

## 12 THE IMPACT ON THE PLACE OF DEATH THROUGH ADVANCE CARE PLANNING DOCUMENTATION IN HEART FAILURE AND END STAGE RESPIRATORY DISEASE PATIENTS

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A retrospective review was performed of 23 respiratory (n=21) and heart failure (n=2) hospice patient notes, who died between 1 January 2009 and 31 June 2010, (12 women, 11 men: 54–92 years). All the notes included letters documenting advance care planning (ACP) preferences and decisions (eg, preferred place of care (PPC) and/or death (PPD), treatment preferences, resuscitation status etc).

78% (18/23) of deaths were achieved in the preferred place of death or care as documented in ACP letters or the ongoing ACP process

- ▶ 13/23 (57%) patients achieved their documented PPD (9/23 Home, 4/23 Hospice).
- ▶ 4/23 (17%) patients did not achieve their initial documented PPD but died in the Hospice.
- ▶ 1/23 (4%) patients died in their PPC (hospital) as they had requested admission for treatment of potentially reversible causes including ITU.

2/23 (9%) were sudden deaths at home for patients who had otherwise requested admission for treatment of potentially reversible causes.

2/23 (9%) were deaths in hospital for patients admitted for treatment who died while inpatients (one for blood transfusion; one reason unknown).

1/23 (4%) place of death was unknown.

16/18 (89%) patients did not die in hospital as requested.

This review provides evidence that ACP conversations and documentation influence patient's attainment of their preferred place of death, including not dying where they don't want to. When implementing ACP, consideration should be given to where people want to die, where they do not and their preferred places of care.