The Care of the Dying (CODE) Project

Initiative Type Model of Care Status Plan Added 11 April 2019 Last updated 22 March 2023 **URL** https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/caredying-code-project **Summary** Queensland Health has invested significantly in the review of the 'Care Plan for the Dying Person (CPDP), premised on the International Collaborative Best Care of the Dying plan, which supports

provision of highest quality care in the terminal phase. Some 14 of 17 Hospital and Health Services (HHSs) utilise the CPDP and this project will provide the evidence as to whether this tool could be

of bereaved caregivers, and contains 41 components of best practice for care of the dying, including symptom control, communication, dignity, respect and family support.
Key dates
Oct 2018
Implementation sites
Royal Brisbane & Women's Hospital
Partnerships
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Aim

broadly utilised to evaluate care of dying patients across Queensland Health and provide evidence for use of the care plan in improving outcomes of care. The CODE questionnaire, captures the views

The project aims to evaluate the perception of loved ones of the care provided to dying patients utilising the CODE (CARE of the Dying Evaluation) tool, previously validated in United Kingdom.

Benefits

- Acknowledges choice and quality of life of a person who is recognised to be dying.
- Supports their individuality and to care for the psychosocial and spiritual needs of themselves and their families.
- Supports their families and if needed, continues after death as bereavement care.

Background

The Care at the End of Life project team has been established to support a coordinated approach to implementing the Strategy across Queensland. Queensland Health's Clinical Excellence Queensland coordinates the implementation of the project, in collaboration with each Hospital and Health Service.

References

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 - Sent bereaved relatives surveys 2 and 6 weeks after the bereavement and found no difference in terms of RR or self-reported level of distress.
- 2. Thompson GN, Chochinov HM. Methodological challenges in measuring quality of care at the end of life in the long-term care environment. J Pain Symptom Manage 2006; 32 (4): 378-391. 3. The following references relating to CODE. CR Mayland, H Mulholland, M Gambles, JE Ellershaw. How well do we currently care for our dying patients in acute hospitals. The views of bereaved relatives? BMJ Support Palliat Care. 2017 Jan 17. pii: bmjspcare-2014-000810. doi:
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the Dying'. J Pain Symp Manage 2014; 47 (4): 687-696. C Lees, C Mayland, A West and A Germain. Quality of end-of-life care for those who die at home: views and experiences of bereaved relatives and carers. Int J Pall Nurs 2014; 20(2): 63-68. CR Mayland, EMI Williams, J Addington-Hall, T Cox and JE Ellershaw. Does the 'Liverpool Care Pathway' facilitate an improvement in quality of care for dying cancer patients? Br J Cancer. 2013 May 28;108(10):1942-8. CR Mayland, EMI Williams, JE Ellershaw. Assessing quality of care for the dying: the development and initial validation of a postal self-completion questionnaire for bereaved relatives. Palliative Medicine 2012; 26 (7): 897 – 907 (on-line issue ahead of print November 2011)

Further Reading

For more information visit: Improving care at the end of life in Queensland

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