An innovative approach to improved care in the last days and hours of life in rural Western Australia

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Valerie is currently working as educator palliative care with the WA lcp Project for the WA Cancer and Palliative Care Network and is currently completing a Masters in Nurse Education.

The Western Australian Palliative Model of Care recommended state-wide implementation of an end-of-life care pathway to ensure equitable access to a palliative approach at the end of life. The Liverpool Care Pathway was selected by a group of experts as the ideal pathway for use in WA. The pathway was then modified to meet the needs of West Australian health services (the WA lcp). The WA lcp was endorsed by the Marie Curie Palliative Care Institute Liverpool (MCPCIL), the developers of the Liverpool Care Pathway.

The WA lcp prompts the health care team to implement goals of care ensuring optimal patient comfort and family member support during the last days and hours of life. The pathway provides a template for a consistent approach to care of the dying, and is a valuable audit tool for quality improvement. With the use of the WA lcp health professionals are supported to improve the quality of care for dying patients and their families.

Implementation of the WA lcp commenced in 2009 in three WA Country Health Service (WACHS) regions. Sixteen health services were registered to implement the pathway using an innovative quality improvement approach promoting sustainable use of the pathway within health services. This involved an intensive training program, including a link nurse (Palliative Care Network nurses) approach, which focused on quality improvement with action planning, reflective practice, performance run charts, and pre- and post-audits of medical records.

Teams were established within health services, with responsibility for educating staff and promoting use of the pathway. The teams were contacted on a monthly basis by the WA lcp project team to discuss progress, reflect on practice, and be provided with guidance and support. Health services were required to report the percentage of patients cared for on the pathway, and the number of staff that were educated within the health service on a monthly basis.

This project has seen collaboration across health services and regions, including sharing of knowledge and resources in palliative care. Teams have described improved confidence and communication within multidisciplinary health teams as team members report being ‘all on the same page’. Importantly, the WA lcp has been integrated into usual care within Western Australian health services in the last days and hours of life.