Using an Integrated End-Of-Life Clinical Pathway To Enable Non-Palliative Care Specialist Health Care Providers in Regional Australia to Provide Evidence Based Palliative Care

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Introduction

As part of the Mid North Coast, NSW Rural Palliative Care Project (2004-06) it was identified that there was a need to enhance the delivery of palliative care to dying patients on a 48 bed acute medical unit at Coffs Harbour Health Campus. During 2003, 120 patients died on this unit and were cared for by general medical, nursing and allied health personnel with varying levels of palliative care competence and expertise. The use of a multi professional integrated end-of-life clinical pathway has been promoted as one option for enhancing the delivery of evidence based end-of-life care by generalist providers.

A decision was made to trial the use of an integrated end-of-life (E-o-L) care pathway on the acute medical unit for 12 months (October 2004 - 05). Extensive education of medical and nursing staff was undertaken, medications added to the hospital pharmacopoeia and the care pathway approved for use by relevant hospital committees.

At the end of five months none of the 82 patients who died on the acute medical unit had been commenced on the E-o-L care pathway. This prompted the appointment of a part time project nurse to assist medical and nursing staff to initiate the end-of-life care pathway. Using an action learning framework the project nurse undertook to develop the capacity, confidence and competencies of medical and nursing staff to identify when patients were dying and the conversations that need to occur prior to initiating the pathway.

Aim

To assess the impact of the use of an integrated end-of-life clinical pathway on the care provided to patients in the last 72 hours of life on an acute medical unit in regional Australia.

Method

The Liverpool End of Life Base Audit Tool was modified following a review of the literature and content validity was assessed by key informant consultation. A baseline audit of the medical records of twenty consecutive patients who died during 2003 in the acute medical unit (n=20) was conducted (pre-intervention) and a further audit using the same method was conducted following the end-of-life care pathway trial in 2005 (n=20) (post-intervention).

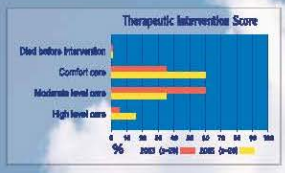
Results

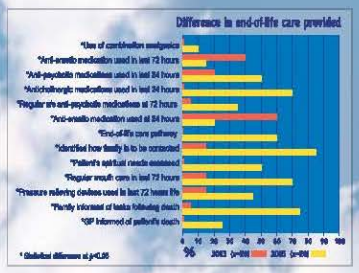
The data revealed that the use of the end-of-life care pathway had helped to ensure that patients' overall terminal care was better managed than prior to the use of the pathway. There were fewer incidences of inappropriate medical intervention and greater adherence to comfort measures in the last 72 hours. There were less episodes of uncontrolled pain and greater evidence of prescribing being in keeping with evidence based practice, for both patients dying on and off the pathway. There was also greater evidence of enhanced communication with the family, general practitioner and other providers at the end-of-life.

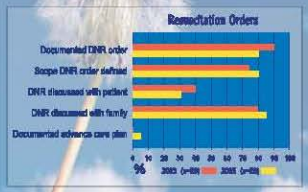
Findings

Item	2003 (n=20)	2005 (n=20)
Mean age	74.6 years (SD ± 12.08)	74.3 years (SD ± 15.20)
*Male	80%	60%
*Female	20%	60%
*Malignant disease	35%	25%
*Non-malignant disease	65%	75%
Length of stay	17.40 days (SD ± 12.08)	17.45 days (SD ± 20.036)
*End of life care pathway	0%	80%

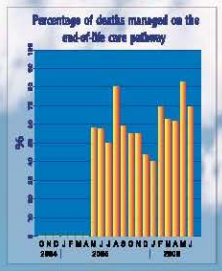
* Statistical difference at p<0.05











Conclusion

The use of the E-o-L care pathway on the acute medical unit has enhanced the delivery of care by non-palliative care specialists to people dying in this environment. In spite of the utilisation of the E-o-L Care Pathway, the project nurse and the use of an action research process has been critical to the successful implementation of this initiative. The challenge is now to maintain this high level of use and ensure that it becomes embedded into standard care.

Limitations

The sample size and difference in the demographics makes it difficult to generalise these findings. Despite these limitations, the results will help to inform others contemplating the use of an end-of-life care pathway in an acute care setting.

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