only 1% of the time, however when the yes or no format was used, goals were documented as not met 20% of the time.

Conclusions Ticking the box, or in this case, documenting an 'A' for achieved provides little information or evidence that the cultural goals have been addressed in an appropriate and comprehensive manner. In addition, the variance-reporting format appears to be misunderstood when documenting the care of patients who are unconscious, or families who are not present. The constraints placed on writing a holistic patient story potentially impede the meeting of cultural needs based on beliefs and values.

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TICKING THE BOXES FOR CULTURAL CARE AT END-OF-LIFE

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Background Clinical pathways including the Liverpool Care Pathway for the Dying Patient (LCP) construct the documentation of care in ways that can have benefits and consequences. In New Zealand unique cultural goals related to the care of patients and their families were added to the LCP, and research into their use is underway.

Aims As part of an investigation into the utility, comprehensiveness and cultural appropriateness of the cultural goals, the aim was to examine the content of cultural care documentation to ascertain documentation practices.

Methods A retrospective chart audit of 100 LCP documents, with 25 each from home care, aged residential care, hospital and hospice, and semi-structured interviews with stakeholders including clinical staff and managers.

Results A number of patterns emerged including: very high rates (99% of 1360 entries) of the goals being recorded as 'achieved', even when one of the goals related to family needs and the family was not present; minimal documentation of cultural needs; and minimal variance documentation. In addition a further pattern related the use of the yes or no format in version 11 (rather than achieved or variance in version 12). A variance was documented