Verification of Death: An Audit to Quantify and Implement a Change in Clinical Practice.

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4. Conclusion
Through the use of proformas, near perfect documentation of this verification process can be achieved. We hope to incorporate this proforma into the achieving priorities of care (APOC) booklet and implement the changes across all sites within the HHFT.

A: Baseline Performance

B: Re-Audit: No Proforma

C: Re-Audit: Proforma

Figure 2A, 2B & 2C: Results and Performance

3. Intervention & Outcomes

Data was collected from 28 patients and compared against the set criteria. 10% of notes reviewed achieved all 9 standards. Compliance with each one of the criteria individually ranged from 10.71% to 96.41% (figure 2A), with an average of 69.84% ± 28.47 (SD).

Deficiencies in our practice were identified. It was decided that the best way to implement change would be through leading a series of educational sessions and designing a proforma (figure 1) to assist in the assessment and documentation of this process.

Re-Audit of our clinical performance took place in 2018 with data collected from 30 patients, of these, 11 verifications utilised the new proforma.

Where the proforma was utilised (n=11), 100% of the notes achieved at least 8 of the 9 criteria, with an average of 98.99% ± 3.03 (SD) achieving all 9 criteria (Figure 2C). This was statistically significant when compared to the benchmark (P-Value = 0.0076, CI: 8.92 to 49.38). Of the remaining death verifications where the proforma was not utilised (n=19), an average of 80.12% ± 28.19 (SD) of the criteria were correctly recorded (Figure 2B). This was not statistically significant (P-Value = 0.45, CI: -18.03 to 38.59).

1. Aims
Death Verification is a routine task for junior doctors. Consequences of poor assessment and documentation can be devastating for the patient’s family causing significant distress and delay as well as potential legal ramifications. Guidance on this process was first published in 2008 by the Academy of medical royal colleges (AMRC). We measured the extent to which current clinical practice within HHFT adhered to the standards set and looked for opportunities to improve practice.

2. Methods
The Audit was completed at a single institution within HHFT between 2017 and 2018.

The standards set by the AMRC were used to generate 9 criteria against which clinical performance was measured.

Data was collected retrospectively from case notes.