

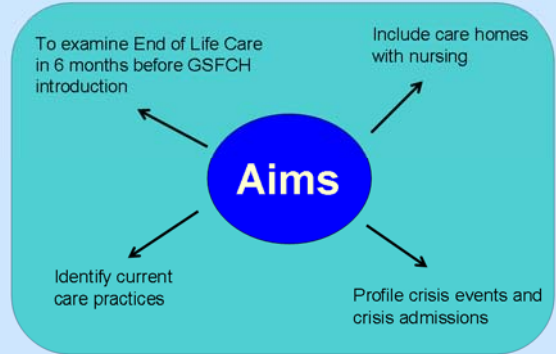
U **Analysing End of Life Care in Care Homes:** A New Tool for After Death Analysis **B**

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Background

Care homes are increasingly important as locations of care for older people, yet the training and education needs of staff in this sector have received little attention. Approximately 400,000 older people in the UK live in care homes, and 20% of deaths occur in care homes. The Gold Standards Framework (GSF) in primary care is designed to support optimal standards of practice in End of Life care (Thomas 2003) and has been introduced to care homes with nursing in England (GSFCH) with the aims of:

1. Controlling residents' symptoms at End of Life.
2. Place of care. Helping residents to live well and die well where they chose.
3. Providing appropriate treatment at end of life.
4. Supporting family carers.
5. Raising staff confidence, team-working, communication and satisfaction.

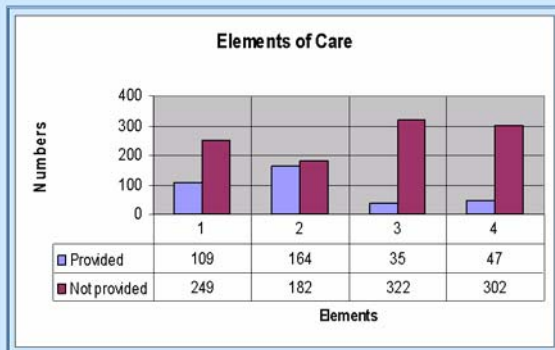


Method

Data were collected in summer 2005. An After Death Analysis (ADA) tool was developed and sent to care homes involved in Phase 2 of the GSFCH (n=93). To promote a good response the tool was short, covering one A4 sheet. Care homes were spread throughout England. Designated facilitators are a key component of the GSFCH programme and were responsible for distributing the ADA tool and encouraging completion. Designated GSFCH leads, usually the manager or deputy, were requested to complete the ADA tool and return was taken as an indication of consent.

Results and Discussion

Completed ADA tools were received from 75 of the 93 homes who initially joined this phase of the GSFCH (81% response). The majority of non-responders did not proceed with the GSFCH. Completed ADAs yielded information on 368 deaths. Just over half of the deaths reported related to residents from homes with 100% nursing beds and 46% of residents were in homes with nursing and personal care beds. Overall 81% of deaths occurred in the care home and 19% deaths were in other locations, mainly hospital. Nursing home residents were more likely to die at the home (84%) than residents in homes which offered nursing and personal care (79%). Use of the ADA tool proved popular with care home staff and was straight-forward to complete. The data has provided a snapshot of end of life care at the start of GSFCH. Completion of a one year follow-up ADA in summer 2006 will offer an indication of the success of GSFCH in improving care at the End of Life.



Elements of Care:

1. Advanced Care Plan
2. Anticipatory Drugs
3. Liverpool Care Pathway
4. Written information to Families

