# 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 Dementia Care Did you charge for this activity? no	
Name and Address of Organisation that delivered the activity:	Contact Name, Role and Email:
Gold Standards Framework Centre	
St Austin Friars	Maggie Stobbart-Rowlands
Shrewsbury	Lead Nurse & Programme Manager
SY1 1RY	
Organisation Website Address:	
www.goldstandardsframework.org.uk	
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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	V	Symptom Control	V
Communication, Bereavement, Psychological Skills	V	Advance Care Planning	V
Family and Informal Carer Support	V	Teaching or Train the Trainer	
Staff Supervision, Wellbeing or Resilience		Clinical Leadership	

**Other** (please state what) Communication, cross boundary care, dignity in dying, care of the dying person with dementia, continued learning & reflective practice, audit

End of Life care for people with dementia

Who Was Your Target Audience – Setting?	Who Was Your Target Audience – Role?
(E.g. hospital, community, care homes, social care etc.) All generalist settings caring for people with dementia	(E.g. Consultant, District Nurse, Ward Nurse, Physiotherapist, Clerical Staff etc.) All staff in the organisation, -

### Aims and Objectives of Activity:

- 1. Improve awareness of the impact of dementia on the person & their carers
- 2. Improve assessment & management of symptoms with a focus on pain & distress
- 3. Improve Advance Care Planning & best interest decisions
- 4. Improve outcomes by decreasing inappropriate hospitalisation, enabling more to die in their usual place of residence.

## 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 in four modules

- 1. Identify
- 2. Assess clinical
- 3. Assess Personal
- 4. Plan to avoid unnecessary hospitalisation,
- 5. Plan care of the dying

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The programme is available on the GSF Virtual Learning Zone to registered learners.	
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.	
Local, Regional & national policy objectives & outcomes	/
Improving care and outcomes for all people nearing the end of life, with dementia	
achieve the Prime Minister's Challenge	
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.)	
4 x 1-2 hour modules on the virtual learning zone, approximately 3 months to complete	
Internet access	
Time to implement action planning into everyday practice	
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, g	<b>-</b>
Elearning	
Support via web based forums	
Email support	
Work based action planning & implementation	
Full curriculum	
Fully resourced with Good Practice Guide, templates & tools, on line evaluation & audit to	ols, templates
Audit and evaluation	
Website support and resources	
The programme was delivered between April and September 2013 to originally 60 particip	ants
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, char	
Access records	
Overall programme feedback	
Confidence assessment	
Competence assessments	
Organisational questionnaires	
Knowledge questionnaires	
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.)	
Interim report from the pilot programme (not published) Available from Gold Standards Framework Centre Feedback from participants	
Overall reduction in resident hospital admissions by 2/3	
Halving of hospital deaths	
ADA evaluations, Accreditation data and evaluations showing the above and average uptal	ke of ACP discussions of 95%
Numbers of care homes successfully achieving accreditation	
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, rando	
relevant publications)	
Overall programme evaluations	
Online evaluations and audits (as above)	
Accreditation process reviews and assessments of evidence Several published studies and reports – see website <u>www.qoldstandardsframework.orq.uk</u> Cohort reviews	
What would you advice to others delivering this activity in the future?	Please give details: (100 words max)
(E.q. do's and don'ts etc.)	
In order to achieve long term, sustainable benefits and improvements it is benefic	cial to include a number of staff in an
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organisation on the programme, this enables shared practice and action planning.		
Close monitoring and support for the participants to assist continued engagemen	it is important.	
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)		

The programme is being reviewed and the next cohort of 20-30 learners will start in the next month. This will be rolled out with a number of cohorts per year.

This will be relied out with a number of conorte per year	
Completed by (Name and Role):	Date:
M Stobbart-Rowlands	25.04.14
GSF Lead Nurse & Programme Manager	
Please n	ow return to the
LEADERSHIP ALLIANCE FOR THE CARE OF DYING PEOPLE: GUIDANCE, EDUCATION AND TRAINING GROUP	
Therefore	

Thank you