Implementing the Version 12 Liverpool Care Pathway into the Isle of Man

Introduction

The Liverpool Care Pathway for the dying patient (LCP) is an outline of care which a patient and their relatives can expect in the final hours and/or days of life, which also becomes a structured record of the actions and outcomes that develop. It also endeavours to increase the knowledge of the patient and relatives whilst guiding and enabling the healthcare professionals to focus on care over the last hours and/or days of life, to provide high quality of care in order to give greater clarity in the key areas of communication and nutrition/hydration.

It was developed in the mid 1990’s by the Liverpool Royal Hospital and was recognised as a model of best practice in the NHS Beacon Programme in 2001. It was also recommended in 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 also later recommended in “Our Health, Our Care, Our Say” White Paper (2006) as a tool that should be rolled out throughout the country, and in 2008 was recommended in the United Kingdom End of Life Care Strategy and highlighted in End of Life Quality Markers document of 2009.

Background to the Liverpool Care Pathway on the Isle of Man

The LCP was introduced into St Bridget’s Hospice on the Isle of Man (now Hospice Isle of Man) in 1998. It was introduced into Nobles Hospital (Version 10) in 2005, with Version 11 introduced into Nobles Hospital in 2007. Version 12 was ratified the end of 2009, with Hospice Isle of Man starting to use Version 12 in February 2010 and Nobles Hospital commenced using version 12 in May 2010.

What is Different With Version 12 L.C.P?

The ethos of the Liverpool Care Pathway documentation has remained unchanged. The recognition of and diagnosis of dying is always complex irrespective of previous diagnosis or history. Uncertainty is an integral part of dying and there are occasions when a patient thought to be dying lives longer than expected and vice versa (patients occasionally come off the LCP).

The additions and/or changes to Version 12 are:

- The initial assessment is a joint assessment by the doctor and nurse, and both must sign the documentation.
- An information sheet will now be given to the relatives following discussion with the doctor and nurse explaining the plan of care.
- That a multi-disciplinary team (MDT) review of the patient must be undertaken every 3 days and documented on the LCP.
- There are no 12 hourly assessments anymore but all assessments are now 4 hourly.
- That if the LCP is discontinued the date, time, and reason must be recorded on the LCP documentation.
- Version 12 highlights key information about the LCP.
- That the Palliative Care Team are now notified when a patient is commenced on the LCP.
- Version 12 includes an algorithm to support the clinical decision-making process regarding recognition and diagnosis instead of the criteria on Version 11.

Implementation of Version 12

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>January 2010</td>
<td>Hospice training session on Version 12 LCP. Use of Version 12 in hospices.</td>
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<td>April 2010</td>
<td>A series of open training sessions held for all Nobles Hospital staff who need to use the LCP.</td>
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<td>April 2010</td>
<td>Presentation to Foundation doctors.</td>
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<td>May 2010</td>
<td>Use of Version 12 LCP in Nobles Hospital begins.</td>
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<td>September 2010</td>
<td>Use of Version 12 in Primary Care (including Ramsey District Cottage Hospital to begin)</td>
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<td>2011</td>
<td>To commence in Nursing Home setting.</td>
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Assessment of Version 12 LCP on the Isle of Man

Nobles Hospital will participate in a National LCP audit (Nobles will be benchmarked against the U.K) in May 2011. Hospice Isle of Man will conduct a local audit commencing in 2011.

References: