Analysis Tables

The below tables were used to group the data from the audit tool validation study. You may wish to also group your data in the same manner.

If you have any questions regarding the data tables please contact: mail@safetyandquality.gov.au

Table 1 Results for Medical Record Audit

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Total Patients		xx (xxx)	xx (xx)	xx (xxx)	xx (xxx)	xxx (xxx)
Sex (female)						
Age						
< 60						
≥ 60						
Major speciality of patients Cared For:Medical						
Aged Care	Yes					
Cardiology	Yes					
Endocrinology	Yes					
Gastroenterology/ Hepatology	Yes					
General medicine	Yes					
Haemotology	Yes					
Immunology	Yes					
	Yes					
Oncology	Yes					
Palliative Care	Yes					
Rehab	Yes					
Renal	Yes					
Respiratory	Yes					
Rheumatology	Yes					
Major speciality of patients Cared For:Surgical						
Cardiothoracics/ Thoracic	Yes					
General surgery	Yes					
Orthopaedics	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Neurosurgery	Yes					
Urology	Yes					
Vascular	Yes					
Obstetrics	Yes					
Major speciality of patients Cared For:Critical Care						
Anaesthetics	Yes					
Emergency	Yes					
Intensive Care	Yes					
Others	Yes					
Where was the patient prior to admission?	Home					
	Residential care facility					
	Supported living					
	Others					
How many times was the patient admitted to an acute hospital in the 12 months prior to this hospital admission?	1-2 times					
	3-5 times					
	More than 5 times					
	None					
	Not known					
Prior to admission was there any evidence of a written advance care plan or advance health directive?	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Did the patient have a legally appointed decision-maker documented?	Yes					
Is there any documentation indicating that the patient's preferences for care were discussed during this admission?	Yes					
At any time during the admission was a resuscitation plan documented?	Yes					
What limitations of medical treatment were explicitly stated in the documentation of the first resuscitation plan?						
Not for CPR	Yes					
Not for intubation / mechanical ventilation	Yes					
Not for defibrillation	Yes					
Not for non-invasive ventilation	Yes					
Not for renal replacement therapy (dialysis)	Yes					
Not for ICU	Yes					
Not for HDU	Yes					
Not for Vasoactive drugs	Yes					
Not for MET call	Yes					
None	Yes					
Other	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
What medical treatments were explicitly stated to be allowed in the documentation of the first resuscitation plan?						
For full resuscitation/for everything	Yes					
For CPR	Yes					
For intubation / mechanical ventilation	Yes					
For Defibrillation	Yes					
For non-invasive ventilation	Yes					
For renal replacement therapy (dialysis)	Yes					
For ICU	Yes					
For HDU	Yes					
For vasoactive drugs	Yes					
For MET call	Yes					
None	Yes					
Other	Yes					
Who documented the first resuscitation plan?	Admitting medical/ surgical registrar					
	Emergency department doctor					
	Home team consultant					
	Home team junior doctor					
	ICU doctor					
	MET doctor					
	Others					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Who was documented to have been involved in decision-making about the first resuscitation plan?						
Patient	Yes					
Family	Yes					
Surrogate decision maker	Yes					
Significant other	Yes					
Emergency department doctor	Yes					
Admitting medical/surgical registrar	Yes					
Home team junior doctor	Yes					
Home team consultant	Yes					
Ward staff nurse	Yes					
Ward senior nurse	Yes					
Specialist palliative care doctor	Yes					
Specialist palliative care nurse	Yes					
MET doctor	Yes					
MET or ICU liaison nurse	Yes					
ICU doctor	Yes					
No one	Yes					
Other	Yes					
Was the resuscitation plan revised / changed at any time during the admission?	Yes					
Who documented the decision regarding the last changes or revisions to the resuscitation plan?	Admitting medical/ surgical registrar					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
	Home team consultant					
	Home team junior doctor					
	ICU doctor					
	MET doctor					
	Others					
Who was documented to have been involved in decision-making about the last changes or revisions to the resuscitation plan?						
Patient	Yes					
Family	Yes					
Surrogate decision maker	Yes					
Significant other	Yes					
Emergency Department Doctor	Yes					
Admitting medical/surgical registrar	Yes					
Home team junior doctor	Yes					
Home team consultant	Yes					
Ward staff nurse	Yes					
Ward senior nurse	Yes					
Specialist palliative care doctor	Yes					
Specialist palliative care nurse	Yes					
MET doctor	Yes					
MET or ICU liaison nurse	Yes					
ICU doctor	Yes					
No one	Yes					
Others	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
At any point was there evidence or conflicting orders that might create confusion about the patient's resuscitation status or the medical treatments that were limited?	Yes					
Is there any documentation that suggests patient or family disagreement about the resuscitation plan?	Yes					
At any time during the admission did the patient or family make a request that investigations/treatments be limited/ceased or that comfort care plans or palliative care referral be made?	Yes					
Is there documented indication that the patient was actually dying?	Yes					
Is there evidence of communication with the patient and/or family that the patient was dying?	Yes					
Did the patient have a palliative/comfort care ONLY plan documented at the point of admission?	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Did the patient have a palliative/comfort care ONLY plan documented at any time during the admission?	Yes					
If a palliative/comfort care plan was documented was it communicated to the patient and/or family?	Yes					
Did the patient receive any of the following investigations/interventions after a comfort care plan was noted?						
Chemotherapy	Yes					
Radiotherapy	Yes					
Intubation / invasive mechanical ventilation	Yes					
Renal replacement therapy (dialysis	Yes					
Non-invasive ventilation	Yes					
Vasoactive drugs	Yes					
CPR	Yes					
Anaesthetic / operation	Yes					
IV antibiotics	Yes					
IV fluids	Yes					
Artificial nutrition	Yes					
Blood tests	Yes					
Medical imaging	Yes					
Blood product transfusions	Yes					
Intra Aortic Balloon Pump (IABP)	Yes					
Cardiac catheter	Yes					
Others	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
None	Yes					
Is there evidence that treating team changed all medications to palliative medications ONLY?	Yes					
Was the patient referred to specialist palliative care during their admission?	Yes					
Did a specialist palliative care nurse actually see the patient during their hospital admission?	Yes					
Did a specialist palliative care doctor actually see the patient during their hospital admission?	Yes					
What limitations of medical treatment were explicitly stated in the documentation as a result of specialist palliative care involvement?						
Not for CPR	Yes					
Not for intubation / mechanical ventilation	Yes					
Not for defibrillation	Yes					
Not for noninvasive ventilation	Yes					
Not for renal replacement therapy (dialysis)	Yes					
Not for ICU	Yes					
Not for HDU	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Not for vasoactive drugs	Yes					
Not for MET call	Yes					
None	Yes					
Others	Yes					
What other professionals were involved in the patient's care?						
Chaplain	Yes					
Social Worker	Yes					
Cultural Support Worker	Yes					
Physio	Yes					
OT	Yes					
Dietician	Yes					
Others	Yes					
None	Yes					
Is there evidence that the patient was referred to hospice but died in hospital?	Yes					
Did the patient receive any of the following investigations/interventions in the final 48 hours of life?						
Chemotherapy	Yes					
Radiotherapy	Yes					
Intubation / invasive mechanical ventilation	Yes					
Renal replacement therapy (dialysis)	Yes					
Non-invasive ventilation	Yes					
Vasoactive drugs	Yes					
CPR	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Anaesthetic / operation	Yes					
IV antibiotics	Yes					
IV fluids	Yes					
Artificial nutrition	Yes					
Blood tests	Yes					
Blood product transfusions	Yes					
Intra Aortic Balloon Pump (IABP)	Yes					
Cardiac catheter	Yes					
Others	Yes					
None	Yes					
N/A	Yes					
Did the patient receive resuscitation attempts such as CPR, bag-mask ventilation, non-invasive ventilation, intubation, adrenaline or other vasoactive drug at the time of or just prior to death?	Yes					
Was CPR administered when the resuscitation plan stated clearly that the patient was NOT for CPR/NOT for resuscitation order?	Yes					
Was the patient admitted to the ICU at any time during their admission?	Yes					
Was the patient invasively mechanically ventilated in ED or ICU at any time during admission?	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Were there any other specialist referrals for the patient during this admission?	Yes					
Did the patient experience any MET reviews during their hospital admission?	Yes					
Did the patient die at/during a MET review?	Yes					
Were new limitations of medical treatment documented during or immediately after any MET call?	Yes					
What limitations of medical treatment were explicitly stated in the documentation during or immediately after a MET review?						
Not for CPR	Yes					
Not for intubation / mechanical	Yes					
Not for defibrillation	Yes					
Not for noninvasive ventilation	Yes					
Not for renal replacement therapy (dialysis)	Yes					
Not for ICU	Yes					
Not for HDU	Yes					
Not for vasoactive drugs	Yes					
Not for MET call	Yes					
None	Yes					

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Others	Yes					
If new limitations of medical treatment were initiated was it documented that these were discussed with the patient and/or family?	Yes					
Did the MET document a recommendation that home medical / surgical team discuss end of life / goals of care / treatment limitations with the patient / family?	Yes					
Were palliative care / comfort care measures commenced as a result of a MET review?	Yes					
Difference between first resuscitiation plan and Time of death, (Median(Q1, Q3))						
Difference between last revised resuscitation plan and Time of death, (Median(Q1, Q3))						
Difference between when Patient or family initiated discussions for resuscitation and Time of death, (Median(Q1, Q3))						
Difference between documented indication of patient dying and Time of death, (Median(Q1, Q3))						

Variables	*Subgroups*	*Patient died on an in-patient ward, admission 4 to 48 hours (n= xx)*	*Patient died on an in-patient ward, admission more than 48 hours (n= xx)*	*Patient died in ICU, admission 4 to 48 hours (n= xx)*	*Patient died in ICU, admission more than 48 hours (n= xx)*	*Total Patients across all Categories (n= xx)*
Difference between first evidence of palliative care and Time of death, (Median(Q1, Q3))						
Difference between evidence of change to palliative medications only and Time of death, (Median(Q1, Q3))						
Difference between referral to palliative care and Time of death, (Median(Q1, Q3))						
Difference between first seen by palliative care nurse and Time of death, (Median(Q1, Q3))						
Difference between first seen by palliative care doctor and Time of death, (Median(Q1, Q3))						
Difference between MET review and Time of death, (Median(Q1, Q3))						
Difference between first MET review and Time of death, (Median(Q1, Q3))						
Difference between last MET review and Time of death, (Median(Q1, Q3))						

Numbers may not add to total sample size due to missing / not applicable responses
All numbers and percentages are weighted values, except for gender and age and time variables

Table 2 Results for Staff Survey

Variables	*Subgroups*	*Allied Health (n= xx)*	*Specialists (n = xx)*	*Junior Medical Officer (n =xx)*	*Nurse (n = xx)*
Gender	Female				
Years of clinical experience	0-1 Years				
	2-5 Years				
	6-10 Years				
	>10 Years				
Major speciality of patients Cared For:Medical					
Aged care	Yes				
Cardiology	Yes				
Clinical pharmacology	Yes				
Endocrinology	Yes				
Gastroenterology/ Hepatology	Yes				
General medicine	Yes				
Haematology	Yes				
Immunology	Yes				
Neurology	Yes				
Oncology	Yes				
Palliative care	Yes				
Radiation oncology	Yes				
Rehab	Yes				
Renal	Yes				
Respiratory	Yes				
Rheumatology	Yes				
Major speciality of patients Cared For:Surgical					
Cardiothoracics/ Thoracic	Yes				
Endocrine	Yes				
General surgery	Yes				
Neurosurgery	Yes				

Variables	*Subgroups*	*Allied Health (n= xx)*	*Specialists (n = xx)*	*Junior Medical Officer (n =xx)*	*Nurse (n = xx)*
Urology	Yes				
Orthopaedics	Yes				
Vascular	Yes				
Major speciality of patients Cared For:Paediatrics					
Medicine	Yes				
Surgery	Yes				
Major speciality of patients Cared For:Women's Health					
Gynaecology	Yes				
Obstetrics	Yes				
Major speciality of patients Cared For:Critical Care					
Anaesthetics	Yes				
Emergency	Yes				
Intensive Care	Yes				
End of life care is done well on my ward or work area	Always/Usually				
If I had a dying relative in hospital I would feel confident in the good quality of care that could be delivered by my ward	Strongly Agree/Agree				
Confidence in my ability to recognise when a patient is dying	Strongly Agree/Agree				
Consultants on my ward are skilled at recognising when a patient is dying	Strongly Agree/Agree				

Variables	*Subgroups*	*Allied Health (n= xx)*	*Specialists (n = xx)*	*Junior Medical Officer (n =xx)*	*Nurse (n = xx)*
Junior Doctors on my ward are skilled at recognising when a patient is dying	Strongly Agree/Agree				
Senior Nurses on my ward are skilled at recognising when a patient is dying	Strongly Agree/Agree				
Junior Nurses on my ward are skilled at recognising when a patient is dying	Strongly Agree/Agree				
It is part of my role to talk to consultants about the care of patients who I think might be dying	Yes				
It is part of my role to talk to junior doctors about the care of patients who I think might be dying	Yes				
It is part of my role to talk to other members of the multi-disciplinary team about the care of patients who I think might be dying	Yes				
I seek the input of other nurses when deciding on the appropriate care of a patient who may be dying	Always/Usually				
I seek the input of senior nurses when deciding on the appropriate care of a patient who may be dying	Always/Usually				
I seek the input of junior nurses when deciding on the appropriate care of a patient who may be dying	Always/Usually				

Variables	*Subgroups*	*Allied Health (n= xx)*	*Specialists (n = xx)*	*Junior Medical Officer (n =xx)*	*Nurse (n = xx)*
It is part of my role to talk to doctors about the care of patients who I think might be dying	Yes				
I am confident in my ability to talk to doctors about the care of patients who I think might be dying	Strongly Agree/Agree				
I am confident in my ability to talk to consultants about the care of patients who I think might be dying	Strongly Agree/Agree				
I am confident in my ability to talk to junior doctors about the care of patients who I think might be dying	Strongly Agree/Agree				
I am confident in my ability to talk to other members of the multi-disciplinary team about the care of patients who I think might be dying	Strongly Agree/Agree				
Our consultants are helpful when I talk to them about the care of a patient who may be dying	Always/Usually				
Our junior doctors are helpful when I talk to them about the care of a patient who may be dying	Always/Usually				
Our senior nurses are helpful when I talk to them about the care of a patient who may be dying	Always/Usually				

Variables	*Subgroups*	*Allied Health (n= xx)*	*Specialists (n = xx)*	*Junior Medical Officer (n =xx)*	*Nurse (n = xx)*
Our junior nurses are helpful when I talk to them about the care of a patient who may be dying	Always/Usually				
I seek the input of my junior medical doctors when deciding on the appropriate care of a patient who may be dying	Always/Usually				
Dying patients on my ward receive timely withdrawal of acute treatment	Always/Usually				
Consultants on my ward make timely decisions about end-of-life care for patients who are dying	Strongly Agree/Agree				
Junior Doctors on my ward make timely decisions about end-of-life care for patients who are dying	Strongly Agree/Agree				
Consultants on my ward make timely decisions about withdrawal of acute treatment for patients who are dying	Strongly Agree/Agree				
Junior Doctors on my ward make timely decisions about withdrawal of acute treatment for patients who are dying	Strongly Agree/Agree				
Edu How to recognise when patients are dying	Yes				
Edu How to care for dying patients	Yes				

Variables	*Subgroups*	*Allied Health (n= xx)*	*Specialists (n = xx)*	*Junior Medical Officer (n =xx)*	*Nurse (n = xx)*
Edu How to communicate with patients and families regarding end of life care	Yes				
Edu How to communicate with patients who are dying	Yes				
Education None	Yes				
Education Other	Yes				
It is part of my role to talk to patients and their families about death and dying	Yes				
I am confident in my ability to talk to patients and their families about death and dying	Strongly Agree/Agree				
Consultants on my ward are skilled at talking about death and dying with patients and their families	Strongly Agree/Agree				
Junior Doctors on my ward are skilled at talking about death and dying with patients and their families	Strongly Agree/Agree				
Senior Nurses on my ward are skilled at talking about death and dying with patients and their families	Strongly Agree/Agree				
Junior Nurses on my ward are skilled at talking about death and dying with patients and their families	Strongly Agree/Agree				
PE dying Causes me some distress	Always/Usually				

Variables	*Subgroups*	*Allied Health (n= xx)*	*Specialists (n = xx)*	*Junior Medical Officer (n =xx)*	*Nurse (n = xx)*
PE dying Is professionally satisfying	Always/Usually				
How often is the palliative care team consulted in the care of your dying patients?	Always/Usually				
I would like to call the palliative care team earlier when patients are dying	Strongly Agree/Agree				
Who makes the majority of end of life care decisions on your ward?	Advanced Trainee Registrar				
	Allied Health Professional				
	Consultants				
	Intensive Care/ MET/Interns/				
	Interns/ Residents				
	Allied Health professionals				
	Junior Residents				
	Nurses				
	Palliative Care Team				
	Unsure				
The Medical Emergency Team makes end of life decisions on my ward	Always/Usually				
Who does the majority of documenting the resuscitation orders on your ward?	Advanced Trainee Registrar				
	Allied Health professionals				
	Consultants				

Variables	*Subgroups*	*Allied Health (n= xx)*	*Specialists (n = xx)*	*Junior Medical Officer (n =xx)*	*Nurse (n = xx)*
	Internsive care/ Medical Emergency Team				
	Interns/ Residents				
	Junior Residents				
	Nurses				
	Palliative Care Team				
	Unsure				
How often do you have to ask to clarify your patients' resuscitation decisions documented in the notes	Always/Usually				
I have enough time to talk to my patients and their families about death and dying	Strongly Agree/Agree				

Numbers may not add to total sample size due to missing / not applicable responses