Evidence-based palliative care is important to support patients and families through the end of life. This study aimed to evaluate the consistency and completeness of end of life documentation in inpatient records of patients receiving palliative care in a district general hospital. The PiPS (Palliative Care Scale) predictor models provide quantification of the probability of dying within a given time frame. The majority of participants expressed desire for detailed prognostic information. Participants’ preferences were influenced by patient age, time since diagnosis and coping ability. Most agreed that having life expectancy presented as ‘days’, ‘weeks’ or ‘months’. A previous study has shown that the PiPS models are at least as good as or more accurate than clinicians’ predictions of survival. We are currently validating the latter models in a large clinical study of palliative cancer patients (n=1884), this paper presents data from a nested qualitative study that explored patients’ and their carers’ perspectives of the PiPS predictor models.

A baseline audit of documentation within the care plan for one month noted a lack of consistency in the location of HCP documentation. Daily reviews could be documented in the medical notes, nursing notes or within the care plan. This was felt to negatively impact upon the coordination of care for dying patients within the hospital.

In order to improve the consistency of documentation within section 6 of the care plan a sticker was introduced with the same colour as the care plan into medical and nursing notes when a patient commenced on an end of life care plan, which directed all HCPs to document within section 6 of the care plan.

A re-audit of the notes of all deaths on a care plan over one month was carried out following this intervention. In total the care plan was used for 12 patients and the sticker used in 8 of those deaths (66%). Documentation within section 6 of the care plan improved with the use of the sticker, however, within the hospital the use of the care plan in general is inconsistent. This QIP has highlighted the need for review of EOL documentation and ongoing education and training.