

Course project Maren Anne Berglund: Audit in nursing homes in Hamar pre and post implementation of care pathway for the dying patient.

Background: There is broad consensus on how to care for imminently dying patients, but how this care is planned, varies. Liverpool Care Pathway (LCP) is the best known integrated care plan for care of the dying. A revised LCP modified to the conditions in Norway; “Livets siste dager - plan for lindring i livets sluttfase” (LSD) was implemented into all wards in nursing homes in Hamar during 2017.

Aim: My objectives were to investigate if care for the imminently dying in all of the four nursing homes in Hamar was carried out according to LSD standards pre and post implementation.

Method: I assessed the electronic health records (EPJ) and paper records for the patients who died in the nursing homes in 2016 and 2018. Patients eligible for the audit were those who were permanent residents in nursing homes in Hamar and died during 2016 or 2018. For the factors that were considered see Table.

Results: The overall sample comprised of 100 and 118 patients, in 2016 and 2018, respectively. Patients, who died without this being foreseen/at hospital/at home/at the Palliative Care Unit in one of the nursing homes were excluded. Thus, 72 patients (72%) from 2016 and 93 (79%) from 2018 were included. For the 93 patients from 2018, LSD was used only in 29 (31%) of the trajectories. In the group where LSD was followed, the care provided was better documented for many of the aspects considered. The results are shown in Table 2.

| Table | 2016 N= 72 | | 2018 without LSD N = 64 | | 2018 with LSD N = 29 | | Table Green: >20% increase as where the tasks were documented in 2018 compared to 2016. Yellow: 10-20% increase. Red: <10% increase. White: no change, or decrease. |
|--|---------------|------|-------------------------------|------|----------------------------|-------|---|
| | n | % | N | % | N | % | |
| Aspects | | | | | | | |
| Non-essential medications are discontinued. | 31 | (43) | 44 | (69) | 27 | (93) | |
| Rescue medication for subcutaneous administration is prescribed. | 69 | (96) | 63 | (98) | 29 | (100) | |
| Non-essential measures discontinued (blood samples; antibiotics etc) | 32 | (44) | 23 | (36) | 25 | (86) | |
| Unnecessary care measures are discontinued. | 29 | (40) | 18 | (28) | 20 | (69) | |
| Subcutaneous syringe-driver is considered. | 0 | 0 | 0 | 0 | 18 | (62) | |
| Do not resuscitate (DNR) is documented. | 56 | (78) | 60 | (94) | 28 | (97) | |
| Spiritual needs of patient /family assessed, spiritual guidance offered. | 2 | (3) | 4 | (6) | 13 | (45) | |
| Documentation on how to reach the family if situation changes. | 62 | (86) | 53 | (83) | 23 | (79) | |
| Practical information is given to the family regarding their needs. | 12 | (17) | 8 | (13) | 15 | (52) | |
| Primary health physician is informed of the patient's condition. | 0 | 0 | 0 | 0 | 10 | (34) | |
| Treatment plan is discussed with the patient. | 9 | (13) | 17 | (27) | 8 | (28) | |
| Treatment plan is discussed with the family. | 62 | (86) | 60 | (94) | 27 | (93) | |
| Symptoms (pain, anxiety, rales, dyspnea etc) assessed every 4 th hour | 42 | (58) | 34 | (53) | 27 | (93) | |
| Oral hygiene is assessed every 4 th hour. | 24 | (33) | 34 | (53) | 26 | (90) | |
| Urination/defecation is assessed every 4 th hour. | 30 | (42) | 22 | (34) | 23 | (79) | |
| Rescue medication is given as prescribed. | 70 | (97) | 62 | (97) | 29 | (100) | |
| Family physician is informed after death. | 10 | (14) | 17 | (27) | 7 | (24) | |
| Procedures after death are done according to guidelines. | 14 | (19) | 5 | (8) | 13 | (45) | |
| Procedures of taking care of valuables are followed. | 18 | (25) | 14 | (22) | 9 | (31) | |
| Family/next of kin is informed about death. | 69 | (96) | 62 | (97) | 26 | (90) | |
| Family is informed orally of routines after death. | 12 | (17) | 16 | (25) | 19 | (66) | |
| Family is informed in writing about routines after death. | 8 | (1) | 7 | (11) | 14 | (48) | |

Discussion: The LSD was used less often than expected, only in 25% of the total deaths, and 31% of deaths in the audit for 2018. The documented treatment and care in these cases were overall better.

Conclusion: This audit shows that better care is planned for and given, and procedures are followed more thoroughly, when a structured care pathway like LSD is implemented for the imminently dying. There is a

need for regular training / continued education on recognising dying and care for the dying, and detailed instructions on how to use LSD according to plan.