



LIVERPOOL

# Care Pathway

Promoting best practice for care of the dying

## NEW ZEALAND NEWSLETTER

### EDITORIAL

Welcome to the first edition of the 'New Zealand Liverpool Care Pathway Newsletter.' Our aim is to develop a national network of support, and a platform for the sharing of ideas and experience.

With this aim in mind, we have attempted to identify areas of Liverpool Care Pathway (LCP) activity and interest throughout New Zealand on the map (see right) which as you can see is alight with enthusiasm! This high level of interest and activity highlights the opportunity for collaboration and support. For the future there may be great scope for benchmarking and shared continuous quality improvement. If your area is not represented on the map please let us know.

In our experience, an inclusive implementation strategy, coupled with an intensive education programme of at least 80% of health care workers within implementing areas; leads to the motivated and educated use of the LCP. This enables patients and their families/whanau to receive the same level of high quality care, irrespective of diagnosis or place of care.

Within this newsletter we have summarised the main changes within version 11 of the LCP, which was launched in November of 2005. We have also tried to answer some commonly asked questions that have been put to the Arohanui Hospice LCP project team. Pages 3 and 4 offer short narratives reflecting the varied experiences from five implementing areas within New Zealand, we thank the contributors.

We hope to publish this newsletter twice a year. Feedback and suggestions for content and contributions are most welcome. Thank you for your support.

**Amanda Taylor - LCP Facilitator**  
**Arohanui Hospice, Palmerston North**



#### Key

- Areas of LCP interest and activity
- LCP facilitator (full or part time)

# Regularly asked questions...

## Where do we start?

Contact the LCP Central Team UK, [lcp@mariecurie.org.uk](mailto:lcp@mariecurie.org.uk) for an International Information Pack. The Central Team are pleased to help and support international colleagues.

Lobbying and gaining the support of key people within your organisation is crucial. With this support you will be on your way to addressing the key objectives listed by the Central Team, within the International Information Pack, to enable Registration with the project.

Background work is vital, equate it to wallpapering – if you don't fill the cracks and remove the bumps the paper won't stick! Documentation requires local adaptation and ownership, baseline reviews are to be completed, medication guidelines agreed etc.

## Can we change the goals?

Additional goals may be added, but as sub sections, so not to interfere with the numeric layout of the existing document.

Goals considered not applicable to a care setting should be discussed with the LCP Central Team UK to ensure that exclusion does not dilute the role and purpose of the LCP model.

At Arohanui Hospice we have added an additional sub goal 6B 'cultural needs/support requirements assessed.' If you would like further information about this sub goal please contact us.

## Summary of changes within Version 11

The LCP is reviewed by the Central Team in Liverpool UK every 12 months, taking account of suggestions from around the world. November 2005 saw the development of Version 11, some of the key changes are summarised below:

**Criteria for use:** wording clarified to include 'All possible reversible causes for current conditions have been considered.'

**Goal 2:** Dyspnoea added as a key symptom, with pre-emptive prescribing, 4hrly assessment and associated prescribing guidelines.

**Goal 3:** Has an additional sub-goal, with prompts 'Deactivate cardiac defibrillators.'

**Goal 6:** Reference to the consideration of cultural needs added.

**Ongoing Assessment:** Signature box altered to capture 4hrly assessment.

**Variance sheet:** Now includes a box for the documentation of outcomes.

**Medication guidelines:** Have additional supportive information.

Version 11 can be viewed on the LCP web site [www.lcp.mariecurie.org.uk](http://www.lcp.mariecurie.org.uk).

We would be interested to receive comment re the additional sub-goal within goal 3 'Deactivate cardiac defibrillators.' Comments to [lcp@arohanuihospice.org.nz](mailto:lcp@arohanuihospice.org.nz)

# Regional Updates...

## Counties Manukau

The Hospital Palliative Care Team at Middlemore Hospital identified a need within the hospital to improve the standard of care of dying patients and their family/whanau. Having raised these concerns with our DON, and on gaining support from the Clinical Board a twelve month pilot project to implement the LCP into two wards at Middlemore Hospital commenced in April 2005.

To date there have been 15 patients through the pathway and whilst this is much fewer than what we had anticipated, with any change project patience appears to be the most important requirement. Advice gathered from colleagues reinforced the need to go quietly and carefully when endeavouring to introduce the pathway. Currently it appears the nursing staff on the two pilot wards are taking ownership of the pathway and the last 4-5 patients have gone onto the pathway at the initiation of the nursing staff.

As part of my Master of Nursing Thesis I have the opportunity to ask the nurses on the pilot wards and senior nurses involved in implementing the pilot project how they see the early impact of the LCP on the nursing team caring for dying patients.

Jenny Thurston

Clinical nurse specialist palliative care

Middlemore Hospital

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**“Using the LCP for the first time felt like there was an umbrella of support from the hospice.”**

*RN Brightwater Centre*

## Arohanui Hospice

Our journey with the Liverpool care of the dying pathway started late 2004 with a Project Plan that encompassed a pilot of the pathway in the Hospice, aged residential care and acute hospital settings linked to a research project to evaluate its impact on the care of the imminently dying in the region.

In partnership with Arohanui Hospice the MidCentral District Health Board have supported the project plan with funding support for a LCP Facilitator role and research project.

The first step was to introduce the pathway into the hospice inpatient unit which was done in December 2004. It is now very much established as part of our normal documentation and a post implementation evaluation of both documentation and staff attitudes clearly demonstrates some tangible benefits for implementing the pathway in such a specialist setting.

The next step was the successful recruitment of Amanda Taylor from the UK to work in the role of LCP Facilitator. At present the LCP has been successfully implemented in the first pilot aged residential care facility, and the run up to implementation in the second has commenced.

*Above: Some of the Brightwater staff (from left) Kirsten Berg (CA), Debbie Gallagher (Educator), Christine Wood (Manager), Bettine Wagener (CA), Ginny Chapman (CA), Amanda Taylor (LCP Facilitator, working in clinical practice with the Brightwater staff).*

*The Brightwater Centre is a 62 bed aged residential care facility. The Centre is the first aged residential care facility to launch the use of the Liverpool Care Pathway within the Mid-Central region.*

*Arohanui Hospice has worked in partnership to facilitate implementation and educate approximately 96% of the care staff regarding the LCP, before the launch in January of this year.*

Alongside this, good progress is being made with the research project, its navigation through ethics committee and the gathering of the pre implementation data. The research explores the perceptions of health care workers regarding the care of dying patients in aged residential care and the hospital settings; pre and post the implementation of the LCP.

**Barry Keane**  
 Director of Clinical Services  
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**If you would be added to the newsletter circulation list, or would like to provide feedback, or require further information; please email [lcp@arohanuihospice.org.nz](mailto:lcp@arohanuihospice.org.nz)**

## Waikato

**In November 2005, I was employed as a Palliative Care Nurse Specialist with a mandate to implement the LCP in Waikato hospital. In December I met with colleagues from across New Zealand to learn from their LCP experiences.**

These meetings were extremely valuable in terms of hearing first-hand accounts of the difficulties and successes associated with this project work. I really appreciated everyone's willingness to share their resources and knowledge – and their honesty in helping me focus my rose-coloured LCP spectacles! I have since learnt much about change management processes.

I'm sure it will come as no surprise to experienced pathwayer's that my initial expectation of having the LCP rolled out by April 2006 has moved to 'sometime later this year'. To-date, Waikato is registered with Liverpool and have the proforma pre-audits. The hospital-based Palliative Care Team are on board and very supportive.

I will be meeting with key stakeholders from the two wards with the highest numbers of inpatient deaths to establish buy in and encourage ownership of the LCP over the next few months.

We are fortunate that many of the associated policies, procedures and guidelines that inform the goals of the LCP are already in place (e.g Care of the Deceased/Tupapaku, Management of Syringe Driver's etc).

I look forward to keeping in touch through the newsletter.

**Theresa Mackenzie**  
**LCP Project Coordinator**  
**Health Waikato**  
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## Hutt Valley

Te Omanga Hospice has embraced the concept of the Liverpool Care Pathway (LCP) and is registered with the LCP project in the UK. As Palliative Care Nurse Specialist Educator in the Hutt Valley my role supports Aged Care Facilities (ACF) and works collaboratively to improve the delivery of palliative care in the facilities.

The concept of the LCP was introduced and some facilities have implemented an adapted version to fit in with their own documentation. Education sessions have been delivered at the hospice and on-site at the facility. End-of-life funding is available for extra staff if required.

The LCP has created great interest but difficulties in relation to staff ratios and turnover have affected the implementation in some areas. A positive effect of the LCP in the Hutt Valley has been a reduction of admissions to Hutt Hospital of patients from ACF in the dying phase.

In consultation with a local Aged Care Facility, Te Omanga has embarked on a research project to "Evaluate the Introduction of the Liverpool Care Pathway for the terminally ill/dying phase in an aged care facility within the New Zealand context". This research involves a pre and post audit of notes and a focus group to discuss the usefulness of the tool. The research project has recently been approved by the Central Regional Ethics Committee.

**Kate Gellatly**  
**Palliative Care Nurse Specialist Educator**  
**Te Omanga Hospice**  
**Kate.Gellatly@teomanga.org.nz**

## Hawkes Bay

Hawkes Bay DHB have seen the LCP as being a key component in improving delivery of end of life care throughout the area and we were keen to support this aim. In particular we could see how it might be beneficial in some of the more generalist areas where some of our patients die.

It was decided that before we could promote the LCP as a panacea to solve all problems, we would need to try it and see for ourselves what it would take to adopt and implement in the specialist area of the hospice. We formed a working party and launched the use of the LCP in December 05.

Adopting this tool has not revolutionised the way that we do end of life care at Cranford Hospice as we already did it very well. It has caused us to standardise what we do and to document the processes by which we decide which treatments and interventions are appropriate.

This has helped to demystify some of the things which we do. It has also provided us with a very comprehensive document which we can use to ensure that consideration of a number of factors are always taken into consideration for all patients no matter what the circumstances at a particular time and no matter which particular combination of staff might be involved in their care.

We have just had our twentieth person on the pathway and are about to do the formal audit to see how the LCP has impacted on documentation. We can hardly wait!

**Roger Parr**  
**Cranford Hospice**  
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