

# End of Life Care Improvement Group (B9)

26-27 June 2019, Sydney  
Meeting Code HRT1909

## Why Participate?

- ❑ Compare your End of Life care practices with your peers
- ❑ Learn effective strategies for improving quality of life for patients
- ❑ Share issues and innovations with your colleagues
- ❑ Develop practical action plans to improve your service over the next year

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COST

\$A5,250 excl GST

Individual delegate venue fees are billed separately.

ENQUIRIES

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The End of Life Care Improvement Group aims to improve the provision of high quality end of life care by sharing information on implementing innovative and effective practice. This years the End of Life Care Improvement Group will continue to share data and stories about caring for individuals and families at the end of life; as **“we only get one chance to get it right.”** Embedding the importance of quality End of Life care in the whole of health system.

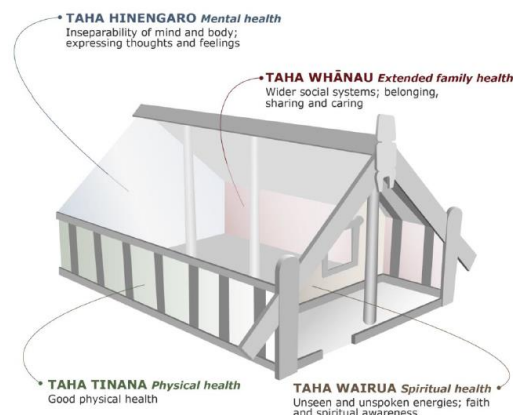
The End of Life Care Improvement Group meeting is an excellent forum for discussion and a great opportunity to hear from leading experts in the field and share innovations from our membership. We hope you can join this growing group and share your wisdom as well as gaining new knowledge from your peers.



## Quality of Dying audit

In 2019 we have an exciting addition to the benchmarking report which will include **quality of dying indicators**; including evidence of end of life conversation, advance directives, medical guidance plans and symptom management. This will take the form of a chart audit, using Quality of Dying Audit tool developed by Canterbury.

This new report will complement the End of Life Care benchmarking report and will provide the basis for much discussion when we meet in June.



Source: Durie (1998); Te Ara (2015)

# End of Life Care Improvement Group

## What do you need to do?

- Designate a key liaison contact for questions and follow-up
- Submit surveys as required
- Track progress and report on current improvement projects
- Organise a delegation to attend the annual workshop—up to four people
- Identify an improvement objective for implementation based on innovative ideas

## What does The Health Roundtable do?

- Works with national and international experts to identify key trends and innovations in End of Life Care
- Surveys participating health services to identify innovative practices that are already improving End of Life Care Collates and analyses survey results
- Summarises the meeting and circulate all presentations
- Tracks progress on your action

## EOLC Benchmarking reports

The group receives the EOLC Benchmarking reports twice a year. Two reports is produced in two formats, produced six monthly. The first report includes data on all in-hospital deaths. The focus of the second reports on neonatal and paediatric in hospital deaths. These reports contain both operational and clinical data and shares information through an annual workshop and follow up webinars.

Mortality Snapshot  
Deaths ( 2017 Jan - 2017 Dec )

Hospitals	Deaths	By Age								By Ethnicity				
		<= 28 days	> 28 days & <2 yrs	2-16	17-34	35-49	50-64	65-79	80+	ATSI	Maori	Other	Frail	Chronic Diseases
CHS	740	0%	0%	0%	1%	1%	10%	34%	53%	1.5%	NA	96.5%	51%	95%
CHS SA	597	3%	0%	0%	2%	4%	14%	33%	44%	NA	7.3%	92.1%	42%	85%
CHS QLD	767	1%	0%	0%	2%	3%	13%	28%	53%	0.9%	NA	99.1%	53%	93%
CHS VIC	769	2%	0%	0%	2%	7%	13%	32%	44%	1.0%	NA	99.2%	51%	85%
CHS WA	811	0%	0%	0%	1%	5%	14%	37%	43%	0.1%	NA	99.6%	54%	91%
CHS NT	709	2%	0%	0%	2%	4%	18%	37%	38%	2.3%	NA	97.7%	48%	94%
CHS TAS	726	0%	0%	0%	4%	6%	17%	34%	33%	2.5%	NA	97.7%	42%	92%
CHS ACT	702	4%	1%	1%	2%	4%	19%	34%	34%	10.3%	NA	89.7%	51%	93%
CHS NSW	1277	1%	0%	0%	2%	4%	12%	32%	49%	NA	4.4%	95.6%	39%	80%
CHS SA	1005	0%	0%	0%	3%	6%	16%	28%	47%	0.6%	NA	99.4%	50%	86%
CHS QLD	821	0%	0%	0%	3%	8%	20%	34%	34%	2.2%	NA	97.8%	43%	88%
CHS VIC	1098	3%	0%	0%	4%	6%	17%	29%	42%	NA	6.7%	91.3%	46%	79%
CHS WA	1220	0%	0%	0%	1%	4%	15%	33%	46%	0.5%	NA	99.5%	49%	96%
CHS NT	1076	4%	0%	0%	2%	5%	18%	36%	35%	NA	14.0%	86.0%	48%	73%
CHS TAS	1241	0%	0%	0%	2%	4%	16%	33%	45%	2.6%	NA	97.4%	43%	86%

\* ATSI are only counted for Australian hospitals and MAORI are only counted for NZ hospitals.  
\* This table includes all deaths in the hospital in both the ED and inpatient settings. See the Notes section for definitions of Frail and Chronic diseases.

## Additional HRT benchmarking reports

### Mortality reports

Comprehensive suite of reports, to assist with analysis of in-hospital deaths.

### Subacute Feedin report (Palliative care)

The Subacute feedin reports are an additional source of data for your palliative care service that show important indicators such as readmissions and complication of care compared to peers.

Date	Timeline 2019
16 May	Pre-meeting survey distributed
12 June	Deadline for return of pre-meeting surveys
12 June	Jan - Dec 2018 Reports available on website
20 June	Briefing materials distributed
26 - 27 June	End of Life Care Improvement Workshop - Sydney
6 Sept	Jul 2018 - Jun 2019 Reports available on the website

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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.