

LOCATION, LOCATION, LOCATION:

The Complexity of Preferred Place of Death [PPOD]

End of Life Care [EOLC] Group

St Columba's Hospice



Background

Enabling a person to die in the place of their choice is viewed locally⁽¹⁾, nationally⁽²⁾ and internationally⁽³⁾ as a "critical contributor"⁽⁴⁾ to the quality of death for the patient and family. The Lothian Managed Clinical Network requires specialist palliative care to audit the recording and achievement of PPOD. The EOLC Group – a small interdisciplinary team forming part of Hospice Clinical Governance – has worked collaboratively to conduct audit, review the literature and support practice development.

Audit

The EOLC Group audited the notes of all patients (n=452) admitted to Hospice Community Palliative Care, Day Care and In-Patient Services who died between March 2013 and February 2014.

The audit shows:

- A consistently high level of PPOD information recorded (>86% of notes have PPOD information each month with one exception)
- PPOD, however, remains unknown in a large percentage of patients (Figure 1)
- Many examples of excellent documentation and review of PPOD
- Changes to the documentation in September 2013 improved clarity in recording choice
- Despite regular audit and changes in documentation and practice, the achievement of PPOD, where known, has remained relatively unchanged (Figures 2 & 3)
- Where PPOD was known but not achieved (Figure 4), the notes suggest that hospice is an acceptable place of death [POD] for many patients in whom it is not the first choice.

Literature Review

Key points include:

- Achieving PPOD is complex and depends on many factors e.g. patient illness; beliefs/values; available care options^(5,6)
- Patient preference may change over time⁽⁷⁾, and may differ from that of informal carers⁽⁸⁾
- Discussing PPOD challenges staff⁽⁵⁾
- Patients may not wish to engage in this dialogue⁽⁹⁾
- Some doubt the value of PPOD as an outcome measure^(9,10)

Practice Development

Clinical, education, practice development and audit staff have worked together to:

- Engage with Clinical Governance
 - Learn about PPOD, evidence base, audit, report writing and poster-making
 - Provide feedback to colleagues via team discussions, journal club session
- Make changes to Advance Care Planning documentation
- Promote/lead experiential communication workshops.

Complexity and Future Challenges

The audit emphasises the complexity of PPOD. While documentation practice has improved, levels of achievement of PPOD are relatively unchanged. There has been, however, significant learning for the EOLC Group and other Hospice staff. In future, there is a need to develop – within the Hospice and across Lothian – more creative approaches to discussing, recording and achieving patient choices at the end of life.



Figure 1: Percentage of PPOD not known. Figure 2: PPOD achieved where known.

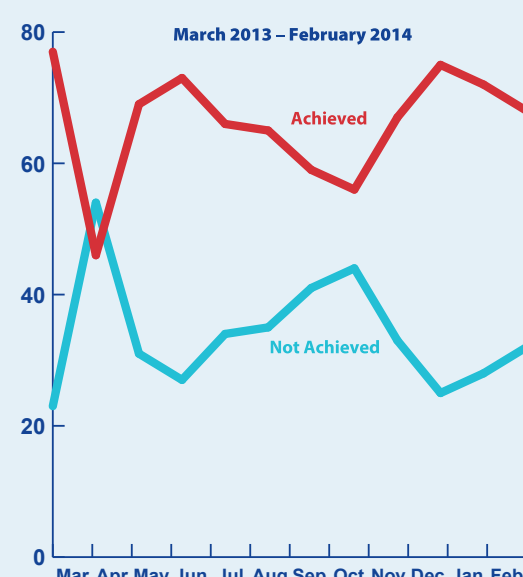
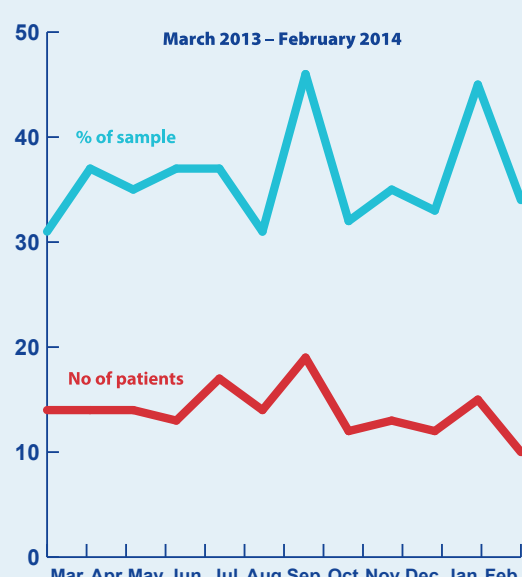
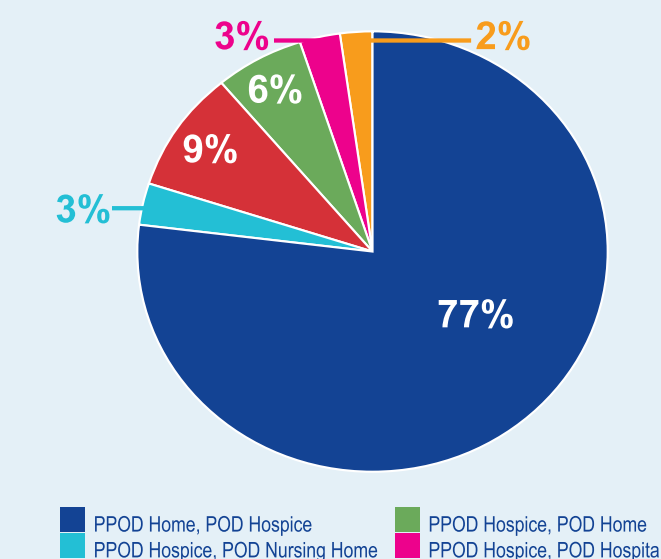
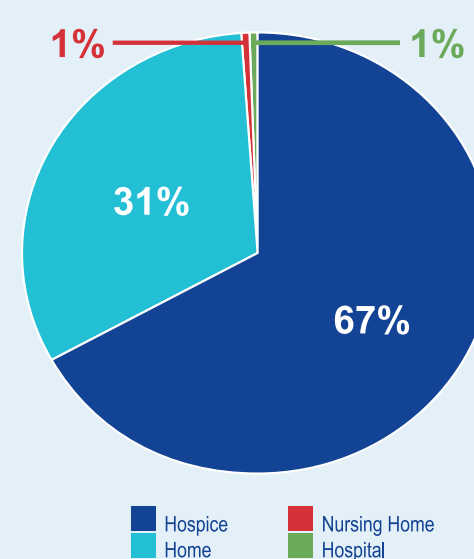


Figure 3: Location of Death where PPOD known and achieved. Figure 4: Location of Death where PPOD known but not achieved.



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