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**IMPLEMENTATION OF THE LIVERPOOL CARE
PATHWAY IN THE ACUTE SETTING IMPROVED END
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Background The care of dying patients and families represents an important aspect of health service provision. 1500 patients a year die in Eastern Health beds, only 40% of whom are seen by the hospital based palliative care consultation team (HBPCCT). There is room to improve the quality of care offered to dying patients and families outside a specialist palliative care setting. The Liverpool Care Pathway (LCP) is an integrated, evidence-based, multidisciplinary document representing the 'Gold Standard' in quality end-of-life-care provision.

Aim To implement and evaluate the LCP in acute wards in EH.

Methods Wards with the highest numbers of deaths were identified. After consultation, the LCP was implemented. Surveys of staff were carried out before and after implementation.

Results More than 200 patients and families have been cared for on the LCP. Some patients were discharged back to residential care and some to palliative care beds. Only 9% of the 88 surveyed staff who had used the LCP felt that it had not helped improve the care of dying patients and families in EH, and 6% of staff felt that the LCP had not helped staff in caring for dying patients.

Conclusions Staff feel that the introduction of the LCP improved end of life care at EH. Use of LCP did not prevent transfer from acute beds to specialist palliative care beds.