Improving End of Life Care in Acute Hospitals
Using the GSF AH Training Programme Phase 2 2011-12

Professor Keri Thomas, Julie Armstrong Wilson , Helen Corner
The GSF Centre in End of Life Care, West Midlands, UK
in collaboration with Dr. Nahid Ahmad and Fraser Battye from ICF GHK

GSF enables a systematic way to deliver the right care for the right people, in the right place, at the right time, every time.

Quality Improvement Quality Assurance Quality Recognition

Background: The GSFAH programmes developed from quality improvements in primary care and care homes adopted for the hospital setting to improve care for all people nearing the end of life in hospital estimated at about 30% of all inpatients. It is a 2 year training programme offering;
1. Train the trainers workshop
2. All resources
3. Independent evaluations
4. Coaching support

Context: Most people die in hospital but most would prefer to die at home.
- Communication with hospitals and others is often poor, leading to cross boundary gaps in care and inappropriate hospitalisation.
- GSF is widely used in the community, but integrating GSF into Acute Hospitals was the missing link.

Aim: The aim of the GSFAH programme is to
- improve the quality of care provided for all people in the final year of life
- improve coordination and collaboration within teams and across boundaries of care
- enable more to live and die at home and decrease hospitalisation.

Key Messages

The Phase 2 GSF Acute Hospital report showed :-

- **Length of stay has been reduced by average of 6 days/patient**
- **Better communication with GPs and District nursing teams and improved information on discharge letters**
- **Increased staff knowledge and awareness on end of life care and use of other tools e.g. advance care planning, LCP etc**
- **Improved staff confidence in recognising such patients, having early discussions with them and caring for them.**
- **Improved early identification and use of electronic registers / EPaCCS**
- **Increased number discussing care planning at MDT meetings**
- **Improved advance care planning discussions with patients in some and increase in recorded DNAR discussions**
- **Improved numbers dying in their preferred place of choice /usual place of residence**
- **Increased communication with carers in those who died or discharged**

Phase 2 GSFAH

GSFAH has been used in 32 hospitals, ranging from 1-3 wards per hospital. **NB. At least five hospitals have undertaken whole hospital GSF AH Programme and several are progressing to GSFAH accreditation due in 2014.**

A comparative evaluation was carried out before and after intervention of the GSFAH training programme.

Method: An independent evaluation and analysis from eight hospitals participating in Phase 2 GSFAH included;
- Staff Survey
- Organisational Survey
- After Death/Discharge Analysis (ADA)
- Qualitative data from a focus group
- Foundation LevelQuestionnaire

Next steps:
- Support hospitals to accreditation
- Develop improved integrated cross boundary care with the community
- Develop whole system improvements in end of life care

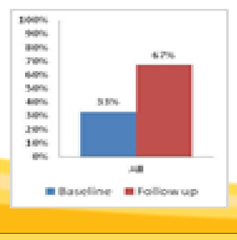
Phase 2 GSF Ac Hospitals Report

Progress with

- Early identification
- Use of registers
- Confidence of staff
- Conversations with pts
- GP communication
- in some - Length of stay
- Dying in preferred place

Further work to do

- ACP discussions
- MDT meetings
- Carers support
- 2 way communication
- Foundation Level all



- Information to GP Practices
- increased from 33% to 67%

"GSF has helped us think through in a different way how we might assess patients who are likely to be in the last year of life - quite a revolution in hospital care...GSF is well thought through, patient focused and joined up."
Michael Connolly, Macmillan Nurse Consultant Wythenshawe Hospital Phase 1 GSFAH

How this fits the Francis Mid Staffs Report:
"The findings of the Francis inquiry (Mid Staffordshire) make it even more imperative that hospitals act now to improve the care of this most vulnerable patient group. GSF hospitals have demonstrated some very positive changes, particularly in terms of improved patient outcomes- reduced length of stay, more people dying where they would choose and care delivered in line with patients' preferences. This can be part of the solution to prevent a repeat of the Mid Staffs problems."
Professor Keri Thomas, GSF Centre

Cross Boundary Care

"GSF in Hospitals was the missing link, completing the circle of improved coordination of care in primary care and care homes. Doing GSF has made all the difference."
Dr Karen Groves, Consultant Palliative Care, Southport

"GSF is well established in primary care and care homes so is the obvious tool to give us a shared common language."
Dr Linda Wilson, Palliative Care Consultant Airedale Hospital.

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The National GSF Centre in End of Life Care

GSF Quality Improvement Programmes

for generalist frontline staff - enabling a gold standard of care for all people nearing the end of life.