



## NATIONAL CARE OF THE DYING AUDIT HOSPITALS - NCDHAH (2<sup>nd</sup> Round)

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### What is NCDHAH?

NCDHAH, the National Care of the Dying Audit Hospitals, is a national audit of practice in care of the dying in the secondary care environment in England undertaken by the Marie Curie Palliative Care Institute Liverpool in collaboration with the Royal College of Physicians. Specifically, it examines care delivery in the last days of life for people who have died in acute hospital settings on a Liverpool Care Pathway for the Dying Patient (LCP) and their family/carers. The LCP is a multi-professional, goal based document that provides an evidence-based framework for the delivery of care during the dying phase. It has been identified as best practice within the NICE Guidance for Supportive and Palliative Care (DH, 2004) and highlighted as one of three end of life tools by the Department of Health (DH, 2006). The audit is sponsored by the Department of Health and Marie Curie Cancer Care and the second round of data collection is due to commence in the Autumn of 2008.

### NCDHAH First Round Summary

One hundred and eighteen hospitals took part in the first round in 2006/2007 submitting data from 2,672 patients whose care in the final days of life was driven by the LCP. The audit provided individual hospitals with useful comparative information on the delivery of care in the last days of life and illustrated examples of excellence across the board. Overall, the generic audit results (full report available at [www.mcpcil.org.uk](http://www.mcpcil.org.uk)) revealed that while standards of clinical care for the individual patient were high, there was room for improvement in the assessment of insight and spiritual needs, particularly those of patients. In general, communication with patients and primary care and information sharing both before and after the death of the patient remains a challenge.

Following the dissemination of the results, three regional workshops, attended by around 120 participants, were held to provide a forum for further discussion and action planning for future improvement. An overwhelming majority of participants felt that the workshops had provided a valuable opportunity to network and share good practice and that participation in the audit would lead to improvements in care of the dying in their hospitals. (A summary report and examples of good practice is also available at [www.mcpcil.org.uk](http://www.mcpcil.org.uk))

### Aim of the NCDHAH Second Round

The audit cycle is part of a continuous quality improvement programme in care of the dying. The ultimate aim of the second round of the audit is to improve the standard of care for patients who die in hospitals in England. Specifically, it aims to build on the success of the first round by undertaking a substantively similar audit using the goals of care on the LCP. However, additional questions have been added to the second round to enable the assessment of information about variance reporting for specific goals and to gain information about the use of sedation in the last day of life.

## **Inclusion Criteria**

### Patient Level

- Adult patients (>= 18 years of age at time of death) who died whilst being cared for on an LCP

### Hospital Level

- The goals of care on LCP used must have remained unmodified locally
- Ideally hospitals should be able to provide data from 30 appropriate patients

## **Method**

A retrospective audit design will be used to gather data from *individual hospitals* within acute hospital trusts in England. Each hospital that registers to participate in the audit will be asked to provide evidence of Chief Executive approval for their participation and a copy of the LCP currently in use within their hospital. *Formal registration will only be confirmed once the submitted LCP has been assessed for compliance with the goals of care on Version 11 of the LCP.* Hospitals that are formally registered will be asked to nominate a lead clinician (preferably a member of the palliative care team) and an audit co-ordinator, with whom the LCP team will link closely throughout the audit. Ongoing dialogue with nominated staff will be facilitated through the LCP website, via e-mail and a telephone helpline. It will be the responsibility of the nominated personnel in each Hospital to ensure that the audit receives appropriate local Clinical Governance/Clinical Audit registration where this is required.

The care experienced by the patients and carers in each participating hospital will be assessed using a *clinical proforma* based on the goals of care on the LCP. Pertinent data from participating hospitals will also be collected using an *organisational proforma* in order to provide important contextual information. Hospitals will be expected to provide statistics regarding the number of deaths and the total number of deaths on an LCP during the data collection period, and mechanisms for collecting and collating this information locally will need to be in place. Patient level data will be collected on the first 30 *consecutive* patients who died on an LCP within each hospital during the data collection period (1<sup>st</sup> October - 31<sup>st</sup> December 2008). Data from completed LCPs and the medication chart will be used for this audit. Data input and validation will be via a web-based audit tool which is simple to use and minimises missing data.

Each audit site will be identified by a unique ID, and data will be password-protected. No patient-identifiable data will leave the site, meeting the requirements of confidentiality and data protection legislation, and reports will be confidential to each hospital.

## **Data Reliability**

Hospitals will be requested to provide two independent ratings of the first 4 patient data sets for the internal inter-auditor reliability study.

## **Data Analysis / Presentation**

Analysis of the data will be completed at the MCPCIL with the support of a statistician from the RCP. Data will be analysed primarily using descriptive statistics. Mean age, mean and median number of hours on the pathway, % male/female and % occurrence of different diagnoses will be calculated for each organisation.

Percentage 'achieved', 'variance', 'not applicable' and 'missing' for each of the goals in the three sections of the pathway (Initial Assessment – Goals 1 – 11; Ongoing Assessment; Care After Death – Goals 12 – 18) will also be calculated. A snapshot of the last 24 hours of the patient's life will form the basis for the analysis of Ongoing Care delivered.

The data will be summarised and displayed primarily in a tabular format. Variation by organisation across the sample will also be calculated and presented in the form of box and whisker plots.

### **Feedback**

In summer 2009, each participating hospital will receive a report detailing their own performance against the aggregate performance for all patients/hospitals in the sample. A generic report detailing the aggregate performance of the whole patient cohort will be available in the public domain, and articles will be published in pertinent peer reviewed journals.

### **Workshops / Action Planning**

A series of regional workshops will be held in autumn 2009 to enable discussion of the results, sharing of understanding and action planning for improving care of the dying in individual organisations. Two representatives from each hospital will be invited to attend. A questionnaire evaluation of the audit process will be undertaken as part of the workshop, the results of which, along with a summary of the main themes arising from the workshops will also be available in the public domain and published in pertinent peer reviewed journals.

### **Timetable of National Care of the Dying Audit – Hospitals (NCDAH2)**

<b>Action</b>	<b>Timeframe</b>
Registration Process Begins	28 <sup>th</sup> July 2008
Confirmation of Registration	September 2008
Pilot sites identify & collect completed LCPs and enter data onto electronic system	October – December 2008
Analysis & report writing period by National Audit Team	Spring 2009
Feedback period to individual hospitals	Summer 2009
Regional workshops facilitating: <ul style="list-style-type: none"> <li>• Feedback on the Audit</li> <li>• A chance to share clinical practices</li> <li>• Produce action plans for improving care of the dying in individual organisations</li> </ul>	Autumn 2009