## After Death Audit Tool

1. Facility assigned resident ID*: _____

   [*Please enter the resident's unique identifier assigned by your facility.]

2. Date of death

   (dd)/(mm)/(yyyy)

3. Was this a sudden, unexpected death?

   ☐ Yes

   ☐ No

4. Place of death

   ☐ Residential aged care facility

   ☐ Hospital

   ☐ Other

5. Was the resident transferred to hospital in the last week of their life?

   ☐ Yes

   ☐ No (If no, skip to question 8)

6. Principal reason for hospitalisation

   ☐ Symptom management

   ☐ Sudden, unexpected deterioration or event

   ☐ Following a fall

   ☐ Request of resident and/or family

   ☐ Request of the general practitioner

   ☐ Other, specify _____

7. Length of hospital stay

   ☐ Not admitted

   ☐ 1 to 3 days

   ☐ Greater than 3 days

8. Were the resident's preferences for end of life care documented?

   [N.B. Documentation of a funeral provider is not sufficient to check "yes" for this item.]

   ☐ Yes

   ☐ No

9. Was a palliative care case conference** conducted within the last six months of the resident's life?

   [**A palliative care case conference focuses on end of life issues. The resident and/or family should be in attendance.]

   ☐ Yes

   ☐ No (If no, skip to question 11)

10. Date of palliative care case conference

    (dd)/(mm)/(yyyy)

11. Was the resident commenced on an end of life care pathway?

    ☐ Yes

    ☐ No (If no, skip to Question 13)

12. Date commenced end of life care pathway?

    (dd)/(mm)/(yyyy)

13. Did the facility claim Complex Health Care Palliative Care through ACFI for this resident?

    ☐ Yes

    ☐ No

Source: Brisbane South Palliative Care Collaborative (2013) Workplace Implementation Guide: Support for Managers, Link Nurses and Palliative Approach Working Parties, Brisbane: State of Queensland (Queensland Health)