

E-NEWS

December 2012, Issue 1

Welcome to the first edition of the VEC E-News

The Victorian End-of-Life Care Pathways Coordinating (VEC) Program is a pilot program taking a centralised and coordinated approach to related activity across the state. Our focus is the 'gold standard' Liverpool Care Pathway (LCP) and many of the end-of-life pathways implemented in Victoria are indeed registered LCPs or adaptations of the LCP. Other pathways used in our state include the Residential Aged Care End of Life Care Pathway (RAC EoLCP).

Our plan is to give agencies intending to implement the LCP a head start by doing the background work of registering a local pathway. To this end we're currently working on the 'model' **Victorian LCP**.

STOP PRESS

- Marie Curie Palliative Care Institute Liverpool has just given the **Victorian LCP** enthusiastic feedback. Stay tuned for the birth of the **Victorian LCP** in the new year.
- It's really, really cold in Liverpool.

Meanwhile we're putting together a suite of resources that will support your agency's plans for an end-of-life pathway. They'll be coming to a [web site near you](#).

We're keen to have your feedback and ideas for this periodic E-News. Let us know if you'd like to feature in *In the Spotlight* and tell us your tips for success. [email](#) us.

Liverpool is famous for The Beatles, the Mersey and the Liverpool Care Pathway!

So what *is* the Liverpool Care Pathway (LCP)?

The LCP is:

- A framework to help health professionals care for people in their last hours and days of life,
- A way of focusing on comfort, relieving symptoms, and sustaining family and friends,
- Used in all health settings, including the patient's home.



The LCP aims to support, but doesn't replace, clinical judgement.

*"Queenie parted her lips,
hunting for the next intake
of air. And when it didn't
come, but something else
did, it was as easy as
breathing"*

The moment of dying, in
*The Unlikely Pilgrimage of
Harold Fry*
Rachel Joyce

Why is the LCP known as the 'gold standard'?

- The LCP is evidence-based and one of the most widely used pathways around the world. After more than a decade of development, the current Version 12 is the result of a two year consultation with national and international experts.

How do we recognise when someone is dying? What if we get it wrong?

- Recognising when someone is likely to die within days or even hours is complex. It requires a multi-disciplinary approach, led by senior medical and nursing staff.
- Sometimes imminent death is obvious, sometimes it's not. Ensuring there are no reversible and treatable causes of the patient's deterioration is integral to the LCP, as are vigilance, repeated assessments and a willingness to revise the decision.
- If the diagnosis of dying turns out to be premature, the patient can be taken off the pathway.

Should the family be involved in the LCP?

- The decision to begin the pathway should always be made in partnership with the patient (if possible) and the family. The plan is reviewed regularly and whenever the patient, family or health professional expresses a concern.
- There should never be an occasion when the relative or carer who is named as the first contact or next of kin is unaware of the diagnosis of dying or of the plan of care.

What does the LCP say about sedation? Stopping treatment?

The LCP

- *Does not* recommend continuous deep sedation,
- *Does* recommend a review of all medications and their benefits versus burdens for the patient,
- Prompts consideration of stopping treatments and interventions that might be unhelpful,
- Shifts the focus of care to comfort, and
- Recommends that medicines for symptom control only be given when needed, at the right time, and just enough to relieve the symptom.

What about food and fluids?

- The LCP supports patients to eat and drink as long as possible.
- When someone is close to dying they are often unable to swallow food and fluids.
- For some patients, artificial fluids may add comfort; for others, they may make the situation worse.
- Every decision must be based on the balance of benefit versus burden.
- Discussion about this with the patient (if possible) and family is critical.

Want to read more? Visit our [website](#)

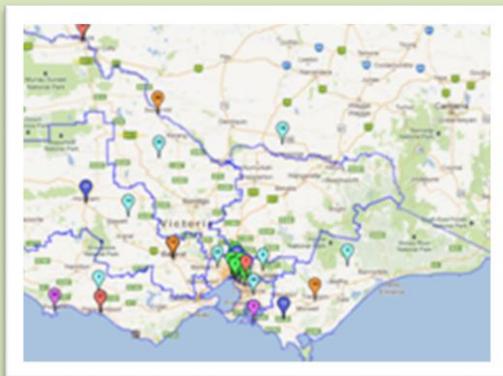
References

The Marie Curie Palliative Care Institute Liverpool. "Liverpool Care Pathway for the Dying Patient (LCP) – FAQ". Available from <http://www.mcpcil.org.uk/media/livacuk/mcpcil/documents/LCP%20FAQ%20August%202012.pdf>

Wee B. "Liverpool Care Pathway: what went wrong?" [blog on the internet]. UK: The Spectator; 2012 [cited 21 November]. Available from: <http://blogs.spectator.co.uk/author/beewee/>

Is your end-of-life care pathway on the map?

If not, [email](#) us and we will send you the form to complete.



The VEC ZeeMap displays:

- End-of-life care pathways (EoLCP) activity in Victoria
- EoLCP activity in organisations like yours, e.g. in 'public metro' or 'private regional' or 'residential aged care' organisations
- EoLCP activity in organisations located near you, e.g. a couple of towns away or in the same region.

Take the opportunity to identify who's doing what and to pool your ideas, resources, tools, education and benchmarking.

Do you know about the End of Life Care Pathway Special Interest Group?

This group meets quarterly to advance collective learning about implementing end-of-life care pathways. It provides a forum for support and the sharing of experiences and opportunities.

Attend by teleconference if you can't get there.

Next meeting	Friday 14 December 12pm – 1.30pm
Meetings in 2013	TBC – <i>day and time are likely to change</i>

Would you like to be added to the mailing list and receive agendas and minutes?
[email](#) us.



In the Spotlight

Liverpool Care Pathway (LCP) rollout at Eastern Health

Around 1,500 patients die each year at Eastern Health, with a third of those deaths occurring in specialist palliative care beds and the other two thirds mostly in the acute setting across seven major sites. Since opening its doors, the inpatient palliative care unit at Wantirna has cared for about 2000 patients on the LCP.



Dr Sonia Fullerton, Director of Palliative Care

The hospital-based Palliative Care Consultation Team (Consult Team) wanted to improve the standard of end-of-life care outside the specialist palliative care setting. In the first six months of this unfunded project, the hardworking Consult Team rolled out the LCP to acute wards with the highest average annual death rates. During that time, 200 patients and their families were cared for on the LCP in acute wards. The project was popular and several wards that were not included in the initial rollout approached the Consult Team asking to be involved.

Surveys showed that staff's knowledge and confidence improved after implementation of the LCP, and families gave us positive feedback.

Due to the complexity of working in a large, multi-site, multi-program and multi-disciplinary environment, we spent considerable time at the beginning of the project liaising with stakeholders. We took an informal "just in time" approach to education. Sometimes, if staff were keen and confident, we commenced patients on the LCP before the ward had been formally educated. This worked well, given that the Consult Team did not have funding for additional funding or resources for this project.

Our tips for success

- Be enthusiastic and dynamic
- Get advice on the internal political environment
- Get strong executive support
- Don't forget to include all stakeholders. For us they included doctors, nurses and allied health; programs and program directors; sites and site chiefs; directors of everything; and then after THAT you get to go and talk to the staff.
- Make a plan and revise it as you go
- Schedule follow-up with 'completed' wards.
- When doing things on a shoestring, kill two (or more) birds with one stone. Our project forms part of our education strategy and a research project while making excellent terminal care part of every ward's core business. This makes the Consult Team more available for specialist symptom control.

