

Quality Improvement Module 2019/20 – End of Life Care

Examples of SMART Objectives and QI Project Outcomes

Identifying people approaching end of life

EPaCCS data suggests that 0.20% of practice population are identified as end of life. Local standard is 0.45%

SMART Objective: Increase from 0.20% to 0.30% [insert own figures and target] of practice population identified as end of life (using GSF EPaCCS codes) and included on the practice's GSF register, over the next 6-months.

QI Project Outcomes:

- Earlier identification of people with end of life care needs
- Palliative Care Register more reflective of local needs
- Greater use of needs-based coding to support more personalised care planning

Care planning at end of life

EPaCCS data suggests that 40% of patients who died in the last 6-months were identified as end of life and were offered timely and relevant advance care planning discussions. Local standard is 70%

SMART Objective: Increase from 40% to 55% [insert own figures and targets], over the next 6-months, of patients who, by time of death were identified as end of life (using GSF EPaCCS codes), offered Advance Care Planning discussions and had a CPR decision/discussion recorded (using ACP/Patient Preferences EPaCCS codes)

QI Project Outcomes:

- More people offered the opportunity to discuss their wishes and preferences for end of life care
- More shared-decision making between patients (and their families/carers) and professionals
- Increased confidence in initiating end of life discussions with patients and their families
- More proactive, person centred care and support
- More patients empowered to feel in control of their care
- Fewer complaints related to poor communication

And/or

EPaCCS data suggests that 40% of patients who died in the last 6 months had a preferred place of care/death and an actual place of death recorded. Local standard is 60%

SMART Objective: Increase from 40 – 50% [insert own figures and targets] of patients, over the next 6-months, who have a preferred place of care/death and an actual place of death recorded (using Patient Preferences and Death Details EPaCCS codes)

QI Project Outcomes:

- More people dying in their preferred place of death
- Greater resilience of loved ones to cope with bereavement

Key: **Measurable aspect**

SMART - Specific, Measurable, Achievable, Relevant, Time-Bound