

LCP LIVERPOOL
Care Pathway
Promoting best practice for care of the dying

*An update from the
Liverpool Care Pathway*

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LCP Agenda

**To drive continuous quality
improvement in care of the
dying from bedside to policy**

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Overview

- What is the LCP programme ?
- National Audit Care of the Dying
- OPCARE9

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Framework of LCP document

- **1 Aim**
 - to improve care of the dying in the last hours / days of life
- **2 Key Themes**
 - Knowledge & Process
 - Quality
- **3 Key Sections in LCP**
 - Initial Assessment
 - Ongoing Care
 - Care After Death
- **4 Key Domains in LCP**
 - Physical
 - Psychological
 - Social
 - Spiritual

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LCP 10 Step Programme Implementation Process

1. Establish the project –preparing the environment
2. Develop the documentation
3. Retrospective Audit / Base Review
4. Induction / Education Programme / pilot site(s)
1. Clinical Implementation /of the LCP into pilot site(s)
6. Maintaining & improving competence using reflective practice & post implementation analysis
7. Evaluation & Further training
8. Continuous development of competencies & embed within the clinical environment
9. Organisational educational strategy
10. Establish the LCP within governance / performance agenda within organisation

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Dept of Health White Paper 2006

All staff who work with people who are dying are properly trained to look after dying patients and their carers'


'This means extending the roll out of tools such as the Liverpool Care Pathway for the Dying to cover the whole country'




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Advantages?

- The opportunity to:
 - systematically impact on care across healthcare environments – locally, nationally and internationally
 - evaluate care across a range of organisations to provide useful comparative data to support ongoing improvement - CQIP






*CQIP with the LCP
National Care of the
Dying Audit –
Hospitals (NCDHAH)*



Methodology

- Standardised proformas completed by auditors in each hospital for the most recent 30 patients who died on an LCP between 01/09/2006 – 30/11/2006
- Organisational Data collected for each hospital
- Demographic data collected for each patient
 - age, gender, diagnosis, length of time on pathway



Primary Diagnosis

	National (n=2647)
Cancer	45% (1190)
Non-Cancer	55% (1457)

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Key Personnel	National (118)
Proportion of Hospitals with a Specialist Palliative Care Team	97% (113/117)
Proportion of Hospitals with one or more LCP Facilitators or equivalent	47% (52/110)

Education and Training for Care of the Dying	National (118)
Hospitals with an in-house continuing education programme for care of the dying:	
Medical staff (% YES)	73% (85/117)
Nursing Staff (% YES)	80% (117)
Non-Qualified clinical staff (% YES)	64% (116)

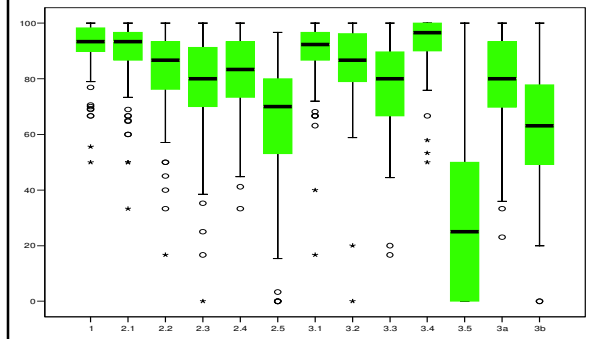
Audit of Care of the Dying	National (118)
Formal audit of the LCP taken place in last 12 months (% YES)	58% (67/116)
For all hospitals where formal audit has taken place in the last 12 months	
Intention to repeat in next 12 months – 2 years (% YES)	85% (57/66)
Results fed back to clinical teams (% YES)	92% (61/66)
Results fed back to Trust board (% YES)	48% (31/65)
Report assessing the views of carers re care of the dying produced between 31 st August 2005 and 1 st September 2006 (% YES)	8% (9/117)

Domain 1- Physical Comfort of the Patient:

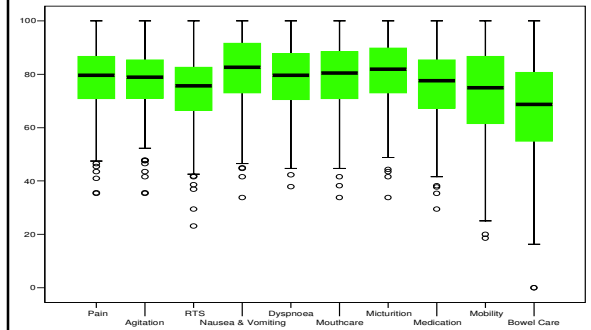
Hospitals are achieving high clinical standards in most areas of physical care

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2018/19

Domain 1 Physical Comfort of the Patient: Initial Assessment



Domain 1 Physical Comfort of the Patient: Ongoing Assessment

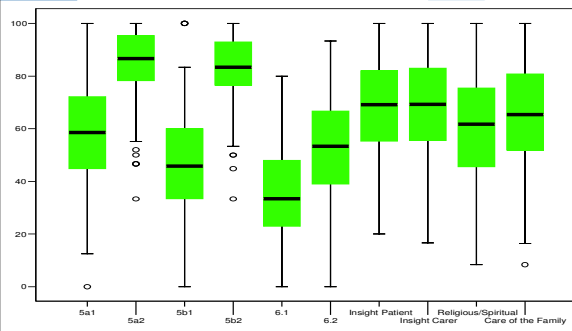


Domain 2 – Psychosocial and Spiritual aspects of care:

Hospitals are generally performing less well on the assessment of patients' insight into their diagnosis and recognition of the dying phase and the assessment of their spiritual needs

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Domain 2: Psychosocial (Insight) and Spiritual aspects of care (patient and carer)




Recommendations

1. Regular formal audit - including views of informal carers and participate in the 2 yearly national audit cycle
2. COD embedded within governance structures - audit results discussed annually by the Trust Board.
3. Provide appropriate ongoing staff training (qualified/non-qualified)
4. Provide appropriate information leaflets

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Recommendations

5. Scrutinise carefully those goals where their performance falls outside of the IQR to identify the issues and put in place a remedial action plan. Workshops planned to facilitate discussion and action planning.
6. Examine variance sheets to identify full clinical picture behind the results for areas in which high levels of variance were recorded.
7. Investigate high levels of missing data.
8. Explore relatively poorer performance on goals that deal with patient insight (diagnosis and recognition of dying) and input appropriate education



Recommendations

9. Explore relatively poorer performance on goals that deal with spiritual assessment (both patients and carers) and input appropriate education.
10. Explore relatively poorer performance on Care after Death Goals. Undertake further work to integrate quality in care after death, including the accurate recording of information, within the hospital system for all deaths.
11. Pay particular attention to goals recently added to the LCP (anticipatory prescribing for dyspnoea, discontinuation of cardiac defibrillation).





What are the advantages and disadvantages of a National pathway document






Disadvantages?

- Impacts on the responsiveness to local need and flexibility of a care pathway:
 - Local ownership
 - Truly reflecting all local need
 - Speed of ongoing change



End of Life Care Strategy (England)

1. Care Pathways / Service Models
2. Commissioning & Levers for Change
3. Analysis / Funding
4. Care Homes
5. Measurement of Quality & Outcomes
6. Workforce Development

OPCARE9 – A European collaboration to optimise research and clinical care for cancer patients in the last days of life (202112)






The Grant

- EU 7th Framework Programme Co-ordination and Support Actions
 - OPCARE – **A European collaboration to optimise research and clinical care for cancer patients in the last days of life** (202112)

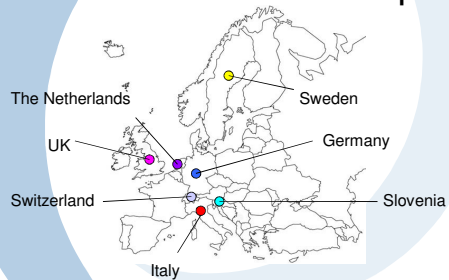
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The Purpose

- To *optimise* research & clinical care for *cancer patients* in the *last days of life*
- Optimise = 'make the most of' *not undertake* research
- Last days of life = very specific focus similar to that of the Liverpool Care Pathway for the Dying Patient (LCP)

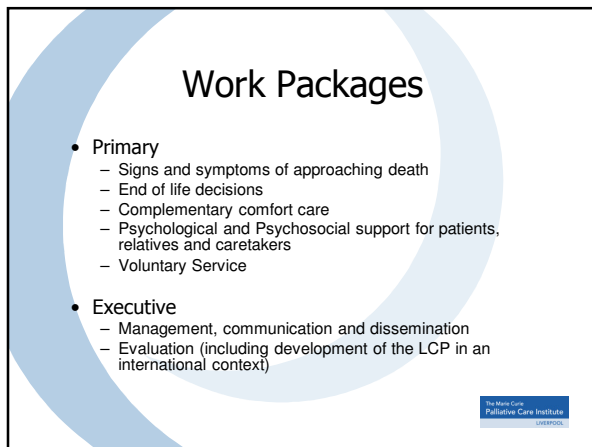
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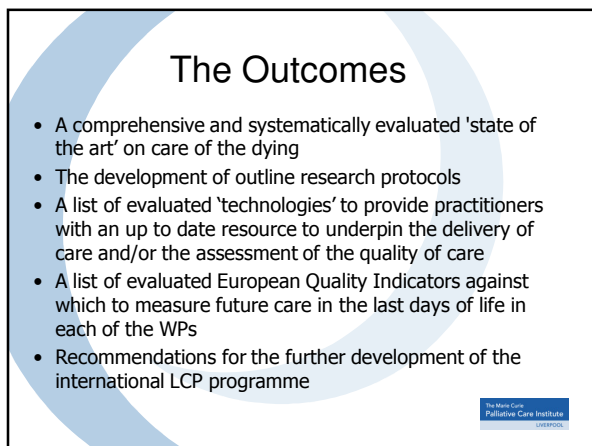
EU Partners - Europe



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The LCP National Conference 2008



9th October 2008

Arena & Convention Centre, Liverpool



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