

**Centre for Palliative Care Research and Education
Conference, 2009**

***Preferred Place of Death for Palliative Patients
in Southern Queensland.***

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Quality improvement:

- Activities that decrease the gap between routine practice and best practice

Best practice:

- Ultimately defined by consensus opinion of experts in the field as to what constitutes best practice.
- Such opinion is based on evidence from research, audits, attainment of standards, measures of desired outcomes and also incorporates legislative, regulatory and legal requirements.

Clinical quality indicator:

- A measure of the clinical management and outcome of care; a method of monitoring patient/client care and services which attempts to flag problem areas, evaluate trends and so direct attention to issues requiring further review.
- An evaluation criterion providing an objective measure of either process or outcome in qualitative terms that is comparable across similar services.
- Often reported in percentages or ratios.

Possible clinical quality indicator for palliative care:

- Percentage of patients cared for by a particular service able to die in their environment of choice.

Southern Queensland study:

- Investigated 248 deaths across southern Queensland during period 18/03/07 to 12/11/08
- Environments of care included in-patient units, community services and RACFs
- Bereaved carers used as proxies

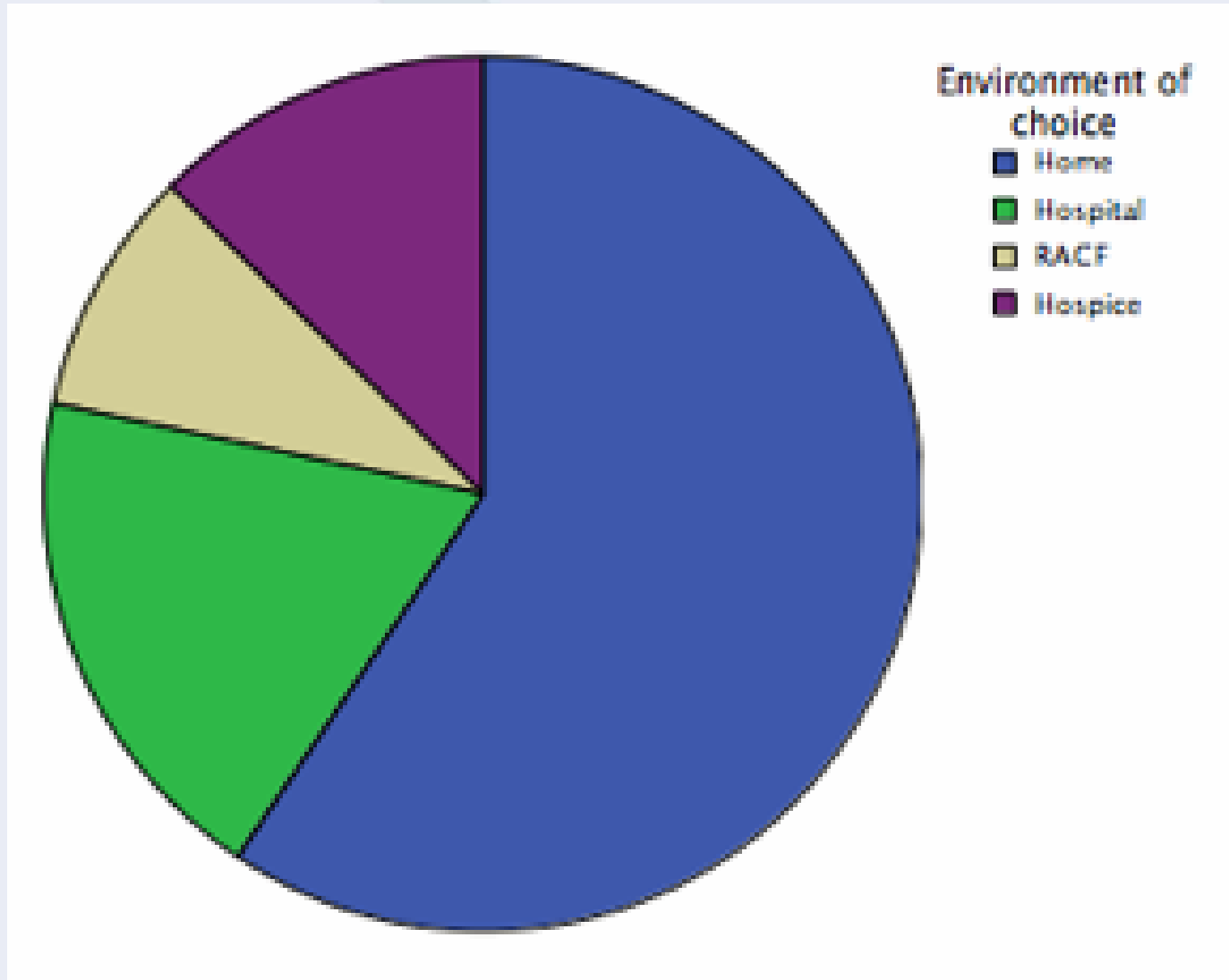
Survey questions:

- Did loved one express a wish to die in a particular place?
- What was that their preferred place?
- Did they die in their preferred place?
- Were you satisfied with the actual place of death?
- If the person was unable to die in their preferred place, what was the reason(s) for not dying there?

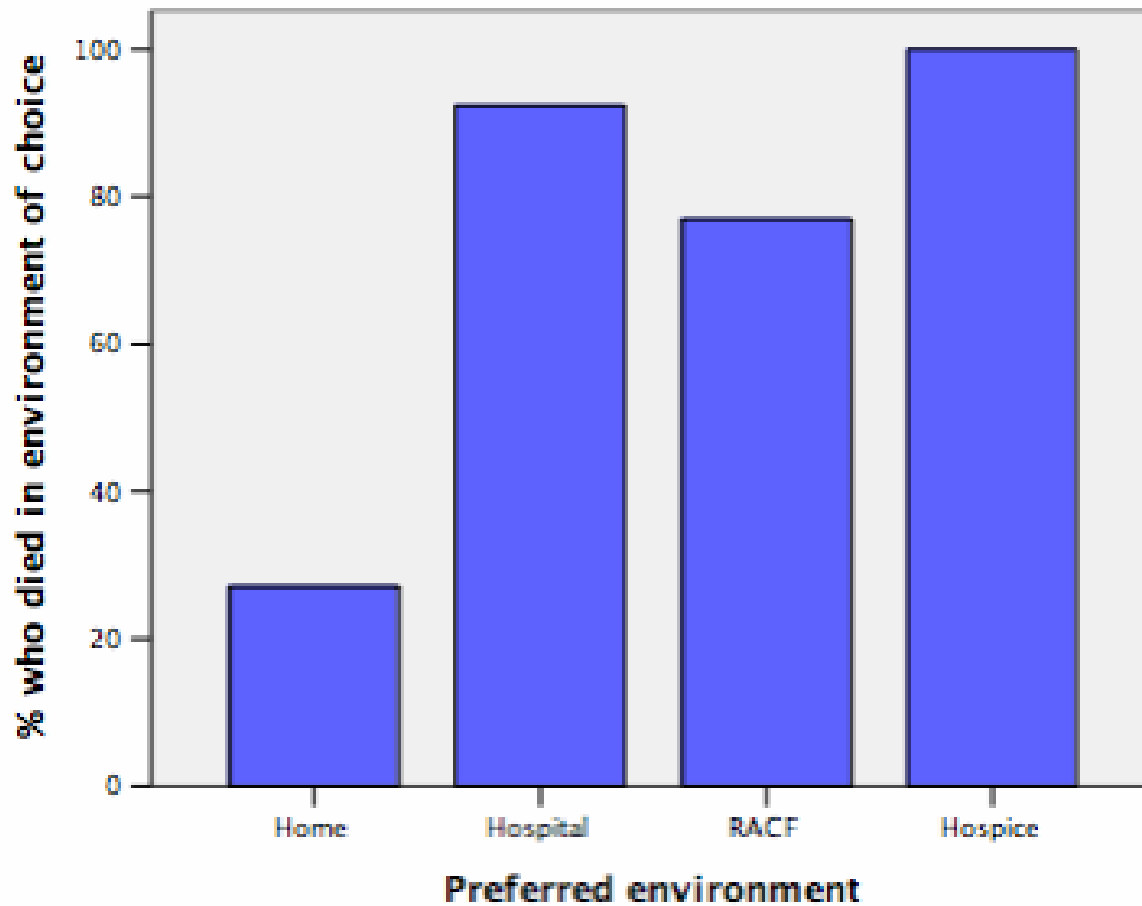
Survey results:

- 694 surveys sent, 248 returned – response rate 36%
- 35% from in-patient units, 34% community services and 39% from RACFs
- 143 (57.7%) indicated that their loved one had expressed a preference for their place of death

Patients' preferred place of death (n = 143)



Percentages of patients able to die in place of choice



Reported reasons that patients' unable to die in environment of choice:

- **Symptom management (61.1%)**
- **Carer distress (12.5%)**
- **Lack of resources (18.1%)**
- **Patient choice (8.3%)**



Thanks