



ELDAC After Death Audit (Please use a new form for each resident)

Day / Month / Year	
Date Completed:	Resident ID Number:

Question		Response
1.	Date of admission to Residential Aged Care	Day / Month / Year
2.	Age	Years
3.	Principal life limiting illness	Dementia Stroke Cardiovascular disease Cancer Motor Neurone Disease End stage kidney disease Respiratory failure End stage liver disease Diabetes and its complications Multiple organ failure Other non-malignancy (please state): Unknown
4.	Gender	Male Female Other (please state): Not stated
5.	Preferred language of the person	English Other (please state):
6.	Country of Birth	Australia Other (please state):

7.	Was the resident referred to other services in the last 3 months before they died? (tick all that are appropriate)	Internal Specialist Palliative Care Provider External Specialist Palliative Care Service Dementia Support Australia Ambulance Extended Care Paramedics Geriatric Rapid Response After hours GP (Locum) X-Ray Other (please state):
8.	Was the resident transferred to hospital in the last week of life?	Yes (complete Questions 8-12) No (skip to Question 13)
9.	Person requesting transfer to hospital (last week of life)	Resident Family General Practitioner Other Medical Practitioner Nursing Staff Other (please state): Unknown
10.	Principal reason for hospitalisation (last week of life)	Symptom management Sudden unexpected deterioration Following a fall GP unavailable Other (please state):
11.	Was the hospital admission avoidable?	Yes No Unsure Comment to support answer:

12.	Number of days in hospital in the last week of life	Days
13.	Did the resident have an Advance Care Plan or Advance Care Directive?	Yes No Unknown
14.	Was there documented evidence that the resident's <i>diagnosis</i> was discussed with the resident and family?	Yes No Unknown
15.	Was there documented evidence that the resident's <i>prognosis</i> was discussed with the resident and family?	Yes No Unknown
16.	Was there documented evidence that CPR/intubation versus comfort care was discussed with the resident and family?	Yes No Unknown
17.	Where did the resident wish to be cared for should their condition deteriorate?	Home Residential Aged Care Hospital Other (please state): Unknown
18.	Did the resident have a Substitute Decision Maker designated?	Yes No Unknown
19.	Was the family assessed for bereavement risk?	Yes No Unknown
20.	Were the family referred to a bereavement service or other support after the resident's death?	Yes No Unknown
21.	Was a Family Meeting/Case Conference specifically held about palliative and/or end-of-life care held within 6 months prior to the resident's death?	Yes (complete dates) No Unknown Date 1: Day / Month / Year Date 2: Day / Month / Year Date 3: Day / Month / Year (if more than one case conference, list each meeting date)

22.	Was a Team Case Conference discussing palliative care held within the last 6 months?	Yes (complete dates) No Unknown Date 1: Day / Month / Year Date 2: Day / Month / Year Date 3: Day / Month / Year (if more than one case conference, list each meeting date)
23.	Was the resident commenced on an End-of-Life Care Pathway/Care Plan?	Yes (complete date) No Unknown Date: Day / Month / Year
24.	Date of Death	Day / Month / Year
25.	Place of Death	Residential Aged Care Public Hospital Private Hospital Inpatient Palliative Care Unit Private Home (i.e. not the service) Other (please state):
26.	Was this the resident's preferred place of death?	Yes No No preference stated Unknown
27.	Were the palliative care needs of the resident met in the last week of life?	Yes, fully Yes, partially No Unsure/Not Known
28.	Were the family's palliative care needs met in the last week of life?	Yes, fully Yes, partially No Unsure/Not Known

29.	Barriers to effective palliative care (tick all that apply)	No End-of-Life medication prescribed End-of-Life medication unavailable when needed Clinical review by GP/Nurse Practitioner unavailable when needed No equipment to administer medication Registered Nurse unavailable 24 hours/7 days Conf icts around goals of care Other (please state):
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