

*A good death in residential aged care :optimising the use of medicine in the end-of life phase*

## Resident End of Life Audit Continuous Quality Improvement Activity

Resident ID:	Date of death
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1. Where did the resident die? <input type="checkbox"/> RACF <input type="checkbox"/> Hospital/other (state where):			
2. Was the resident transferred to hospital for symptom management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
3. If the resident died at the RACF was an EoLCP commenced? Date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
4. If no state reason why EoLCP was not commenced:			
5. Who commenced the resident on the EoLCP? Nurse <input type="checkbox"/> GP <input type="checkbox"/> Locum <input type="checkbox"/> Other <input type="checkbox"/>			
6. Is there documented discussion with the resident/family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
7. Were the goals of care discussed with the resident/family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
8. Were the following issues addressed with the resident /family			
ACP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Ceasing non essential medicines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Prescribing prn medicines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Ceasing inappropriate interventions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Transfer to hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
PEG Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
NFR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
9. Were the goals of care met by the RACF?			
Spiritual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Symptom Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Comfort Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Psychological	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
10. Were the resident /family offered written information about:			
Palliative care and end of life issues including symptoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Grief & Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment
11. Does the facility believe this resident had a <b>good death</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment

*If any of the shaded areas have been ticked, the RACF should consider this area for further review and or action*

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**Resident End of Life Audit**  
**Continuous Quality Improvement Activity**

**AUDIT RESULTS**

<b>Standard : 2.9 Palliative Care</b>
<i>The comfort and dignity of the terminally ill residents is maintained</i>
<b>Objective :</b>
<b>Activity :</b>
<b>Outcome :</b>
<b>Action :</b>
<b>Date of next review /follow up:</b>
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span><b>Signature</b></span> <span><b>Date</b></span> </div>