
    - No
    - Free text

15. **Was the resuscitation plan revised/changed at any time during the admission?**
    - Yes
    - No
    - Free text

16. **At any point was there evidence or conflicting orders that might create confusion about the patient's resuscitation status or the medical treatments that were limited?**
    - Yes
    - No
    - Free text

17. **At any time during the admission did the patient or family make a request that investigations/treatments be limited/ceased or that comfort care plans or palliative care referral be made?**
    - Yes
    - No

**18. If yes:**
- DD/MM/YYYY
- 00:00

**19. Is there documented indication that the patient was actually dying?**
- Yes
- No

**20. If yes:**
- If yes- DD/MM/YYYY
- If yes- 00:00

**21. Is there evidence of communication with the patient and/or family that the patient was dying?**
- Yes
- No
- n/a

**22. Was specialist palliative care contacted for advice?**
- Yes
- No
- n/a

**23. Was the patient referred to specialist palliative care during their admission?**
- Yes
- No
- n/a

**24. Is there evidence that the patient was referred to hospice but died in hospital?**
- Yes
- No
- Free text

**25. Did the patient receive any of the following investigations/interventions in the final 48 hours of life?**
- Chemotherapy
- Radiotherapy
- Intubation/ invasive mechanical ventilation
- Renal replacement therapy (dialysis)
- Non- invasive ventilation
- Vasoactive drugs
- CPR
- Anaesthetic/ operation
- IV antibiotics
- IV fluids
- Free text
- Artificial nutrition
- Blood tests
- Medical imaging
- Blood product transfusions
- Intra- Aortic Balloon pump (IABP)
- Cardiac catheter
- Other (please specify)
- None
- N/A

**26. Was the patient admitted to the ICU at any time during their admission?**

- Yes
- No
- If yes- total number of ICU admissions

**27. Were there any other specialist referrals for the patient during this admission?**

- Yes
- No
- Free text

**28. Did the patient experience any MET reviews during their hospital admission?**

- Yes
- No

## Optional Questions

### Resuscitation plans

If you wish to include the additional questions regarding resuscitation plans in your audit, skip logic should be applied to **Q14**. Where the answer to Q14 is 'no' **Q29-Q40 can be skipped**.

**29. Date and time of first resuscitation plan**
- DD/MM/YYYY
- 0:00:00
- Free text

**30. What limitations of medical treatment were explicitly stated in the documentation of the first resuscitation plan?**
**Sites enter options as per local resuscitation form**

**31. What medical treatments were explicitly stated to be allowed in the documentation of the first resuscitation plan?**
**Sites enter options as per local resuscitation form**

**32. Who documented the first resuscitation plan?**
**Sites enter options as per local resuscitation form**

**33. Who was documented to have been involved in decision-making about the first resuscitation plan?**
**Sites enter options as per local resuscitation form**

**34. Date and time resuscitation plan was last revised/changed**
- DD/MM/YYYY
- 0:00:00
- Not documented

**35. Who documented the decision regarding the last changes or revisions to the resuscitation plan?**
**Sites enter options as per local resuscitation form**

**36. Who was documented to have been involved in decision-making about the last changes or revisions to the resuscitation plan?**
**Sites enter options as per local resuscitation form**

**37. Is there any documentation that suggests patient or family disagreement about the resuscitation plan?**

- Yes
- No
- Free text

**38. Did the patient receive resuscitation attempts such as CPR, bag-mask ventilation, non-invasive ventilation, intubation, adrenaline or other vasoactive drug (eg metaraminol) at the time of or just prior to death?**

- Yes
- No
- n/a

**39. Was CPR administered when the resuscitation plan stated clearly that the patient was NOT for CPR/NOT for resuscitation order?**

- Yes
- No
- n/a

**40. Was the patient invasively mechanically ventilated in ED or ICU at any time during admission?**

- Yes
- No
- n/a

## Advance Care Plans

If you wish to include the additional questions regarding advance care plans in your audit, skip logic should be applied to **Q11**. Where the answer to Q11 is 'no' **Q41-Q54 can be skipped**.

41. **Did the patient have a palliative/comfort care ONLY plan documented at the point of admission?**
    - Yes
    - No
    - Free text

42. **Did the patient have a palliative/comfort care ONLY plan documented at any time during the admission?**
    - Yes
    - No

43. **If yes;**
    - DD/MM/YYYY and 00:00

44. **If a palliative/comfort care plan was documented was it communicated to the patient and/or family?**
    - Yes
    - No
    - n/a

45. **Did the patient receive any of the following investigations/interventions after a comfort care plan was noted?**
    **Options tailored to site**

46. **Is there evidence that treating team changed all medications to palliative medications ONLY?**
    -Yes
    -No

47. **If yes;**
    - DD/MM/YYYY and 00:00

48. **Date and time of referral to specialist palliative care**
    - DD/MM/YYYY
    - 0:00:00
    - Not documented

49. **Did a specialist palliative care nurse actually see the patient during their hospital admission?**
    - Yes
    - No

50. **If yes:**
    - DD/MM/YYYY and 00:00

**51. Did a specialist palliative care doctor actually see the patient during their hospital admission?**

- Yes
- No

**52. If yes;**

- DD/MM/YYYY and 00:00

**53. What limitations of medical treatment were explicitly stated in the documentation as a result of specialist palliative care involvement?**
**Options tailored to site**

**54. What other professionals were involved in the patient's care?**
**Options tailored to site**

## Medical Emergency Team Calls

If you wish to include the additional questions regarding MET calls in your audit, skip logic should be applied to **Q28**. Where the answer to Q28 is 'no' **Q55-Q64 can be skipped**.

**55. Total number of MET calls during this admission**
- 1 **Q58 NOT REQUIRED**
- Over 2 **SKIP TO Q57**

**56. Date and time of MET review**
- DD/MM/YYYY
- 0:00:00
- Not documented

**57. Date and time of first MET review**
- DD/MM/YYYY
- 0:00:00
- Not documented

**58. Date and time of last MET review**
- DD/MM/YYYY
- 0:00:00
- Not documented

**59. Did the patient die at/during a MET review?**
- Yes
- No

**60. Were new limitations of medical treatment documented during or immediately after any MET call?**
- Yes
- No **SKIP TO Q64**

**61. What limitations of medical treatment were explicitly stated in the documentation during or immediately after a MET review?**
**Options tailored to site**

**62. If new limitations of medical treatment were initiated after a MET call was it documented that these were discussed with the patient and/or family?**
- Yes
- No

**63. Did the MET document a recommendation that home medical / surgical team discuss end of life / goals of care / treatment limitations with the patient / family?**
- Yes
- No

**64. Were palliative care / comfort care measures commenced as a result of a MET review?**
- Yes
- No