



LIVERPOOL

Care Pathway

Promoting best practice for care of the dying

June 2010

Issue 7

New Zealand LCP
NEWSLETTER

EDITORIAL

From Strength to Strength: The National LCP Office NZ

I am pleased to report the National LCP Office has gone from strength to strength since its establishment in November 2008. There continues to be a steady flow of registrations from individual sites and lead organizations to implement the LCP across New Zealand (NZ) with a total of 227 LCP projects registered in 18 of the 20 District Health Board regions. The NZ LCP Status Report (pg. 2) shows the greatest interest has been in the Residential Care sector, with a 42% increase in the number of LCP registered facilities over the past six months. The National LCP Facilitators Group has also grown in membership, with 35 nurses working full or part-time in these roles.

The new NZ LCP version 12 has been well received by the majority of LCP Facilitators as a quality improvement. The ethos of the LCP has remained unchanged although version 12 has greater clarity in key areas, particularly communication, nutrition and hydration. We are encouraging those organizations currently using version 11, to work toward adopting version 12. In the interim 12-18 months, NZ will have a 'dual platform' as the transition in LCP documentation occurs.

Some of our 2010 achievements to-date include the publication of the first National LCP Office NZ Strategic Plan 2010-2015; development of a 'Members Only' web page for LCP Facilitators to share LCP resources; establishment of the National LCP Expert Advisory Group; four national LCP training days; work with Father Michael McCabe re: LCP and the Catholic Ethical Framework; and a proposal for a research project related to the inclusion of specific cultural goals in the NZ LCP.

To learn more about LCP in NZ please visit the National LCP Office website www.lcpnz.org.nz. All enquiries are welcome.

*Theresa Mackenzie,
National LCP Lead - NZ*

LCP and the Catholic Ethical Framework: A Good Fit

Symposiums to address staff concerns about whether the implementation of the LCP is respectful of the principles of the Catholic healthcare tradition were held earlier this month at Atawhai Assisi Home and Hospital (Hamilton) and St Josephs Mercy Hospice (Auckland) with invited speaker Father Michael McCabe (*pictured right holding NZ LCP generic version 12*). Father McCabe is a renowned and highly respected NZ Catholic priest and expert in Bioethics.



Father McCabe grounded the sessions by reminding the participants there are two things that need to be kept in mind in end of life care: respecting life and accepting death. It is pleasing and encouraging to report that the outcome of these meetings was very positive.

Father McCabe affirmed that NZ's LCP generic Version 12 provides an approach to end of life care that respects the Catholic Ethical Framework for care of the dying because it does not sanction euthanasia or suicide and does not mandate any unethical actions.

Father McCabe also very generously gave his time to speak at the National LCP Facilitators Group meeting in Wellington on 3 - 4 June where the draft consultation document 'A practical guide to the spiritual care of the dying person' from the Catholic Bishops' Conference of England and Wales, which references the ethical application of the LCP in a positive light, was discussed.

*Theresa Mackenzie,
National LCP Lead - NZ*

A Ministry of Health Perspective on the Future of LCP in NZ

How someone dies remains a lasting memory for the individual's relatives, friends and the care staff involved. When a person enters the dying phase it is vital staff involved in their care can recognise the signs so they can deliver the care that is needed. The Ministry recognises the Liverpool Care Pathway as one of the key tools in New Zealand for the development of best practice in end of life care.

In February 2008 the draft Specialist Palliative Care Service Specification was released. The specification recognises that dedicated systematic approaches and pathways have a key role in improving end of life care. The draft specification included three new components, one of which was 'last days of life care programmes'.

Additional Cancer Control funding was made available for District Health Boards to implement the draft service specification including 'last days of life care programmes'. This has resulted in a significant increase in interest in and implementation of the LCP nationally. Now the Ministry, with support from its expert advisory groups, is articulating the expectation that districts will provide 'last days of life care programmes' as a core service minimum. The service specifications will be published on-line shortly for sector consultation. It has undergone a number of administrative changes since its release in draft form in February 2008.

You may notice in the sector consultation format that the 'last days of life care programmes' has become its own service specification with the Liverpool Care Pathway named. Although this is subject to change following sector consultation, it is good news. The changes also document strengthened linkages with National Office to ensure national consistency in the application and use of the LCP in New Zealand. We envisage a future with more and more districts implementing the LCP in a sustainable way as a tool supporting best practice in end of life care.

*Saskia Booiman,
Advisor Palliative Care, Ministry of Health*

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National LCP Facilitators Meeting Report 3 - 4 June 2010 (Wellington)

This year the gathering of LCP Facilitators was a good mix made up of hospice, hospital and residential aged care nurses.

Key themes from this two day workshop:

- Version 11 and Version 12 updates and transition planning. Theresa Mackenzie (National LCP lead) endorsed the value of the Deming cycle (PDSA) and using Process Mapping in transition planning.
- 18/20 DHBs have sites registered to use the LCP. Registered sites are encouraged to send their LCP document to the National Office for compliance prior to use.
- The 10 key LCP messages from the Data Dictionary are a great teaching aid.
- Electronic audit tool for Version 12 (base review and post audits) coming soon. Post audits will now cover the last 24hrs
- We now have a member's only web page on the National LCP Office website for LCP Facilitators, with our own Login and Password.
- We were introduced to the new LCP facilitator for the Oceania Group - Bridget Marshall. Bridget was Nurse Educator at Arohanui Hospice for many years and has expert palliative care knowledge and skill.
- Saskia Booiman, Advisor Palliative Care and Cancer at the Ministry of Health gave an excellent overview of how palliative care funding was distributed and on progress related to the purchase unit for 'last days of life care programmes' in the Draft NZ Specialist Palliative Care Service Specifications which are due to be finalised at the end of this year.
- Ethicist Father Michael McCabe recently retired as Director of the Nathaniel Centre (NZ Catholic Bioethics Centre) in Wellington. Michael shared his thoughts on end of life issues. He gave the group much to consider in relation to withdrawing treatment when he asked the group to consider "*are you restoring the patient to living or returning the patient to dying*". He recently met with Theresa Mackenzie to discuss the LCP and believes the pathway is respectful of the principles of the Catholic Healthcare tradition which is a wonderful endorsement, given the recent media attention both overseas and in NZ.



Photo of National LCP Facilitators Group, June 2010

The two day meeting was very successful with great networking and sharing of ideas and knowledge.

Lucy Meldrum,
LCP Facilitator, ADHB

NZ LCP Status Report as at 30 June 2010

NZ LCP Status Report:	Nov 2006	Jul 2008	Jan 2009	Dec 2009	Jun 2010
Hospice (N=18*)	5	12	14	17	17
Hospital (N=67**)	4	8	8	13	17
Residential Care (N=706**)	3	39	51	130	184
Community	0	7	7	8	9
TOTAL Registered NZ LCP SITES	12	66	80	168	227

*Total no. New Zealand Hospices (N=18) provided by Teresa Read (Hospice NZ) 1-2-10 = inpatient units only (excl. 17 hospices providing a community-based service only. In this report these are counted as 'Community' settings).

**Total no. of sites per care setting in New Zealand as per 'Certified Providers of Hospital & Rest Home Services' list <http://cert.moh.govt.nz/certification/review.nsf/default?OpenForm&Seq=6> retrieved 29-1-10. Hospitals (N= 67) excludes psychiatric, maternity and private hospitals.

Residential Care facilities (N= 706) includes 350 hospital-level ARC's +/- rest home +/- dementia unit, and 356 rest home only facilities

The National LCP Expert Advisory Group

As per the original Terms of Reference for the inaugural National LCP Office Governance Group, a review of the governance structure was completed and a decision made to move from a representative-based to an expertise-based governance structure to support the ongoing development of the NZ National LCP Office. The National LCP Office Governance Group was subsequently disbanded on 31 May 2010 with thanks to those members who supported the first 18 months of development. New Terms of Reference were developed and applications called for to form the **National LCP Expert Advisory Group**.

The purpose of the **National LCP Expert Advisory Group** is 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.

Thank you to all those who applied. The following are the successful applicants:

National LCP Expert Advisory Group Members: 1 June 2010 - 31 May 2012

- Barry Keane - 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 Nathaniel Swire (Tom) - GP, Forbury Corner Health Centre, Dunedin
- Bridget Marshall - LCP Co-ordinator, Oceania Group, Palmerston North

Ex-officio Members:

Dr Simon Allan, Director of Palliative Care, Arohanui Hospice, Palmerston North / Senior Advisor, Palliative Care, Ministry of Health

Theresa Mackenzie - National LCP Lead - NZ, National LCP Office, Palmerston North

The group will have their first face-to-face meeting on 30th July 2010 at the National LCP Office in Palmerston North.

*Rodger McLeod,
Outgoing Chair, National LCP Office Governance Group*

Encountering problems in a country that does not have the LCP

Over the past month I have been to South Africa where my dad (88) is dying. I spoke to the physician on the phone and he said that all he could offer was TLC as dad had made his peace with his Maker. I flew out not knowing what to expect.

When I saw dad I could see he was very ill. He had acute congestive heart failure and pneumonia. His treatment was not what I was expecting. He was on antibiotics, started on Digoxin, and even given Gericomplex a vitamin preparation for the elderly.

Dad's skin was in a bad way. The staff had ripped the skin off his upper arms skin off trying to get his pyjama top off and this dressed with plain gauze and crepe. The dressing was ripped off without a saline soak and no non stick dressing was used.

Imagine the scenario. Blood pressures with a manumatic pump were done four hourly without skin protection because the medical aid required these vital signs to keep a patient in hospital.

I spoke to the physician about end of life care and mentioned the LCP and anticipatory prescribing. I gave him some literature and LCP National websites etc but his reply was; "this is not Switzerland - we do not practice euthanasia here".

This scenario made me appreciate the LCP even more and how grateful I am to practice in NZ. There were 3 Registered Nurses to 56 beds and a myriad of aides. This was in a private hospital—how dire the situation must be for patients in the public sector!!

Dad is whispering now he is so weak and when writing this he is to be discharged to a step down facility—they cannot tell us which one. There are no District Nurses, no Community services, no disability support link and definitely no Palliative Care Services to speak of. The local hospice has four beds catering for a population of 3-4 million. This emotional rollercoaster of a trip has made me realise that the LCP is a blessing that we should cherish.

*Peter Kimble,
LCP Facilitator, Waikato DHB*

*Post-script: Since Peter submitted this article, sadly his father passed away shortly after Peters return to NZ.
The thoughts of your colleagues are with you and your family Peter.*

Collaborative partnerships – A fine balance

At the recent LCP Facilitators workshop in Wellington a colleague commented on the context of her partnership with her co facilitator saying it was successful because they were opposites. Another likened her partnership to working bees adding that her colleague was the “Queen Bee”. It reminded me of a comment recently made by a colleague when my co facilitator was away on holiday. She said “You look a bit lost without A.....” On reflection I realised I was. I was without my other half.

Our roles as LCP Facilitators are quite unique because they are interchangeable. We share our work load moving across different care settings involving hospice, hospital and residential aged care. However we each approach a task quite differently. My colleague is quite methodical in her approach whereas I can be more spontaneous if the need arises. Pivotal to the success of our partnership is good communication. In order to work collaboratively we have adopted a broad repertoire of strategies. We acknowledged that we both needed to have the space to share a different perspective. Decision making is negotiated in an open and respectful manner. We are self aware and reflective; non judgemental and accepting. We share our creative skills and expertise. There is a continuous readjustment of our relationship in order to achieve the right balance. The glue to our partnership is our shared passion for the LCP.

*Lucy Meldrum & Aylene Parker,
LCP Facilitators, ADHB*

NATIONAL LCP OFFICE – NEW ZEALAND

NZ National LCP Workshops 2010

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 & their family/whanau, irrespective of diagnosis or care-setting.

In 2010 we have replaced the previous LCP Foundation Day and LCP Advanced Training Days with a single workshop - called the **NZ National LCP Workshop**

Programme Overview:

- Overview of LCP Programme in NZ
- National Agenda
- Walk through of NZ LCP Generic Version 12
- Examples in Clinical Practice
- LCP - Responding & Informing End of Life Care in NZ
- LCP - Metric & Measurement
- LCP - Governance & Risk
- LCP - Sustainability in Practice
- Learning & Teaching - Top Tips!
- LCP ‘Reflective Data Cycle’ –
(A Continuous Quality Improvement Tool)

Workshop Dates & Venues:

Friday 3rd September 2010	Christchurch
Friday 24th September 2010	Auckland
Thursday 21st October 2010	Wellington

Details:

Time:	9.00am – 4.00pm	
Cost:	\$150.00 per day (incl GST)	Resources & catering included in cost
To register – go to:	www.lcpnz.org.nz	