

Audit: End of Life Care in Terminal Dementia

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Background

End-of-life care for patients with terminal dementia is a topic of priority within the trust and is especially relevant to mental health services for older adults.

When asked what constitutes a 'good death' most people would like to be without pain, to be treated as an individual and to be treated with respect [1]. The Liverpool Care Pathway for the Dying Patient (LCP) provides clear standards for end-of-life care, allowing unambiguous audit comparison to be made.

The LCP prioritises patient comfort and dignity and diminishes the importance of unnecessary investigation and treatment [2].

Whilst the LCP has been often criticised and has been phased out in some clinical units it still represents a set of core statements based on successful models of palliative care.

Standards:

- Recognition of the terminal stage and documentation in the notes
- DNAR decision discussed and documented in notes
- Discontinuation of non-essential medications
- Unnecessary investigations avoided in terminal phase
- Unnecessary monitoring of vital signs to be stopped
- Use of medications to relieve distressing symptoms
- GP informed of patient's death

Methods

Setting:

Sixteen-bed adult inpatient psychiatric unit

Target sample:

Any patient with terminal dementia who have died within the last 18 months.

Data collection:

Medical notes, PARIS records, Drug charts and EWS charts were retrospectively examined

Results:

In the last 18 months six patients died on Rowan ward, one of which was unrelated to terminal dementia (sudden cardiac death) therefore five patients have been used to calculate the following data.

Standard	%
Recognition of the terminal stage and documentation in the notes	100
DNAR decision discussed and documented in notes	100
Discontinuation of non-essential medications	100
Unnecessary investigations avoided in terminal phase	100
Unnecessary monitoring of vital signs to be stopped	100
Use of medications to relieve distressing symptoms	100
GP informed of patient's death	80

Table one: % of patients treated in accordance with standard

Discussion:

The results of the audit suggest that good quality of care is being provided to patients with terminal dementia in terms of recognition and treatment of the terminal phase of life in accordance to the standards of the LCP. The only shortcoming identified was relating to communication with GP where no evidence of a letter could be found.

Recommendations:

A reminder should be given to medical staff to complete the GP letter. A training session could be organised to facilitate this.

It is imperative in the future to ensure that the standards detailed above are met even if the LCP is no longer in use. Many criticisms of the LCP refer to its prescriptive nature. Despite this the standards above can be utilised to provide bespoke patient centred care, therefore overcoming the commonly cited problems.

This topic can be re-audited in 18 months from now.

References:

- Dementia: end-of-life care; 101 recipes for audit in psychiatry. Edited by Clare Oakley, Floriana Coccia, Neil Masson, Iain McKinnon and Meinou Simmons.
- [1] - Department of Health (2008) End of Life Care Strategy: Promoting High Quality Care for All Adults at the End of Life. Department of Health. Accessed online 08.10.13.
- [2] - Review of the Liverpool Care Pathway. Accessed online 23.09.13. [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf]
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