

EoLC Functional Analysis:

Unexpected Death

Underpinning Principles

Underpinning principles are functional aspects of providing care which do not entail discreet time requirements – they are implicit with other tasks for which timings have been included, and have been identified as follows:

1.2 Communicate effectively
1.4 Support individuals with specific communication needs ⁵
1.8 Relate to, and interact with, individuals
2.5 Ensure your own actions support the equality, diversity, rights and responsibilities of individuals
3.8 Ensure your own actions reduce risks to health and safety
4.1 Ensure compliance with legal, regulatory, ethical and social requirements ¹⁶
4.2 Ensure your own actions support the care, protection and wellbeing of individuals
C2.3.4 Act with, and on behalf of individuals, to present their needs and wishes
G1.3.3 Develop productive working relationships with contacts and stakeholders
H2.1 Develop your knowledge and practice
H2.2 Reflect on and evaluate your own values, priorities, interests and effectiveness ¹⁷
H3.5 Take responsibility for the continuing professional development of yourself and others
H4.1 Identify the learning needs of patients and carers to enable management of a defined condition
H4.2 Develop relationships with individuals which support them in addressing their health needs*
H4.3 Provide information and advice to individuals/carers on managing health care needs*

Notes:

- 5. intended for communication with individuals with specific difficulties such as an inability to speak, but could include people with dementia or learning disabilities
- 16. includes confidentiality
- 17. includes making use of supervision as a way of supporting the individual providing support
- * relevant to both health and social care

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Point 9: Enter EoL Pathway – Transition to “Last Days of Life”

This is a one-off occurrence on the pathway. Requirement for the functions is timed in minutes, and would probably all have to be carried out within one day.

TRIGGERS: Eg advance directive, multiple organ failure, discharge from hospital for last days, prognosis indicators for LCP

	G	E	S	
Plan assessment				
A2.1.2 Plan assessment and investigation into an individual's health status		20		
Carry out assessment				
4.5 Contribute to the identification of the risk of danger to individuals and others ¹⁹		120		
A2.2.1 Obtain information from individuals to support assessment of their health status and needs				
A2.2.2 Obtain information from indirect sources to inform assessment of an individual's health status and needs				
F1.2.2 Input data and information for processing ¹	20			
Early management and pre-diagnosis of end of life				
A2.8.5 Assess an individual's needs arising from their health status		60		
A2.8.8 Agree courses of action following assessment		60		
1.3 Communicate significant news to individuals		30		
B1.1.2 Enable individuals to make health choices and decisions regarding their own health or the health of others				
B1.2.2 Refer individuals to specialist services for treatment and care		60		
B2.9.10 Support individuals to prepare for and manage change			60	
F1.2.2 Input data and information for processing ¹	20			
H4.3 Provide information and advice to individuals/carers on managing health care needs			30	
Referral				
B1.2.1 Receive and direct requests for health care assistance using protocols and guidelines		60		
Develop care plan				
A2.8.7 Assess the needs of carers and families		180		
B1.1.2 Enable individuals to make health choices and decisions regarding their own health or the health of others				30
B1.1.3 Prepare individualised treatment plans for individuals				
B1.1.4 Plan activities, interventions and treatments to achieve specified health goals ²				
F1.2.2 Input data and information for processing ¹	30			
H4.3 Provide information and advice to individuals/carers on managing health care needs	15	15	10	
TOTALS	85	605	130	

Notes:

1. recording information centrally for sharing with colleagues
2. describes advance care planning
19. includes arrangements for young children, older children with disabilities, frail partners, etc

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Point 6 – Last Days of Life/Death

This is an ongoing occurrence on the pathway. Requirement for the functions is timed in minutes per day. Numbers reflect daily times

<i>This is drawn from the Liverpool Care Pathway</i>	G	E	S
Care within last days of life			
1.3 Communicate significant news to individuals	1440	200	5
A2.8.6 Assess the need for and provision of environmental and social support ⁸			
B2.7.7 Undertake extended personal care for individuals unable to do so themselves ²⁵			
B2.8.10 Administer medication to individuals ²⁰			
B2.8.14 Manage stocks of medication ²⁰			
B2.9.2 Support individuals who are distressed			
B2.9.5 Support individuals in their daily living ^{11, 24}			
B2.9.10 Support individuals to prepare for and manage change			
B2.9.12 Support individuals to maintain their spiritual well-being			
B2.9.13 Support individuals and carers to cope with the emotional and psychological aspects of healthcare activities			
B2.9.14 Support individuals through the process of dying			
B2.10.1 Work in collaboration with carers in the caring role			
B2.7.3 Implement care plans/programmes			
B2.3.3 Establish and maintain pain relief			
B3.1.3 Evaluate treatment plans with individuals and those involved in their care			
D2.2.4 Set up medical devices and equipment ⁷			
E2.3.1 Move and transport patients within the work area ⁹			
F1.2.2 Input data and information for processing ¹			
TOTALS (per day)	1440	200	5

Notes:

1. recording information centrally for sharing with colleagues
7. includes assistive technology
8. includes as assessment of the location/home, such as whether the patient is upstairs
9. could be from one room to another within a hospital or hospice, or within a private home
11. includes information and advice around non health issues such as access to welfare benefits, housing adaptations etc
20. controlled drugs must be managed/removed in conjunction with a practitioner defined by the 1968 Medicine Act
24. could include drinking
25. part of the skill lies in knowing when to provide care and when it is better (more caring) to leave the person alone.

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Point 7 – Care After Death

This is a one-off occurrence on the pathway. Requirement for the functions is timed in minutes.

	G	E	S
Care after death			
A2.5.4 Assess system/organ function using specialised procedures ¹⁸		25	
1.3 Communicate significant news to individuals		60	
B2.8.14 Manage stocks of medication ²⁰		30	
B2.9.2 Support individuals who are distressed			
B2.9.14 Support individuals through the process of dying ³			
B2.9.10 Support individuals to prepare for and manage change		60	
B2.9.12 Support individuals to maintain their spiritual well-being			
B2.9.15 Support individuals through bereavement			
B2.10.3 Support carers to manage their own needs			
F2.1.10 Provide expert advice ¹²			
E2.3.4 Transport the deceased		60	
F1.2.2 Input data and information for processing ¹	20		
TOTALS	20	235	0

Notes:

1. recording information centrally for sharing with colleagues
3. includes last offices
12. includes signposting individuals to other sources of expertise
18. includes verification of an expected death
20. controlled drugs must be managed/removed in conjunction with a practitioner defined by the 1968 Medicine Act