DORSET NETWORK SPECIALIST PALLIATIVE CARE GROUP

PREFERRED PLACE OF CARE AUDIT 2008/09

Specialist Palliative Care provider:
○ Christchurch Macmillan / RBH
○ Poole Palliative Care Service
○ Weldmar HospiceCare

1	Date of death	_ _ / _ _ / _ _		
2	Is there documentation within the patient's healthcare record of the patient's most recent preference for place of care or place of death?	○ Yes	○ No	
3	Is the documentation for the patient's most recent preference in an agreed **standard place** within the healthcare record?	○ Yes	○ No	Comments:
4	Is the documentation of the patient's most recent preference dated?	○ Yes	○ No	Comments:
5	What was the patient's most recently stated preference for place of care or place of death?	○ Home ○ Relative's home ○ Hospice/palliative care unit ○ **Either** home **or** palliative care unit ○ Nursing home or care home ○ Acute hospital ○ Community hospital ○ Other (please specify)		
6	Where did the patient die?	○ Home ○ Relative's home ○ Hospice/palliative care unit ○ Nursing home or care home ○ Acute hospital ○ Community hospital ○ Other (please specify)		
7	Was the patient's most recently stated preference for place of care met?	○ Yes	○ No	○ Don't know

8 Comments (please continue overleaf if needed) – for example:

- why it was not possible to meet the patient's wishes
- why it was not in the patient's best interests
- change in the patient's preference for place of care or death

Thank you for completing this form – please return it to:
Saskie Dorman, Consultant in Palliative Medicine, Forest Holme, 5 Seldown Road, Poole BH15 1TS.
Phone 01202 448118 for queries