

The Marie Curie
Palliative Care Institute

LIVERPOOL

INTERNATIONAL LCP INFORMATION PACK

**The Liverpool Care Pathway for the Dying
Patient (LCP)**

LCP Central Team
MCPCIL

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April 2010

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INTRODUCTION

The Liverpool Care Pathway for the Dying Patient (LCP) has been developed in the U.K to transfer the hospice model of care of the dying into other care settings. It is a multi- professional document that provides an evidence- based framework for care in the last hours or days of life. The LCP Framework represents one of the key programmes within the Marie Curie Palliative Care Institute Liverpool, University of Liverpool UK. (MCPCIL)

The LCP provides guidance on the different aspects of care required, including comfort measures, anticipatory prescribing of medicines and discontinuation of inappropriate interventions. Additional, psychological and spiritual care and family support are included.

The LCP replaces all other documentation in this phase of care and is applicable in all care settings. Each organisation should consider the most appropriate LCP document for their needs. The LCP Central Team UK appreciates that for example the term Care Home in the UK may represent a very different care provision in other countries.

The generic LCP presents itself as a dynamic, evidence based tool based in the growing insights of best practice, whilst also becoming a more precise format of communication with those who implement the LCP into their various locations.

The LCP Central Team UK is currently working with a number of Palliative Care leads in several countries around the World regarding the development, implementation and dissemination of the LCP.

2000 - 2005

Since 2000 we have been working at an international level with a group of Specialist Palliative Care colleagues to determine the most appropriate level of liaison and learning related to the LCP.

2005 - 2006

Based on evaluation of the first 5 years learning we have developed an interim collaborative plan which is outlined further in this document for international colleagues within Specialist Palliative Care who are eager to work with us at this current time.

2007 - Current

We are currently working with our visiting Educational Fellow at the Marie Curie Palliative Care Institute Liverpool to further develop an educational toolkit to enable valid, reliable, measurable and, sustainable dissemination of the LCP to our International colleagues both English and non English speaking with the support of the Palliative Care services within individual countries. We intend to develop a model of continuous quality improvement that supports those countries that may not have robust Specialist Palliative Care service provision.

It is important to maintain the integrity of the LCP Framework and enable collaboration with colleagues within English and non-English speaking countries. Learning in support of a continuous quality improvement Framework and the development of the research and development agenda in care of the dying will be enhanced if it is agreed that the goals on the LCP remain unchanged. This process will support future potential benchmarking models.

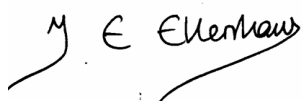
To this end the LCP Central Team UK have developed a translation guidance based on EORTC guidance and logo guidance in support of the recognition of collaborative working.(copies of these are available on request)

The LCP Central Team UK will be pleased to help and support colleagues implement, disseminate and sustain the LCP framework within their clinical arena.

Please see the enclosed information re a phased approach to using the LCP Framework. This information should guide and inform ongoing decisions re the key issues related to management / organisational change, education and research that will need to be incorporated into any plans to take this LCP Framework forward within an organisation / institution.

The Institute has a Visiting Educational Fellow acting as an international ambassador for International development of the LCP Framework.

The LCP Central Team UK would be pleased to offer any support or guidance to any interested party.



Professor John Ellershaw
Professor of Palliative Medicine, University of Liverpool
Director of the Marie Curie Palliative Care Institute Liverpool (MCPCIL)



Associate Director MCPCIL
Lead Nurse - LCP

c/o 1st Floor Linda McCartney Centre
The Royal Liverpool University Hospitals
Prescot Street
Liverpool L7 8XP
UK
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INTERNATIONAL LIAISON – PHASED LEVEL OF ACTIVITY PROGRAMME

KEY OUTCOMES	TRANSITION TO PHASE 1
<p>PHASE 0 – CONSIDERING REGISTRATION & PREPARING THE ENVIRONMENT FOR ORGANISATIONAL CHANGE</p> <ul style="list-style-type: none"> Contact LCP Central Team UK at The Marie Curie Palliative Care Institute Liverpool University UK (MCPCIL) and obtain an LCP International Information pack <p><u>Managerial / Service Improvement - Key Outcomes</u> <u>Successful implementation depends on the Profile of the internal organisation and its ability to achieve the following:</u></p> <ul style="list-style-type: none"> The nomination of a Lead Doctor The nomination of a Lead Nurse <ul style="list-style-type: none"> A project Lead should be identified and may be the Lead Doctor or nurse or another nominated person The ability of the organisation to link directly with a palliative Care Specialist The endorsement of the Project <ul style="list-style-type: none"> by the chosen pilot organisation by an academic organisation / University The availability of administrative support The ability to adopt a recognised change management model. <ul style="list-style-type: none"> To include a 1 page protocol outlining proposed project aims. The consideration of your chosen sector & appropriate comparison with the equivalent U.K model, including the most appropriate LCP - See web site for example copies of LCP Document across the different sectors www.mcpcil.org.uk All potential changes to the current LCP document version 11 must be agreed with the LCP Central Team UK. <p>Current LCP Goals as listed on Version 11 must remain the same; if you feel the goals do not reflect your practice we suggest charting this as a variance - This enables us to build together evidence for the cultural, traditional and structural differences between countries for good care of the dying. See web site for example copies of LCP Document across the different sectors www.mcpcil.org.uk. Additional Goals may be added but as sub sections so not to interfere with the numeric layout of the existing document. Goals considered not applicable to a care setting should be discussed with the LCP Central Team UK to ensure that exclusion does not dilute the role & purpose of the LCP model.</p>	<ol style="list-style-type: none"> Complete registration form & a letter of endorsement from your chosen pilot sites / organisation / institution To obtain a registration form please visit our website – www.mcpcil.org.uk Complete a 1 page protocol <p>See examples of a registration form & letter of endorsement in Appendix 1</p> <p>See example of a 1 page Protocol in appendix 2</p>

Educational Key Outcomes

Successful preparation for implementation depends on:

- A review of existing educational resource within your own locality and development of new material See web site for existing information resources www.mcpcil.org.uk
- Production of key action plans / project plan to support educational initiatives
- The ability to utilise palliative care resources for the development of educational material
- A defined, time scaled role for a clinically based Lead Educational Facilitator
- The Key LCP Project Lead's commitment to attend a Basic LCP Foundation Day in the UK

Research Key Outcomes

Successful implementation depends on:

- Identification and preparation of the project team to undertake a retrospective audit with the guidance of the LCP Central Team UK
- Identification and preparation of key personnel to undertake post Pathway analysis with the support of the LCP Central Team UK
- Identification and preparation of the organisation to link directly with a palliative Care Specialist
- Identification of and preparation of the organisation to link directly with an appropriate person to guide the development of the evidence base

The LCP Central team has developed, over time, a variety of contacts with institutions implementing the LCP. You will need to consider what success looks like for you, exactly what level of implementation / dissemination you are aiming for – consider the following:

- Organisation who implement the LCP into their organisation / institution only, are recognised as an LCP Beacon (see Phase 2)
- Organisations who move forward and implement the LCP across a locality or health economy, can become registered as an LCP Champion (see Phase 3)
- Organisations who develop the LCP at a national level and are recognised as such in their state / country, can become registered with the LCP Central Team UK as a National LCP Collaborator (see phase 4)
- Organisations who develop the LCP Framework as a national continuous quality improvement programme within a nationally recognised performance management / governance model can be registered as National LCP Coordinating Centre (see phase 5)

International organisation / Institution wishing to pursue such ongoing liaison with the LCP Central Team UK need to express this and make contact.

Registration leads to invitations and international cooperative frameworks for research, education and clinical exchanges for excellence in care of the dying.

KEY OUTCOMES	TRANSITION TO PHASE 2
<p>PHASE 1 – PLANNING FOR CHANGE</p> <ul style="list-style-type: none"> International Organisation returns completed Registration form & letter of organisational / Institutional / management endorsement <p>Communications:</p> <ul style="list-style-type: none"> International Organisation returns completed 1 page Protocol to the LCP Central Team UK for consideration, including a description of their health structures, how this relates to an equivalent sector and organisation in the UK and how they nominate their chosen pilot implementation site LCP Central Team UK reviews and agrees 1 page protocol or offers advice and support at this stage. Plan regular teleconference calls with the LCP Central Team UK and the Project Lead & LCP Central Team UK invites Lead personnel to an annual International LCP Meeting <p>Management;</p> <ul style="list-style-type: none"> Upon endorsement of registration, a full project protocol outlining detailed implementation and dissemination processes will be requested <p>Translations:</p> <ul style="list-style-type: none"> If the LCP is to be used in a language other than English then a translation process following EORTC guidelines should be followed The LCP Central Team UK must endorse a final translated LCP document before the LCP can be clinically utilised. (See Appendix 4 for LCP Translation guidance) The LCP document can carry the title LCP – Liverpool Care Pathway Or The Local name (Lcp) according to logo guidance Any supportive literature / leaflets that will carry the LCP Logo must also be ratified by the LCP Central Team UK according to logo guidance (See Appendix 5 for LCP Logo guidance) <p>Research:</p> <ul style="list-style-type: none"> LCP Central Team UK make appropriate Base Review (Retrospective audit) forms available International Organisation returns completed Base Review forms to LCP Central Team UK The LCP Central Team UK will analyse data within 4 weeks of receipt International Organisation considers management / service Improvement, education, research agendas to implement LCP to a pilot site as outlined in the full protocol 	<p>Full protocol / project plan is Registered with the LCP Central Team UK (See example of a full protocol in appendix 3)</p> <p>Base Review / Retrospective Audit Completed</p> <p>LCP document is translated and ratified by LCP Central Team UK (See Appendix 4 for LCP translation guidance)</p> <p>Implementation plan for introduction of LCP into pilot site(s)</p> <p>Competence to reflect on first LCP's in use identified and available</p>

KEY OUTCOMES PHASE 2 – PILOT PHASE / INDUCTION / IMPLEMENTATION OF LCP / REFLECT ON PROCESS	TRANSITION TO PHASE 3
<ul style="list-style-type: none"> • Implement LCP within pilot site(s) – clinical arena • Utilise appropriate educational support • Reflect on the process – <ul style="list-style-type: none"> ○ Managerial / Service Improvement ○ Educational ○ Research ○ Change management ○ Resource challenges ○ Identify Variance as recorded for cultural, traditional, structural differences and consider consequences. • Check for the first 20 completed LCP documents. Reflect regularly within your local team on progress • LCP Lead and the organisation / institution is recognised by the LCP Central Team UK as an LCP Beacon • Regular Teleconference with the LCP Central Team UK organised for ongoing support • Obtain 20 post pathway analysis forms from LCP Central Team UK • Complete post pathway analysis • Return completed forms according to guidance to LCP Central Team UK • The LCP Central Team UK will analyse data within 4 weeks of receipt. • International organisation to feedback / disseminate findings within pilot area • Consider a dissemination and sustainability model to meet: <ul style="list-style-type: none"> - Managerial / Service Improvement - Educational - Research Agendas <p>Make a decision whether to initiate the dissemination of the LCP across the organisation / institution beyond the pilot sites</p> <p>Key Lead in the organisation is recognised as an LCP Beacon</p>	<ol style="list-style-type: none"> 1. 20 LCP's used in the environment 2. Education model established 3. Reflection locally with clinical teams completed 4. Initial 20 LCP analysis completed with the support of the LCP Central Team UK and outcomes disseminated 5. Organisation consensus re dissemination of LCP throughout the organisation / institution 6. Report sent to LCP Central Team UK: <ul style="list-style-type: none"> • Managerial • Educational • Research • Change management • Resource challenges • Identification of Variances which record cultural, traditional, structural differences

KEY OUTCOMES	TRANSITION TO PHASE 4
<p>PHASE 3 – RESEARCH / ANALYSIS / DEVELOPMENT</p> <ul style="list-style-type: none"> Decision made by Institution and ratified by LCP Central Team UK for a wider dissemination within a research based framework to disseminate and analyse the LCP more widely beyond the organisation / institution but led by the key personnel within the organisation / institution Upon receipt of all necessary status reports, LCP Lead and the organisation / institution is recognised by the LCP Central Team UK as an LCP Champion The LCP Champion ensures the LCP is recognised within the mainstream health care agenda within the organisation / institution and local health economy. Any alteration to the LCP or associated information carrying the LCP logo must be ratified by the LCP Central Team UK The LCP Champion advocates the LCP beyond his/her own organisation All participating sites must be registered with the LCP Central Team UK Regular Teleconference with the LCP Central Team UK organised for ongoing support <p>Key Lead in the organisation is recognised as an LCP Champion</p>	<ol style="list-style-type: none"> LCP Champion personnel & organisation / institution is recognised in the local health economy as leading on the LCP programme Liaison with national stakeholders LCP Champion leads the organisation to self-organised LCP-implementation. That is: should the Champion leave, the LCP would be independently sustainable within the originally chosen environment

KEY OUTCOMES	TRANSITION TO PHASE 5
PHASE 4 – PLANNING FOR FULL DISSEMINATION BEYOND ORGANISATION / INSTITUTION WITH A STATE / NATIONAL RECOGNITION; INITIATING PREPARATIONS FOR A STATE / NATIONAL BENCHMARK / AUDIT	
<ul style="list-style-type: none"> • LCP is translated and transferable to various care setting within the country • LCP programme is recognised nationally as a continuous quality improvement framework • There is national recognition of the institution which is liaised to the MCPCIL • The LCP Framework has national support from an academic institution within the country in support of further educational and research developments both nationally and internationally • There is a plan in place for a national benchmark or national audit of care of the dying using the LCP • LCP Lead is recognised as a national lead for palliative care development in his / her own country • After appropriate reviews and registration, LCP Lead and the organisation / institution is recognised by the LCP Central Team UK as an LCP Collaborator • Depending on size, population and Palliative care development, countries can have more than 1 collaborating centre • If the Collaborating centre is coordinating ongoing design / distribution of core documents and educational programmes a contract must be developed with the LCP Central Team UK in support of copy write and use of the LCP logo <p>LCP Champion in the organisation is recognised as an LCP Collaborator</p>	<ol style="list-style-type: none"> 1. National agreed contract with the MCPCIL 2. National leadership within the country for the LCP development 3. Ability to participate with the MCPCIL in international Research, Education and Clinical Excellence Programmes 4. Care of the dying is highlighted as a quality indicator at national level

KEY OUTCOMES

PHASE 5–

**WIDER DISSEMINATION OF THE LCP IN A STATE / NATIONALLY WITHIN A GOVERNANCE FRAMEWORK
RECOGNISED AS THE STATE / NATIONAL LCP CO-ORDINATING CENTRE WITHIN THE STATE / COUNTRY
RECOGNISED AS AN ACTIVE TEACHING CENTRE FOR THE LCP
RECOGNISED LIAISON WITH THE MCPCIL
ADOPTED AN AGREED BENCHMARK / STATE / NATIONAL AUDIT MODEL THAT INFORMS A NATIONAL QUALITY INDICATOR FOR
CARE OF THE DYING**

- The LCP is recognised as a continuous quality improvement framework for care of the dying that supports a performance management governance agenda as a quality indicator at national level
- A national Benchmark / Audit model has been utilised and a rolling programme of audits and consequent educational stabilisations is in place
- LCP Lead(s) / organisation(s) / institution(s) have an agreed plan in place with the MCPCIL with national support from at least one academic institution within the country in support of an agreed international educational and research portfolio
- LCP Lead(s) / organisation(s) / institution(s) recognised by the LCP Central Team UK as an LCP National Coordinator(s)

APPENDIX 1

Example of Registration Form & Letter of Endorsement



LIVERPOOL CARE PATHWAY FOR THE DYING PATIENT (LCP) LCP PROJECT REGISTRATON FORM (Outside UK)

In the box below, please give the name and address of the organisation wishing to register. If there is more than one site included in this organisation, please list and indicate whether you plan to carry out a Retrospective Audit - Base Review at that site.

		Carry Out Base Review?
Organisation Name	EXAMPLE	
Address		
Additional Site 1		
Additional Site 2		
Additional Site 3		
Additional Site 4		

LCP PROJECT MANAGER FOR THE ABOVE HEALTHCARE SETTING(S)

Name	
Work address	
Telephone no.	
Email address	

LEAD CLINICIAN IN PALLIATIVE CARE / LOCATION

Name of Team (if appropriate)	
Lead Clinician Name	
Address	
Telephone no.	
Email address	

**Wider National Agency Endorsement
University Link / National end of life care / Palliative Care – Organisation – governing body**

Name of Organisation	EXAMPLE
Lead named - personnel	
Address	
Telephone no.	
Email address	

Signature of person completing this form:

Print name:

Date: _____

Please return your Registration Form and letter of endorsement to:

**LCP Central Team
Evaluations Unit
MPCIL
C/o Directorate of Specialist Palliative Care
1st Floor Linda McCartney Centre
The Royal Liverpool University Hospitals
Prescot Street
Liverpool L7 8XP
England
T: +44 (0) 151 706 2274
E: lcp.enquiries@rlbuht.nhs.uk**

LETTER HEADED PAPER WITH ORGANISATION ADDRESS

Deborah Murphy
Associate Director
Marie Curie Palliative Care Institute Liverpool
c/o Directorate of Specialist Palliative Care
1st Floor, Linda McCartney Centre
Royal Liverpool University Hospital
Prescot Street
Liverpool L7 8XP

Dear Ms Murphy,

Re: Registration with the Liverpool Care Pathway Project

I am writing to confirm Executive Team/Managerial Support for the inclusion of **[Organisation name and Trust/PCT if applicable]** in the Liverpool Care Pathway project.

Yours sincerely,

Signature

Chief Executive/Manager
[Organisation Name]

APPENDIX 2

Example of a 1 Page Protocol



Title of the Project

This should be concise but informative. For research projects/elements it should include some indication of the methodology to be used, what you are trying to evaluate and something about the sample you intend to access.

Main personnel involved

Include the names, titles and locations of the main personnel involved with the project.

Proposed Start Date

For research projects/research elements of projects you will need to include information about ethical approval, where appropriate (e.g. date approval granted/to be sought).

Background to the project

This should include information that helps to provide a rationale for the proposed project. For research projects/research elements of projects this will include a brief summary of previous research literature.

Aims of the project

For research projects/research elements of projects this should include the research question and any main hypotheses

Research Projects/Research Elements of Projects *Only*

You will need to include information regarding the design and methodology to be used, including:

- Methods of data collection (including any existing instruments to be used)
- Design (e.g. prospective, retrospective, case study design, longitudinal, cross sectional etc)
- procedure (explaining briefly how you intend to carry out the proposed investigation)
- sample (including where appropriate choice of sample, inclusion and exclusion criteria)
- analysis (explaining how you propose to analyse the data)

Proposed Finish Date

For research projects/elements of projects please also include when you intend to:

- Complete data collection
- Analyse the results
- Write up the report
- Disseminate your findings (e.g. Journal Articles, Conferences etc)

Signature of the Project Lead & his / her Line Manager

APPENDIX 3

Example of a Full Protocol



TITLE OF PROJECT:

1. CONTACT DETAILS

Name:

Present Post:

Tel: **Fax:**
Email:

Co-investigators (where applicable)

Name	Post

2. SUMMARY OF THE PROJECT PROPOSAL

Title of Project (no more than 30 words):

Place(s) at which Project is to be carried out:

Proposed Starting Date:

3. DETAILS OF THE PROJECT PROPOSAL (Max 1000 words)

For research projects/elements of projects you will need to include information on the following areas:

Background –Up to 450 words (some information from previous research that helps to provide a rationale for your proposed study)

Aim(s)/Research Question/Main Hypotheses – Up to 100 words

Design – Up to 250 words (include information on methods, sample – including how chosen, inclusion and exclusion criteria, data collection tools, procedure and **ethical approval** (whether required and/or granted))

Analysis of Results – Up to 200 words (explain how you intend to analyse and report your results)

References

4. FUNDING/RESOURCES REQUIRED

Personnel				
Description of Staff required	Time Commitment		Justification (if not Self-explanatory)	Expenditure
	Hrs per wk & rate per hr	No. Of wks		
EXAMPLE				

Capital Equipment (one off purchases e.g. computer, tape recorder)		
Item		
Consumables (ongoing equipment costs e.g. stationery)		
Item		
Training		
Item		
Travel and Accommodation		
Item		
Other		
<u>Item</u>		
TOTAL FUNDS REQUIRED:		

5. FURTHER DETAILS

A. Summary Timetable

Please include a Gantt Chart to outline the milestones as perceived at this stage for the duration of the project and also a Gantt chart outlining the first 4 months milestones with specific details.

The project Lead must consider managed risk at this time. This may relate to a request for Ethical Approval that may take longer than expected or a Data Collection period that may delay the project milestones. The timescales on the Gantt chart should therefore take account of this. However not all risks can be recognised at this time and should be monitored with ongoing Status Reporting.

For help and support in formulating a Gantt chart please contact the Institute Programme Administrator

***For Research Projects/Research Elements of Projects milestones may include the following:
preparation of materials; preparation of environment (including ethical and R&D approval), pilot phase (if applicable), begin data collection, end data collection, analyse results, compile report, publication/dissemination***

**4 Monthly Detailed
Milestones GANTT
CHART EXAMPLE**

PROJECT TITLE:

This Gantt chart is a simple example in word – Excel / Access / Microsoft Project can make this process easier

Milestones due in first reporting period (4 Months)

MILESTONE & Milestone specific deliverables	Month 1	Month 2	Month 3	Month 4

EXAMPLE

CHECKLIST – IDENTIFYING & MANAGING STAKEHOLDERS

- **Identify all potential stakeholders**

A stakeholder is anyone who will be involved in your project. A stakeholder may have a pivotal role to play or may be only present at an inaugural meeting. It may be that you need representation on your project team or working group that you have not considered. The Research Forum will support you in this process.

You may need to consider:

What needs to be known about each of them?
Where & how can information be gathered?
Gather information about each: what exactly is their interest?
Why are they interested?
What are they expecting to gain?
How will the project affect them?
Can they contribute valuable experience or knowledge?
What are their strengths & weaknesses?
Are there hidden agendas?
What authority does this stakeholder have?
Could they seriously hinder or block the project?
Is there any history of involvement in previous projects?
Who is entitled to see the information gathered?
Who will need to be listed on any publications?

Name	Title/Position Held

E. Mentorship

Depending on the nature of your project you may have a mentor already;

Name of allocated Project Mentor:

EXAMPLE

Signature of:

Project Lead:

Line Manager

APPENDIX 4 LCP Translation Guidance

Translation Guidance for use of the LCP

If the LCP is to be translated into a language other than English the following translation guidance should be utilised

The LCP Translation guidance is based on the following European guidance:

Cull A, Sprangers M, Bjordal K, Aaronson N, on behalf of the EORTC Quality of Life Study Group 'EORTC Quality of Life Study Group Translation Procedure' July 1998 EORTC, Brussels

The LCP Central Team UK will be pleased to support project teams to achieve the translation process via E-mail support or regular Conference Calls.

LCP TRANSLATION GUIDE

TRANSLATION PROCEDURE FROM ENGLISH – BASED ON:

Cull A, Sprangers M, Bjordal K, Aaronson N, on behalf of the EORTC Quality of Life Study Group 'EORTC Quality of Life Study Group Translation Procedure' July 1998 EORTC, Brussels

A FORWARD TRANSLATION (English->Language x)

- 1) When it has been agreed by the Project Team that the LCP should be translated from English into Language X two translators, native speakers of the language of translation (X) who have a high level of fluency in English, will be required.
- 2) The two translators should independently translate the LCP into the required language (X).
- 3) The translations should then be compared by the person responsible for coordinating the translation process.
 - a) Where there is *agreement*, the translation can be accepted for the provisional forward translation.
 - b) Where there are *differences*, the coordinator of the translation process should aim to resolve these by discussion with the translators to yield a provisional forward translation.
 - c) Where *disagreement is difficult to resolve on a few items*, alternative wording may be offered in the provisional forward translation (for resolution through the back translation process).
 - d) In the case of *multiple or fundamental disagreements*, a third independent translator may be invited to arbitrate. This third translator should independently translate the problem sections of the LCP before being included in the discussion. The disagreement may be resolved by discussion with the translators or by proposing alternative wording for the back translation (as in c. above).
- 4) The process should be documented. The coordinator should record the stance of each translator in sufficient detail to explain any difficulties encountered and the rational for the solutions reached. Copies of all interim forward and back translations should be kept for inclusion in the translation report.
- 5) This process results in a single provisional forward translation (which may offer alternative wording for some items)

The provisional forward translation is then ready for back translation

LCP TRANSLATION GUIDELINES

BACK TRANSLATION (LANGUAGE X-> ENGLISH) BASED ON:

Cull A, Sprangers M, Bjordal K, Aaronson N, on behalf of the EORTC Quality of Life Study Group 'EORTC Quality of Life Study Group Translation Procedure' July 1998
EORTC, Brussels

1. Two translators, native English speakers with a high level of fluency in language X, will be required.
2. The translators should independently translate the LCP from the provisional forward translation back into English i.e. without reference to the English original.
3. The English translations should be compared with the original LCP by the person coordinating the translation process.
 - a) Where there is *agreement* between a translation and the original those sections of the provisional forward translation may be considered semi-final, i.e. ready for pilot testing.
 - b) Where there are *differences* the coordinator should attempt to resolve these by discussions with the translators. Where agreement can be reached the relevant sections of the provisional translation may then be regarded as semi-final i.e. ready for pilot-testing.
 - c) Where *agreement still cannot be reached* the provisional forward translation may require revision. Revisions may be arrived at by repeating the forward-backward translation process (if necessary incorporating an additional independent translator) until the back translation is sufficiently similar to the original questionnaire.
 - d) In the case of *persistent difficulty* alternative wording of the item(s) in question may be incorporated in the provisional translation used in pilot-testing. The LCP used in the pilot test would then incorporate questions designed to identify the wording which best meets the aims of the translation process (i.e. clear; language of common use; conceptual equivalence to original).
4. The process should be documented. The coordinator should record the stance of each translator in sufficient detail to explain any difficulties encountered and the rationale for the solutions reached. Copies of all interim forward and backward translations as well as the provisional forward translation (which will be used in pilot-testing) and its back translation, should be clearly marked for identification purposes and kept for inclusion in the translation report.
5. The final document that is in English (language X-> English) needs to be ratified by the LCP Central Team UK at the MCPCIL. Ratification includes a final letter of compliance.
6. The provisional forward translation can then proceed to pilot-testing

APPENDIX 5 LCP Logo Guidance

You will need to be registered with the LCP Central Team UK, MCPCIL before you are entitled to use the logo

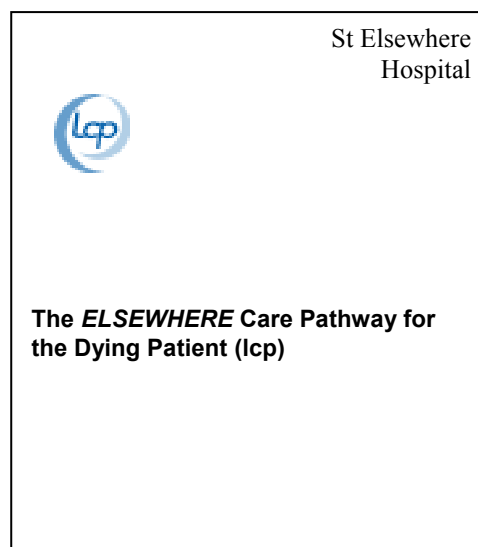
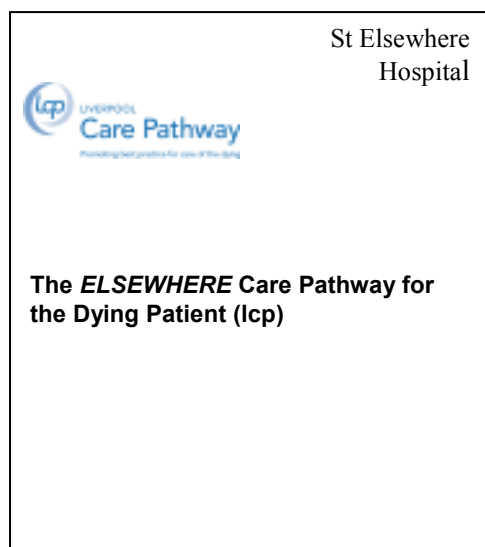
You will need to be registered with the LCP Central Team, MCPCIL before you are entitled to use the logo

To authenticate any materials produced in accordance with the protocols set by the LCP Central Team, Marie Curie Palliative Care Institute Liverpool (MCPCIL) we suggest the following:

Your document must be endorsed by the LCP Central Team before you can use the LCP logo, to do this you need to complete the following steps:

- Send your pathway (either electronically or via post) to the LCP Central Team
- Once your pathway has been checked for compliance an official letter will be sent to you confirming the endorsement
- Once you receive this letter you will be able to put the logo onto your document

The logo may be used to brand documentation linked with the LCP Continuous Quality Improvement Programme (CQIP) as follows:



If you do not want to use the logo(s) but have received an official endorsement letter you can use the following terminology

The Elsewhere Hospital wish to recognise the Marie Curie Palliative Care Institute Liverpool (MCPCIL) support and collaboration in the development of the ***ELSEWHERE care pathway for the dying patient.***

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LOGO(s)



Pathways that cannot be endorsed

If the LCP Central Team is unable to endorse your pathway, due the fact it is so different to the current version of the LCP, but you have used elements of the LCP in your document. You won't be able to use the LCP logo, but you must reference the LCP work by using the following:

*The **ELSEWHERE** care pathway for the dying patient* is based on the LCP document designed by the © Royal Liverpool & Broadgreen University Hospitals NHS Trust and Marie Curie Cancer Care, operated under MCPCIL 2010.

Or based on:

Ellershaw JE, Wilkinson S (2003) *Care of the Dying: A Pathway to Excellence*. Oxford: Oxford University Press

How to reference the LCP

1. When referring to the Liverpool Care Pathway for the Dying Patient (LCP) in text the words must initially be written as demonstrated below:

Liverpool Care Pathway for the Dying Patient (LCP)

Once this has been used the shorthand LCP may be used elsewhere throughout the text e.g. LCP

2. When using the goals from the Liverpool Care Pathway for the Dying Patient (LCP) on your own local document then the annotation should be as follows:

The *ELSEWHERE* Care Pathway for the Dying Patient (lcp)

Here a lower case lcp is used at the end of the care pathway title. This is to denote a linkage with the LCP Central Team, Marie Curie Palliative Care Institute Liverpool (MCPCIL)

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APPENDIX 6

Key References

New additions as of February 2011 are marked with a ★

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APPENDIX 7 LCP Contact Details

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