



EDITORIAL

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Growth, Sustainability and Research: LCP Steps Up Again in New Zealand

Nationwide uptake of the Liverpool Care Pathway for the Dying Patient (LCP) continues to strengthen, with projects registered in 19 of the twenty District Health Board regions across hospice, hospital, aged residential care and community care settings. Clarity in key areas of communication, artificial nutrition and hydration in the newer LCP Version 12 have been well received, with many of the 256 registered LCP projects now using this latest document as part of their commitment to continuous quality improvement for care of the dying.

In this edition of the NZ LCP Newsletter you will read about the role and function of the National LCP Expert Advisory Group; learn more about NZ's LCP link with a large European collaboration aimed at optimising research and care of cancer patients in the last days of life; and share in LCP/ Palliative Care Resource Nurses from Waikato and MidCentral DHB's being recognised by their organisations for supporting colleagues in the use of the LCP in their clinical settings. The real success and sustainability of the LCP in any area is underpinned by the willingness of these local champions to share their knowledge and skills in both palliative care and end-of-life care approaches.

The inclusion of specific cultural 'goals of care' in the NZ LCP document is the focus of a three year Health Research Council funded research project between the National LCP Office NZ, Arohanui Hospice and the Research Centre for Māori Health Development at Massey University in Palmerston North. Planned to begin early in 2011, this tri-phase, mixed method study aims to investigate how the NZ LCP cultural goals of care were developed, and what their effects on care provision specifically in relation to Māori have been. Based on those findings, work will be undertaken with Māori communities to transform the NZ version of the LCP into a tool to best facilitate culturally appropriate end-of-life care for Māori.



Growth, sustainability and further NZ-based LCP research inform NZ's ongoing commitment to the LCP. National LCP Office staff are looking forward to continuing to provide LCP advice and support to specialist and non-specialist palliative care providers in 2011. Have a safe and happy Christmas!

Theresa Mackenzie
National LCP Lead - NZ
www.lcpnz.org.nz

Progress on Implementation of the LCP in New Zealand as at December 2010

NZ Sites	Nov 2006	July 2008	Jan 2009	Mar 2009	Dec 2009	March 2010	July 2010	Dec 2010
Community	0	7	7	8	8	9	9	11
Hospice (N = 19)	5	12	14	16	17	17	17	17
Hospital (N = 67)	4	8	8	9	13	15	17	25
Residential Care (N = 900)	3	39	51	62	130	139	188	203
TOTAL	12	66	80	95	168	180	231	256

Hospices: N = those with inpatient units;
Hospitals: N = exclude psychiatric, maternity and private;
Residential Care Facilities: N = varies 800-900 (NZ Certified List of Healthcare Providers)

CELEBRATING LCP RESOURCE NURSES

Update from Waikato Hospital

On 15 September, Suzanne Lawes, Nurse Director, presented certificates to the Waikato LCP Network Nurses group to celebrate their achievements in implementing the Liverpool Care pathway project.

Five years ago the Liverpool Care Pathway for the dying patient (LCP) project commenced. The LCP is an integrated care pathway to care for a patient in the last hours or days of their life. It is a multi-disciplinary tool and is started following the 'diagnosis of dying'. The Waikato LCP Network Nurses group was established in 2007 so that the on-going training of the LCP for new staff would continue.



Waikato Hospital LCP Network Nurses

Over the past four years the roll out of this tool throughout the Waikato Hospital has been tremendous—in October 2006 the pilot wards 25, 5 and 23 started the use of the LCP. Now there are only three wards that have not had training to utilise this tool.

This tool is also being utilised by 33 residential care facilities throughout the Waikato region, the four rural hospitals at Thames, Taumarunui, Te Kuiti and Tokoroa, Hospice Waikato, Matariki and Rhoda Reade, and the rural district nurses.

One of the advantages of this tool is that it can be transferable with the patient for care at the end of life, so the care commenced in hospital can be continued in the person's home, residential care facility or in-patient hospice.

Jan Clark, Lead LCP Facilitator

Update from Palmerston North

This photo of Palmerston North Hospital Palliative Care and LCP Resource Nurses was taken at our last meeting for the year and was extra special for a variety of reasons. The Director of Nursing (DON) Sue Wood attended this meeting to hear from each of us about how we were doing in our role. It was wonderful hearing such positive comments as we went around the group. All the nurses are passionate about LCP and end of life care and it came through quite clearly that the LCP and the teaching and support that goes with it has made a huge difference to the quality of care dying patients are receiving.

The DON told us the resource nurses group is one of the most successful Resource Nurse groups in the hospital. In our hearts we know the credit for this goes mainly to Dianne Boon, LCP Facilitator. She is so dedicated, enthusiastic, approachable, supportive etc. etc! So it was fitting that she was given a bouquet of flowers and the thanks and praise she deserves. The wonderful support available from the Hospital Palliative Care Team was also acknowledged.

Our meetings are held from 3 – 4 pm every second month and Dianne encourages the nurses to have considerable input into these meetings, not just choosing topics we want to learn more about but to use the meetings as opportunities to present case studies and in depth teaching from the specialty areas represented in the group. The topics presented are always so interesting and relevant to our roles. We have had opportunity to review the latest version (12) of the LCP document which is being rolled out in the New Year and each of us will be presenting this in our own work areas.



Palmerston North Hospital Palliative Care and LCP Resource Nurses

It is four years now since LCP was first introduced to Palmerston North Hospital as a pilot project and a few of the nurses in the group have been Resource Nurses since it was rolled out across the hospital three years ago – so were labeled 'veterans' although I don't think they liked that term much! Whether 'veterans' or more recent additions, we are all mentors and were given a Certificate of Recognition and an LCP badge at this meeting. Being our last meeting of the year a tradition is being established by having Christmas cake, strawberries, and mince pies for afternoon tea!

Reena Wallis, Palliative Care Link Nurses and LCP Resource Nurses Group, Palmerston North



End of Life Decisions—An International Perspective

How can research optimize decision making and care at the end of life?

OPCARE9 is an international collaboration based around the last days of life and is linked to the Liverpool Care Pathway (LCP) for the Dying Patient. The aim of this collaboration is optimising research and care of cancer patients in the last days of life. One of the work packages within OPCARE9 focuses on end of life decisions, this has been led by the Netherlands. During this work package we encountered international challenges; how to define 'end of life decision', what end of life decisions are considered important? After consulting over 100 international experts, the most urgent topics within end of life decisions were withholding or withdrawing treatment (such as anti-cancer treatments and artificial nutrition and hydration), symptom management (the use of sedatives at the end of life) and communication (what, when, how and to whom to communicate). In a modified Delphi Process we aimed at identifying difficult issues and considerations when deciding on these topics mentioned earlier. This study also aimed at more insight in the need for more evidence based guidance in end of life decision making. Benefits of such international, interdisciplinary results are *i)* they can serve well to prioritize future research and *ii)* contribute to the further development of the LCP.

At this moment we are working on a further collaboration between New Zealand and the Netherlands, to get more insight into different communication strategies in different settings and their effects on quality of life in the last days of life for the patients and their relatives. Therefore, I had the wonderful opportunity to visit the Arohanui Hospice and Palmerston North Hospital, prior to the 19th Hospice New Zealand Conference 2010, where OPCARE9 results related to end of life decisions were presented. It was a great experience and I enjoyed the genuine hospitality of all kiwis so much, thank you!

See you, Ka kite ano, Tot ziens!

Natasja JH Raijmakers, MSc

Erasmus Medical Center, Rotterdam, The Netherlands

Jean Clark, RN, PhD

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www.opcare9.eu



Natasja Raijmakers (left) and Jean Clark

Tairawhiti DHB LCP Success

Te Wiremu recognised as District's first Liverpool Care Pathway Provider

Tairawhiti District Health's Nurse Leader Primary and Community Heather Robertson said over the past few years there has been an increased focus on ensuring that all dying patients and their relatives and carers receive an increased standard of care and support in the last hours and days of their life.

"The Liverpool Care Pathway provides an evidence based framework that allows this to happen," she said. The Liverpool Care Pathway (LCP) is internationally recognised and has been adopted by 20 countries including New Zealand. "The Liverpool Care Pathway provides guidance on symptom control for pain, restlessness and agitation, nausea and vomiting or laboured breathing with an emphasis on comfort.



Tairawhiti DHB Chief Executive Jim Green presented a certificate to Te Wiremu House manager Lynette Stankovich

"Additionally, psychological and spiritual care and family support is included with an emphasis on communication, communication with the patient, the family and amongst multidisciplinary teams," Ms Robertson said.

A person is commenced on the pathway only when their family and a doctor agree the patient is approaching the last few days of life. There are strict criteria which have to be met and patients may be taken off the pathway if their condition improves.

Ms Robertson said Dunblane Lifestyle Care and Village is also becoming registered as an Liverpool Care Pathway facility and last month commenced staff training.

It is envisaged the programme will be available to other sectors of the community at a later date.

The National LCP Expert Advisory Group

The **National LCP Expert Advisory Group** was established in July 2010 to provide advice on the implementation and dissemination of the LCP and end of life care to the National LCP Office and the Ministry of Health. The expertise-based group will provide clinical advice, strategic vision, work programme advice, identification and management of risk and any additional advice asked of it.

National LCP Expert Advisory Group Members:

- Barry Keane (Chair)—Palliative Care Advisory Group, NZ
- Raewyn Jenkins—Palliative Care Clinical Nurse Educator, Nurse Maude Hospice, Christchurch
- Fiona Holmes—LCP Lead Facilitator, Waipuna Hospice, Tauranga
- Linda Fourie—Facility Manager, Radius St Winifreds Hospital, Christchurch
- Dr Marion Taylor—Medical Director, Hospice Wanganui
- Dr Tom Swire—Otago Community Hospice, Dunedin
- Bridget Marshall—LCP Coordinator, Oceania Group
- Raewyn Calvert—Consumer representative, Hamilton
- Michel Manning—Clinical Leader, He Oranga Pai Health Clinic, Arowhenua Whānau Services, Timaru
- Matt Watson—Funding and Planning, Waikato DHB, Hamilton

Ex-officio Members:

- Dr Simon Allan, Director of Palliative Care, Arohanui Hospice, Palmerston North / Senior Clinical Advisor, Palliative Care, Ministry of Health
- Theresa Mackenzie, National LCP Lead - NZ, National LCP Office, Palmerston North

Barry Keane,

Chair National LCP Expert Advisory Group

2011 National LCP Facilitators Group Meeting

The next annual meeting of the National LCP Facilitators Group will be held in Wellington on 31 March and 1 April 2011, and will be hosted by Chris Murphy and Katy Thelwell (LCP Facilitators, Mary Potter Hospice) and Jude Boxall (LCP Clinical Nurse Specialist, Wellington Hospital)



NATIONAL LCP OFFICE – NEW ZEALAND

NZ National LCP Training Days 2011

Dates and Venues:

Friday, 25 March 2011	Christchurch Cophorne Hotel Commodore
Friday, 15 April 2011	Auckland Crowne Plaza Hotel
Friday, 6 May 2011	Wellington West Plaza Hotel

Training Day Programme:

National Agenda for Improving Care of the Dying
 Overview of LCP Dissemination in NZ
 10 Step Continuous Quality Improvement for LCP Implementation
 Walk through of NZ LCP Generic Version 12 document
 Clinical Practice Scenarios
 LCP Sustainability
 Learning and Teaching LCP
 LCP 'Reflective Data Cycle' – A Continuous Quality Improvement Tool

Details:

Time: 9.00am – 4.00pm
Cost: \$150.00 per day (incl GST) Resources and catering included in cost
Register on-line: www.lcpnz.org.nz

The Liverpool Care Pathway for the Dying Patient (LCP) is an integrated care pathway that guides the delivery of evidence-based, best practice care of dying patients and their family/whānau, irrespective of diagnosis or care setting.