END-OF-LIFE CARE FRAMEWORK – LAST 12 MONTHS OF LIFE

HOME and COMMUNITY SERVICES
(includes general practice, home-based and residential aged care services and facilities)

Advance care planning and patient-centred care based on need

Transition of focus of care needs from restorative to palliative: patient-centred medical goals of care

Terminal care needs including bereavement plan

HOSPITAL SERVICES

Clinical processes across all care settings

Clinical improvement
Clinical deterioration
Clinical improvement
Clinical deterioration
Clinical improvement
Clinical deterioration
Clinical improvement

Important aspects of clinical care across all care settings

At risk of dying – prognosis less than 12 months, but timing may be uncertain
• Acknowledgement of uncertainty of prognosis and individual need
• If not already commenced, begin advance care planning
• Ongoing active treatment ± palliative approach
• Medication review and deprescribing as appropriate
• Continue clinical management while monitoring for indicators of deteriorating health
• Care coordination and liaison across hospital and community services

Likely to die soon – medium term, but timing may be uncertain
• Review by senior clinician: care focus now palliative
• Review advance care planning and patient-centred goal setting
• Clear medical management planning (including limitations of medical treatment) after episodes of acute deterioration
• Medication review and deprescribing as appropriate
• Palliative approach for symptom management and psychosocial and family support (treating team ± specialist palliative care service)
• Care coordination and liaison across hospital and community services

Dying – short term, timing may be uncertain but likely within one week
• Review by senior clinician
• Review advance care planning and goal setting, if appropriate
• Clear management planning (including limitations of medical treatment) relevant to preferred place of death
• Interventions for symptom control, meeting spiritual and individual needs, family support, etc.
• Medications only for symptom control
• Provision of culturally appropriate terminal care
• Begin bereavement care for significant others

Clinical improvement
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Adapted from:
3. Reymond L et al. End-of-life care: Proactive clinical management of older Australians in the community. AFP 2016; 45(1-2)

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