

Cancer experiences Collaborative
New perspectives on evaluation in Palliative Care
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Liverpool Care Pathway

A before - after intervention trial

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Rete Ligure di
Cure Palliative



Istituto Nazionale per la
Ricerca sul Cancro, Genova

The context (in 2007-2008)

Genoa

about 700.000 inhabitants

about 3.000 cancer deaths every year

1 Community Health District

2 Research Institutes (one pediatric)

4 hospital trusts

1 hospice (12 beds)

PC professionals in the community
and in hospitals, but not organized in PCTs

The hospital setting

**Department of Medicine
Villa Scassi Hospital, Genoa (Italy)**

3 floors (and 3 head nurses)
78 beds – 11 physicians and 39 nurses

about 350 deaths every year
(about 150 from cancer)

no PCTs in this hospital

The Palliative Care Team that implemented the LCP-I

2 physicians, 3 nurses, 2 psychologists

from two distinct trusts

(with high level of competence in PC)

and

1 physician and 1 nurse

from Villa Scassi hospital

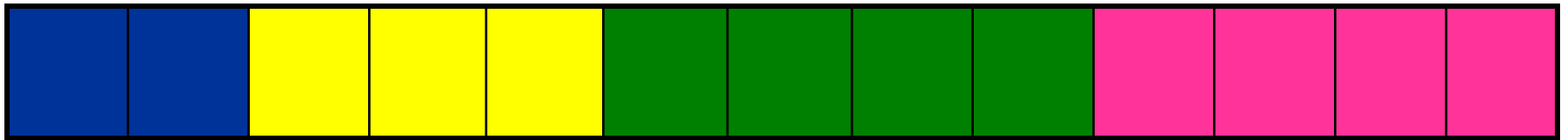
(that received an intensive training in PC)

The Italian hospital version of the LCP

- ❑ forward – backward translation from the original English hospital LCP (version 11)
- ❑ no changes in the Goals
- ❑ no significant changes in suggested interventions

The LCP-I Program

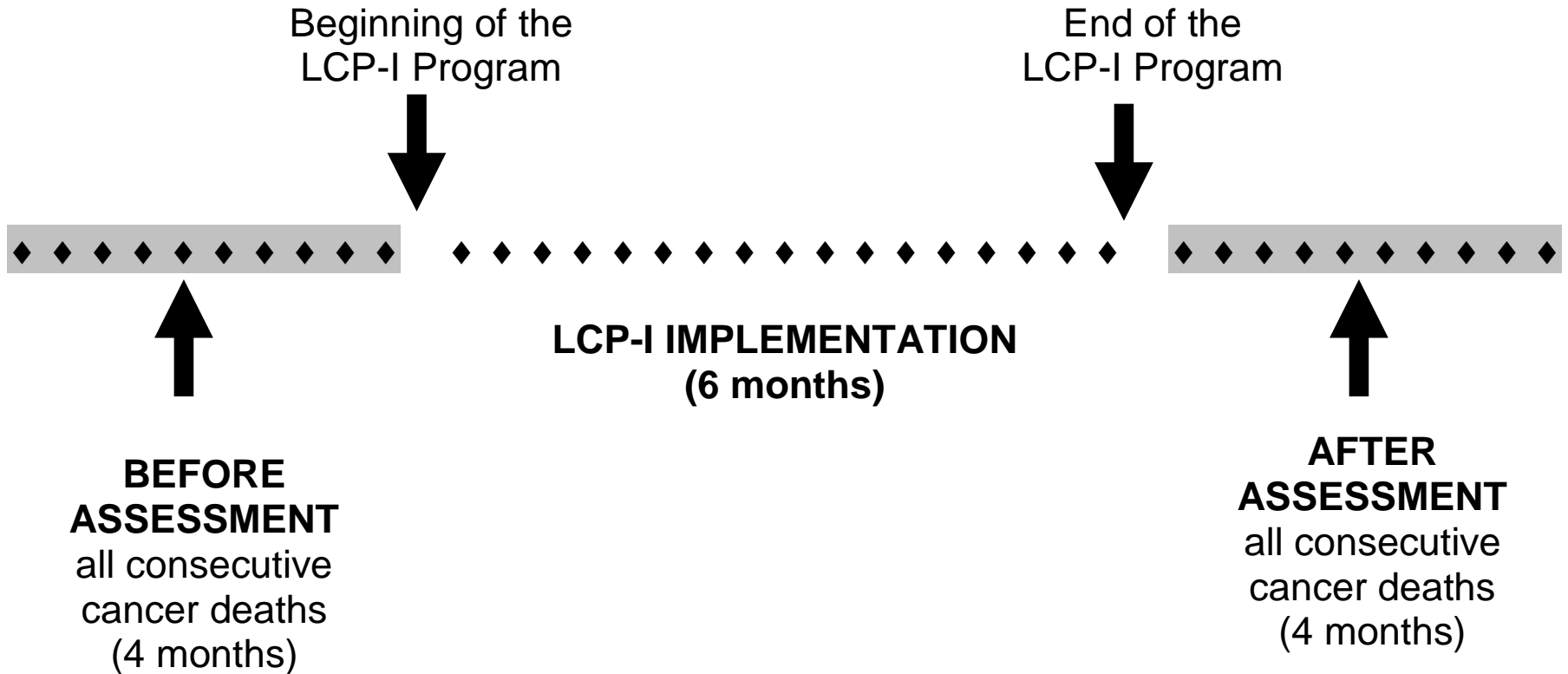
15 April 2007 6 months (6.5) → 31 October 2007



- intensive education program (1 month)
- intensive support phase (1.5 months)
- semi-intensive support phase (1.5 – 2 months)
- evaluation and future training (after 4 months)
- strengthening phase (2 months)

The quantitative assessment

Study design



◆ cancer deaths

The quantitative assessment

The samples (before and after)

	BEFORE (n=49)	AFTER (n=33)
males (%)	61	39
age (mean)	76	74
lung cancers (%)	37	24
days in ward (mean)	11	16

The quantitative assessment

Methodology

- ❑ case sheets (the last 3 days of life)
about procedures and therapies
- ❑ interviews with GPs
about communication with hospital staff
- ❑ **interviews with proxies**
about EoL care

The quantitative assessment

Interviews with proxies

- identified in the hospital case sheets
- personal letter (4 months after the patient's death)
- telephone call
- interview (face to face or by telephone)

the proxy was

the closest and best-informed non professional person on the last week of life of the cancer patient in hospital.

The quantitative assessment

Interviews with proxies

	BEFORE	AFTER
	N. (%)	N. (%)
INTERVIEWS	37 (75.5)	24 (72.7)
without proxy	1 (2.0)	-
proxy not found	2 (4.1)	1 (3.0)
refusal	9 (18.4)	8 (24.2)
TOTAL	49 (100)	33 (100)

The quantitative assessment

The instrument

The “Toolkit after-death bereaved family member interview” ...

... to measure quality of care at end of life from the unique perspective of family members.

... based on a conceptual model of patient focused, family centered medical care.

The quantitative assessment

The Italian version of the Toolkit

- ❑ forward – backward translation
- ❑ adapted avoiding significant changes
- ❑ focused on the **last week in hospital**
- ❑ 1st choice: face to face interview
- ❑ trained interviewers (PC professionals)
- ❑ 34 questions
- ❑ 7 scales
- ❑ score 0-100 (0 the worst and 100 the best)
- ❑ acceptable psychometric properties of the Italian version as compared to the original

The quantitative assessment

Toolkit – the results

	BEFORE	AFTER
	mean (SD)	mean (SD)
1. informing	59.0 (33)	75.4 (30)

... did you talk with any of patient's doctors yourself ?

22% said NO before and only 4% said NO after
the LCP implementation

The quantitative assessment

Toolkit – the results

	BEFORE	AFTER
	mean (SD)	mean (SD)
2. care planning	50.0 (40)	83.3 (33)

answered only by 20%

most patients had not specific wishes or plans about the types of medical treatment (he/she)

did or did not want while dying?

(according to the proxy)

The quantitative assessment

Toolkit – the results

	BEFORE		AFTER	
	mean	(SD)	mean	(SD)
3. focus on individual	49.7	(31)	68.5	(33)
4. emotional	30.6	(26)	47.2	(22)

**Talking with the family about religious or spiritual beliefs (in a sensitive manner)
(from never to 12.5%)**

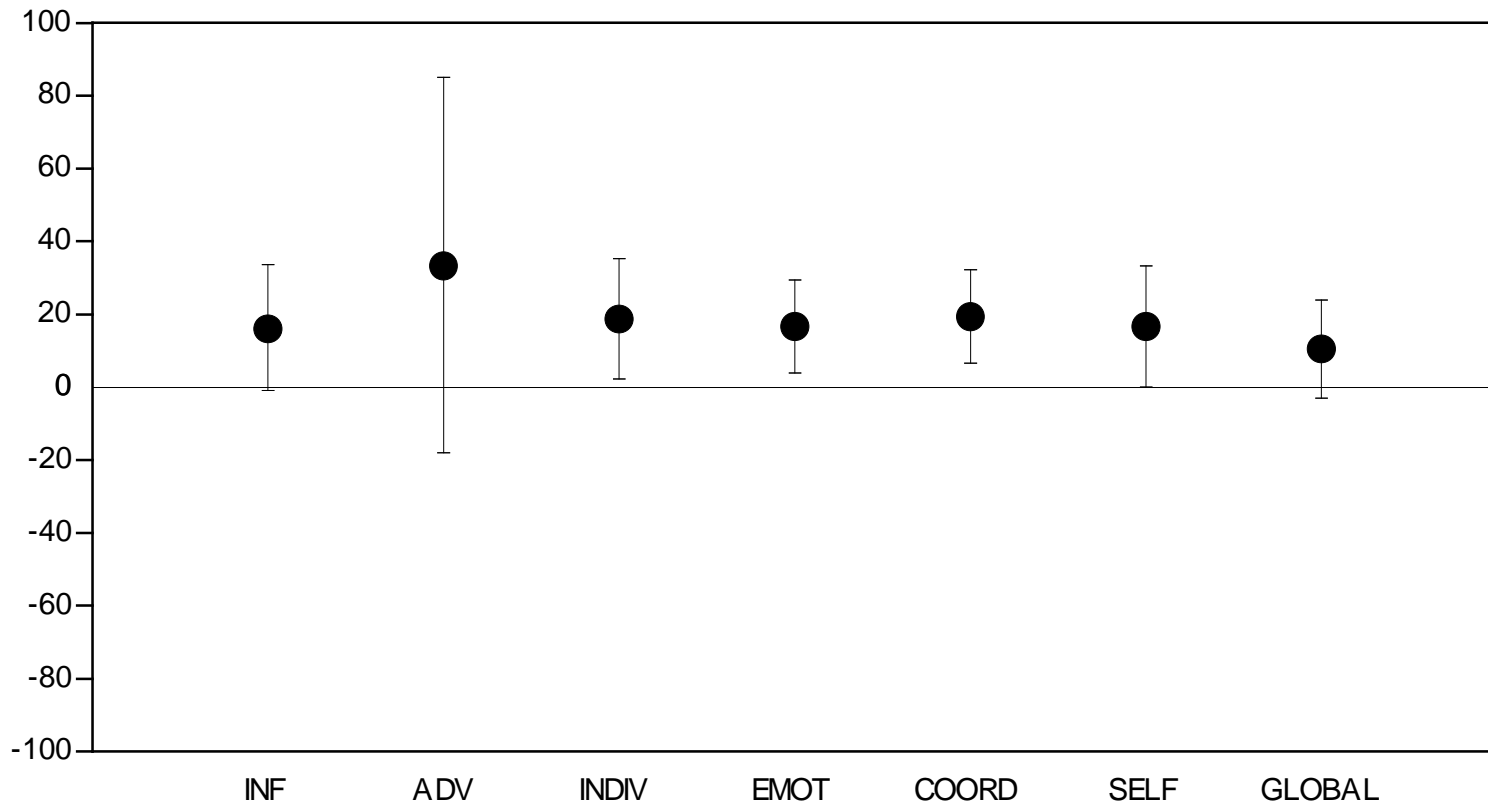
The quantitative assessment

Toolkit – the results

	BEFORE		AFTER	
	mean	(SD)	mean	(SD)
5. coordination	66.0	(28)	85.4	(18)
6. self-efficacy	38.9	(30)	55.6	(30)
7. overall	58.0	(27)	68.5	(23)

The quantitative assessment Toolkit – the results

score differences (after - before) of the 0-10 scales (means and 95%CI)



INF (Informing and making decisions)

INDIV (focus on individual)

COORD (coordination of care)

GLOBAL (overall care)

ADV (Advance care planning)

EMOT (emotional needs of the family)

SELF (Self efficacy of the family)

The quantitative assessment conclusions

- ❑ hospital end-of-life care improved after the introduction of LCP in hospital
 - in this ward
 - in this sample
 - according to this study design
 - for cancer patients
- ❑ all dimensions improved
- ❑ Toolkit seems a valid and sensitive instrument

Migliorare la qualità delle cure di fine vita

Un cambiamento possibile e necessario

A cura di Massimo Costantini,
Claudia Borreani, Sergio Grubich



Erickson
Collana Il Sole a Mezzanotte

Thank you for your attention

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