



Improving experience of death verification in the community

Dr. Emily Edwards,^[1] Dr. Marion Lynch,^[2] Professor Johnny Lyon-Maris^[3]

[1] GP Education Fellow, Southampton GP Education Unit, University Hospital Southampton, Tremona Road, Southampton, Hampshire, UK

[2] Associate GP Dean, School of General Practice, Health Education Thames Valley

[3] Associate GP Dean, Southampton GP Education Unit, University Hospital Southampton, Tremona Road, Southampton, Hampshire, UK

Background

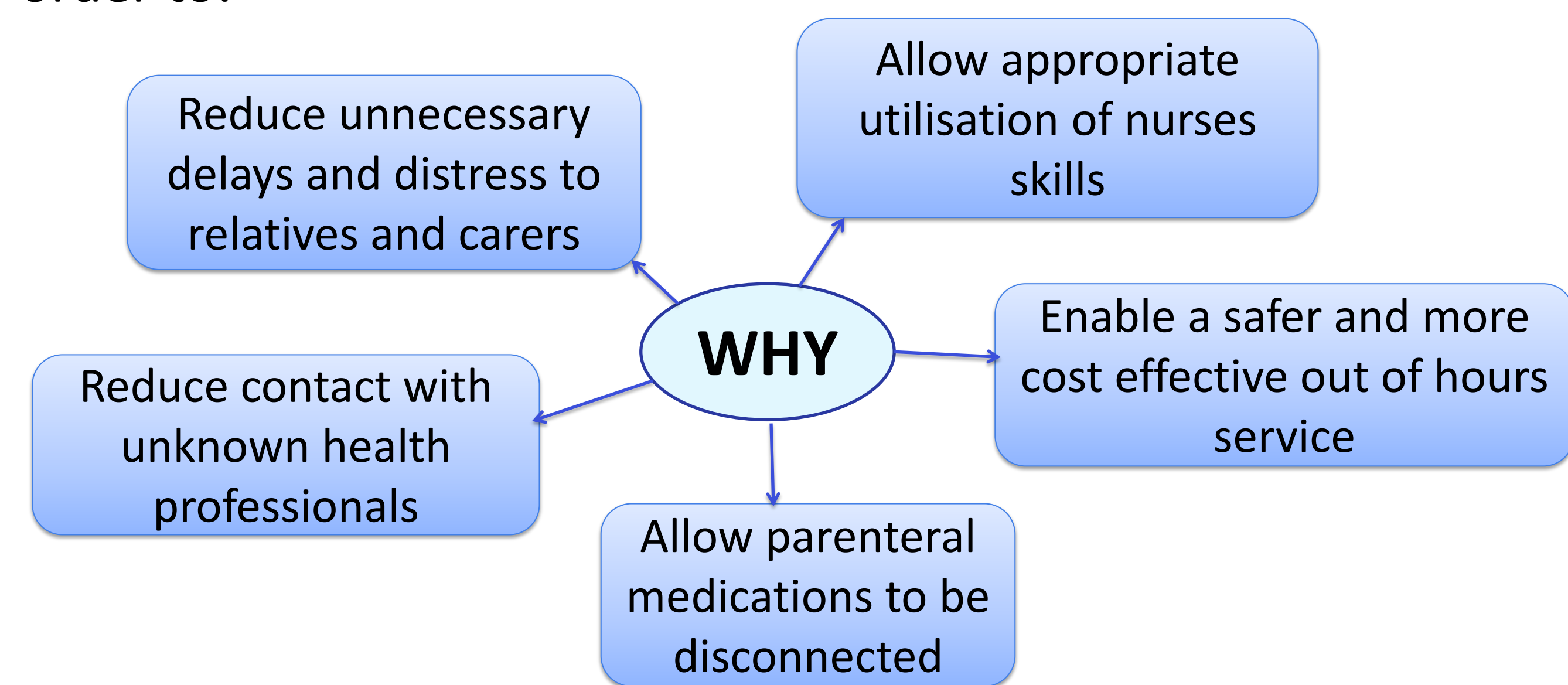
Due to the ageing population and more people choosing to die in their usual residence, the demand for community death verification has significantly increased.

Anecdotal evidence suggests there is unnecessary upset caused by lengthy delays in visits from GPs to verify, particularly out of hours. There is a historic culture suggesting it is a doctor's duty to confirm death, though nurses are well equipped and willing to perform this examination, if they have access to appropriate training.

The impact on GP home visit numbers is substantial and intensifies pressure on an already stretched out of hours service for the West Hampshire CCG area, where visits to verify death make up between two to seven percent of total visits each month.

Project aim

To improve the quality and efficiency of death verification in order to:



Description of the training

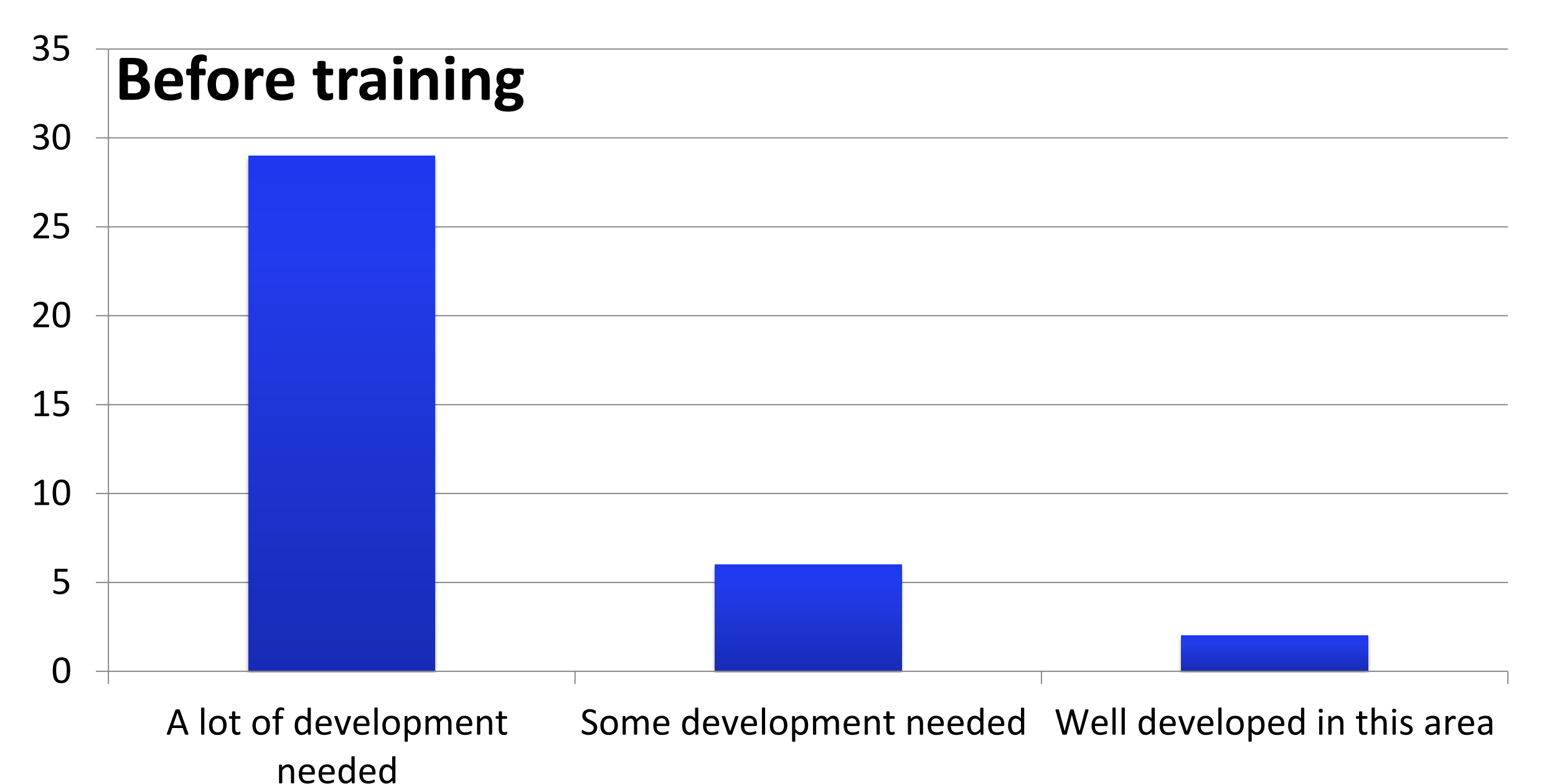
A training session was devised and delivered to nurses in seven Nursing Homes within the West Hampshire CCG. The unique nature of the training, which involved a didactic in-session assessment, allowed nurses to be signed off as competent to verify at the end.

Outcomes

I was able to sign off all nurses trained (thirty seven) as competent on the theory and practical skills required to verify death, and received positive feedback on the content and delivery of the sessions:

- 95% felt that their competence level to verify was well developed at the end of the session;
- 100% fully understood their role and responsibilities surrounding community verification; and
- 76% were introduced to local policies on verification and care of a patient after death, for the first time
- There were at least twelve nurse led verifications within three months from the end of training

How competent do you feel to verify expected resident deaths?



Contact details

Email: pm04ese@doctors.org.uk

Twitter: @dremilye123

Handout



Conclusions

The success of this project suggests a more sensitive, respectful, and resourceful approach to verification can continue in the future, with a focus on promoting ongoing training for nurses. Liaison with covering GP surgeries, in addition to a useful contact/training information sheet to the Nursing homes should help to promote sustainability of this skill in the future.