

**DORSET NETWORK SPECIALIST PALLIATIVE CARE GROUP
PREFERRED PLACE OF CARE AUDIT Oct – Dec 2009**

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

1	Date of referral to the palliative care team	__ / __ / __		
2	Did the patient live alone?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
3	Date of death	__ / __ / __		
4	Is there documentation within the healthcare record of the patient's most recent preference for place of care or place of death?	<input type="radio"/> Yes	<input type="radio"/> No	
5	Is the documentation for the patient's most recent preference in an agreed standard place within the healthcare record?	<input type="radio"/> Yes	<input type="radio"/> No	Comments:
6	Is the documentation of the patient's most recent preference dated?	<input type="radio"/> Yes	<input type="radio"/> No	Comments:
7	What was the patient's most recently stated preference for place of care or place of death?	<input type="radio"/> Home <input type="radio"/> Relative's home <input type="radio"/> Hospice/palliative care unit <input type="radio"/> Either home or palliative care unit <input type="radio"/> Nursing home or care home <input type="radio"/> Acute hospital <input type="radio"/> Community hospital <input type="radio"/> Other (please specify)		
8	Where did the patient die?	<input type="radio"/> Home <input type="radio"/> Relative's home <input type="radio"/> Hospice/palliative care unit <input type="radio"/> Nursing home or care home <input type="radio"/> Acute hospital <input type="radio"/> Community hospital <input type="radio"/> Other (please specify)		
9	Was the patient's most recently stated preference for place of care met?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
10	If the patient's most recently documented preference for place of care was not the place in which the patient died, why was this? Tick all factors that apply and please give details below	Patient <input type="radio"/> Sudden deterioration in the patient's condition <input type="radio"/> Patient changed his or her mind about preferred place of care <input type="radio"/> It was in the patient's best interests to be elsewhere than his or her preferred place of care Family <input type="radio"/> Family exhaustion or distress <input type="radio"/> Family did not wish for the patient to be at home to die Resources and teams <input type="radio"/> Insufficient staff to care for the patient in their own home <input type="radio"/> No bed available in the preferred place of care <input type="radio"/> Patient wished to die in the palliative care unit but did not meet criteria for admission there <input type="radio"/> Late referral to the palliative care team <input type="radio"/> Other		
11	Comments (please continue overleaf if needed):			

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