

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 Care Homes Programme			
Did you charge for this activity? Yes			
Name and Address of Organisation that delivered the activity: Gold Standards Framework Centre St Austin Friars Shrewsbury SY1 1RY		Contact Name, Role and Email: Maggie Stobbart-Rowlands Lead Nurse & Programme Manager	
Organisation Website Address: www.goldstandardsframework.org.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) <i>Communication, cross boundary care, dignity in dying, care of the dying person with dementia, continued learning & reflective practice, audit</i> Earlier identification of people in the final year of life, coordination and team working, advance care planning, communication and cross boundary care, care of the dying in the final days, continued learning audit, and culture change leading to long term sustainability in practice for care for all people in their final year of life (including frail elderly, those with dementia and long-term conditions). Implementing the changes for all residents within the care home			
Who Was Your Target Audience – Setting? (E.g. hospital, community, care homes, social care etc.) Care homes		Who Was Your Target Audience – Role? (E.g. Consultant, District Nurse, Ward Nurse, Physiotherapist, Clerical Staff etc.) All staff in the care home, - managers, nurses, care staff, ancillary staff	
Aims and Objectives of Activity: GSF is a systematic approach to optimising the care for all people in the care home, whether they are in their last years, months, weeks or days of life. It provides organisational and systems change enabling more to live and die in the place and manner of their choosing. Along with teaching some aspects of earlier recognition and care, the main focus is on introducing new skills and processes to ensure a change of practice that is long-lasting and sustainable. Specifically GSF aims to.			
<ol style="list-style-type: none"> 1. Improve the quality of care provided for people. 2. Improve coordination & collaboration within and between teams, notably improving cross boundary care 3. Improve outcomes by enabling more to live and die where they choose and decreasing inappropriate hospitalisation Reflective practice is used at the start of each session to identify progress and gaps.			

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NB A briefer introductory programme, **GSF Foundation Level Programme** is also available over 4-6 months, as a means of helping homes to introduce some basic levels of change, and then to progress to the next level once the basic steps are embedded in the home. This is in line with other GSF Programmes to support homes that find the whole Going for Gold programme hard to start initially and want an intermediate next steps support.

What is the content of the Activity? **Please give details (100 words max)**
 The programme covers the above aims, working through the processes in a step by step approach within the three key areas

1. Identify
2. Assess
3. Plan

The homes attend 6 interactive, action learning workshops. Cascade the information to everyone in the home. Implement changes in a step by step approach. Working to 20 key standards, once embedded in the organisation they can then apply for Quality Hallmark Award demonstrating full implementation and sustained Quality Improvement

What was the reason for this activity? **Please give details (100 words max)**
(E.g. local, regional, national policy, learning needs analysis, professional body requirements, critical incident etc.)

- Improving local, regional & national policy outcomes for all people nearing the end of life – focus on frail elderly and people with dementia
- Reducing inappropriate hospitalisation – hospital deaths and length of stay
- Enabling earlier identification of later stages of life, thereby enabling a more dignified death in usual place of residence
- Improving integration with primary care and other providers – providing better cross boundary care ,

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.)

2 x ½ day workshops (1 at start and 1 at the end of the programme)
 4 full day workshops (minimum of two staff attending)
 Each workshop is approximately 3 months apart
 Approx. 1 day per month teaching, planning & implementation time within the home.
 Computer & internet access for the coordinators
 Printing of online resources
 Programme takes approximately 1 year to 18 months to complete
 Average cost to organisation is £1,500

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.)

Workshops
 Support
 Work based action planning & implementation
 Full curriculum
 Fully resourced with Good Practice Guide, templates & tools, on line evaluation & audit tools, templates, clinical guidance
 Interactive workshops
 Audit and evaluation
 Website support and resources
 The programme has been delivered to over 2,300 care homes since 2004
 Since 2008 450 care homes have been accredited, with an overall **80% success rate**

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 on care is the main focus of evaluation :-
 - a) Key Outcomes Ratios - changes in key measurable outcomes e.g. patients identification, ACP, home deaths,
 - b) Comparative
 - a. Staff Confidence assessment
 - b. Organisational questionnaires-
 - c. Patient level data- sample of 15 residents On-line ADA (After Death Analysis) audit (pre, post and accreditation stage)
 - d. Carers / bereavement feedback

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- c) If progress to accreditation, submission of portfolio, including case history and qualitative assessment
- d) Assessment visit
 - Independent panel assessment endorsed by all major care home organisations
- 2. In addition routine programme feedback evaluation sheets analysed following GSF workshops, and programmes.
- 3. Overall programme evaluation, assessment visit surveys and accreditation process surveys

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:

- Halving of hospital deaths, doubling numbers enabled to die where they choose
- Significant increasing of care homes residents being included on the GP register(increased x3-4 fold)
- Over 90% of residents offered and complete an advance care planning discussion
- Consistent systems established to enable sustainability and development of protocols
- Improved collaboration with others such as GPs, hospitals, district nurses, specialist palliative care etc.
- Qualitative culture change in the way care is delivered for frail older people

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 GSF Care Homes Programme

- Demonstrable changes shown by the hundreds of accredited and reaccredited homes
- Qualitative feedback on staff benefits
- Extensive evaluations of the impact of the programme, many independent studies, also ongoing collation of data from the various cohorts.

What would you advice to others delivering this activity in the future? **Please give details: (100 words max)**
(E.g. dos and don'ts etc.)
 In order to achieve long term, sustainable benefits and improvements the programme needs to be delivered over at least a year, in a step by step approach.
 It is not a quick fix and requires commitment and ownership from the organisation. Some will not achieve the full quality Hallmark Award, so the foundation level programme may be the better option for some.

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 aim to contribute to the implementation of national policy in practice and that this becomes the 'industry standard' for end of life care in care homes. There is considerable evidence to show the success of GSF programmes, building on early more superficial use of GSF a decade ago. Use of GSF encourages 'culture change' so less likely to return to previous way of working. CQC already recognise GSF Accredited care homes as examples of best practice and their information is publically available
 There is evidence to show that this is adaptable across all settings and internationally.

Completed by (Name and Role): Maggie Stobbart-Rowlands	Date: 3 rd June 2014
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Please now return to the
LEADERSHIP ALLIANCE FOR THE CARE OF DYING PEOPLE: GUIDANCE, EDUCATION AND TRAINING GROUP
Thank you