

# Implementing the Liverpool Care Pathway (LCP) in Lothian Hospitals (LUHD): Enabling and Sustaining Change

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## Introduction

A three year project to implement the LCP within LUHD began in January 2010. It is known that 57% of patients who die within the Lothian area will do so in hospital and many of those will be expected deaths (NHS Lothian's Palliative Care Strategy 2010). NHS Lothian aims to provide optimal care in the last days of life and has stated that care should be supported by the LCP. By the end of 2010 and the first year of the project, the pathway will have been implemented in over 40 wards.

## Practice development framework

The LCP central team from the Marie Curie Palliative Care Institute Liverpool (MCPCIL) has developed a 10 step implementation and dissemination guide. From induction to sustainability each of these steps has been carried out by the project team. A practice development framework has also been used with consideration of key steps to enable and sustain change.

## Evidence

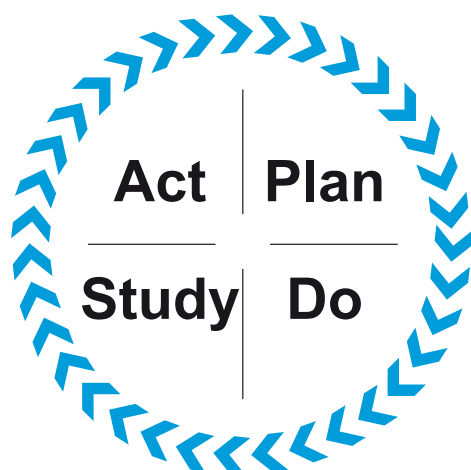
The team began by gathering and evaluating what was already known about the LCP and the implementation process.

- Recognition given to the work carried out by the MCPCIL central team
- Research evidence
- Networking with colleagues across the UK
- Consideration of national audit data

## Improvement processes

Using the PDSA cycle (Plan, Do, Study, Act), all stages were continuously re-evaluated.

- Pre-implementation audits conducted in all areas
- Expert reference group formed to give support and advice to the LCP team
- Local implementation groups identified bottlenecks in the clinical area
- Development of the audit tool & data management process
- Field diary for continuous reflection and evaluation



The PDSA Cycle

## Enabling and sustaining change

### The challenges

#### Ward level challenges

- Releasing staff for training with no extra resource
- Ward culture towards care for the dying. Comfort v's cure debate
- Diagnosing dying
- Conflict and communication within teams
- Juggling and prioritising organisational goals

#### Organisational level challenges

- Establishing the LCP within Quality Improvement Programmes
- Ensuring any equality and diversity issues are addressed
- Ensuring appropriate standards and policies are used to underpin the LCP
- Addressing quality issues e.g consistency of the documentation and printing processes

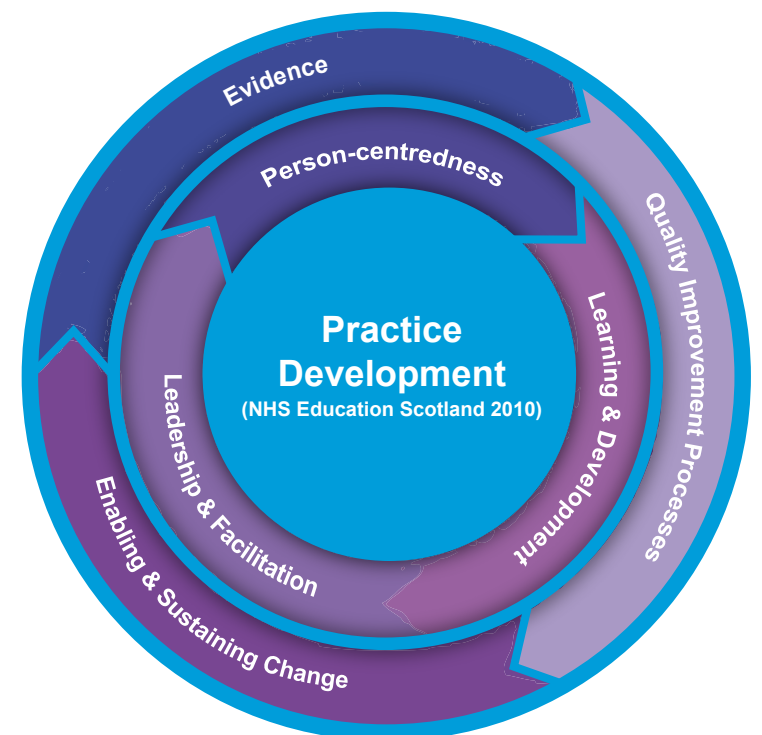
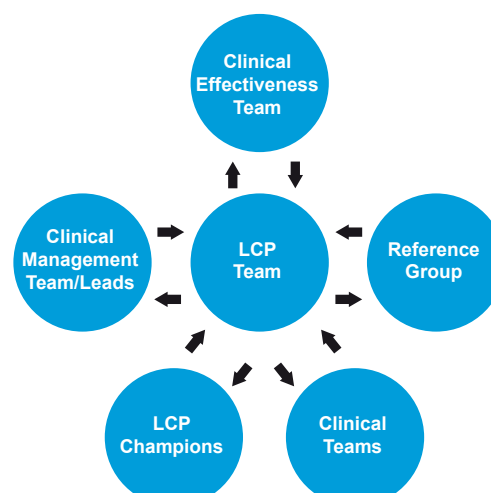
## Person-centredness

A multi-professional approach is essential in order to create "buy in" from the clinical teams.

- LCP awareness training for more than 800 staff
- Regular LCP briefs and presentation of audit findings to key stakeholders
- One to one facilitation in ward areas
- Talking to carers groups

## Leadership

Leadership is required at all levels to drive forward continuous change. Clinical teams had to own the change in order to do this. Establishing a network of key groups has enabled this.



## Sustainable programmes of learning for future development

- LCP inclusion within undergraduate programmes and other learning programmes
- E-learning resources
- LCP toolkit/workbook
- Communication skills training

## Summary

Following a practice development framework can enable teams to plan and evaluate project goals. Leadership at ward and organisational levels is essential to sustain the project aims.

In the planning and delivery of this project the LCP team remains aware and is actively seeking methods to establish sustainability of the LCP in practice.

## References

Living and Dying Well in Lothian (2010) Lothian's Palliative Care Strategy 2010-2015. Available at [www.nhslothian@nhslothian.scot.nhs.uk](mailto:www.nhslothian@nhslothian.scot.nhs.uk)

Marie Curie Palliative Care Institute Liverpool website: [www.liv.ac.uk/mcpil](http://www.liv.ac.uk/mcpil)

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