

# **Liverpool Care Pathway Project**

## **Progress Report Nov 2008 – June 2010**

**Julie Graham  
LCP Team Leader  
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## **Introduction**

Much as we don't like to think about it, it is a fact of life that we will all die. For many people death follows a period of illness and is the natural end to many 'long-term' conditions such as cancer, heart, lung or kidney disease etc. At this time there is nothing the medical profession can do to halt the natural dying process: the very best we can do is to provide care that is compassionate and allows people to die in comfort and with peace and dignity. Good end of life care also ensures that we care for the family and friends of the dying person, offering information and practical and emotional support whenever needed.

The Liverpool Care Pathway (LCP) translates the hospice model of best practice in care for the dying into a template of care for use by non-specialist staff in all care settings. It focuses on the last few days of a patients' life and strives to provide a pain free, peaceful and dignified death, addressing the physical, psychological and spiritual needs of patients and family at this time. It is appropriate for the care of patients dying from cancer or non-malignant disease.

Lanarkshire Health Board is funding a three year project designed to implement the LCP throughout the county as recommended by Lanarkshire Palliative Care Managed Clinical Network and the Scottish and UK Governments.

A team of five practice development facilitators and one practice development practitioner (team leader) all of whom are experienced senior nurses, have been employed for a fixed term of three years with the purpose of implementing the LCP and embedding it into everyday practice in every care setting in Lanarkshire. The full team has been in post since June 2009.

The implementation plan involves awareness raising, gaining managerial support, structured education / training sessions and continuous ongoing workplace support and reflection. A programme of comprehensive audit of documentation both pre- and post LCP implementation will guide focused retraining where needed and provide positive re-enforcement to maintain staff motivation.

## **Education Sessions**

With such a diverse staff population it was clear that a 'one size fits all' approach was not appropriate. A 'Train the Trainers' method, where a few key staff would receive in depth education from the LCP team and then cascade the information to their workplace colleagues was employed, particularly for care home and community hospital staff, with

varying degrees of success. Organized 'central' sessions were arranged within the acute hospitals again with varying degrees of success and individual workplace sessions were used in all care settings. Reflecting on the effectiveness of education to date, individual workplace sessions seem to have been the most effective.

No matter the 'type' of session being delivered all cover the same topics:

- The LCP document and how to use it is explained
- Discussion around palliative care in general
- What is and how to achieve a 'good death'
- The importance of and how to recognize the dying phase.
- NMC guidance re accountability and record keeping.
- interaction and discussion around the very sensitive subject of death and dying is encouraged.

Each session lasts approximately one hour after which participants complete an evaluation. Analysis of the evaluation forms have demonstrated a very positive response and have supported the formation of an 'LCP Champions Network' across all care settings.

## **Progress to Date**

The team leader has gained nursing, medical and general managerial support by meeting with members of Lanarkshire's senior management team and presenting at many high level meetings. A high level project steering group has been established.

The team actively participates in many palliative care education events across Lanarkshire and work closely with the hospice team on their Palliation of the Older Adult course for care home staff.

Presentations have been made at the Celebrating Lanarkshire Conference in August 2009, Living and Dying Well Conference in Nov 2009, Living and Dying Well Update Jan 2010 and Spiritual Care Matters Conference June 2010.

The team has designed an LCP information leaflet for health care practitioners that is now available for distribution and on NHSL's palliative care website. An article about the team and the project was published in the Pulse this month. The 1<sup>st</sup> issue of a regular 'acute division' newsletter was produced and distributed in late spring 2010.

As of June 2010 nearly all areas have received some form of initial education / training (approx 2250 staff), and of those around half have actually used the LCP in practice. Along with 'mopping' up the last few areas requiring initial education, the team are now concentrating on providing support and reflection guided by audit results. Of particular

note is the development of specific LCPs for use in the renal unit and intensive care units on which the team collaborated with the relevant specialists.

In addition to educating nurses and doctors in the use of the LCP, the team has had information sessions with various members of the Allied Health Professions who have been keen to know more.

A network of 'LCP Champions' (one or two enthusiastic individuals per ward / care home / district nurse team and OOH and Marie Curie services) has been established. The aim is for these champions to maintain the interest and motivation for the LCP among their colleagues now and in the future when the LCP team is no longer in post. Two multi-disciplinary study days have been held for the champions and evaluated very well. With appropriate training the champions will continue to audit end of life care within their own workplaces after March 2012.

## **Project Evaluation**

Lanarkshire's LCP project has been registered with Marie Curie Palliative Care Institute in Liverpool (MCPCIL). An audit of documentation both pre and post -LCP implementation has been completed and analysed. In addition the LCP team, in collaboration with NHSL clinical effectiveness dept has devised our own post-implementation audit. This includes identifying 'non -use' of the LCP and analysis of recorded variances from the pathway.

The team have identified positive improvements in documentation and also areas for improvement when data collecting. They subsequently provide this anecdotal, individual feedback to specific wards, care homes and district nurse teams thereby providing focused reflection and re-training. Basic analysis of all post-implementation data has been completed and the team is currently working with the clinical effectiveness team to further explore and explain the findings. Of interest is the report of non-use of the LCP in areas that have received initial training. A poster presenting some initial findings will be presented at the Celebrating Lanarkshire Conference in Sept 2010 and Scottish Partnership conference in Edinburgh in Oct 2010.

## **Challenges**

A major challenge faced early into the project was the illness and 9 month sickness absence of the team leader. However, as our progress to date demonstrates, the team coped extremely well with this situation. The team leader has now returned from sick leave.

In the main the LCP team has been met with enthusiasm and eagerness by staff of all disciplines and grades. However we have met with strong resistance from some. In most cases open discussion of their fears and concerns and rectifying any mis-conceptions has proved successful in gaining their acceptance of the LCP. In only a very few cases have we had to resort to a 'top-down' approach with intervention from senior nursing management.

Audit has highlighted that bereavement booklets are seldom supplied to relatives in the community. This may be because a standard booklet is not available. Work is ongoing around adapting the recently produced 'acute division' booklet for use in the community.

### **Work plan June 2010 – March 2011**

- Finish initial training for all those who have not received it.
- Continue with focused retraining / reflection sessions guided by audit results
- Continue to support clinical staff to develop and implement their own training strategies
- Continue with twice yearly audit of documentation
- Arrange audit feedback sessions with high level nursing, medical and general management
- Continue to provide 'champions' study days 4 times per year
- Continue to present and participate in local and national events
- Continue to attend and provide regular reports to LCP Steering Group and Palliative Care MCN
- Pilot and report on effects of DN folders
- Develop and pilot effectiveness of LCP resource folders
- Design nurses questionnaire for final year evaluation