



## ELDAC After Death Audit (Please use a new form for each client)

Date Completed: <small>Day / Month / Year</small>		Client ID Number:
Question		Response
1.	Date of admission to Home Care Service	<small>Day / Month / Year</small>
2.	Age	Years
3.	Principal life limiting illness	Dementia Stroke Cardiovascular disease Cancer Motor Neurone Disease End stage kidney disease Respiratory failure End stage liver disease Diabetes and its complications Multiple organ failure Other non-malignancy (please state):  Unknown
4.	Gender	Male Female Other (please state): Not stated
5.	Preferred language of the person	English Other (please state):
6.	Country of Birth	Australia Other (please state):

7.	Was the client referred to other services in the last 3 months before they died? (tick all that are appropriate)	<p>Internal Specialist Palliative Care Provider</p> <p>External Specialist Palliative Care Service</p> <p>Dementia Support Australia</p> <p>Ambulance</p> <p>Extended Care Paramedics</p> <p>Geriatric Rapid Response</p> <p>After hours GP (Locum)</p> <p>X-Ray</p> <p>Other (please state):</p>
8.	Was the client transferred to hospital in the last week of life?	<p>Yes (complete Questions 8-12)</p> <p>No (skip to Question 13)</p>
9.	Person requesting transfer to hospital (last week of life)	<p>Client</p> <p>Family</p> <p>General Practitioner</p> <p>Other Medical Practitioner</p> <p>Nursing Staff</p> <p>Other (please state):</p> <p>Unknown</p>
10.	Principal reason for hospitalisation (last week of life)	<p>Symptom management</p> <p>Sudden unexpected deterioration</p> <p>Following a fall</p> <p>GP unavailable</p> <p>Other (please state):</p>
11.	Was the hospital admission avoidable?	<p>Yes</p> <p>No</p> <p>Unsure</p> <p>Comment to support answer:</p>
12.	Number of days in hospital in the last week of life	Days
13.	Did the client have an Advance Care Plan or Advance Care Directive?	<p>Yes</p> <p>No</p> <p>Unknown</p>

14.	Was there documented evidence that the client's <i>diagnosis</i> was discussed with the client and family?	Yes No Unknown
15.	Was there documented evidence that the client's <i>prognosis</i> was discussed with the client and family?	Yes No Unknown
16.	Was there documented evidence that CPR/intubation versus comfort care was discussed with the client and family?	Yes No Unknown
17.	Where did the client wish to be cared for should their condition deteriorate?	Home Hospital Other (please state): Unknown
18.	Did the client have a Substitute Decision Maker designated?	Yes No Unknown
19.	Was the family assessed for bereavement risk?	Yes No Unknown
20.	Were the family referred to a bereavement service or other support after the client's death?	Yes No Unknown
21.	Was a Family Meeting/Case Conference specifically held about palliative and/or end-of-life care held within 6 months prior to the client's death?	Yes (complete dates) No Unknown Date 1: Day / Month / Year Date 2: Day / Month / Year Date 3: Day / Month / Year (if more than one case conference, list each meeting date)

22.	Was a Team Case Conference discussing palliative care held within the last 6 months?	Yes (complete dates) No Unknown Date 1: Day / Month / Year Date 2: Day / Month / Year Date 3: Day / Month / Year (if more than one case conference, list each meeting date)
23.	Was the client commenced on an End-of-Life Care Plan?	Yes (complete date) No Unknown Date: Day / Month / Year
24.	Date of Death	Day / Month / Year
25.	Place of Death	Home Public Hospital Private Hospital Inpatient Palliative Care Unit Other (please state):
26.	Was this the client's preferred place of death?	Yes No No preference stated Unknown
27.	Were the palliative care needs of the client met in the last week of life?	Yes, fully Yes, partially No Unsure/Not Known
28.	Were the family's palliative care needs met in the last week of life?	Yes, fully Yes, partially No Unsure/Not Known

29.	Barriers to effective palliative care (tick all that apply)	No End-of-Life medication prescribed End-of-Life medication unavailable when needed Clinical review by GP/Nurse Practitioner unavailable when needed No equipment to administer medication Registered Nurse unavailable 24 hours/7 days Conflicts around goals of care Carer unable to manage Other (please state):
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