

Course project

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CAN NVP PART 2D REPLACE LCP AS A CARE PLAN FOR THE DYING PATIENT AND IMPROVE THE QUALITY OF PALLIATIVE CARE?

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BACKGROUND



- Approximately 120-140 patients die every year at the Oncology clinic's ward in Karlstad, Sweden
- LCP – Liverpool Care Pathway was introduced 2012
- NVP part 2d was implemented december 2017 and set as standard care plan for dying instead of LCP

- The Swedish Register of Palliative Care (SRPC) – quality indicators of palliative care
- Data can be retrieved to analyse, improve and evaluate the palliative care

- In October 2017, the National Board of Health and Welfare (NBHW) established target levels for quality indicators of the palliative care
 - Oral health assessment during the last week of life at least 90 percent of patients
 - Pain assessment during the last week of life 100 percent of patients
 - On demand prescription of opioid analgesics during the last week of life at least 98 percent of patients
 - On demand prescription of anxiolytic drugs during the last week of life at least 98 percent of patients
 - Absence of decubitus ulcers during the last week of life at least 90 percent of patients
 - Breakpoint dialogue at least 98 percent of the patients

AIM AND OBJECTIVES



- The study aims to evaluate NVP part 2d and its effect on the quality of palliative care compared to LCP at the Oncology clinic's ward in Karlstad, Sweden.
- The objective is to reach the newly established target levels for the quality of the palliative care in the end of life.

METHODS



- As with LCP, NVP part 2d was implemented in a structured manner with information meetings for each occupational groups in the department close to the introduction date.
- Data was retrieved from the SRPC
- The retrieved data from September to November 2017 when LCP was used was compared with data from September to November 2018 when NVP part 2d was set as standard care plan.
- Data of the quality indicators were analysed and compared to the target levels of the National Board of Health and Welfare
- The number of deaths and proportion of patients cared for on the respective care plan was documented continuously on the ward.
- A journal study was made to retrieve time perspectives regarding nursing time on the ward and on respective care plan.

RESULTS



Deaths	on the ward	SRPC	LCP/NVP 2d
2017	31	30	23
2018	41	36	34

Nursing time	on the ward (m/a)	on care plan (m/a)	
2017 LCP	5 / 6,4 d	1 / 2 d	26% >2d
2018 NVP	5,5 / 12 d	3 / 3 d	53% >2d

Quality indicator	LCP 2017 (%)	NVP 2018 (%)	Target (%)
Breakpoint dialogue with patient	71	75	98
On demand prescription of opioid analgesics during the last week of life	100	94	98
On demand prescription of anxiolytic drugs during the last week of life	100	94	98
Pain assessment during the last week of life	23	69	100
Oral health assessment during the last week of life	57	78	90
Absence of decubitus ulcers during the last week of life (grade 2-4)	93	92	90

DISCUSSION



- Not enough patients for a statistical analysis
- Update of SRPC 2018 – **validated** assessment tools for dying?
- The use of assessment tools NVP part 2d
- General focus on oral health on the ward
- Short nursing times on the ward and on the care plans in relation to very high set target levels
 - Breakpoint dialogue with patients
 - Acute deterioration

CONCLUSION



- No evidence for superiority of neither LCP nor NVP part 2d.
- The data retrieved from the SRPC is more in favour of NVP part 2d then LCP, but the number of patients and the differences are small and an update of the SRPC during 2018 might explain the difference.
- The target levels for most of the quality indicators are not reached.
- To differ between the care plans and to value their effect, a randomised study could be proposed, with three arms also including care without a standardised care plan.
- The most important improvement to focus on is to use assessment tools and to diagnose, accept and communicate about death earlier than has been done so far.