

Title	An Evaluation of the Implementation of the Liverpool Care Pathway in Rural Western Australia
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Abstract	<p>Purpose. This study evaluates a pilot implementation of the Liverpool Care Pathway (LCP), a clinical tool used to guide the care of dying patients in the last days of life, on the end of life care for dying patients in three regions in rural Australia. Methods. The LCP was implemented at thirteen participating sites: nine hospitals (general wards), one community-based palliative care service, and three in-hospital palliative care units. To evaluate the implementation of the LCP, 415 eligible patient records were examined: 223 Pre-implementation and 192 Post-implementation (116 on the LCP and 76 receiving usual care). A three-way comparison was performed: Pre versus Post-LCP (care formally guided by LCP) and a contemporaneous Post-Not-LCP group (care not formally guided by LCP). Results. Increases were found Post-implementation for communication with other health professionals and with patients or family (Pre-69%, LCP-87%, Not-LCP-93%), use of palliative medications (Pre-87%, LCP-97%, Not-LCP-99%) and frequency of symptom assessments (Pre-66%, LCP-80%, Not-LCP-86%). Fewer blood and radiological investigations were conducted for the LCP group than either the Pre or Not-LCP groups (Pre-24%, LCP-13%, Not-LCP-28% and Pre-22%, LCP-11%, Not-LCP-22%, respectively). Conclusion. This study suggests that when rigorously implemented, the LCP improves important components of end-of-life care for dying patients and their families.</p>