

## Overview

Providing high quality end of life (EOL) care is a policy priority in Australia.<sup>1</sup> At least 65% of patients need palliative care in the last year of life (Fig 1). and up to 70% of care occurs in general practice.<sup>2-4</sup> However, we have little knowledge about how this care is delivered or how it can be assessed and supported (Fig 2).<sup>5</sup> Informed by a systematic review of instruments used to collect information from general practitioners (GPs) about the EOL care of individual patients, focus groups with GPs, stakeholder interviews and a consensus process, we developed an electronic data collection mechanism and questionnaire which aims to routinely collect data about the care decedents received in their last year of life in general practice.



Figure 1: At least 6 out of 10 people need palliative care in the last year of life.

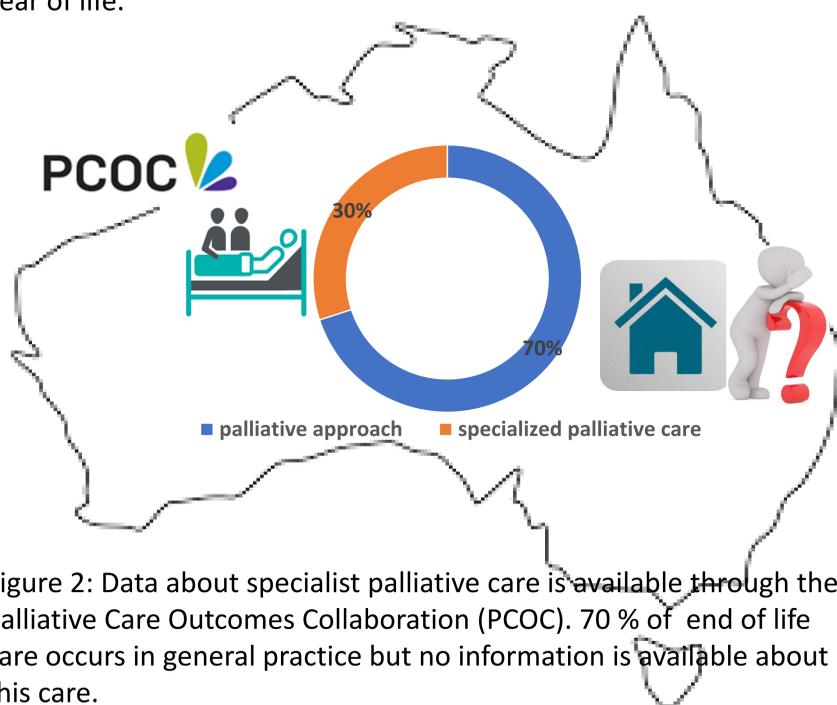


Figure 2: Data about specialist palliative care is available through the Palliative Care Outcomes Collaboration (PCOC). 70% of end of life care occurs in general practice but no information is available about this care.

## Description and innovation

The EOL Care data collection tool consists of two components: a Clinical Data Query which automatically populates core data (e.g. consultation dates, prescribing, referral patterns) from the decedent's electronic medical record, and a Drop-down Questionnaire for completion by the GP (e.g. questions about place of death, experiences of care coordination and communication with patients/carers). Data collection will be triggered by the notification of a death to the GP. A pilot study to test the data collection tool with 100 GPs in rural and metropolitan WA will be conducted in the next 12 months (Fig 3).

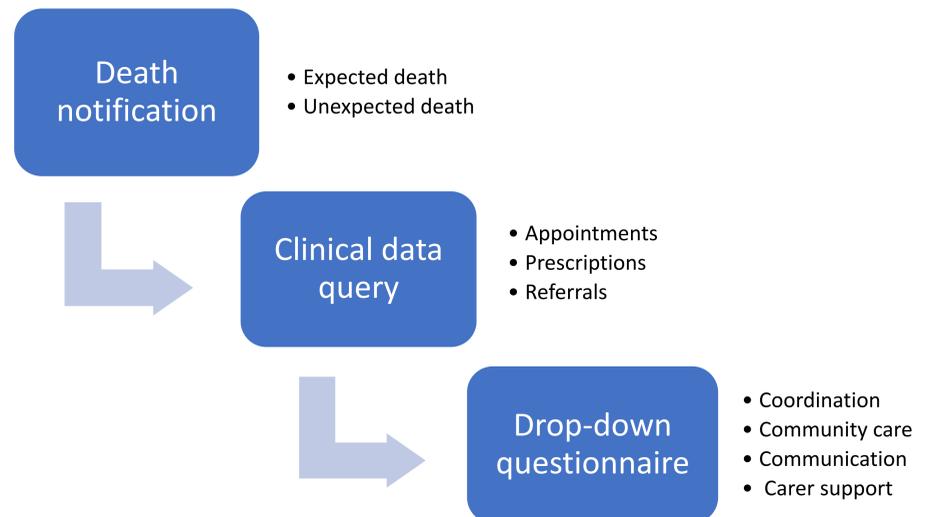
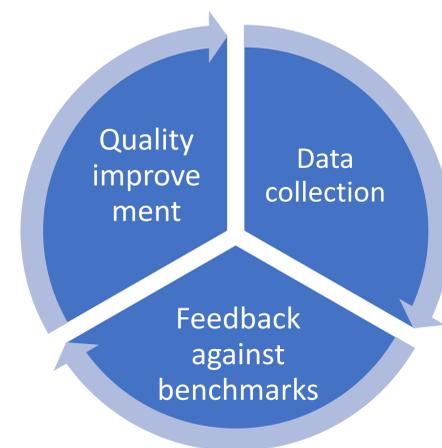


Figure 3: End of life care data collection process from general practices.

## Implications

This will be the first routine data collection process for GP EOL care delivery in Australia. Ongoing data collection will inform policy and service development, and may be used for quality improvement by providing routine feedback to GPs about their performance against quality indicators and benchmarks.



## DATA DRIVEN BETTER END OF LIFE CARE

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