

End of life care Accreditation survey results

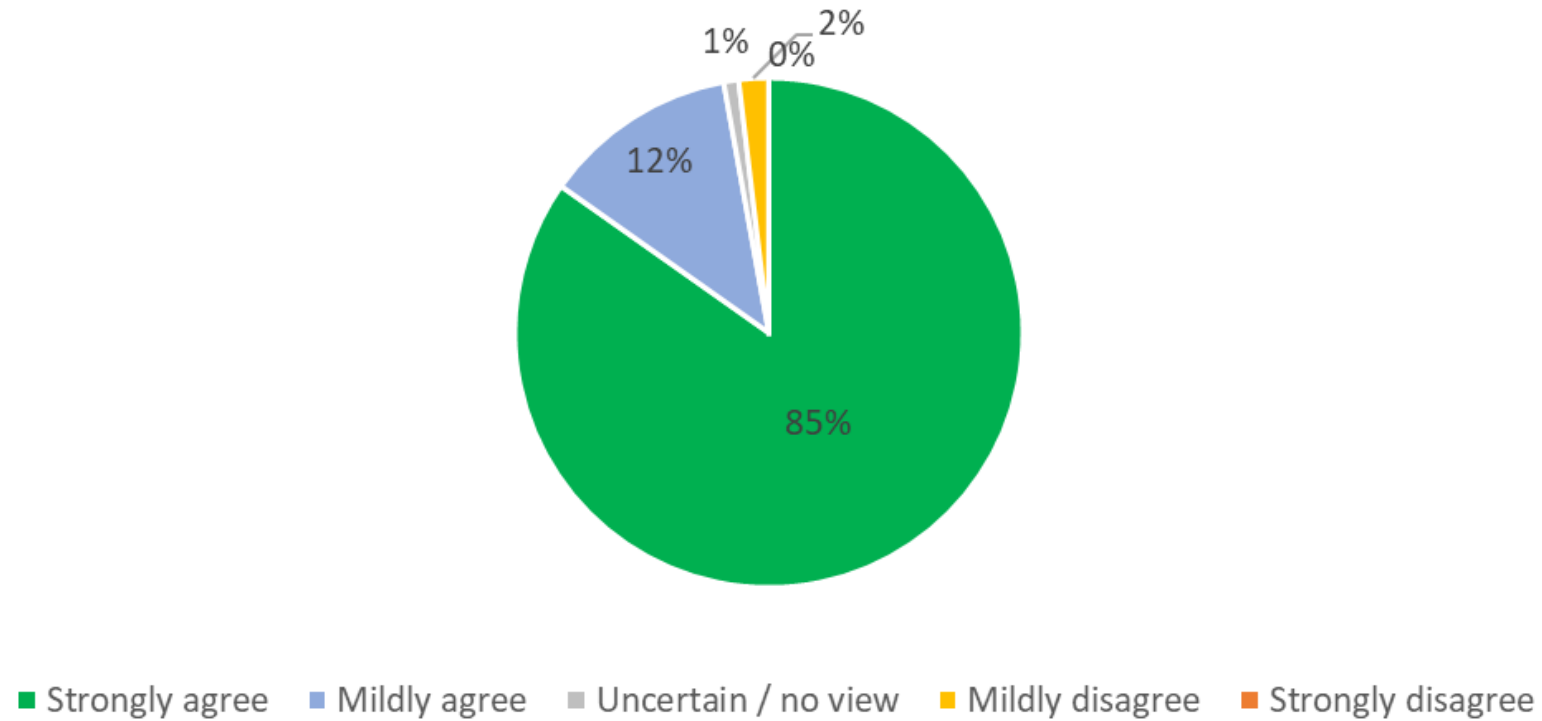
Methodology

We contacted 506 GSF accredited teams, asking them to complete a survey, focusing on end-of-life care (final year of life) and the benefits of an educated end of life care workforce improving the experience and quality of care for our ageing population.

105 responses were received.

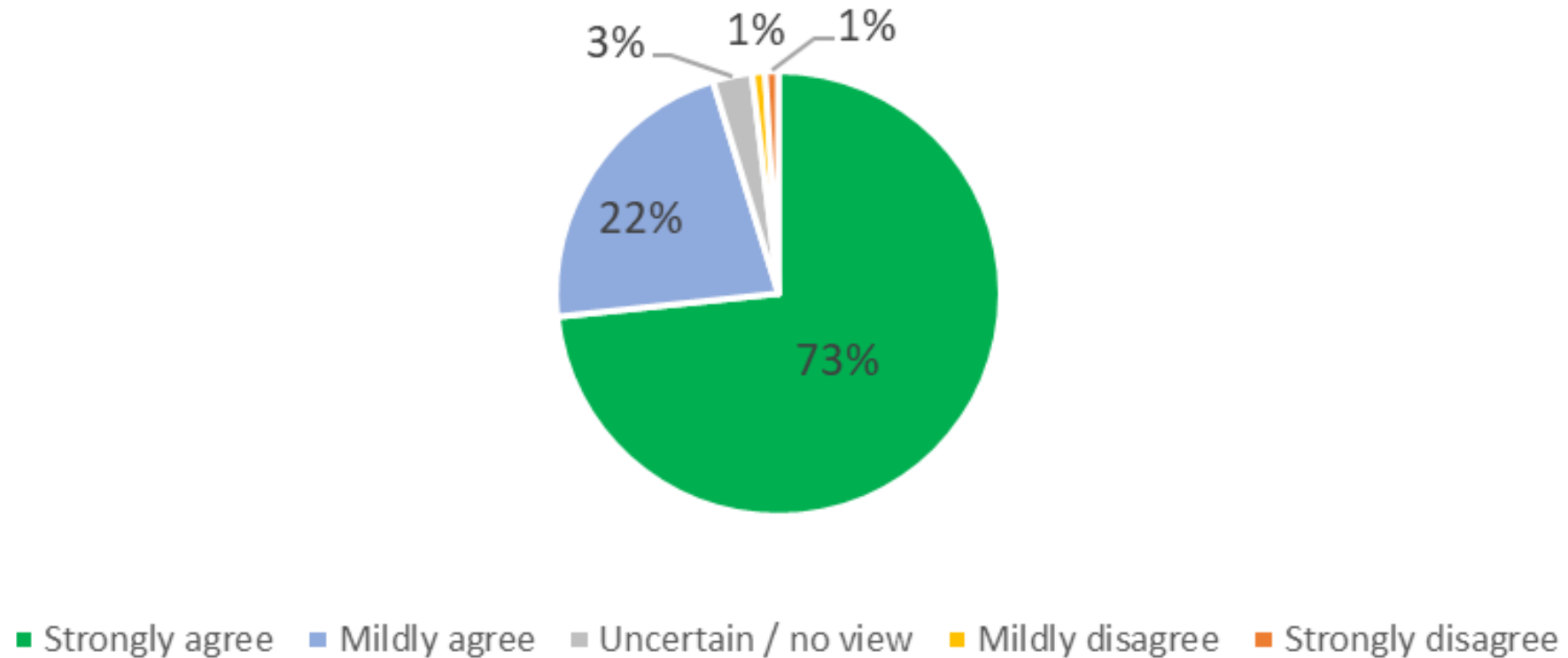
The respondents are broken down into the various organisations Primary care (3), hospitals (7), care homes (85), domiciliary care agencies (4) and retirement villages (6).

Use of GSF improved the experience of care for residents and their families.

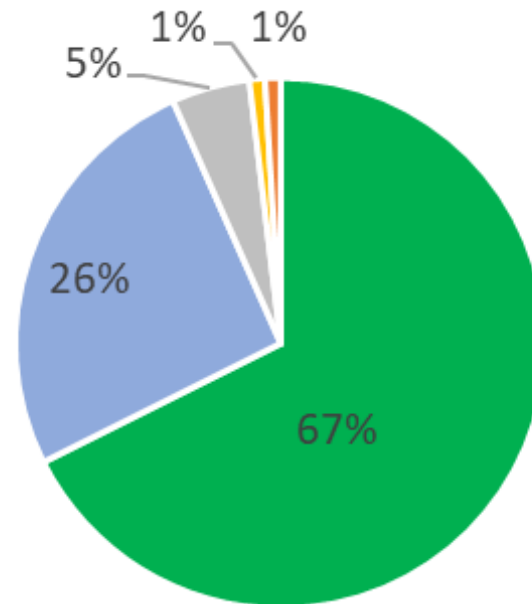


Everybody deserves Gold Standard care at the end of their life.

Use of GSF has improved the morale and teamwork for staff.



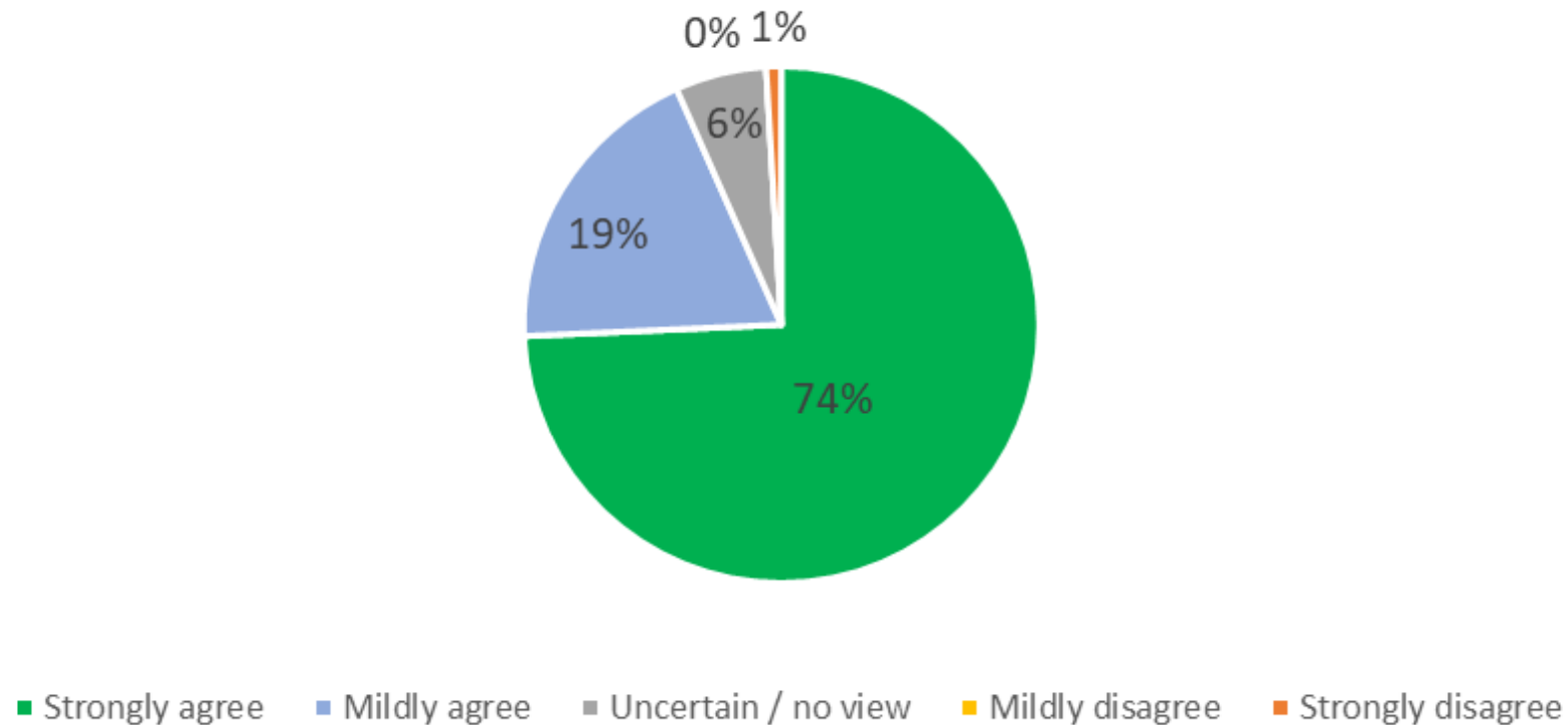
Use of GSF has had a positive impact on staff wellbeing.



■ Strongly agree ■ Mildly agree ■ Uncertain / no view ■ Mildly disagree ■ Strongly disagree

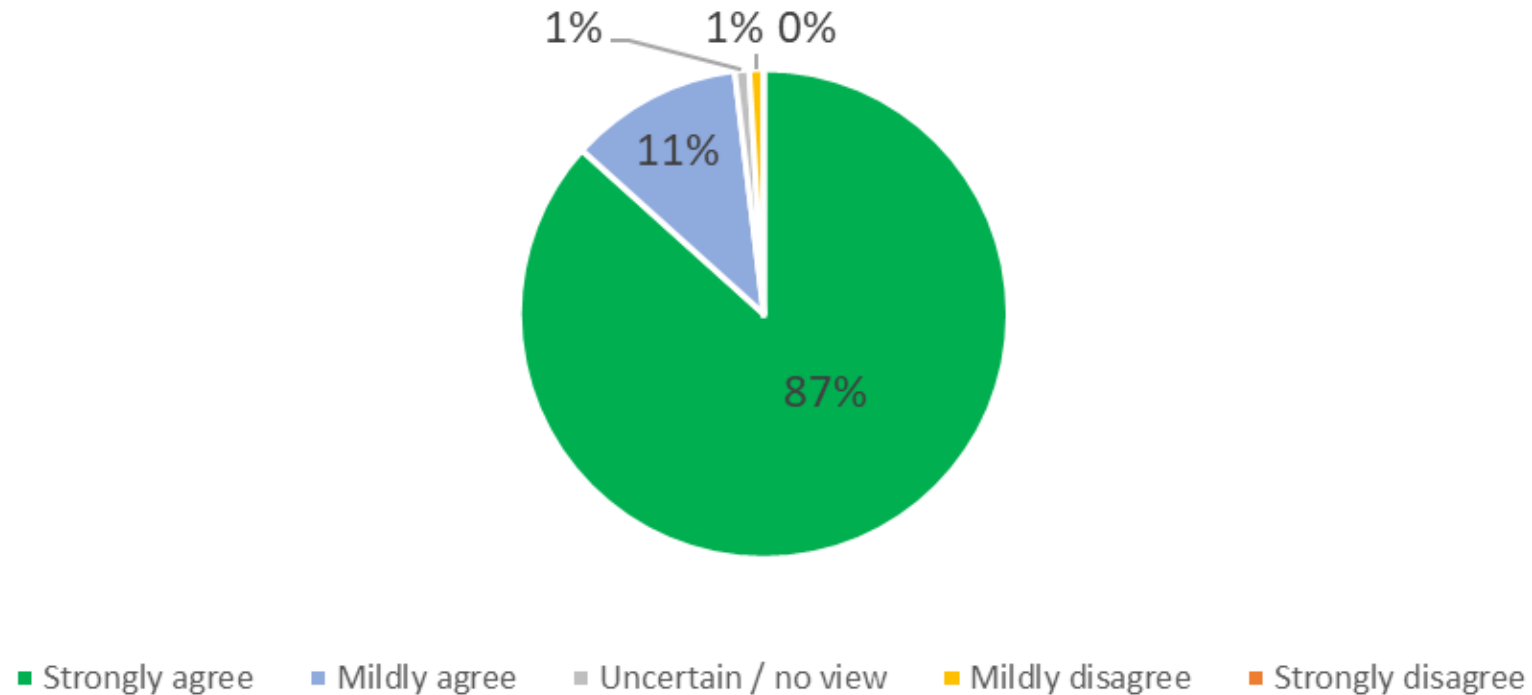
Everybody deserves Gold Standard care at the end of their life.

Use of GSF has had a positive impact on job satisfaction.

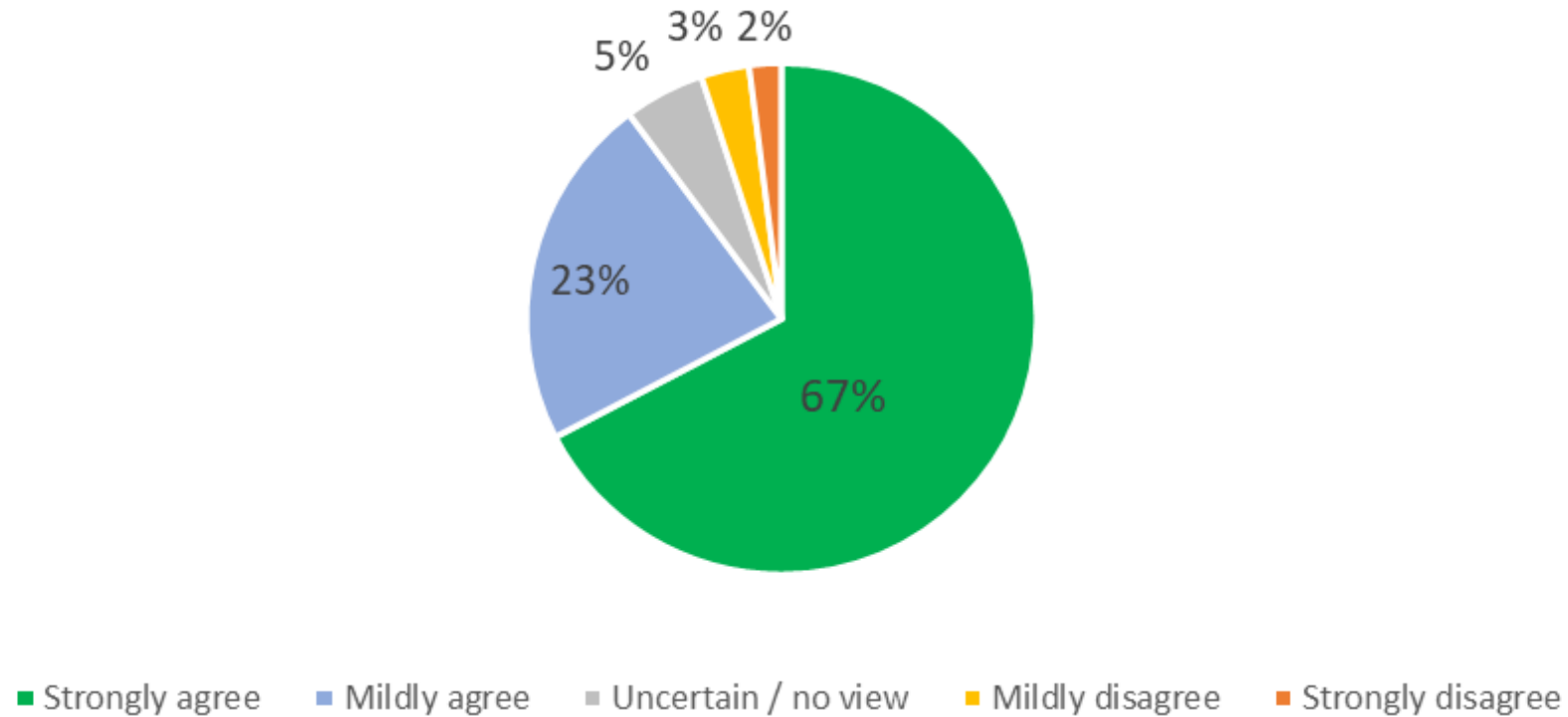


Everybody deserves Gold Standard care at the end of their life.

Use of GSF has had a positive impact on personalising the care provided through advance care planning.

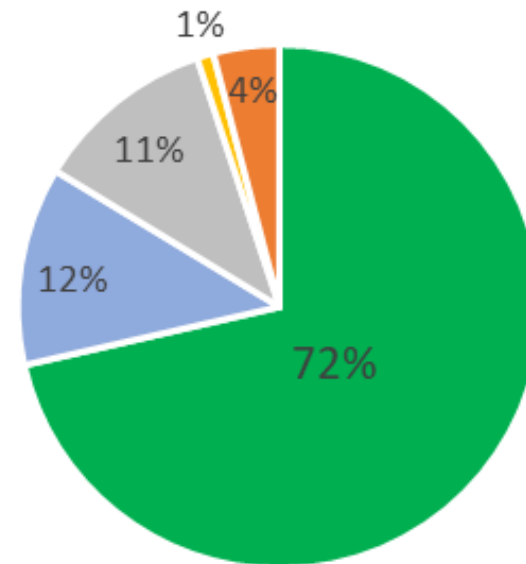


Use of GSF has reduced hospital admissions.



Everybody deserves Gold Standard care at the end of their life.

Use of GSF has reduced the hospital death rate.



■ Strongly agree ■ Mildly agree ■ Uncertain / no view ■ Mildly disagree ■ Strongly disagree

Everybody deserves Gold Standard care at the end of their life.

“Only two unplanned hospital admissions since January 23 - one returned home to die according to their wishes and the other died the next day in hospital, although she had expressed no particular wish to die at home, had 'given up' - having lost her beloved husband she had no desire to live and no fear of death” **Domiciliary Care**

10. Can you elaborate on how GSF has impacted on staff morale, job satisfaction or staff retention?

“We introduce all new students to GSF and the positive impact it has for patients and in turn this sparks an interest in some of our students for End-of-life care.” **Hospital**

“Staff are more confident in dealing with death and dying matters. They have more job satisfaction in knowing they aided someone to live well and also die well. Staff retention has improved tremendously.” **Care Home**

“Staff feel more confident at work, are more able to engage with families and community nursing teams and feel more respected by them. Community Nurses seeking out local managers to gauge capacity which makes the staff feel valued and very much part of a 'specialist' care team.” **Domiciliary Care**

“Staff have a greater understanding of death and what to expect, they have new confidence in discussing this with residents and their significant others from ACP to after death. Greater understanding of what to do and when, general feel is residents have a good death from following GSF.” **Retirement Village**

“All practice staff felt that being able to combine efforts on an area of work that truly has a positive impact gave immense job satisfaction in a line of work that is constantly under scrutiny and increasingly challenging.” **Primary Care**