Chart Review: End of Life Care

Skilled Nursing Facility

Facility	**Date**	**Reviewer**

Directions: Review charts of the last 20 patients who died in your facility. If a particular Advance Care Planning element does not apply to a patient, print 'NA' over Y/N. Use additional copies of the Chart Review tool as needed. Though this is a very basic review, it will provide a starting point for improving advance care planning in your facility.

Abbreviations: HCD - Health Care Directive **HCA -** Health Care Agent **ACP -** Advance Care Planning

Resident #	**1**		**2**		**3**		**4**		**5**		**6**		**7**		**8**		**9**		**10**	
Resident ID																				
1. Determined if resident had a health care directive (HCD) on admission. (1)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
2. Resident offered opportunity to develop a HCD. (1)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
3. Resident provided education about the rights to formulate a HCD and refuse medical and surgical treatment. (1)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
4. Resident's decision-making capacity periodically assessed and documented. (1)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
5. Health care agent (HCA), i.e., primary decision -maker, identified and documented in record. (1)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
6. Provider talk re: risk and benefits of declining treament and with resident care preferences documented. (1)(2)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
7. Resident's/HCA's choices related to treatment, care and services incorporated into the medical record and orders. (1)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
8. HCD and resident goals located in same section of clinical record and easily retrieved by staff. (1)(2)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
9. Care preferences periodically reviewed as part of the comprehensive care planning process. (1)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
10. The care and services received by the resident are consistent with his/her documented care preferences. (1)(2)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

Provide brief description of patient's pertinent medical history and situation immediatley prior to death. Consider missed opportunties for advance care planning.

Resident 1:

Resident 2:

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Resident 3:
Resident 4:
Resident 5:
Resident 6:
Resident 7:
Resident 8:
Resident 9:
Resident 10:
Observations:
What changes could potentially improve advance care planning in your facility:

References:

1. Centers for Medicare and Medicaid Services.State Operations Manual. Interpretive Guidelines for Long-Term Care Facilities. (Rev. 157, 06-10-16). Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
2. McCutcheon Adams K, Kabcenell A, Little K, Sikol-Hessner IIL. "Conversation Ready"; A Framework for Improving End-of-Life Care. IHI White Paper. Cambridge, Massachusetts: Instititute for Healthcare Improvement; 2015. (Available at ihi.org)

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