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Australian Health Review

Supplementary Material for

Understanding end-of-life care in Australian hospitals

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Supplemental File S1: Audited Data

Advance care and resuscitation plans: Evidence was sought for a written, pre-admission advance care plan completed, preadmission. During admission, not for resuscitation was defined as not for cardiopulmonary resuscitation. Examples of other limitation of medical treatment orders include not for ICU / intubation / ventilation / dialysis / vasoactive drugs etc. The medical team doctor that initiated or documented resuscitation plans was recorded.

Life Sustaining Medical Treatments: Data were collected on the frequency and timing of any acute invasive life sustaining treatments during the entire admission and in the final 48

hours prior to death. This included details of ICU admissions and Medical Emergency Team (MET) reviews. Active treatment at time of death was defined as acute life sustaining interventions within the last 2 hours prior to death.

Recognition of Dying: Based on previous studies, words documented by a doctor such as: "*end stage*", "*terminally ill*", "*poor prognosis*", "*recovery unlikely*", "*palliative*", "*dying*", "*moribund*", "*situation hopeless / grave*", "*unlikely to survive*" etc were used to indicate recognition of dying.

Palliative Care: It was determined that there was evidence that the patient was prescribed a palliative / "*comfort care only*" plan if words such as: "*comfort care / measures*", "*palliative care only*", "*not for active medical treatment*" were documented. Life-sustaining treatment that occurred after a patient was documented for palliative care only was recorded. Finally, charts were reviewed for evidence of a referral to and review by a dedicated palliative care service. Palliative pathway commenced as a result of a MET review was defined as: MET initiated withdrawal of active management or commenced end-of-life care.