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Issue 4



LIVERPOOL

Care Pathway

Promoting best practice for care of the dying

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## New Zealand NEWSLETTER

### A National LCP Office for New Zealand

On 3<sup>rd</sup> November, 2008 MidCentral DHB made available a media release regarding the funding and development of a National LCP Office based at Arohanui Hospice.

In August 2008, the Ministry of Health accepted the proposal put forward by Arohanui Hospice, with the support of Hospice NZ, for the development of a national centre to co-ordinate the sustainable implementation of the LCP in New Zealand (NZ). The original proposal (written by Barry Keane, then Director of Clinical Services, Arohanui Hospice in November 2007) was informed by the increasing number of phone calls, emails and visits to Arohanui Hospice by health care professionals interested in implementing the LCP.

The numerous enquiries from palliative care providers around the country highlighted some concerning approaches to implementing the LCP that risk diluting and compromising the effectiveness and sustainability of the LCP over time.

The proposal recommended the centre would be “a stand-alone unit working out of an existing palliative care service that has robust links locally, nationally and internationally” and that “the day-to-day functioning of the centre would be the responsibility of the existing Arohanui Education and Research Unit”.

Theresa Mackenzie, Lead LCP Facilitator at Arohanui Hospice, has been identified as leading the development of the National LCP Office in consultation with Hospice NZ and the LCP Central Team (UK). The Crown Funding Agreement is forthcoming and the governance model is being defined. The full media release can be accessed at:

<http://www.midcentraldhb.govt.nz/NewsEvents/PublicNews/Latest/LCPA.htm>

**Arohanui Hospice Project Team**

### Success for Waipuna Hospice’s LCP Pilot Project

Waipuna Hospice in Tauranga employed two dedicated LCP Facilitators in August 2008 following the implementation of the LCP in the inpatient unit in March 2008. Although we considered our care in the inpatient unit was superb, the LCP greatly improved our documentation.

Our LCP pilot includes an aged residential care facility, where we completed a Base Review audit, adapted the documentation and sought buy-in from the GP practice responsible for approximately 60% of the residents. Other GPs will be approached as the pilot progresses. Our pilot also includes two medical wards at Tauranga Hospital.

We have been encouraged by the positive response to the LCP in both pilot sites and are excited at the acceptance by generalists of the specialist palliative care approach to the care of the dying. In the words of Emanuel et al (2006): “Care provided during those last hours and days can have profound effects, not just on the patient, but on all who participate. At the very end of life, there is no second chance to get it right.”

**Shona Walford, LCP Facilitator, Waipuna Hospice**

## Plans for Hawkes Bay Roll-out of LCP

Finding creative ways to spread the knowledge gained through the development of hospice care to influence care in other settings is very much the trend in modern palliative care. This is no different in Hawkes Bay where an opportunity to see this happen is now underway through the launching of a special project to implement the Liverpool Care of the Dying Pathway (LCP) more widely. The inpatient unit at Cranford Hospice has been using the LCP since 2005 and so will provide an ideal foundation for its introduction to other settings.

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*“The inpatient unit at Cranford Hospice has been using the LCP since 2005 and so will provide an ideal foundation for its introduction to other settings”.*

This initiative has been funded through the Hawke’s Bay District Health Board with specialist palliative care service specifications funding. Because it will involve implementing across a range of settings the project will be overseen by the collaborative Palliative Care Network Group with project staff working out of the Cranford Hospice Learning and Development Unit. It represents a Hawke’s Bay wide project led by a group that represents all the key players such as general practice, aged residential care, Hawke’s Bay Hospital and Cranford Hospice.

An important first step will be to get the project group confirmed and recruit a suitably qualified Nurse Educator to lead the implementation side. Though the funding is only confirmed for a year at this stage in this first year it is hoped to target at least four sites where the most benefit will be gained including Hawke’s Bay Hospital and the rest home sector.

**Barry Keane, Executive Director, Cranford Hospice**

## How using the LCP prompted the resolution of unfinished business

Recently when commencing a patient on the LCP and going through the initial assessment page with his partner discussing spiritual needs, it lead on to a discussion about anything she or her partner may have as unfinished business in this part of his journey. She stated that they had planned to marry and she would really like to do that before he died. As she was uncomfortable asking him because she did not want to place pressure on him the Hospice Chaplain was asked to help.

This started a speedy process and the result of this initial encounter to commence the LCP was that they were legally married the next day. All the family were present. The patient was really aware of the process and celebrated with the family on being pronounced husband and wife. It was a very moving and poignant time and he died a few minutes after signing the license. His wife later expressed a great sense of peace and happiness that she and the family had having been enabled to fulfill this wish.

(Retold with permission from the patient’s wife)

**Jane Heather, LCP Facilitator, Nelson Region Hospice Trust**

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## 2008 Visit to Liverpool UK – Well Worth the Effort!

I joined the Waikato hospital-based Palliative Care Team (PCT) as Lead LCP Facilitator in August 2008. Shortly afterwards, I attended the Marie Curie Palliative Care Institute Liverpool (MCPCIL) LCP Conference in the UK with my LCP colleague, Jan Clark.

Professor John Ellershaw, Deborah Murphy, Maria Bolger and Tamsin McGlinchey from the LCP Central Team (UK) hosted an International Collaborators meeting the day before conference where three other countries beside NZ were represented – Netherlands, Sweden and Italy. Having the opportunity to network directly with international LCP colleagues, the key authors of the LCP and the LCP Central Team was a humbling and rewarding experience.

The focus of the international meeting was on identifying key LCP implementation and dissemination issues/challenges experienced by those outside of the UK (captured by Professor Ellershaw on the whiteboard - see photo). Some of the issues/challenges identified included adapting the LCP to an electronic format, implementing LCP in aged residential care and having adequate time and human resources.

The differences in the resources allocated for implementing the LCP are significant. In Italy, the Director of Palliative Care Services is leading the LCP project. In Sweden, two nurse specialists are responsible for implementing the LCP country-wide. And in the Netherlands they face the juxtaposition of improving end-of-life care with the LCP in a country where euthanasia is legal.

The MCPCIL LCP Conference included sessions on the implementation of the UK NHS End-of-life Care Strategy; research into bereaved families experiences of the care their relative who died on an LCP received; the different cultural aspects of end-of-life care from a European perspective; and a presentation on the development of a National LCP Office to coordinate the sustainable implementation of the LCP in NZ by Theresa Mackenzie (Lead LCP Facilitator at Arohanui Hospice, NZ).

As part of my visit to the UK, I attended a study day at the Royal Marsden in London and spent time with the PCT at Arrowse Park, the Royal Liverpool University Hospital PCT and the LCP Central Team.

My visit to Liverpool was well worth the effort in terms of my own learning and networking. I would urge anyone working with the LCP who is considering attending the MCPCIL LCP Conference in London on November 25<sup>th</sup>, 2009 to also visit the LCP Central Team in Liverpool.

**Peter Kimble, Lead LCP Facilitator - CNS Palliative Care, Waikato DHB**



Peter Kimble (Lead LCP Facilitator) & Jan Clark (Rest Home Liaison-LCP Facilitator), Waikato DHB.

Delegates at MCPCIL LCP Conference, Liverpool (UK)  
9<sup>th</sup> October, 2008



Professor John Ellershaw at International LCP Collaborators meeting, 8<sup>th</sup> October 2008, Liverpool (UK)

## National LCP Facilitators Group

The National LCP Facilitators Group was established in April 2007 to provide a collaborative support network for LCP Facilitators working within New Zealand. The group has continued to meet twice a year since its inception with growth in membership from seven members in April 2007 to 24 members in November 2008. The group functions with a rotational chair and venue alternating between the North and South Islands, and operates under 'Terms of Reference' reviewed annually. The key objectives of the group are to:

- Support LCP development nationally
- Promote the development of the LCP facilitator role
- Share resources
- Provide collegial support
- Sustain use of LCP based on best principles of change management
- Contribute to national and international benchmarking of end-of-life care
- Contribute to LCP associated research
- Link to the newly-founded National LCP Office (based at Arohanui Hospice)
- Feedback to LCP Central Team (UK) through the NZ LCP Newsletter twice yearly

To join the group, members must be a health care professional working either in a dedicated LCP Facilitator role or with a mandate to implement the LCP as part of their current role.

The next National LCP Facilitators Group meeting has been tentatively booked for April 1<sup>st</sup>, 2009 at Arohanui Hospice, Palmerston North, pending confirmation of the first "LCP Foundation Day" and "Advanced LCP" training days at Arohanui Hospice on 2<sup>nd</sup> and 3<sup>rd</sup> April 2009 respectively.

Please forward any enquiries about joining this group or expressions of interest in attending the 2009 "LCP Foundation Day" and/or "Advanced LCP" training day at Arohanui Hospice to [Joanne.g@arohanuihospice.org.nz](mailto:Joanne.g@arohanuihospice.org.nz)

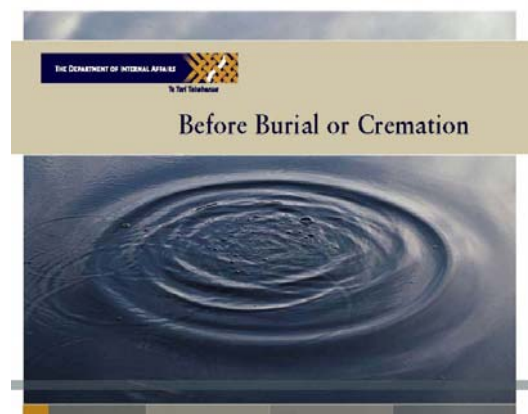
## Excellent Resource for Meeting 'Goal 17'

Maintaining the integrity of the LCP document is vital if in New Zealand we are to contribute to benchmarking end-of-life care at local, national and international levels. Pre- and post-LCP implementation audits are analysed against the measurable outcomes of care for each of the 18 'Goals of Care' in the LCP.

**Goal 17** in the care after death section of the LCP asks that: "Necessary documentation and advice is given to the appropriate person". We have sourced a NZ publication - 'Before Burial or Cremation' - that meets the rationale for this goal as described in the 'Goal Definitions and Data Dictionary' (July, 2008) available on the LCP website [www.mcpcil.org.uk](http://www.mcpcil.org.uk).

This publication is printed by the NZ Department of Internal Affairs and can be ordered **free of charge** from the Births, Deaths and Marriages website: [bdm.nz@dia.govt.nz](mailto:bdm.nz@dia.govt.nz)

**Theresa Mackenzie, National LCP Office**



*"Maintaining the integrity of the LCP document is vital if in New Zealand we are to contribute to benchmarking end-of-life care at local, national and international levels".*

### National LCP Office

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