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# The Care of the Dying (CODE) Project

Initiative Type

Model of Care

Status

Plan

Added

11 April 2019

Last updated

20 December 2024

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/care-dying-code-project>

## Summary

Queensland Health has invested significantly in the review of the 'Care Plan for the Dying Person (CPDP)', premised on the International Collaborative Best Care of the Dying plan, which supports provision of highest quality care in the terminal phase. Some 14 of 17 Hospital and Health Services (HHSs) utilise the CPDP and this project will provide the evidence as to whether this tool could be broadly utilised to evaluate care of dying patients across Queensland Health and provide evidence

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for use of the care plan in improving outcomes of care. The CODE questionnaire, captures the views of bereaved caregivers, and contains 41 components of best practice for care of the dying, including symptom control, communication, dignity, respect and family support.

## Key dates

Oct 2018

## Implementation sites

Royal Brisbane & Women's Hospital

## Partnerships

Royal Brisbane & Women's Hospital, Clinical Excellence Queensland

## Key Contacts

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## Aim

The project aims to evaluate the perception of loved ones of the care provided to dying patients utilising the CODE (CARE of the Dying Evaluation) tool, previously validated in United Kingdom.

## Benefits

- Acknowledges choice and quality of life of a person who is recognised to be dying.
- Supports their individuality and to care for the psychosocial and spiritual needs of themselves and their families.
- Supports their families and if needed, continues after death as bereavement care.

## Background

The Care at the End of Life project team has been established to support a coordinated approach to implementing the Strategy across Queensland. Queensland Health's Clinical Excellence Queensland coordinates the implementation of the project, in collaboration with each Hospital and Health Service.

## References

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  - Sent bereaved relatives surveys 2 and 6 weeks after the bereavement and found no difference in terms of RR or self-reported level of distress.
2. Thompson GN, Chochinov HM. Methodological challenges in measuring quality of care at the end of life in the long-term care environment. *J Pain Symptom Manage* 2006; 32 (4): 378-391.
3. The following references relating to CODE. CR Mayland, H Mulholland, M Gambles, JE Ellershaw. How well do we currently care for our dying patients in acute hospitals. The views of bereaved relatives? [BMJ Support Palliat Care](#). 2017 Jan 17. pii: bmjspcare-2014-000810. doi: 10.1136/bmjspcare-2014-000810. [Epub ahead of print] A Germain, CR Mayland and B Jack. The potential therapeutic value for bereaved relatives participating in research: An exploratory study. *Palliative and Supportive Care* 2016 Oct;14(5):479-87. doi: 10.1017/S1478951515001194. Epub 2015 Oct 29. CR Mayland, C Lees, A Germain, B Jack, TF Cox, SR Mason, A West and JE Ellershaw. Caring for those who die at home: the use and validation of 'Care Of the Dying Evaluation' (CODE) with bereaved relatives. *BMJ Support Palliat Care* 2014;4:2 167-174 Published Online First: 28 March 2014 doi:10.1136/bmjspcare-2013-000596 CR Mayland, EMI Williams, J

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## Further Reading

For more information visit: [Improving care at the end of life in Queensland](#)

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