The Network of Hospice Friendly Hospitals is supported by the Irish Hospice Foundation in partnership with the HSE.

Some findings from the National Audit of End-of-Life Care in Hospitals 2008/9

- Patient had pain all or most of the time in the last week of life: 10%, 15%, 23%
- Ward staff who felt very upset after a patient's death during the past year: 51%
- Number of patients who could have died at home if appropriate supports were available: 20–25%
- Relatives offered information leaflets on dying, death or bereavement: 15%
- Patients/families informed of outcome of meetings where they were not present: 17%
- Patient/family present at a team meeting to discuss end-of-life care: 68%
- Wishes met: 68%, 83%
- Discussions held re. end-of-life care: 55%, 96%

Resources / Quality Standards

- Sympathy cards (to be sent before the hospital bill)
- Ward Altar (multi-denominational)
- or deceased patient. Check your local policies/intranet.

Resources

- Transferring the deceased patient from the ward
- Death Notification Forms/Death Certificates/After Death Review Meetings

Part A

- For more information on related criteria supporting each of these Standards, see the National End-of-Life Care Audit System.

Family members are provided support in their roles in end-of-life care. This support is in the form of training, education, supervision, and feedback from the bereaved relatives should also be considered. This support can include one-to-one opportunities for supporting staff through peer support, informal debriefing sessions or counselling as recommended practices for options (continued retention with consent of family/options for sensitive body fluids).

Death Notification Forms/Death Certificates/After Death Review Meetings

- For more information, refer to “When a Patient is Dying” information booklet (Hospice Friendly Hospitals Programme).
provides a set of key considerations for staff in end-of-life care. It is not designed to provide practical advice and prompts along the end-of-life journey. To be surrounded by people I love. This is an intuitive question that is helpful for earlier planning and better care. The Surprise Question 4

• Find a quiet room and mentally prepare.
• Find out what the patient knows and wants to know. Do they want to be told what is happening?
• Mentally prepare.
• Chunk & check – break news into chunks & check understanding.
• Find out if there is anyone in particular the patient would like to talk to, such as a friend, a colleague, a family member or friend. Repeat exactly what you said to the patient as appropriate.
• Avoid phrases like “there’s nothing more we can do”.

5. Plan & Follow Up

• Ensure relative has a contact name and direct line number near the entrance to the hospital.
• Contact the hospital reception/security desk and inform that family members will be arriving and if possible arrange for parking near the entrance to the hospital.
• Suggest that the relative sits down.
• Find a quiet room and mentally prepare.

Breaking Bad News over the Phone

• Always give the patient the option not to discuss these topics or to defer. Consider introducing the topic in the following circumstances:
• When a treatment decision needs to be made
• When you can answer no to the question “Is this going to kill me?”
• When you can answer yes to the question “Do you think this is going to kill me?”
• When you can answer no to the question “Do you think this is going to make me feel better?”
• When you can answer yes to the question “Do you think this is going to make me feel worse?”

Sample Phrase:

“Is there anything else you’d like to discuss?” “Have you unfinished business, arranging to attend a particular event.”

Communicating CPR Decisions with the Patient/Family

• When the wishes of a patient who lacks capacity are not known, treatment burdens for this patient in this particular condition.
• Encourage the patient to ask questions and express their wishes.
• The HSE is currently developing an advance care planning document. Consider introducing the topic in the following circumstances:

7. Any decision that CPR will not be attempted should be documented on the death certificate in dying in the community setting. CPR should only be applied if it is not unreasonable to expect the patient to live for at least 24 hours. This is the case for patients who are not expected to live for at least 24 hours, for example, patients who are not responding to treatment or who have a terminal illness.

Sample Phrase:

“We have different ways to relieve (pain/nausea/breathlessness) and other symptoms.”

Communicating CPR Decisions/Criteria for Access to SPC Services

• When a patient is not responding to treatment or who has a terminal illness.
• The patient has not expressed a wish to discuss CPR, it is not necessary or appropriate to initiate a discussion with the patient.

Sample Phrase:

“Is there anything else you’d like to discuss?”

Cancer

Time - 2-5 years, but can vary from patient to patient. Symptoms vary from patient to patient and may include fatigue, weight loss, pain, and bleeding. In some cases, cancer may be asymptomatic and detected during a routine check-up.

Sample Phrase:

“We have different ways to relieve (pain/nausea/breathlessness) and other symptoms.”

Communicating in Difficult Circumstances

• When the patient is in a hospital, they may need to be referred to specialist palliative care services.
• When a patient is in a hospital, they may need to be referred to specialist palliative care services.

Sample Phrase:

“I am very happy to talk to you about any concerns or questions you have about this now or later, is there anything you would like to know. So if there’s anything you’d like to know, feel free to ask.”

Care Planning

• When you can answer yes to the question “Do you think this is going to make me feel better?”
• When you can answer no to the question “Do you think this is going to make me feel worse?”
• When you can answer no to the question “Do you think this is going to kill me?”
• When you can answer yes to the question “Do you think this is going to kill me?”

Sample Phrase:

“Their values and personal goals for care and provided. It also allows the clinical team to prioritise the goals of comfort and support based on the patient’s person’s diagnosis or history and uncertainty is an integral part of the hospital. It promotes a quality service for all patients at the end of life, whether critically ill patients in hospital. Critical care areas, e.g. ICU, CCU...
We only have one chance to get care right for patients at end of life and the Irish Hospice Foundation provides a set of key considerations for staff in end-of-life care. These considerations aim to ensure that patients are treated as individuals and that their physical, emotional, social, and spiritual needs are met. The Irish Hospice Foundation’s Strategic Plan 2012-2015 emphasizes the importance of making sure that patients and their families are aware of the potential outcomes of their care, even if death is not imminent.

The majority of deaths in Ireland occur in acute hospitals, with 68% of deaths occurring in wards, 25% in special care areas, and 26% at home. Dying in Ireland is often unexpected, with 48% of deaths occurring within 24 hours of hospital admission, and 26% occurring within 72 hours of hospital admission. The Irish Hospice Foundation recommends that healthcare professionals should approach each patient as an individual, and that they should be prepared to talk about the likely future course of the patient’s health.

Communicating with Patients & Families

Patients need the opportunity to discuss the likely future course of their health. Families should be encouraged to ask questions and to express their concerns. The Irish Hospice Foundation recommends that healthcare professionals should answer questions in a clear and straightforward manner, and that they should provide information in a way that is appropriate for the patient’s level of understanding. They should also make sure that the patient and their family are aware of the potential outcomes of their care, even if death is not imminent.

Goals of Care

A care planning discussion might include a discussion of the patient’s goals of care, even if death is not imminent. It may be worth considering the question ‘would I be happy to die in this condition?’ The Irish Hospice Foundation recommends that healthcare professionals should document the patient’s goals of care and ensure that they are reviewed regularly.

Diagnosing Dying

Diagnosing that someone is dying is a complex process that involves the assessment of a range of factors, including the patient’s physical, emotional, and social well-being. Although the main focus of hospitals is maintaining health and preserving life, many deaths occur in acute hospitals. The Irish Hospice Foundation recommends that healthcare professionals should be aware of the potential outcomes of their care and that they should be prepared to talk about the likely future course of the patient’s health.

Breaking Bad News over the Phone

When informing a family of a patient’s death, the same principles should apply. They should be prepared to answer questions and to express their concerns. The Irish Hospice Foundation recommends that healthcare professionals should be aware of the potential outcomes of their care and that they should be prepared to talk about the likely future course of the patient’s health.

Preparation

When starting a discussion about death, it is important to make sure that the patient and their family are aware of the potential outcomes of their care. They should be encouraged to ask questions and to express their concerns. The Irish Hospice Foundation recommends that healthcare professionals should document the patient’s goals of care and ensure that they are reviewed regularly.

Care Planning

Care Planning is a process of shared decision-making that involves the patient and their family. The Irish Hospice Foundation recommends that healthcare professionals should be aware of the potential outcomes of their care and that they should be prepared to talk about the likely future course of the patient’s health.

Communicating CPR Decisions

Communicating CPR Decisions is an important part of patient care planning. The Irish Hospice Foundation recommends that healthcare professionals should make sure that the patient and their family are aware of the potential outcomes of their care and that they should be prepared to talk about the likely future course of the patient’s health.

Equivocal Criteria for Access to Specialist Palliative Care Services

The Irish Hospice Foundation recommends that healthcare professionals should make sure that the patient and their family are aware of the potential outcomes of their care and that they should be prepared to talk about the likely future course of the patient’s health.
Dying in Ireland

The majority of deaths in Ireland occur in acute hospitals. It promotes a quality service for all patients at the end of life, whether people want at the end of life 1

Goals of Care

1. To be free from pain
2. People are treated as individuals
3. To be free from suffering
4. To be free from loneliness
5. To be free from loss

Section 1

Diagnosing Dying

Diagnosing that someone is dying is a significant event in the patient's journey. There are occasions when a person who is thought to be dying is not aware of it. Patients themselves may already be aware that they are nearing the end of their life. It can be difficult for a doctor or healthcare worker to confirm the message. "I can see this is a shock for you." "I'm afraid I have bad news." "Have you thought about what you'd like to happen if...?"

Communicating with patients and families at end of life can be very difficult for staff. The quality of communication in times of crisis can affect the patient's quality of life. "I want to talk to you about your illness." "Let me explain about the treatment I want." "I'm going to say something that might upset you, but I want you to know..."

Preparing for communication

• Don't overload the patient with information.
• Avoid jargon and euphemisms – use simple language/draw diagrams if appropriate.
• Emphasise the available support, such as the palliative care team.

Consider introducing the topic in the following circumstances:

• the patient's and/or family's concerns
• changes in the patient's condition
• when the patient’s illness is no longer curable
• when the patient’s illness is terminal

Sample Phrase:

"People vary in how they want to make medical decisions. Some people want to make decisions themselves, some want to share decision making with the doctor. What would you like?"

Care Planning

• Share information with the healthcare team including the GP/PHN and document (1) details of the discussion (using the same language you used with the patient) and (2) follow up plan in the same manner in which it is imparted.

Communicating CPR Decisions/Criteria for Access to SPC Services

Where the patient lacks capacity, the nature, benefits and risks of CPR as they reasonably be managed by the current care provider(s)

Eligibility Criteria for Access to Specialist Palliative Care Services

Patients with both

References

1. McKeown, K., 2012. Key Performance Indicators for End-of-Life Care: A Review of Data on Place of Care and Place of Death in Ireland, Dublin: 25% Long-stay facilities

2. Strategic Plan 2012-2015 (The Irish Hospice Foundation)

4. Supporting the Patient

• If an interpreter is required organise in advance and avoid surprise question – "would you be surprised if I told you...?"
• Have options or treatment plans prepared to discuss with the patient.


Section 2
The Recognition of Progressive Deterioration in Health

Symptoms of a patient in advance care planning for end of life care

- Difficulty breathing
- Swallowing difficulties
- Persistent pain
- Fatigue and weakness
- Unusual changes in appetite
- Sleep disturbance
- Delirium
- Confusion
- Changes in mood
- Unusual changes in mental state

Factors that may indicate deterioration in health

- Changes in mental state
- Changes in appetite
- Changes in activity levels
- Changes in vital signs

Diagnostic Dying

Recognising pitfalls in assessing dying

- Over-reliance on vital signs
- Over-reliance on medical history
- Over-reliance on physical examination
- Over-reliance on laboratory tests
- Over-reliance on imaging studies

Factors that may influence the recognition of dying

- Cultural beliefs
- Religious beliefs
- Personal preferences
- Family preferences

Communicating in Difficult Circumstances

The importance of communication

- Communication is the key to end-of-life care
- Communication helps to achieve patient and family goals
- Communication helps to anticipate patient needs
- Communication helps to alleviate family anxiety

Barriers to communication

- Language barriers
- Cultural barriers
- Emotional barriers
- Information barriers
- Time barriers

Steps to effective communication

1. Establish a relationship
2. Use clear and simple language
3. Use non-verbal communication
4. Use active listening
5. Use feedback

Care Planning

Species specific criteria for access to specialist palliative care services

- Age
- Diagnosis
- Prognosis
- Functional status
- Social support

Sudden

- Time - 2-5 years
- Symptoms - rapid decline from baseline
- Treatment - supportive care

Long

- Time - months to years
- Symptoms - gradual decline from baseline
- Treatment - combination of supportive care and disease-modifying therapy

Carefully break the news gently, slowly and clearly.

- Confirm identity and relationship to the patient.
- Give a warning shot and pause before breaking the news.
- Deal with concerns before details - facts may not be remembered.
- Set time aside. Organise a colleague to accompany you, if possible.
- Provide a clear plan for the patient/family as to what will happen next.
- Chunk & check – break news into chunks & check understanding.
- Set a time limit for the conversation.
- Avoid questions that could be perceived as surprising the patient.
- Sample Phrase: “I'm afraid I have bad news”

Sick

- Time - weeks to months
- Symptoms - progressive decline from baseline
- Treatment - combination of supportive care and disease-modifying therapy

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- Set a time limit for the conversation.
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- Sample Phrase: “I'm afraid I have bad news”

Setting up the environment

- Make sure the environment is comfortable and private.
- Provide tissues handy (discreetly).
- Set time aside. Organise a colleague to accompany you, if possible.
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Long
Dying in Ireland

The Recognition of Progressive Deterioration in Health

Diagnosing Dying

Communicating in Difficult Circumstances

Care Planning*

Communicating CPR Decisions

Rightly Criteria for Access to Specialist Palliative Care Services*
provides a set of key considerations for staff in end-of-life care.

- People are treated as individuals
- People are treated with dignity and respect

Almost 30,000 die in Ireland every year.

To be at home...
The Network of Hospice Friendly Hospitals is supported by the Irish Hospice Foundation in partnership with the HSE.

Some findings from the National Audit of End-of-Life Care in Hospitals 2008/9

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>Nurses</th>
<th>Relatives</th>
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<tbody>
<tr>
<td>Patient had pain all or most of the time in the last week of life</td>
<td>10%</td>
<td>15%</td>
<td>23%</td>
</tr>
<tr>
<td>Patient care [Scale: not well to very well]</td>
<td>81%</td>
<td>75%</td>
<td>73%</td>
</tr>
</tbody>
</table>

The least satisfactory care is for patients with dementia/frailty.

At least one person (relative/friend/staff) present at time of death | 75%

Patient/family present at a team meeting to discuss end-of-life care | 68%

Discussions documented | 76% 89%

...NorMors chin support (used when laying out a deceased person)...

...The Standards set out best practice in relation to the provision of end-of-life care. The Standards have as their core the need for greater engagement by hospitals around issues of dying, death and bereavement...

The hospital has systems in...and wishes.

...Each patient receives high engagement by hospitals around issues of dying, death and bereavement. End-of-life care can be difficult. It is important that staff support...

...Communication with families should include:

- Consent is not required. However, families will be asked...
- In some cases, requests may be initiated by the family...
- How the deceased person will look after the procedure...
- What might be contained in the PM record e.g. (eg for a more detailed examination) & how they will be informed of any...
- Coroner's reason for ordering the PM...
- Communicating with families should include:
- Family members/significant others identified & contact details recorded.
- Emotional & psychological care– person and family have appropriate support...
- Bowel care – person is free from bowel problems causing distress...
- Pressure care - if death is imminent, reposition for comfort only – consider pressure relieving mattress...
- Person is free from pain, agitation, excessive respiratory tract secretions & nausea/vomiting,...
- Ongoing assessment goals for the dying person...
- Goals for the dying person...
- Inappropriate interventions discontinued e.g. blood tests, BP monitoring...
- The person is assessed and a care plan is developed in line with the person's/family's wishes & needs.

Part A

6. Offer support and reassurance to other...

3. Inform pastoral care/spiritual support staff, ...

2. Notify next of kin and provide support to...

1. Pain

5. Anxiety

4. Delirium

Part B

8. To allow for the preparation of the patient's...

6. Offer support and reassurance to other...

3. Inform pastoral care/spiritual support staff, ...

2. Notify next of kin and provide support to...

1. Pain

5. Anxiety

4. Delirium

...to ensure that the patient receives care that is consistent with their choices and wishes.

...Coroner's post mortem is carried out, the Coroner...

...In cases where a Coroner's post mortem is carried out, the Coroner...

...Notification Form to family member/partner...

...The role of the Garda (see above)...

...In some cases, requests may be initiated by the family...

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- How the deceased person will look after the procedure...
- What might be contained in the PM record e.g. (eg for a more detailed examination) & how they will be informed of any...
- Coroner's reason for ordering the PM...
- Communicating with families should include:
When a Person Dies: "What happens next?"

1. Inform doctor to pronounce patient's death.
2. Check that do not resuscitate (DNR) order has been completed.
3. Inform pastoral care/spiritual support staff, if required.
4. Start planning for the removal of the deceased for examination.
5. Place end-of-life symbol at nurses' station to notify staff a patient has died.
6. Establish a bereavement support person to liaise with family members.
7. Ask family members/significant others identified & contact details recorded.
8. Start asking about how the family have coped & what assistance they need.
9. Ensure family members/significant others have support & information on available services.
10. Ask family members/significant others if they need any help with managing the person's appearance & equipment.
11. If yes, complete dressing as follows:
   - Dressing the deceased person's body in clothes or a shroud – find out what the family would like.
   - Covering of wounds with a waterproof dressing.
   - Straightening the deceased person's limbs.
   - Washing the deceased person.
12. Keep the family informed about the person's appearance & equipment that must be removed unless otherwise indicated, for example, in a coroner's case.
13. Plan for the person to be taken to mortuary to begin examination.
14. Make sure any arrangements have been made with family members for the deceased to be removed from the ward.
15. Ask family members/significant others if they would prefer to be with the person until they are removed from the ward.
16. Porter transfers deceased person to mortuary, if necessary.
17. Notify staff a patient has died.
18. Ask all people involved in patient care to participate in the removal of the person.
19. Send sympathy card to the family, preferably arriving on the person's month's mind.
20. Whenever possible, ask family members/significant others to be present to support each other & make any final arrangements.

Resources / Quality Standards

Part B

5. Place end-of-life symbol at nurses' station to notify staff a patient has died.

Part C

3. Inform pastoral care/spiritual support staff, if required.

Resources

Part E

• Family handover bag (for returning a person's belongings)
• End-of-Life symbol (used to notify staff that a person has died / or is transferring the deceased patient from the ward)

Ceremonial Resources - examples

- Tissue samples on slides/wax blocks
- Death Notification Forms/Death Certificates

Death Notification Forms/Death Certificates

- Following information relating to the deceased person: ID, PPS number, date of birth, date of death, cause of death, place of death.
- Family member/partner (with their ID) presents Death Notification Forms/Death Certificates to the General Practitioner/GP, where the deceased person was registered.
- General Practitioner/GP (where registered) completes Death Notification Forms/Death Certificates & sends them to the appropriate authority.
- Post Mortem requested, if appropriate.

Feedback from the bereaved relatives should also be considered.

Post Mortems

• How the death is registered
• The general rule is that all sudden, unexplained, violent deaths and death which is due directly or indirectly to any unnatural cause must be investigated by a Coroner. Apart from informing families regarding the possibility of organ retention, it may not be appropriate to give all of this information at this stage.
• Their right to refuse or place limits on the extent of the hospital PM examination
• Consent is required from the family of the deceased person for a hospital PM examination including the extent of the hospital PM examination, information as required.
• Usually initiated by a request from the medical team

Communication with families should include:

- What a PM examination involves
- Coroner’s reason for ordering the PM
- Feedback from the bereaved relatives should also be considered.

Recommended Practices for options

- Options regarding the ultimate disposition of retained organs
- What a PM examination involves
- Coroner’s reason for ordering the PM
- Communication with families should include:

You can also seek advice from Our Lady’s Hospice, 34 Westland Row, Dublin 2, or by telephone on 01 6776422/3.

For the full Audit Report go to www.hospicefriendlyhospitals.net

resources / Quality Standards

Part D

1. Complex symptom control issues
2. Continuous assessment of symptoms & treatment
3. Breathlessness
4. Severe breathlessness

Interim Service.

Service.

1920-2009.
The Network of Hospice Friendly Hospitals is supported by the Irish Hospice Foundation in partnership with the HSE.

For the full Audit Report go to www.hospicefriendlyhospitals.net

Number of patients who could have died at home if appropriate supports were available 20-25%

At least one person (relative/friend/staff) present at time of death 75%

Discussions documented 76% 89%

Discussions held re. end-of-life care 55% 96%

• Family handover bag (for returning a person's belongings)
• Ward Altar (multi-denominational)

or deceased patient. Check your local policies/intranet.

They identify the essential elements that need to be in place to ensure a consistent quality approach for all end-of-life care across the hospital and wishes.

appropriate to his / her needs

quality end-of-life care that is with compassionate support

training and development to

Death Notification Forms/Death Certificates/After Death Review Meetings

A death notification form should be filled in by the family member/partner (with their ID) and sent to the Civil Registration Service with the following information relating to the deceased person: ID, PPS number, date of birth, date and place of death, cause of death.

Family member/partner (with their ID) presents Death Notification Form to the Civil Registration Service with the following information relating to the deceased person: ID, PPS number, date of birth, date and place of death, cause of death.

Death Notification Form to the Civil Registration Service with the following information relating to the deceased person: ID, PPS number, date of birth, date and place of death, cause of death.

• Possibility of and reason for the retention of organ(s)
• Possibility of and reason for the retention of organ(s) (eg for a more detailed examination) & how they will be retained.

A post mortem (PM) examination (also called an autopsy) is a medical examination of a person that takes place after death.

• How the death is registered
• When to report a death to the coroner *

If a doctor has any doubt in the matter, contact the coroner for the district.

• Would the way this person died be acceptable to me?
• What would I do differently in the future when caring for people at end of life?

Debriefings, reflection and learning and also promotes a culture of engagement by hospitals around issues of dying, death and bereavement.

They identify the essential elements that need to be in place to ensure a consistent quality approach for all end-of-life care across the hospital and wishes.

appropriate to his / her needs

quality end-of-life care that is with compassionate support

training and development to

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A death notification form should be filled in by the family member/partner (with their ID) and sent to the Civil Registration Service with the following information relating to the deceased person: ID, PPS number, date of birth, date and place of death, cause of death.

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The Network of Hospice Friendly Hospitals is supported by the Irish Hospice Foundation in partnership with the HSE.

National Audit

The Irish Hospice Foundation, 32 Nassau Street, Dublin 2.

Hospice Friendly Hospitals,

Do you feel the way the patient died would be acceptable for...

Family support [Scale: not well to very well] 83% 83% 70%

Quality of care linked to disease

Ward staff who felt very upset after a patient's death during the past year 51%

Relatives offered information leaflets on dying, death or bereavement 15%

Patient/family present at a team meeting to discuss end-of-life care 68%

Wishes met 68% 83%

Quality of discussion 73% 85%

Communication Patients Relatives

Resources / Quality Standards

A number of resources are available to enhance the care of the dying setting, whether death is sudden or expected.

The Standards set out best practice in relation to the provision of... engagement by hospitals around issues of dying, death and bereavement.

The hospital and is organised... place to ensure that end-of-life care is provided in a... appropriate to his / her needs.

Staff are supported through their roles in end-of-life care.

ensure they are competent and... Service.

Coroner's Post Mortem

Death Notification Forms/Death Certificates

Notification Form to family member/partner

Refer to www.hospice-foundation.ie for a range of bereavement resources & local services available to families so you can pass on

National End-of-Life Care Audit System.

Regular review meetings held with the staff at ward/unit level or

After Death Audit & Review Meetings

• Communication of results - the family should be offered

• How the death is registered

• What a PM examination involves

• Their right to refuse or place limits on the extent of the examination

• Consent is required from the family of the deceased

• Usually initiated by a request from the medical team

• The family have the option of refusing consent or to limit the extent of the hospital PM examination

• X-rays/clinical photographs

• Consent is not required. However families will be asked

• The coroner's office controls the release of information regarding

• Information on the office and role of the coroner

• Consent is required from the GP

• The findings of the coroner's post mortem – contact the

9. Prepare and lay out deceased person using

8. To allow for the preparation of the patient's

5. Place end-of-life symbol at nurses' station to

4. Doctor completes death notification form

Sample Checklist

Health Services Intercultural Guide: Responding to the needs of diverse religious communities and cultures in

Refer to 'When a Patient is Dying' information booklet (Hospice Friendly Hospitals Programme)

Liverpool Care Pathway, version 11 2005

Goals to support the family as the person nears death

• Eyes, mouth & lips are clean & moist - consider family involvement in these tasks, if appropriate

• Organ donation considered

• DNAR order completed

• Cardiac defibrillators (ICDs) deactivated in consultation with cardiologist

Clinical goals

• The person is assessed and a care plan is developed in line with the person's/family's wishes & needs.

When possible it is important to agree goals for end-of-life care with the person, family and... facing bereavement

6. Delirium

2nd edition 2012–2013

Hospice Palliative Meds Info Helpline: 01...
The Network of Hospice Friendly Hospitals is supported by the Irish Hospice Foundation in partnership with the HSE. 

Comparative data

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<thead>
<tr>
<th>Doctors</th>
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<th>Relatives</th>
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Family support [Scale: not well to very well]

- 83% 83% 70%

Quality Standards

Part E

- Family handover bag (for returning a person's belongings)
- End-of-Life symbol (used to notify staff that a person has died / is setting, whether death is sudden or expected.

Each patient receives high and wishes.

Family members are provided with compassionate support themselves & each other in this area of work. Staff can be supported

Take Care - Staff are not immune to grief

- Options regarding the ultimate disposition of retained organs (continued retention with consent of family/

A post mortem (PM) examination (also called an autopsy) is a medical examination of a person that takes place after death.

When to report a death to the coroner *

- What a PM examination involves
- What might be contained in the PM record e.g. body fluids
- Where the PM will take place, how long it will take and whether

Coroner's Post Mortem

- Notification Form to the Civil Registration Service with the

Death Notification Forms/Death Certificates

- Following information relating to the deceased person: ID, PPS

- Required (eg for a more detailed examination) & how they will be

- X-rays/clinical photographs

- Tissue samples on slides/wax blocks

- Carried out by a pathologist who acts as the coroner's agent

- Options for sensitive disposal (burial or cremation)

- The coroner's office controls the release of information regarding

- Also the family can request the coroner to issue the report to

- Where appropriate.

- The coroner's office controls the release of information regarding

- Where the PM will take place, how long it will take and whether

Post Mortems

- Options regarding the ultimate disposition of retained organs (continued retention with consent of family/

Resources / Quality Standards

Part D

- Interim death certificate for Social Welfare benefits.

- Coroner's Post Mortem

- The following information relating to the deceased person: ID, PPS

- Notification Form to family member/partner

- Death Certificate

- Information leaflets.

- Resources & local services available to families so you can pass on

- Information they have been given

- Options regarding the ultimate disposition of retained organs (continued retention with consent of family/

- Where appropriate.

- The coroner's office controls the release of information regarding

- Where the PM will take place, how long it will take and whether

- Options for sensitive disposal (burial or cremation)

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Some findings from the National Audit of End-of-Life Care in Hospitals 2008/9

- Ward staff who felt very upset after a patient's death during the past year: 51%
- Patients/families informed of outcome of meetings where they were not present: 17%
- Wishes met: 68%
- Discussions held re. end-of-life care: 55%

The least satisfactory care is for patients with dementia/frailty.

As assessed by doctors & nurses, care at end of life is best for patients with cancer, followed by...