

End of Life Datasets

End of Life	Description / Example data	Cheshire GPs
End of Life Care Tool used	Gold standards Framework Stage 1/2 or 3: Supportive care stage 1 - advancing disease	✓
Personal care plan / review date	Personal care plan completed	✓
DS 1500	DS 1500 disability living allowance (terminal care) completed	✓
Patient consent	Consent given for sharing end of life care coordination record	✓
End of Life diagnosis	Other relevant end of life care diagnoses and clinical issues	✓
Allergies	Penicillin	✓
Disabilities affecting care	Impaired cognition/ cognitive impairment	✓
Language	Main spoken language: French	✓
Religion	Hindu	✓
Social accommodation	Lives alone - help available	✓
Carer details		
Is there an informal carer:	Y/N	✓
Informal carer name:	France, Jackie	✓
Informal carer, tel no - up to 3	Home/work/mobile: 07745958429	✓
End of Life Care Pathway Key Worker	Y/N: Has end of life advance care plan	✓
Formal carers or services involved	Can have multiple disciplines: Under care of palliative care physician	✓
Advance care planning	Has advance statement (Mental Capacity Act 2005)	✓
Preferred priorities for care - discussion	Preferred place of care: discussed with family	✓
Preferred place of care - location	Home/hospital/residential/nursing home/hospice:	✓
Preferred place of death - discussion	Preferred place of death: discussion not appropriate	✓
Preferred place of death - location	Home/hospital/residential/nursing home/hospice:	✓

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Do Not Attempt Cardio-Pulmonary Resuscitation [DNACPR]	Y/N/Don't know: Not aware of DNACPR clinical decision	✓
Legal Advance Decision to Refuse Treatment - discussion [ADRT]	With patient/relative" Advanced directive discussed with patient	✓
Legal Advance Decision to Refuse Treatment [ADRT]	Y/N: Has ADRT (advance decision to refuse treatment) (MCA 2005)	✓
Lasting Power of Attorney [LPA]	Property & affairs/welfare: Lasting power of attorney property and affairs	✓
Anticipatory Medicines / Just in Case Box issued	Y/N	✓
Organ donation	Y/N	✓
Discharged from hospital	Y/N/Don't know: Discharged from hospital	✓
Aware of prognosis	Relative/Carer/Patient: Relative aware of prognosis	✓
Details of death		
Date of death/Cause of death	12-Feb-15	✓
Place of death:	Home/hospital/residential/nursing home/hospice	✓