

In Palliative care in New Zealand how does the Liverpool Care Pathway compared to no set pathway of care influence the quality of death over a patients last days/hours of life?

Introduction

- The Liverpool Care Pathway is an integrated care pathway used in palliative care in order to guide the delivery of evidence based practice care for patients in the last days and hours of their life, irrespective of diagnosis or care setting (Ellershaw & Ward, 2003).
- Currently in New Zealand Liverpool Care Pathway projects’ are registered across 19 of the 20 DHBs with 81% of hospices registered to use the Liverpool Care Pathway and 40% of hospitals registered to use it as well as 28% of residential care facilities being registered (Best Practice Journal, 2011).

Evidence and findings

- Clark, Marshall, Sheward, & Allan (2012) produced research that was characterized high levels of agreement that patient goals were clearer, symptom assessment was more frequent and that it resulted in staff being able to respond more effectively to symptoms. As seen in Figure 1.
- These findings are supported by Anderson & Chojnacka (2012) who found that the Liverpool Care Pathways proactive approach to symptom management resulted in better standards of care for patients.

Implications for practice

- The Liverpool Care Pathway allows the nurse to monitor and preemptively treat the five main causes of discomfort whilst dying; pain, agitation, respiratory tract secretions, nausea/vomiting and dyspnoea.
- The Liverpool Care Pathway has the potential to empower non-specialist nurses to provide quality palliative care to their clients and their families which is considered culturally safe (Duffy, Payne, & Timmins, 2011).

Table 3. Responses to the Liverpool Care Pathway (LCP)-related Likert scale questions

Question	Response (percentage of respondents)					
	Strongly agree	Agree	Disagree	Strongly disagree	NA	No response
39. The LCP has assisted me to recognise when a patient/resident is dying	35%	58%	—	—	4%	4%
40. The LCP has helped me to know when to stop inappropriate interventions	19%	58%	—	—	19%	4%
41. The LCP has helped me understand goals of care for patients/residents who are dying	46%	42%	4%	—	4%	4%
42. The frequency of symptom assessment for patients/residents who are dying has increased since introduction of LCP	42%	38%	4%	—	8%	8%
43. The LCP has enabled me to respond more effectively to distressing symptoms of patients/residents who are dying	50%	42%	—	—	4%	4%
44. The LCP has improved interdisciplinary teamwork in the care of patients/residents who are dying	50%	38%	—	4%	4%	4%
45. The LCP has enabled staff to seek specialist palliative care advice when appropriate	54%	38%	4%	—	—	4%
46. The LCP has enabled staff to access outside support services for patients/residents who are dying when appropriate	38%	50%	4%	—	4%	4%
47. The LCP is a user-friendly document	42%	46%	4%	—	4%	4%
48. The LCP symptom control flowcharts are useful	42%	42%	—	—	12%	4%
49. The LCP has improved my confidence in caring for the dying and their family/whānau members	46%	42%	4%	—	—	8%
50. The overall care of those who are dying has improved since implementation of LCP	54%	35%	8%	—	—	4%

Figure 1. Table 3. Responses to the Liverpool Care Pathway (LCP)-related Likert scale questions. (Clark et al., 2012, p.174).

Recommendations

- I would recommend a continued importance be placed on education about the Liverpool Care Pathway. Beginning at a pre-registration level and is carried on right through the nurse’s career.
- Whilst the literature reviewed has provided only positive reviews of the use of the Liverpool Care Pathway within New Zealand settings, there is not yet enough research yet completed specific to New Zealand to give a credible answer based on evidence based practice to my proposed research question. This does however allow for further research to be conducted in New Zealand

Bibliography

Anderson, A., & Chojnacka, I. (2012). Benefits of using the Liverpool Care Pathway in end of life care. *Nursing Standard* , 26 (34), 42-50.

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Clark, J., Marshall, B., Sheward, K., & Allan, S. (2012). Staff perceptions of the impact of the Liverpool Care Pathway in aged residential care in New Zealand. *International Journal of Palliative Nursing* , 18 (4), 171-178.

Duffy, A., Payne, S., & Timmins, F. (2011). The Liverpool Care Pathway: Does it improve quality of dying? *British Journal of Nursing* , 20 (15), 942-946.

Ellershaw, J., & Ward, C. (2003). Care of the dying patient: the last hours or days of life. *BMJ* , 326, 30-34.

In order to conduct an appropriate literature review I used the PICOT model to help develop a relevant question for my clinical issue.

Population	Palliative care patients in New Zealand	The Liverpool care Pathway is only used on palliative patients, so that is the only possible population for research.
Intervention	The use of the Liverpool Care Pathway	This study focuses on the use of the Liverpool Care Pathway
Comparison	The absence of the pathway	The absence of the pathway was chosen, as there is no suitable alternative end of life pathway to compare the LCP to.
Outcome	The quality of death	I want to know how the use of the pathway affects the quality of care provided, death is the common outcome for the population and the quality of the passing is a measureable phenomena.
Timeframe	The last days/hours of that patient's life	The LCP is only initiated in the final stages of life, so the time selected is the only possible option.

Works Cited

Schneider, Z., & Whitehead, D. (2013). Identifying research ideas, questions, statements and hypotheses. In Z. Scheider, D. Whitehead, G. LoBiondo-Wood, & J. Haber, *Nursing and midwifery research methods and appraisal for evidence-based practice* (4th ed., pp. 63-64). Victoria, Australia: Elsevier.