

The Marie Curie
Palliative Care Institute

LIVERPOOL

Liverpool Care Pathway for the Dying Patient (LCP) Pocket Guide

LCP CENTRAL TEAM
Marie Curie Palliative Care Institute Liverpool
(MCPCIL)

T: +44 (0) 151 706 2274
E: lcp.enquiries@rlbuht.nhs.uk
W: www.mcpcil.org.uk

April 2010

Pocket Guide for the use of the Liverpool Care Pathway for the Dying Patient (LCP) to support healthcare professionals to give the best quality of care in the last hours or days of life.

What is the Liverpool Care Pathway for the Dying Patient (LCP)

Over the past few years a major drive has been underway to ensure that all dying patients, and their relatives and carers receive a high standard of care in the last hours or days of their life. The Liverpool Care Pathway for the Dying Patient (LCP) within the LCP Continuous Quality Improvement Programme is one of the key programmes within the Marie Curie Palliative Care Institute Liverpool (MCPCIL) portfolio.

The LCP was recognised as a model of best practice in the NHS Beacon Programme (2001). It was then subsequently incorporated into the Cancer Services Collaborative project and the National End of Life Care Programme (2004-7). It was recommended in the NICE guidance on supportive and palliative care for patients with cancer (2004) as a mechanism for identifying and addressing the needs of dying patients. It was recommended in the Our Health, Our Care, Our Say white paper 2006 as a tool that should be rolled out across the country. It is recommended in the End of Life Care Strategy DH 2008

The LCP Continuous Quality Improvement Programme incorporates:

1 Aim

To improve care of the dying in the last hours / days of life

2 Key Themes

To improve the knowledge related to the process of dying
To improve the quality of care in the last hours / days of life

3 Key Sections

Initial Assessment
Ongoing Assessment
Care after death

4 Key Domains of Care

Physical
Psychological
Social
Spiritual

5 Key Requirements for Organisational Governance

Clinical Decision Making
Management & Leadership
Learning & Teaching
Research & Development
Governance & Risk

Who would use the LCP?

The LCP supports the delivery of care for the dying in the last hours or days of life to complement the skill and expertise of the practitioner using it. Once commenced the goals of care prompt staff to consider the continued need for invasive procedures and whether current medications really are conferring benefit. Using the LCP in any environment requires regular assessment and involves continuous reflection, challenge, critical decision-making and clinical skill underpinned by a robust ongoing education and training programme.

What is a Care Pathway?

A care pathway is a complex intervention for the mutual decision making & organisation of care processes for a well defined group of patients during a well defined period.

Defining characteristics of care pathways include: 5 Key Elements

1. An explicit statement of goals / key elements of care based on evidence, best practice
2. The facilitation of the communication among team members & with patient's & families
3. The coordination of the care process by coordinating the roles & sequencing the activities of the MDT, patients & carers
4. The documentation, monitoring & evaluation of variances & outcomes
5. The identification of the appropriate resources

Dr kris Vanhaecht, secretary General of the European Pathway Association

Why is it called the Liverpool Care Pathway for the Dying Patient (LCP)?

The Specialist Palliative Care Team at the Royal Liverpool and Broadgreen University Hospitals NHS Trust and the Marie Curie Hospice, Liverpool developed the Liverpool Care Pathway for the Dying patient (LCP) in 1997. This is an integrated care pathway (ICP) for care in the last hours or days of life.

What does the LCP do?

The LCP enables the health care professional to focus on care in the last hours or days of life and to stop, think, assess and change care appropriately for the individual person and for their relative and carer(s).

How do you know when to use the LCP?

The LCP is used when the multidisciplinary team has agreed that the patient is dying and all reversible causes for the current situation have been considered. The focus of care now changes to care of the dying, this includes discussion with the relative / carer and where possible the patient. The current plans of care need to be reviewed and inappropriate interventions stopped when the burden of an intervention or treatment outweighs the benefits.

The recognition and diagnosis of dying is always complex, irrespective of previous diagnosis or history. Uncertainty is an integral part of dying. There are occasions when a patient who is thought to be dying lives longer than expected and vice versa. A second opinion or the support of a palliative care team may be required.

Good comprehensive clear communication is pivotal and all decisions leading to a change in care delivery should be communicated to the patient where appropriate and to the relative and carer. The views of all concerned must be listened to and documented.

Does the LCP help to deal with other aspects of care, such as how the family is coping?

Yes, the LCP includes specific goals of care related to communication, spiritual and religious care of the patient and the family and the changes that are expected in the last hours or days of life.

The LCP guides healthcare professional to use specific written information to support complex conversations. An example of this is the "Coping with Dying Leaflet" www.mcpcil.org.uk

What advantages are there in using the LCP?

Care of the dying is urgent care and with only one opportunity to get it right to achieve the best care for the dying person and to create a potential lasting memory for relatives and carers. The LCP supports the healthcare professional and the relatives and carer(s) to achieve the best quality of care at what can be a very difficult time.

The LCP generic document is only as good as the teams using it. The responsibility for the LCP generic document as part of a continuous quality improvement programme sits within the governance of an organisation underpinned by a robust ongoing education and training programme.

Is the LCP only used for cancer patients?

The LCP supports care in the last hours or days of life irrespective of diagnosis. It is the supporting information for specific diagnostic groups that will be required .e.g. advanced chronic kidney disease, heart failure.

What is the National Care of the Dying Audit – Hospitals (NCDAH)?

The second round of an audit of care of the dying with hospitals using the LCP in England and a pilot in Northern Ireland was undertaken in 08 / 09 and published 14th September 2009.

The audit enables hospitals and their trusts to benchmark their performance against national findings on a range of domains, including:

- Physical comfort of the patient
- Psychosocial & spiritual aspects of care
- Communication
- Information giving & receiving
- Following appropriate procedures

The audit shows that patients on the Liverpool Care Pathway for the Dying Patient (LCP) are receiving high quality care in the last hours or days of life.

The audit in England covers the use of the LCP in 155 hospitals, looking at the records of almost 4000 patients. The audit was led by the Marie Curie Palliative Care Institute Liverpool (MCPCIL) in collaboration with the Clinical Standards Department of the Royal College of Physicians (RCP) supported by Marie Curie Cancer Care & the Department of Health End of Life Care Programme.

The audit results are as impressive as those of the first audit, published in 2007. This shows that standards of patient care remain high, and underlines the value of the LCP in providing a model in which clinical judgement can be exercised for the benefit of individual patients.

Is the LCP only used in the UK?

No, 18 other countries are registered with the LCP Continuous Quality Improvement Programme.

How do I find out more about the LCP?

Deborah Murphy

Associate Director Marie Curie Palliative Care Institute Liverpool (MCPCIL)

National Lead Nurse – LCP

Professor John Ellershaw

Director Marie Curie Palliative Care Institute Liverpool (MCPCIL)

Clinical lead - LCP

Maria Bolger

National LCP Facilitator

LCP Central Team

Marie Curie Palliative Care Institute Liverpool (MCPCIL)

C/o Directorate of Specialist Palliative Care

1st Floor, Linda McCartney Centre

Royal Liverpool University Hospital

Prescot Street

Liverpool

L7 8XP

Tel: +44 (0) 151 706 2274

Email: lcp.enquiries@rlbuht.nhs.uk

Website: www.mcpcil.org.uk