

Implementation of the Liverpool Care Pathway Lothian CH(C)P's: People at home and NHS continuing care hospitals

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1. Aim

- The Scottish Government action plan for palliative and end of life care recommends using the Liverpool Care Pathway (LCP) in all care settings^{1,2}
- NHS Lothian, within its palliative and end of life care strategy supported the facilitated implementation of the LCP³
- There is commitment within the NHS Lothian Quality Improvement Strategy to improve the quality of care for the dying in their last hours and days of life⁴

2. Overview

- 2 year project to implement and embed the LCP into differing care settings within Lothian CH(C)Ps, ensuring safe, effective high quality, person-centred care at end of life, whilst respecting the needs and values of patients and carers
- Project team using a planned, coordinated, phased approach based on the Marie Curie 10 step implementation and dissemination guide to support successful achievement of project aims⁵
- Documented evidence of care has improved in relation to all LCP goals
- Improvements have been demonstrated in prescribing, which are contributing to improved symptom management for patients
- There is now a clear plan of care which is meeting the needs of patients, relatives, carers and staff thus ensuring a consistent, equitable approach to the delivery of end of life care across NHS Lothian CH(C)Ps.

3. Methods

10 Step Continuous Quality Improvement Programme for Care of the Dying using the LCP Framework⁵

Establish Project Team. Planning and gaining clinical and managerial support in each target area. Phased approach used across CH(C)Ps.

Step 1

Develop documentation to reflect needs of individual care setting. Align with Lothian Palliative Care Guidelines. Baseline audit of 20 sets notes of people whose death was expected (medical and nursing notes). Robust education and awareness in each target area. Champions offered half/full day training. 1 hour session for each nursing staff member (aim for 80% of nursing staff prior to launch date and at least 1 doctor per practice/ward). Ongoing facilitation in the area by LCP facilitators for approx 4-6 months.

Step 2-5

Step 6-8

Audit of first 20 deaths on LCP and audit of all expected deaths where LCP not used (Non-LCP). Post implementation analysis and feedback to clinical teams. Compilations of post implementation report. Action Learning Lunch for Champions 6 months after initial training. Review of educational materials, making changes if required.

Step 9-10

'Year on' audits, data gathering and continual feedback to teams to ensure sustainability. Work collaboratively with Project Lead, NHS Lothian Acute LCP team and Clinical Governance Lead. Liaise with other areas within NHS Scotland.

4. Key Outcomes

a. Numbers of staff trained at end of Year 1 (April 2012)

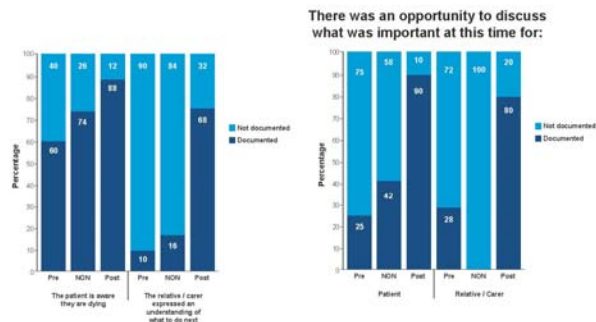
Nursing staff	641
Medical staff	238
Allied Health Professionals	141
Total	1020

b. Quality targets "For at least 50% of all expected deaths an LCP is being used"

Care Setting	Number on LCP	Number of NON LCPs	% Expected deaths on LCP
Community	40	23	69%
Community Hospital	42	13	76%

Table shows data for East and Midlothian combined during implementation period

c. Improvements in documented evidence of care



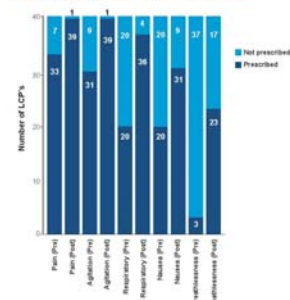
Example for Communication goals East and Midlothian Community combined

Example for Spirituality goals East and Midlothian Community Hospitals combined

5. Summary

- LCP implementation across all Lothian CH(C)Ps is on target for completion by April 2013
- Post implementation audits have shown clear improvements in documented evidence of care at end of life
- The percentage of patients receiving recommended anticipatory drugs has increased significantly
- Results will allow NHS Lothian to benchmark themselves against National findings and contribute to service improvement in palliative and end of life care.

d. The patient has medication prescribed on a prn basis for the 5 key symptoms at end of life



Graph shows data for East and Midlothian Community combined during implementation period

6. Next Steps

- Ongoing support and education is essential for sustainability and success
- Gap identified within the care home setting: application for funding has been made to lead facilitated implementation of the LCP in care homes within Lothian.

References

- Scottish Government (2008) Living and dying well: A national action plan for palliative and end of life care in Scotland
- Scottish Government (2011) Living and dying well: Building on Progress
- NHS Lothian (2010) Living and dying well in Lothian
- NHS Lothian (2011) Quality Improvement Strategy 2011-2014
- Marie Curie Palliative Care Institute Liverpool (2010) 10 step continuous quality improvement programme (CQIP) supporting care in the last hours or days of life

