LEADERSHIP ALLIANCE FOR THE CARE OF DYING PEOPLE: GUIDANCE, EDUCATION AND TRAINING GROUP
Case Study Example: Palliative Care Education, Training and Resources (Last Days of Life) v1

This template is designed to illustrate palliative care education, training or resource activity that you have put into practice that maybe of interest or help to others designing, delivering and evaluating similar activities in their setting.

Name of Education, Training or Resource Activity:
GSF Acute Hospital programmes- GSFAH

Did you charge for this activity?
Yes to cover costs usually funded by CCGs/FTs

Name and Address of Organisation that delivered the activity:	**Contact Name, Role and Email:**
Gold Standards Framework Centre Victoria Mews 8-9 St Austin Friars Shrewsbury SY1 1RY **Organisation Website Address:** www.goldstandardsframework.org.uk	Prof Keri Thomas Founder and National Clinical Lead Julie Armstrong-Wilson Clinical Nurse Advisor Robyn Handford Programme coordinator hospitals@gsfcentre.co.uk

How would you categorise your Education, Training or Resource Activity *(please tick all that are relevant)*

All GSF Programmes focus on improving care for all people with any condition, in any setting, who may be considered to be in the final year of life (using the GMC definition of End of Life care to include patients in the final year of life). This includes training in care for people in the final days of life also, but by instigating earlier proactive needs-based care, and earlier advance care planning and communication, more are able to live and die where they choose, with fewer unanticipated crises. Therefore GSF Programmes teach comprehensive care in the final years, months, and weeks of life that also enables better care in the final days of life. GSF is well evidenced and extensively used over the last 15 years as one of the original NHS End of Life Care Programme best practice models/tools, and its important role in delivering comprehensive care for all people nearing the last stage of life was confirmed in the Neuberger Report 2013.

Assessment and Care Planning	√	Symptom Control	√
Communication, Bereavement, Psychological Skills	√	Advance Care Planning	√
Family and Informal Carer Support	√	Teaching or Train the Trainer	√
Staff Supervision, Wellbeing or Resilience	√	Clinical Leadership	√

Other *(please state what)*
GSF is a whole system change management quality Improvement programme over 2 years involving all ward staff ,including doctors, nurses, care assistants and others, that leads to more proactive person centred care for hospital patients in the last year, months, weeks and days of life . This group of seriously ill patients (estimated to be about 30%) are often largely unrecognised as needing earlier assessment, more anticipatory care tailored to their needs and forward planning to ensure they live and die where they choose. This includes care of the dying in the last days of life , according to nationally recommended best practice principles, but focusses more on identifying patients at an earlier stage, to better plan and coordinate care earlier , enabling more to be discharged from hospital if they'd prefer to die at home and prevent crises . The comprehensive GSF Acute Hospital and Community Hospital Programme use a medley of triggers, tools and measures (some widely used by others, some unique to GSF) to encourage earlier recognition, better clinical and personal assessment and significant improvements in the way hospital teams interact with the community to plan and coordinate better cross boundary care plus enabling patients to have a dignified peaceful death at home. In addition there are means of extending to additional skills such as after-death care, care for people with dementia and continued learning with reflective practice, audit and ongoing assessment as GSF is spread across the hospital wards

Who Was Your Target Audience – Setting? *(E.g. hospital, community, care homes, social care etc.)*	**Who Was Your Target Audience – Role?** *(E.g. Consultant, District Nurse, Ward Nurse, Physiotherapist, Clerical Staff etc.)*
Hospital staff	

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	All staff with within the hospital, usually implemented ward by ward to lead to whole hospital change, including outpatients, A&E etc.

Aims and Objectives of Activity:

GSF aims to improve

1. The quality of care- by improving confidence and competence of staff
2. Improve coordination & collaboration across of boundaries of care
3. Improve outcomes by enabling more to die at home and decreasing inappropriate hospitalisation

GSF takes an earlier more proactive approach than others, providing organisational and systems change enabling a better experience of care for patients, better coordinated joined up care especially with the community, and enabling more to live and die in the place and manner of their choosing, with consequent reducing of hospitalisation, and improving cost-effectiveness

GSF includes care for people in the final year of life which incorporates care in the final days of life and use of the relevant guidance or protocol for care in the final days as adopted by each hospital

Once embedded in the organisation, hospitals can then apply for GSF accreditation endorsed by British Geriatrics Society and National Community Hospitals Association and receive the Quality Hallmark Award demonstrating full implementation and sustained Quality Improvement. This is in line with the high standards expected by CQC in its new end of life care assessment.

We aim to contribute to the implementation of national policy in practice and that this becomes the 'industry standard' for end of life care in hospitals, in relation to CQC outstanding levels on inspection, just as it is in care homes. There is a considerable evidence to show the success of GSF programmes overall and the benefit of GSF in hospitals is in enabling integrated cross boundary care.

1.

What was the reason for this activity? **Please give details** (100 words max)

(E.g. local, regional, national policy, learning needc analysis, professional body requirements, critical incident etc.)

Following community GSF, there was a call from 2008 to include hospitals as' the missing link' improving integrated cross-boundary care. GSF helps fulfil local and national targets, improving patient outcomes, enabling more frail elderly to die where they choose. Now from Sept 2014, we aim to support hospitals to meet CQC 'outstanding' assessment in end-of-life care inspections

The comprehensive GSFAH programme includes training, tools, evaluation and support to help across the full end-of-life care final year, including earlier recognition (30% hospital patients), more ACP, proactive planning, and more receiving quality care in the final days.

What is the staffing, financial or infrastructure needs of this activity? **Please give details:** (100 words max)

(E.g. educator or admin, resources, capacity, planning and timing etc.)

The 2 year phased programme with about 8 hospitals/phase involves 6 workshops and 1-2 nominated leads per ward and where possible the support of palliative care specialists. Some protected time for these is preferable. The costs relates to the number of wards taking part plus hospital the back-fill staff time for workshops and ward work. . The workshops are led by 2-3 members of the GSF team, plus some that have completed the programme or invited experts. . All are encouraged to also use the resources from the Transform programme and many use complementary tools also e.g. Amber Care Bundle.

What did you do including dates you delivered it: **Please give details:** (100 words max)

(E.g. workshop, eLearning, mentorship, work based learning, practice placements, blended learning, curriculum, guidance, resource etc.)

The 2 year phased GSF Acute Hospital programme has been used by groups of hospital wards in a phased programme over the last 6 years, including over 40 hospitals (and 41 community hospitals) so far in the training with varying number of wards, and 5 whole-hospital projects undertaking GSF in all wards. The programme is fully resourced with the Good Practice Guide, all resources required, progress measures including online ADA after-death-analysis, website support and help desk. It also includes an independent evaluation by ICF GHK, leading to published evidence of progress in peer reviewed journals

How did you evaluate the activity? **Please give details:** (100 words max)

(E.g. attendance, satisfaction, confidence, competence, formative or summative assessment, impact on care, change in guidance or policy etc.)

1. Impact evaluation

Overall evaluation includes comparative intra-hospital and inter-hospital assessments-

- Key Ratios demonstrating changes in rate of identification, advance care planning, length of stay, numbers dying where their choose, GP communication
- Confidence assessment
- Organisational questionnaires
- After Death Analysis

All data is sent to the independent evaluation team at ICF GHK for individual hospital and cumulative reports. In addition hospitals progress to accreditation with submission of a full portfolio against the five right standards, these are assessed by an independent panel and the GSF Quality Hallmark Award given to successful hospitals

2. Feedback evaluation following GSF workshops, plus feedback evaluation from Going for Gold programmes.

What evidence is there of the difference that this activity made? **Please give details:** (100 words max)
(E.g. to patient, family, health or social care professional, organisation etc.)

Significant improvements demonstrated by those completing the evaluation and progressing to accreditation. These include:

- Reducing hospital length of stay
- Improving communication with GPs
- Improving earlier recognition of patients in the final year of life
- Improving confidence of staff
- Enabling more to die where they choose
- Increasing advance care planning discussions, carers support and bereavement protocols
- Increasing of non-cancer patients recognised early
- Consistent systems established to enable sustainability and development of a ward protocol
- Improved collaboration with others such as care homes, specialist palliative care etc.
- Improved use of rapid discharge and better care in the final days

What is the weight of your evidence of the difference that this activity made? **Please give details:** (100 words max)
(E.g. attendance evaluation, anecdotal comments, case study, small/medium research study, cohort study, randomised controlled trial etc. – please give details of relevant publications)

Extremely strong evidence base of GSF usage over the last 15 years including

- Strong level of research evidence published in peer review journals, some GSF Centre generated some independent, well accepted and endorsed by NICE etc.
- full systematic reviews available, and summaries of evaluations, audits and independent research studies on website

In relation to GSFAH Programmes

- Good research evidence published in peer review journals both by GSF team and others,
- ICF GHK independent reports on each phase and each hospital
- Demonstrable changes so far preparation for accreditation
- Qualitative feedback on staff benefits
- Cohort studies show inter-hospital comparative benefits.

What would you advice to others delivering this activity in the future? **Please give details:** (100 words max)
(*E.g. do's and don'ts etc.)*

GSF Hospital programme provides the full programme of resources and tools but is complemented by more focussed local support and interventions such as CQUIN, integration with palliative care specialist advice as part of a broader end of life care policy.

In order to achieve long term, sustainable benefits and improvements the programme needs to be delivered over 2 years, in a step by step approach. It is not a quick fix and requires commitment and ownership from the organisation.

What do you see as the future of this activity? **Please give details:** (100 words max)
(E.g. how it could be used elsewhere or scaled up, next steps for building its evidence base)

We hope this enables an industry standard of gold standard end of life care in hospitals, in line with CQC and national policy aspirations and that all hospitals will aspire to be GSF Accredited in End of Life care.

GSF encourages 'culture change' as well as practical developments. It is nationally recognised and delivered across the UK, and many CCGs are aiming for accredited hospitals to receive the Quality Hallmark Award. CQC already recognise GSF Accredited care homes as examples of best practice and their information is publically available and we aim for the same in hospitals.

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Completed by (Name and Role): **Julie Armstrong-Wilson, GSF Clinical Nurse Advisor**	**Date:** **3.6.14**
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