

Palliative & End of Life Care in Community Hospitals: what the national audit tells us

Dr Mary Miller, NACEL Clinical Lead



National Audit of Care
at the End of Life 2024

Auditing last days of life in hospitals



Introduction to NACEL



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About NACEL

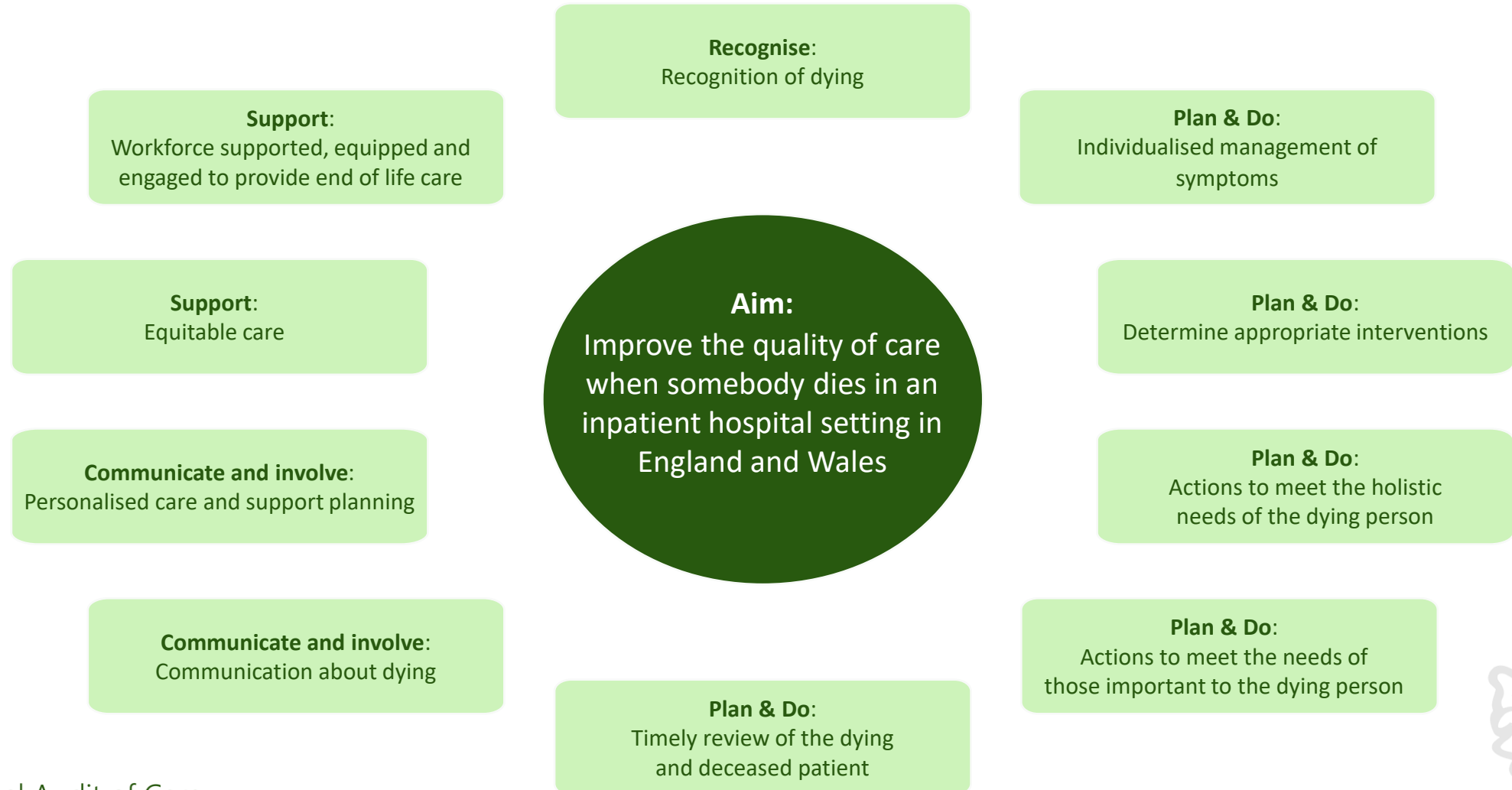
National comparative audit of the quality and outcomes of care experienced by the dying person and those important to them. The overall goal is to improve the quality of care of the dying person and those important to them during the last admission leading to death.

Audit aims:

1. To improve quality of end-of-life care by **identifying areas for action** in relation to delivery and outcomes, and adapting quality improvement priorities in line with evidence and guidance,
2. **Reduce unwarranted variation** through the benchmarking of outcome measures as well as identifying and managing outliers using the appropriate guidance,
3. **Understand and reduce health inequalities** in relation to impact on the specified measures, and
4. **Share and adopt best practice**, including QI examples and signposting to resources (Data and Improvement Tool).



NACEL 2024 Driver diagram



Audit elements



Hospital/Site

- Annual data collection of organisational information.
- Data collection period is 1st June 2024 - 30th September 2024 (Q2)
- The narrative information collected will be reported in a Good Practice Compendium.



Case Note Review

- A review of documented care in patient notes
- There are two 6-monthly data collection periods within the year.
- Each submission should complete a Case Note Review for a minimum of 20 consecutive deaths per quarter, maximum of 70 each quarter.



Quality Survey

- A survey of the bereaved person's experience, and their perception of the care delivered to the dying person during the final admission to hospital.
- Sent to bereaved person(s) of all eligible patients who died between 1st January 2024 and 31st December 2024
- Anonymous survey
- No qualitative feedback



Staff Reported Measure

- An online survey of members of inpatient staff who are likely to come into contact with dying people and those important to them
- Survey to be filled in between 1st April 2024 - 30th June 2024 (Q1).



Eligibility criteria

Auditing adult (18+) inpatient deaths which fall into the following two categories:

- ❖ **Category 1:** It was expected that the patient would die in the final admission. Life sustaining treatments may still be being offered in parallel to end of life care.
- ❖ **Category 2:** It was not expected that the patient would die during the final admission - imminent death was not recognised or expected by the hospital staff. However, the patient may have had a life limiting condition or, for example, be frail, so that whilst death wasn't recognised as being imminent, hospital staff were "not surprised" that the patient died.



Exclusion criteria

Deaths which are sudden and unexpected and/or occur within 4 hours of admission are excluded from NACEL.






This includes, but is not limited to, the following:

- ❖ deaths within an Emergency Department (ED)
- ❖ deaths which occurred within 4 hours of admission
- ❖ deaths due to an acute condition caused by a sudden catastrophic event, with a full escalation of treatment plan in place
- ❖ suicides
- ❖ maternal deaths
- ❖ paediatric deaths (<18)
- ❖ deaths of people with a formal diagnosis of learning disability

Deaths subject to a national process for review of deaths are also excluded.



Participation

	Community Hospitals	Acute Hospitals	Total
 Submissions	57	186	243
 Hospital/site overview	36	145	181
 Case Note Review	1,409	12,409	13,818
 Quality Survey	136	4,865	5,001
 Staff Reported Measure	835	13,571	14,406



NACEL Online

NACEL Portal

- New home for NACEL, includes latest information, guidance and end of life care resources. In development are dedicated QI pages and pages for patients and carers
- Includes hyperlinks to the NHS Benchmarking Network members' area for NACEL 2024 registration and data collection
- www.nacel.nhs.uk

NACEL Data & Improvement Tool

New reporting tool for NACEL that will include all benchmarked findings for NACEL 2024

- Will be accessible from the NACEL Portal
 - Overview
 - Dashboards
 - Data Explorer
- <https://data.nacel.nhs.uk>



Search Indicators...

Recognise

Recognition of dying

Plan and Do

- Individualised management of symptoms
- Determine appropriate interventions
- Actions to meet the holistic needs of the dying person
- Actions to meet the needs of those important to the dying person
- Timely review of the dying and deceased patient

Communicate and Involve

- Communication about dying
- Personalised care and support planning

Support

- Equitable care
- Workforce supported, equipped and engaged to provide end of life care

Other

- Contextual Data

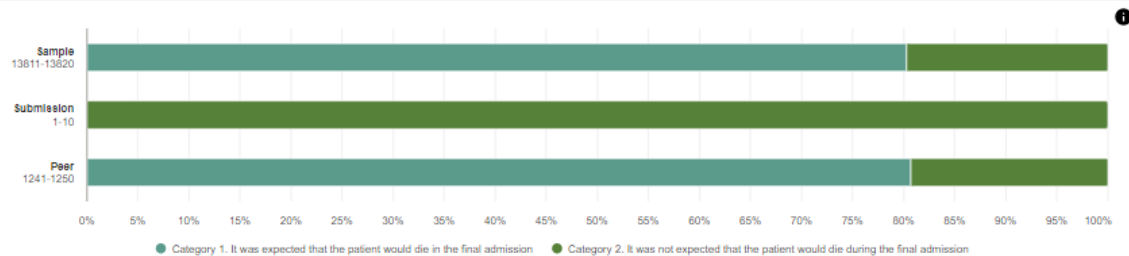
Filters: Year: Quarters: Organisation Submission: Peer: Region: Peer: Site type:

Recognition of dying is clearly documented

RECOGNISE | CASE NOTE REVIEW

Expected deaths and unexpected deaths (Category 1 vs Category 2)

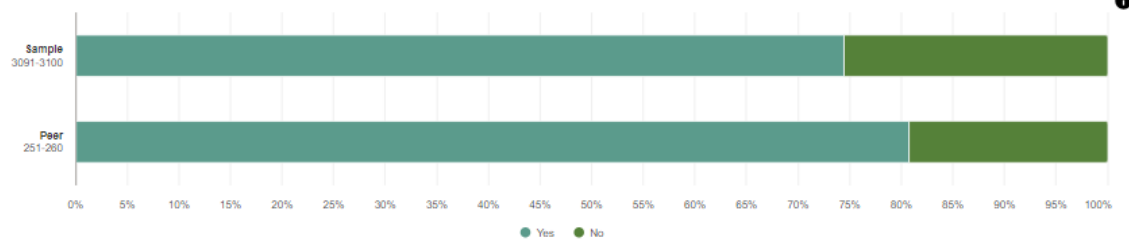
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RECOGNISE | CASE NOTE REVIEW

Patients recognised as being sick enough to die, yet death was not expected (Cat 2 deaths only)

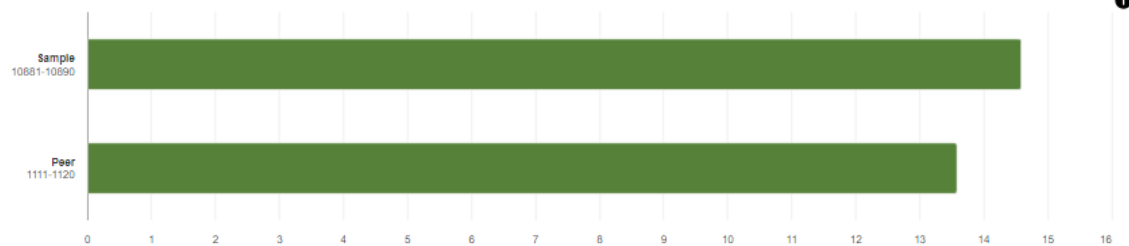
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RECOGNISE | CASE NOTE REVIEW

Average time from admission to recognition of dying (days)

[Explore](#) [Pin](#) [Save](#)



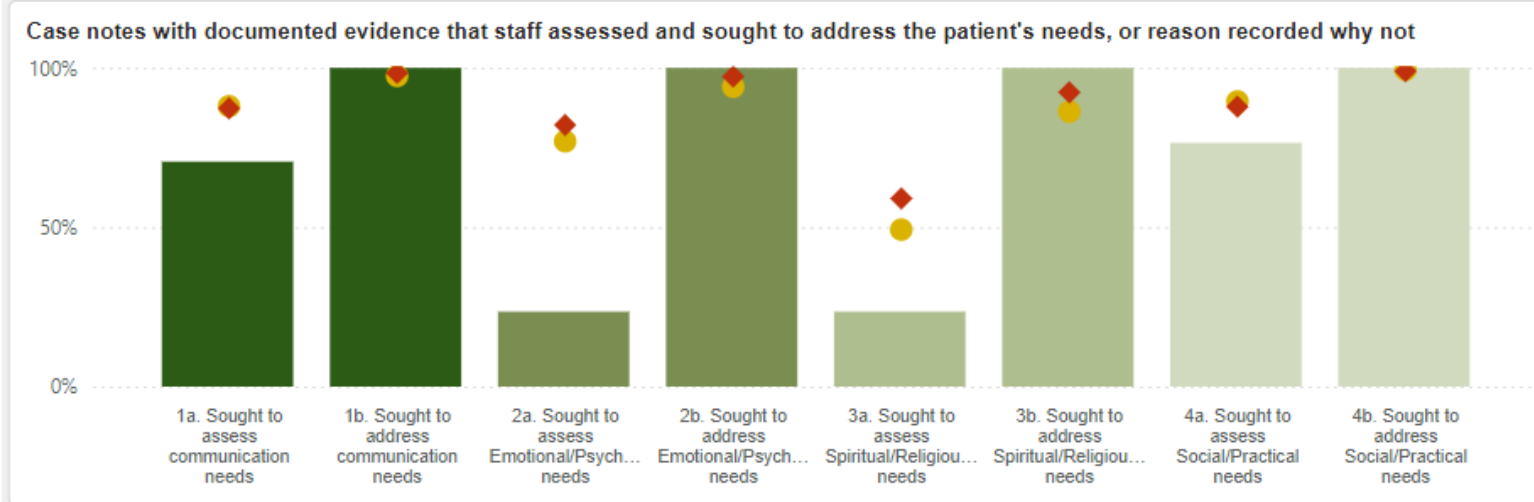
1. Recognition of dying	2. Individualised management of symptoms	3. Determine appropriate interventions	4. Needs of the dying person	5. Needs of those important to the dying person	6. Timely review	7. Communication about dying	8. Personalised care and support planning	9. Equitable care	10. Workforce
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Select hospital type... Select peer group... Select submission...

Community site type Midlands Clear all slicers

◆ National (%) ● Regional (%)

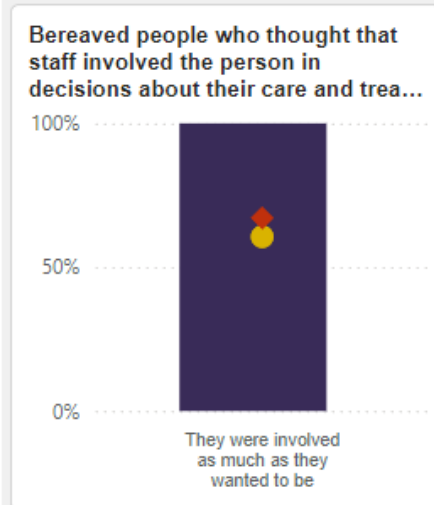
N/A responses have been excluded from the percentages



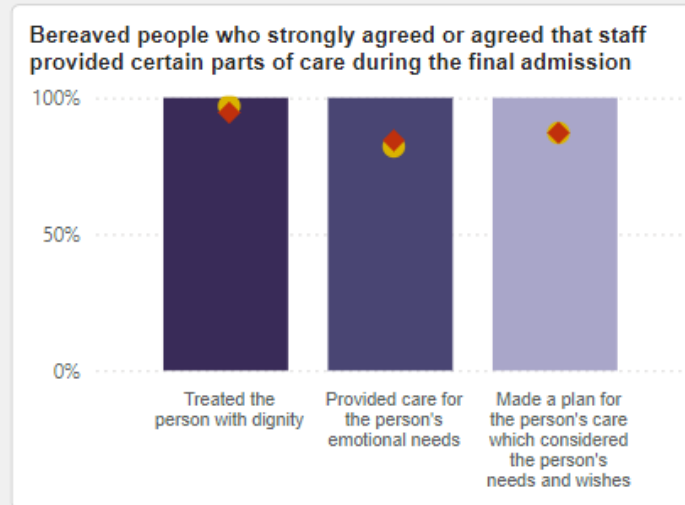
Source: Case Note Review



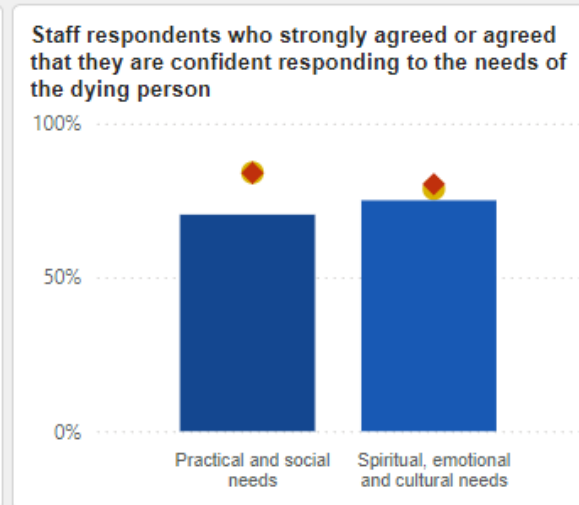
Source: Quality Survey



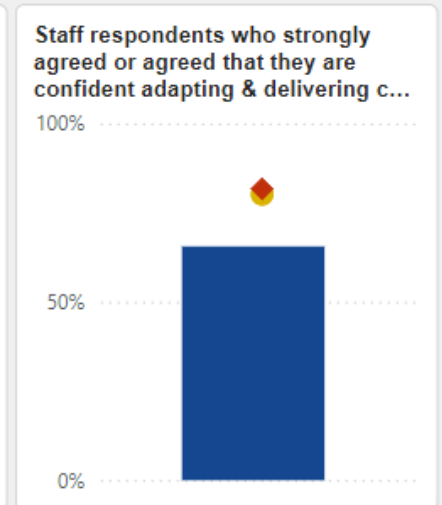
Source: Quality Survey



Source: Quality Survey



Source: Staff Reported Measure



Source: Staff Reported Measure



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Actions to meet the needs of those important to the dying person

Timely review of the dying and deceased patient

Communicate and Involve

Communication about dying

Personalised care and support planning

Filters: Year: 2024 Quarters: Organisation Submission: NHS Benchmarking Network Peer: Region: England Peer: Site type: Community

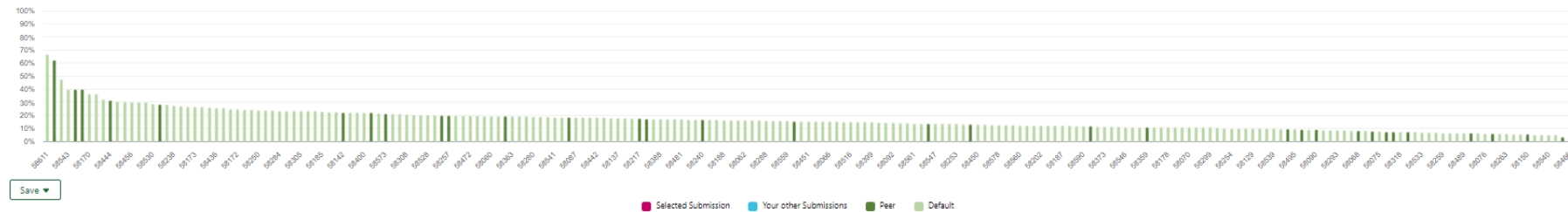
← Previous | Back to Overview | Next →

Patients with anticipatory medication prescribed for symptoms likely to occur in the last days of life

Period - Average Time Series

Series Options

Yes, anticipatory medicines prescribed but not used



Save

Search Indicators...

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Equitable care

Workforce supported, equipped and engaged to provide end of life care

Other

Contextual Data

Filters: Year: 2024 Quarters: Organisation Submission: Peer: Region: England Peer: Site type: Community

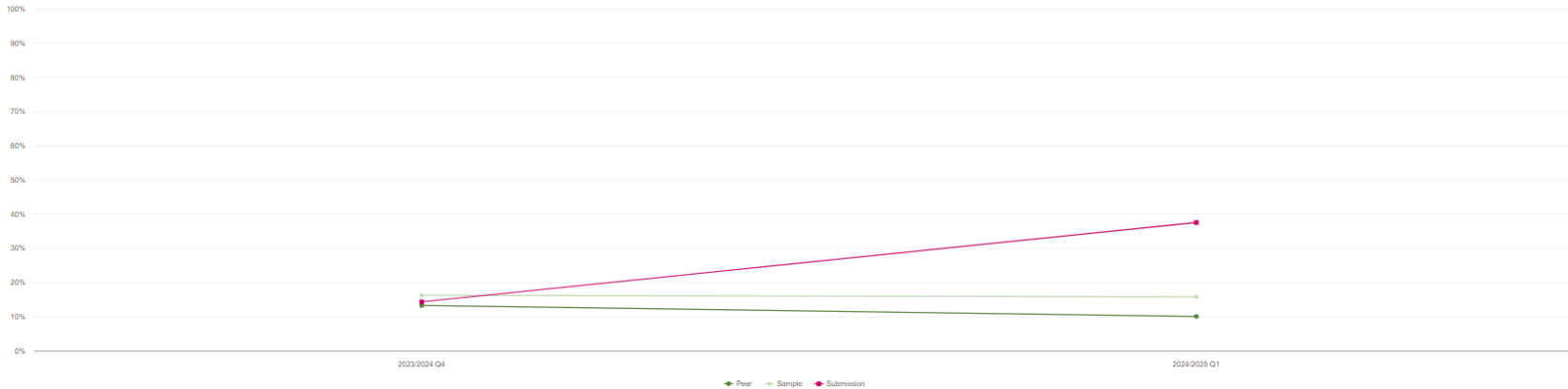
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What does NACEL tell us so far

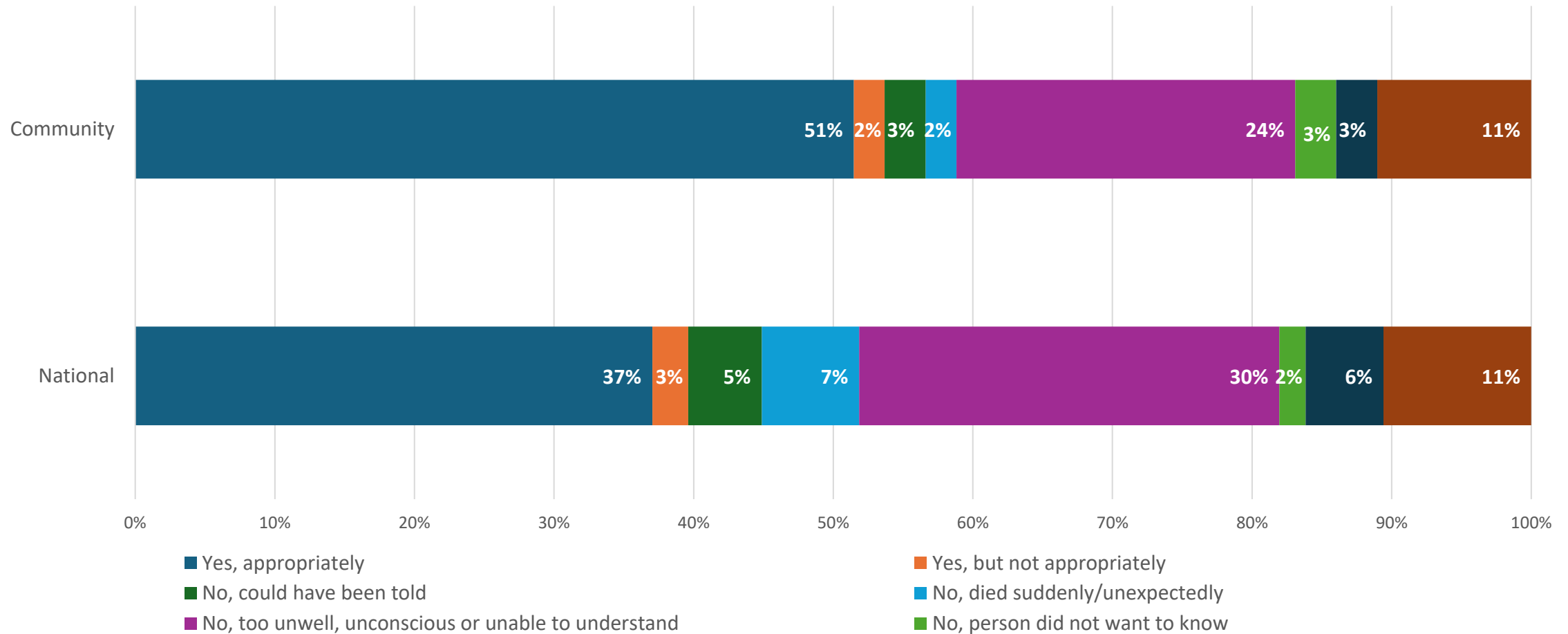


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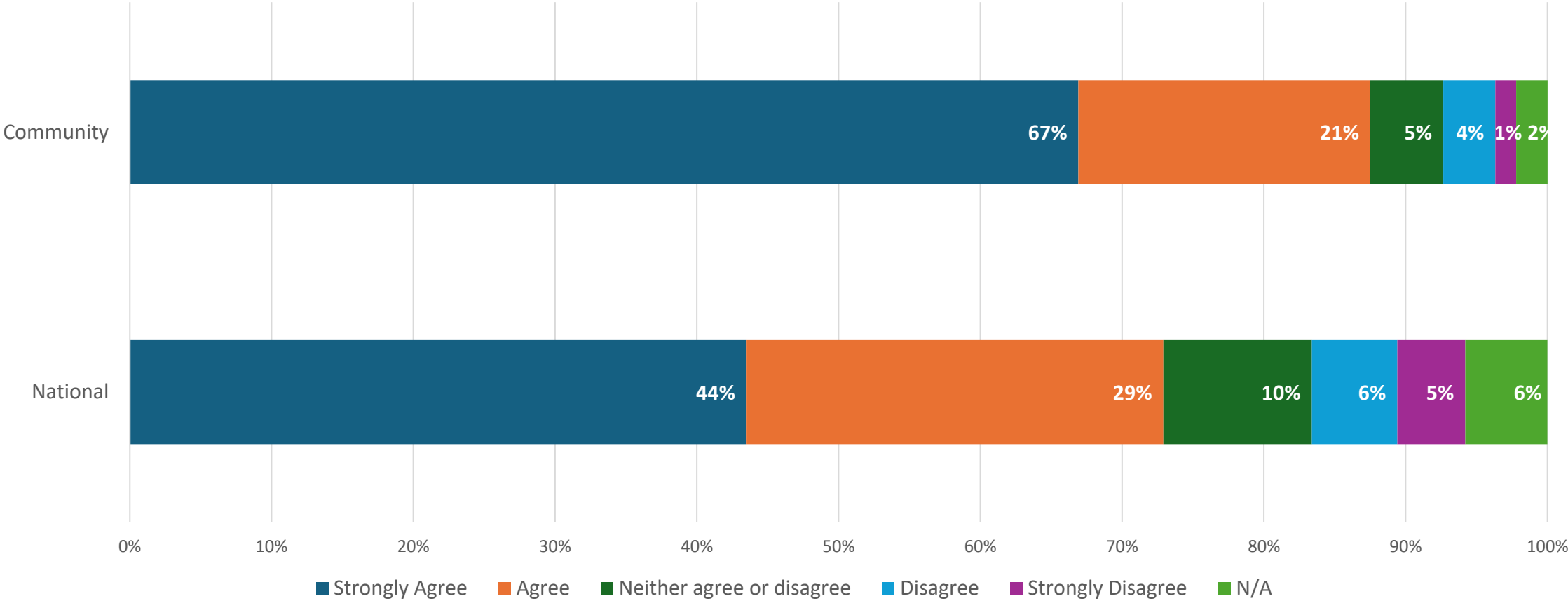
Quality Survey

A member of staff explained to the person that they were likely to die in the next few days



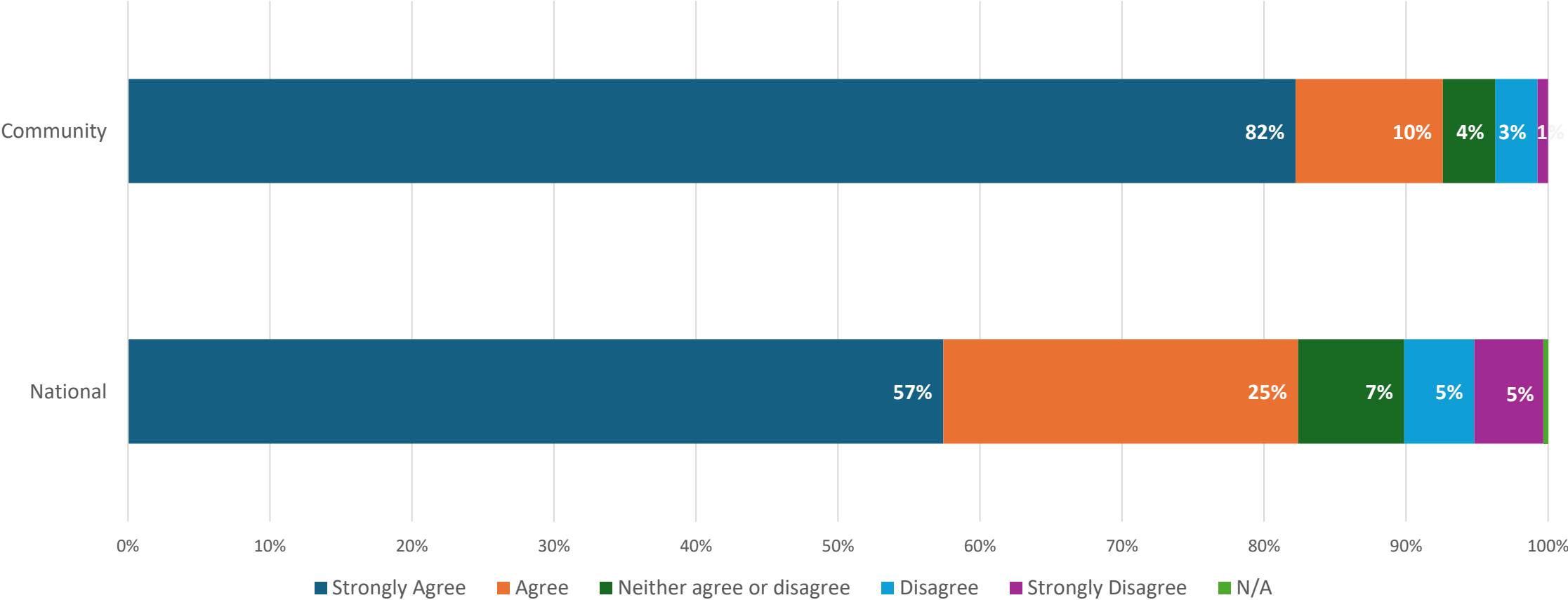
Quality Survey

The person was given enough pain relief



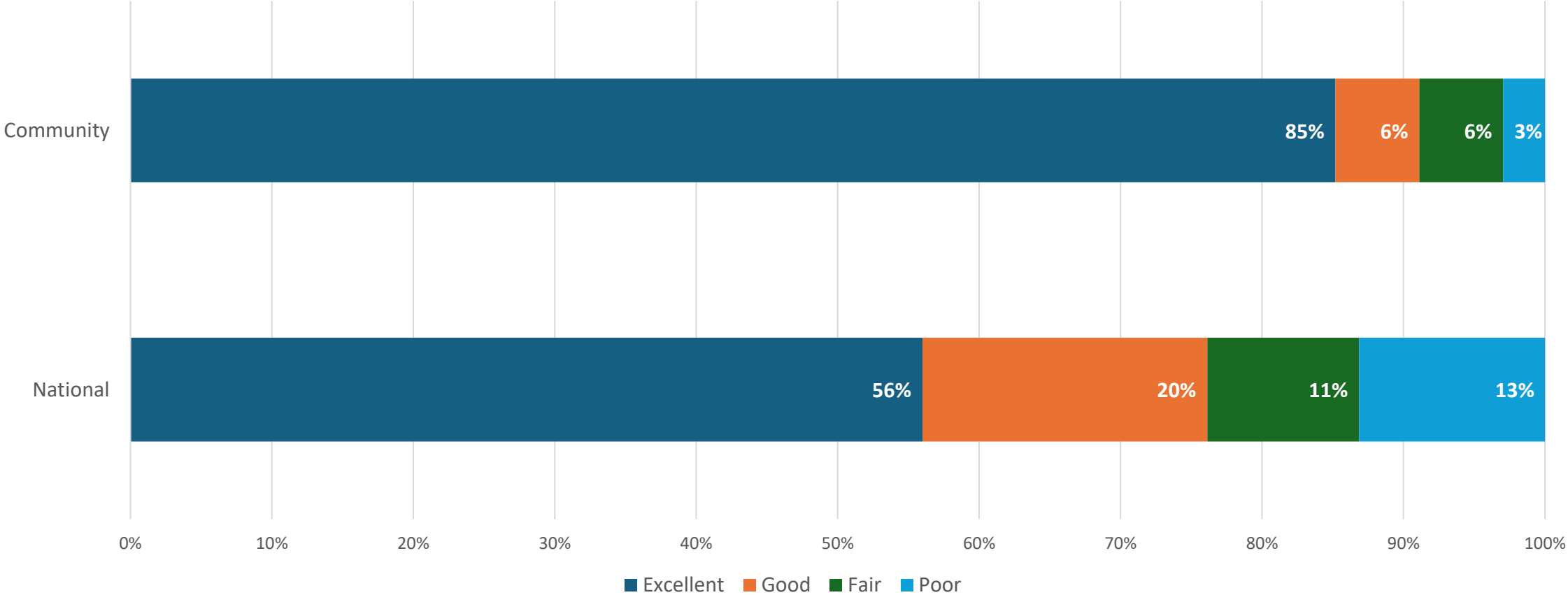
Quality Survey

Staff looking after the person treated them with dignity



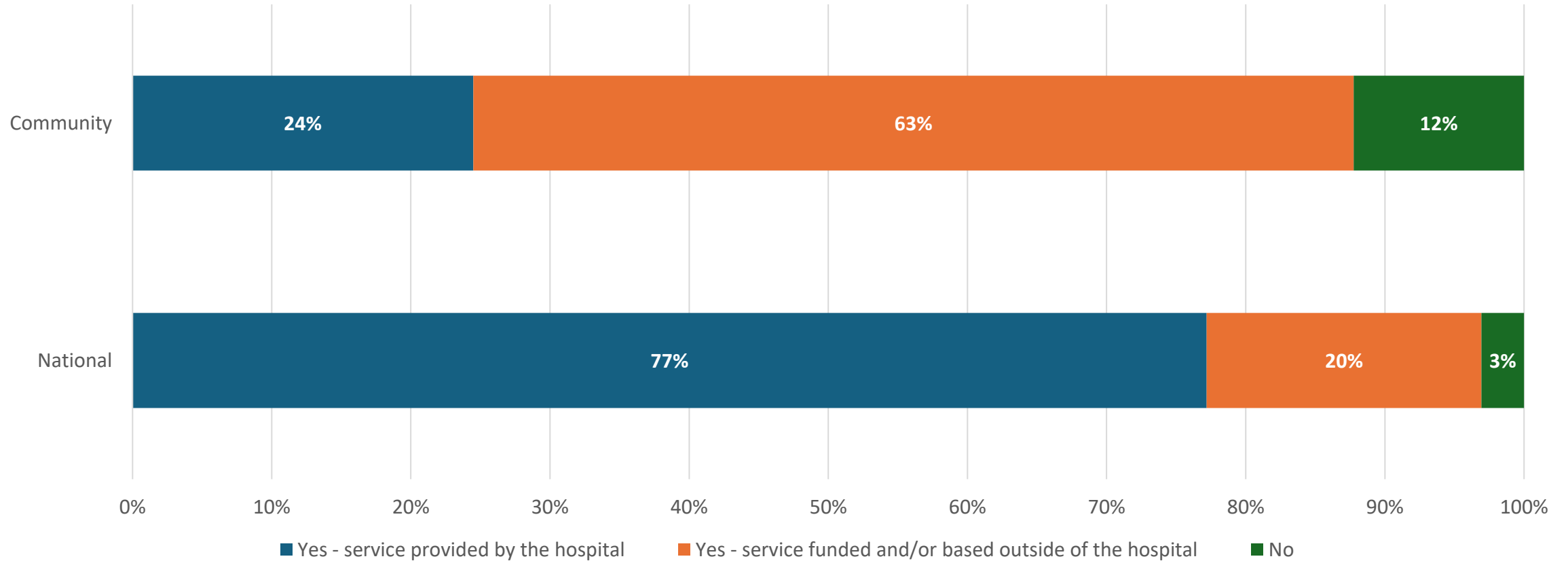
Quality Survey

Overall rating of the care and support given by the hospital to the dying person



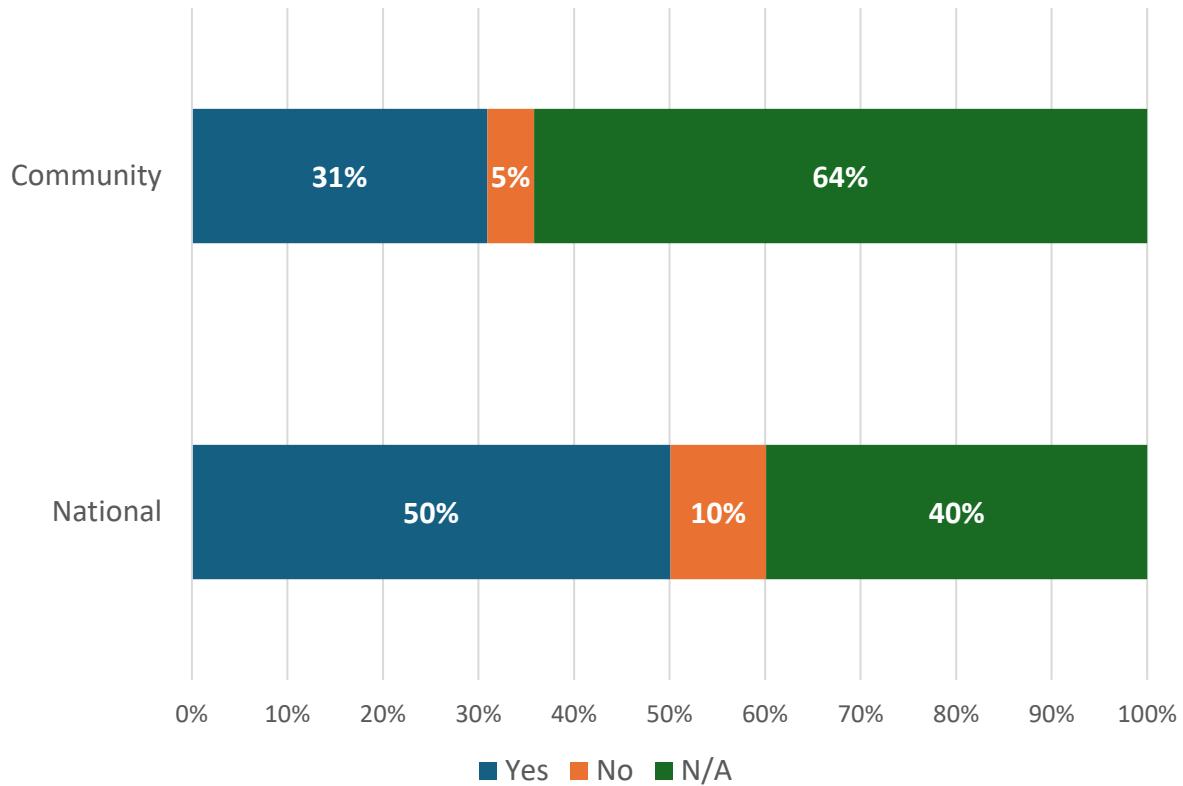
Hospital/Site Overview

Access to Specialist Palliative Care service in hospital/site

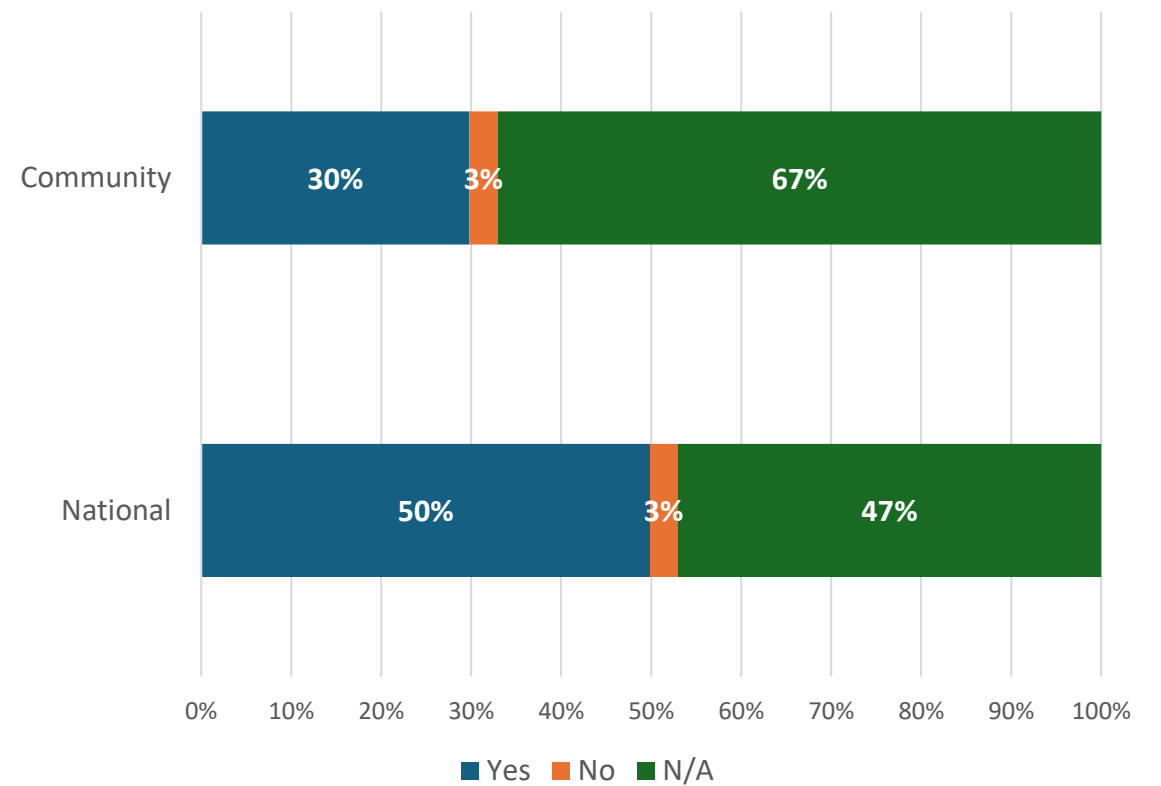


Case Note Review

Patients with timely escalation to the specialist palliative care/end of life care team

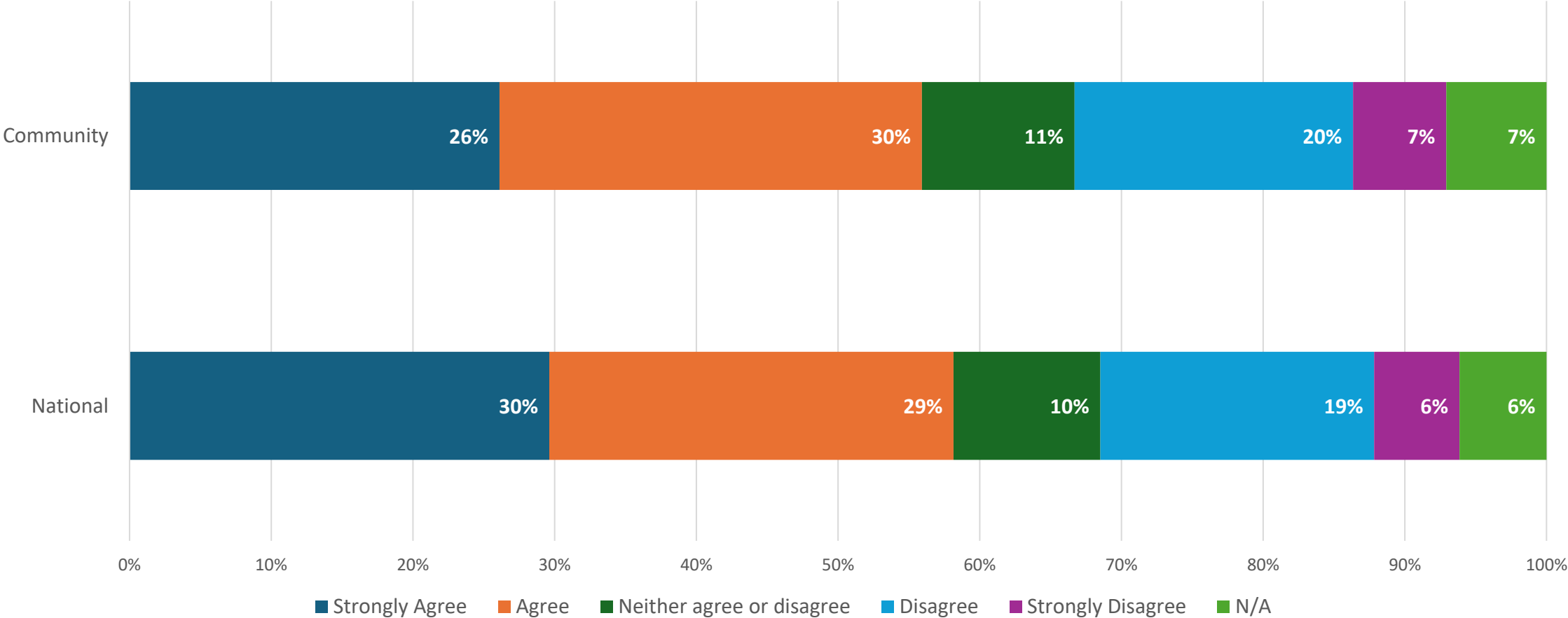


Patients with a timely response from specialist palliative care/end of life care team



Staff Reported Measure

Staff have completed training specific to end of life care within the last three years



For discussion:

- 1. What worries you about care delivered in community hospitals?**
- 2. What data would support community hospitals reflect on performance and improve care at the end of life?**



Thank you for joining this session

Join us at the upcoming webinars (register via website):

- QI webinar focusing on improving recognition of dying: 17th October 2024, 1pm - 2pm
- DIT drop in sessions: 15th & 23rd October 2024, 12pm – 1pm.

Contact the team at NACEL Support Team at:

nhsbn.nacelsupport@nhs.net

0161 521 0866



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