

## Summary of Evidence for Gold Standards Framework Care Homes Training programme National GSF Centre August 2012

### The Summary of Evaluation includes

#### 1. Audit

- A. National audit—taken from cumulated data from GSF Care Homes
- B. taking part in training programme and accreditation
- C. Local audits and examples of good practice

#### 2. Published research evidence

#### 3. Additional Published articles

### The GSF Care Homes Training Programme aims to:

- Improve the **quality** of care for residents in their final stages of life
- Improve **coordination and collaboration** with GPs, primary care teams and others
- Reduce **hospitalisation** – enabling more to live and die at home and thereby improving cost effectiveness

### Summary of evaluations show that GSF supports improvements in line with these 3 areas

#### Quality - Attitudes, awareness and ethos in line with core values –

- ◇ Positively life affirming - aiming to help people live well until they die
- ◇ Staff confidence, morale and motivation
- ◇ Enables greater alignment with the core values of staff, enshrined in philosophy of care
- ◇ Improves job satisfaction, staff recruitment and retention
- ◇ Encourages open realistic approach to discussing dying and quality of care for dying
- ◇ More personalised care in line with person centred approach
- ◇

#### Coordination and collaboration - Patterns of working, structures and processes

- ◇ More proactive care - anticipatory planning ahead
- ◇ Team-working and information sharing within staff teams
- ◇ Documentation and recording, communication with all care homes staff
- ◇ Collaborative working with GPs, District Nurses, and palliative care and other specialists improved

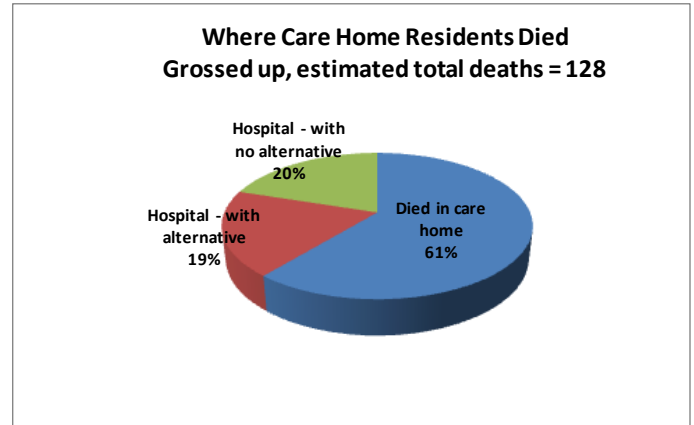
#### Reducing avoidable hospital admissions and deaths- Outcomes

- ◇ Significant reduction in numbers of hospital deaths (e.g. halved) and hospital admissions
- ◇ Fewer crises calls out of hours
- ◇ More documented advance care plans and DNARs forms
- ◇ **Cost savings for NHS- for example, if hospital admissions/deaths were halved, a PCT with 50 care homes might save about £1-2 million/year, or a sample care home could save £40-80,000/year (average 40% hospital deaths halved to 20%, length of stay 10 days , average size 30 beds)**

# 1. Audit - national, regional and local examples

**Aim to halve hospital deaths – as in recommendation from National Audit Office Report 2008**

**Figure 1 Report from National Audit Office End of Life care report - Balance of Care Sheffield Study ([www.nao.org.uk](http://www.nao.org.uk))**  
 50% of frail care homes residents who died in hospital could have died at home

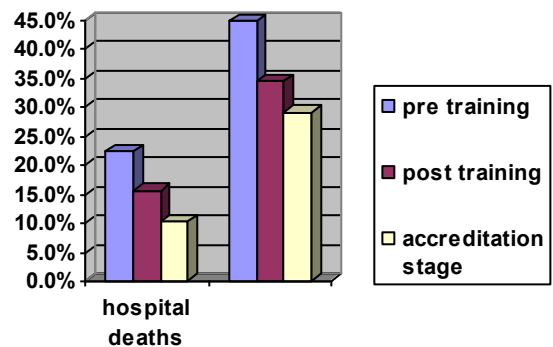


**Aim**  
**A) National audit**

**Decreased hospital deaths and admission - GSF care homes achieve NAO goal of halving hospital death rates.**

One of the key aims of GSF is to reduce hospitalisation of residents i.e. reduce admissions and deaths. The National Audit Office Balance of Care report (Nov 08), suggested that 50% of care homes residents who died in hospital could have been cared for elsewhere, in line with their preferences and with significant cost savings to the NHS (see figure 2).

Our aim is to make this a reality by halving hospital deaths and crisis admissions, and current figures show that this is achieved by many homes.

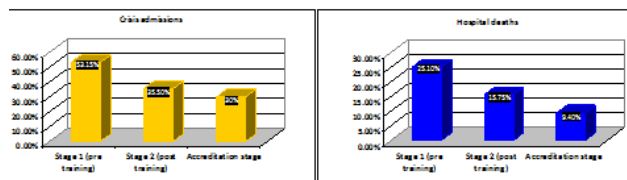


**Fig. 1 Findings from GSF After Death Analysis Audits of Phase 4-5 care homes hospital and crisis admission**

Based on on-line ADA data from phases 4 % 5 care homes - total of 370 deaths pre training, 349 deaths post training and 371 deaths at accreditation stage

**Fig. 1 Findings from GSF After Death Analysis Audits of Phase 3-5 care homes showing reduction on hospital deaths and crisis admissions - Audit of 5 deaths before, 5 after training and 5 at accreditation.**

**Decreased hospital admissions and deaths with GSFCH Training programme as measured by ADA phases 4-6**  
**Halving hospital deaths**



**Potential Cost Savings – estimated £30-40k/ care home/ year - £1-2 m / PCT area**

## Triggers Project - West Midlands SHA 2011-12

### Use of GSF Needs Based Coding and Needs Support Matrices- qualitative interviews and survey feedback

An independent survey conducted by Imagine Results, supported by the West Midlands SHA, examined the uptake and impact of some of the key tools within the GSF Programmes i.e. the use of Needs Based Coding (colour coding based on anticipated trajectories and stages of illness) and Needs Support Matrix (suggested needs at various stages and triggered key tasks). The study concluded that these tools are successfully introduced and used within GSF Care homes as an intrinsic part of the change management programme and they have helped the care home workforce feel much more confident dealing with their residents, right up until the end of their life. Some have made some local additions/ adaptations.

The qualitative research of 25 care homes, conducted by Imagine Results found that these two key plans of the Gold Standards Framework Care Homes Training Programme (GSFCH) had helped homes improve the identification, coordination and consistency of care for people nearing the end of life. Care home staff from the 25 homes interviewed, said they believed that these tools helped reduce inappropriate hospital admissions, reduce costs as well as improve morale.

More than 80% of homes said they found triggers helpful and, in interviews with Imagine, managers, matrons and other care homes staff reported that these “triggers” helped them talk more openly about death and dying and work more proactively.

The evaluation revealed that the Triggers helped develop a common understanding between health and social care professionals, enabling everyone engaged in care to be involved in the assessment and care planning of patients. Several homes reported that Triggers had helped with their CQC inspection too.

Managers, matrons and other care home staff reported that Triggers helped them talk more openly about death and dying and work more proactively.

More than 97% of the homes surveyed used Needs Based Coding, 82% of who, found it extremely helpful. 23% had adapted the coding to suit the particular requirements of the home.

Jude Goddard of Imagine Results said: “I was really struck by the overwhelming positive response from staff working in such a stretched sector. I have never had such a positive response - more than 85% of the people interviewed said that being part of the GSF had increased staff morale and team performance and the process had created a sense of a notional identity to

#### Quotations: -

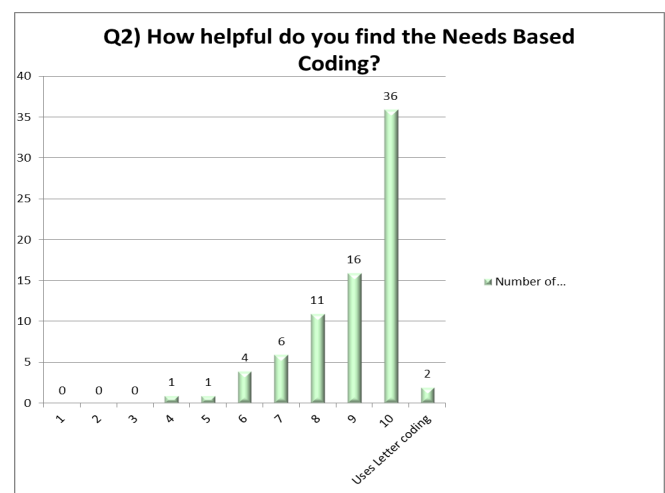
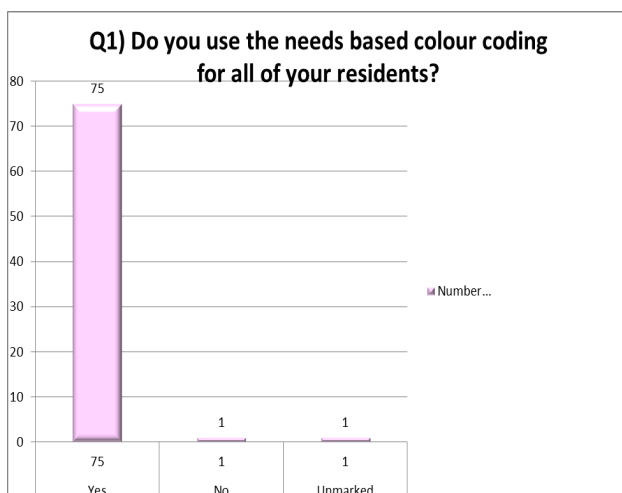
“Enables excellent quality care to be provided”

“Helps to prompt actions to take at various stages of coding”

“Residents receive the correct level of care”

“ Early identification of needs of resident, to ensure that these can be met”

“Communication is better; care home staff, relatives, friends and the resident benefit from clear understanding and communication”

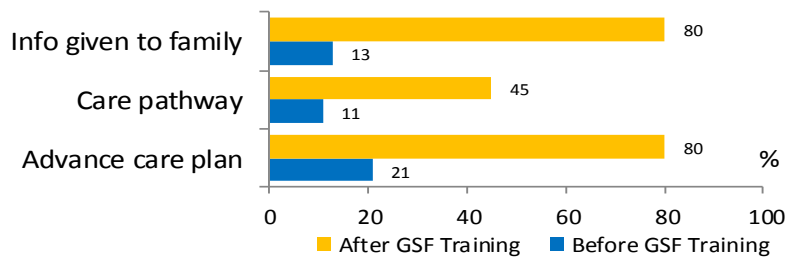


## 1a. Surrey and Sussex SHA area

### Retrospective look at care homes 3 years after training in former Surrey and Sussex SHA area.

Extract from 'Improving end of life care in Surrey and Sussex care homes' (D De Silva 2009)

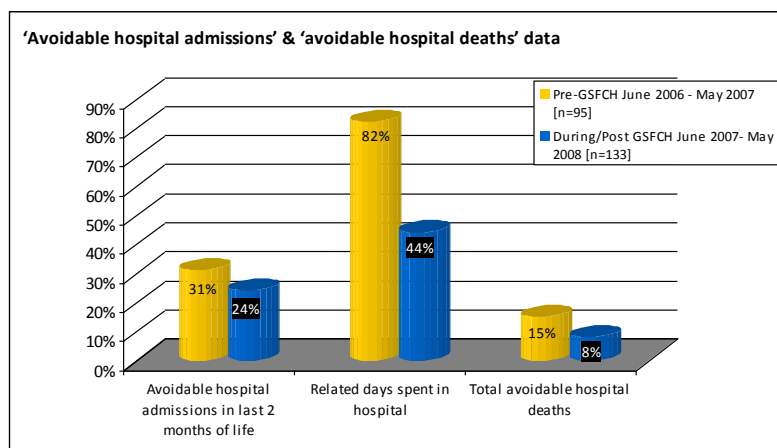
**Figure 3: Quality of care indicators before and after GSF training**



## 1b. Local Audit

Before taking part in training, just 21% of the people dying had an advance care plan. However in 2009, several years after the training, 80% of people dying had an advance care plan. This is important because advance care plans are a useful tool for reducing crises and supporting people to avoid unnecessary admissions or interventions in the final stages of life. 76% of the most recent deaths in care homes took place within the care home itself compared with 87 in 2009 (statistically significant)

## 2. Local Audit—example from 7 homes in Scotland



### The impact on end of life care of the GSFCH programme, in 7 nursing care homes across Midlothian, Scotland

Reduction in avoidable hospital admissions and avoidable hospital deaths data before and after GSF Training (Hockley)

Fig 4. (above) Hockley J, Watson J, Oxenham D & Murray SA. The integrated implementation of two end-of-life care tools in nursing care homes in the UK: an in-depth evaluation. Palliat Med, 2010;24:828-38.

<http://pmj.sagepub.com/content/24/8/828.long>

## 3. St Christopher's Hospice

### Comparison of data on deaths in nursing homes – 2007 to 2010

The above table highlights that over the last 2 years we have:

- Influenced the care in 53 nursing care homes across the 5 PCTs with over 1,000 residents
- Increased the percentage of residents dying in nursing care homes by 15%

It is appropriate for some residents to die in hospital – but the aim of the Care Home Project Team is to attain to having around 85% of nursing care home deaths occurring in the nursing home.

	2007 / 2008	2008 / 2009	2009 / 2010
	Percentage of deaths occurring in NHs (number of deaths)	Percentage of deaths occurring in NHs (number of deaths)	Percentage of deaths occurring in NHs (number of deaths)
<b>TOTALS</b>	<b>57%</b> (184 / 324 deaths - across 19 NHs)	<b>67%</b> (663 / 989 deaths - across 52 NHs)	<b>72%</b> (769 / 1071 deaths - across 53 NHs)

#### 4. Somerset - Dr Chris Abolom

Decreased hospital admission, deaths and emergency admissions in Somerset's GSF trained care homes compared with others.

"The GSFCH Somerset project has met nearly all its planned outcomes, the most impressive being the reduction in hospital admissions<sup>2</sup>

Review of 67 Somerset care homes over a 2 year programme of GSFCH Training compared with those that had not as yet completed GSFCH Training.

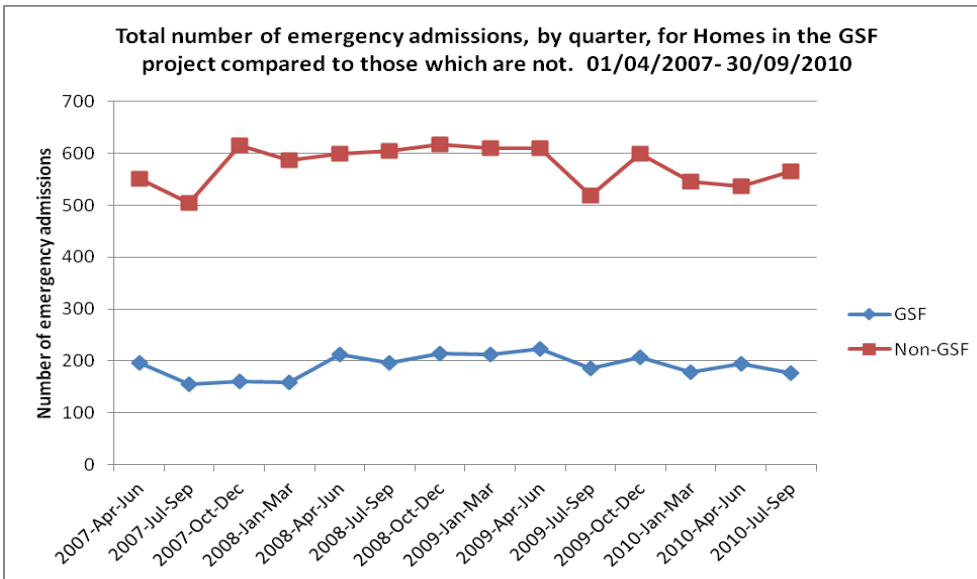
##### Summary of findings

- ⇒ Deaths in acute hospitals for residents of GSF homes fell by **30% compared with 12%** from non GSF homes
- ⇒ GSF homes in Somerset **reduced hospital admissions by an average of 20.2%** compared with 10.5% for non GSF homes
- ⇒ Following the GSF programme 15% more residents were dying in the care homes (**87%** compared with 72% non GSF homes residents)
- ⇒ Emergency admission rates significantly reduced

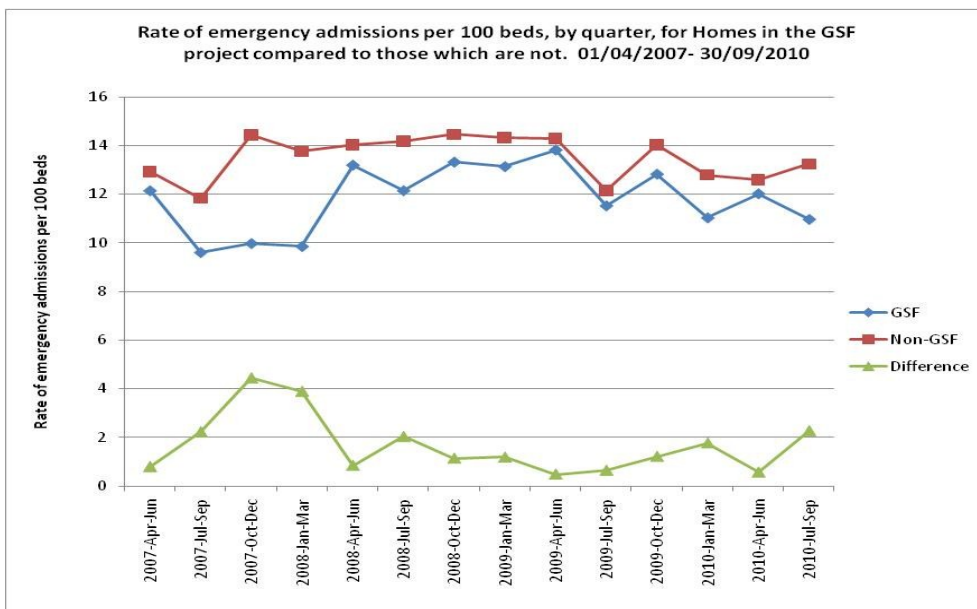
##### Key Outcomes included...

Planned Outcomes of Project	Actual Outcomes
1. Improve the quality of care for all residents during their stay in the care home	This has been demonstrated through the qualitative satisfaction survey
2. Improve collaboration with GP's PHCT's and specialists	This has not been evaluated, but anecdotal reports suggest that this has been very successful
3. Reduce avoidable hospital admissions	During and after the project, there has been a reduction in acute hospital admissions in GSF homes of 20.6% when compared to the level of admission before the project started. In the non GSF homes there has been a reduction in acute hospital admissions of 7.4% over the same time
4. Enable every care home with nursing in Somerset to use GSFCH	Of the 67 Care Homes with Nursing in Somerset, 51 have taken part in the GSFCH programme
5. Improve the quality of the end of life in care homes	This has been demonstrated through the qualitative satisfaction survey
6. Enable more people to die with dignity in their care home	From the start of the project to the last quarter for which data is available, the percentage of people dying in the care home rose by 5.8% from 81.1% to 86.9% in the GSF homes, and by 4.5% from 67.4% to 71.9% in the non GSF homes.
7. Reduce the number of acute hospital admission from care homes	See 3
8. Reduce the number of people dying in acute hospitals following admission from a care home	From the start of the project to the last quarter available, deaths in acute hospitals for patients from GSF homes reduced by 5.8% from 18.8% to 13.1%, and those from non GSF homes by 3.9% from 32% to 28.1%

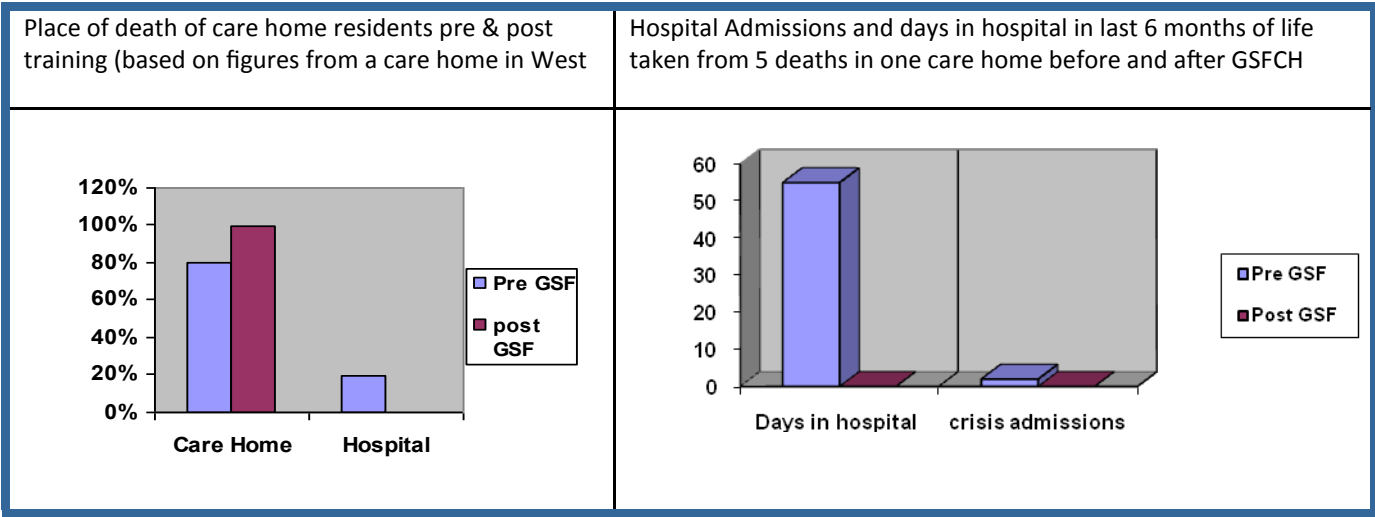
**Figure 5.**



**Figure 6.**



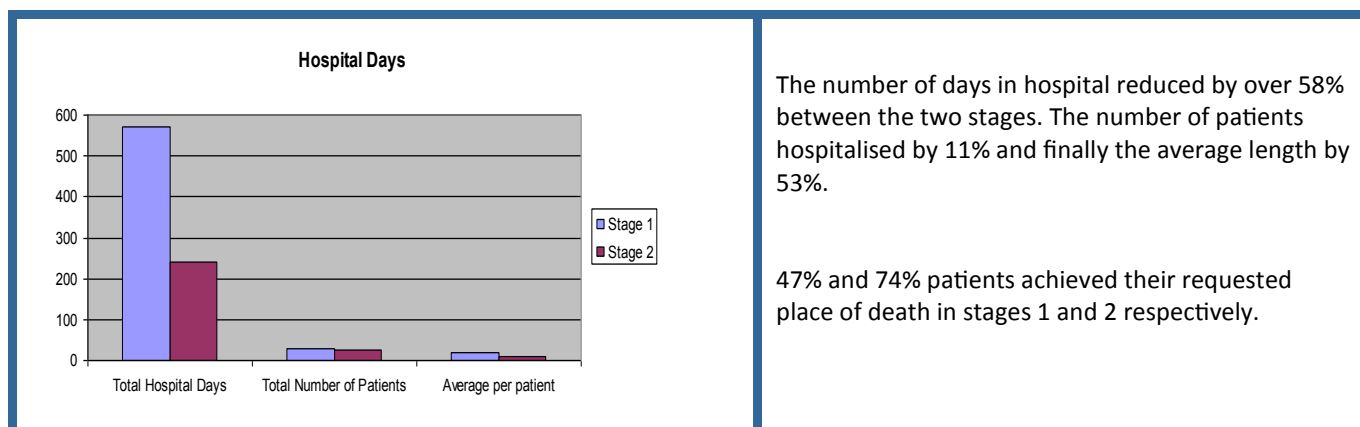
**5. Yorkshire – Rosaleen Bawn 2009 (care homes audit)**



## 6. Manchester GSF Care Homes Training Programme Analysis 2008—2009

An analysis has been undertaken of the data collected using the ADA (After Death Analysis) Audit tool from 24 care homes in the Greater Manchester area. The data was collected in two stages over the period October 2008 to June 2009. The first Preparation Stage was undertaken prior to implementation of the GSF Care Homes Training Programme. The second stage, Post Implementation, was conducted about 9—12 months later once the training programme had been completed so that the impact and potential benefits could be identified.

- ◆ The number of days in hospital reduced by over 58% once GSF was implemented
- ◆ The number of patients hospitalised reduced by 11% and their average length of stay by 53%
- ◆ The recording of a preferred place of care / death showed an increase from 51 to 83%
- ◆ The number people dying in preferred place of choice rose from 47 to 74%
- ◆ The Advance Care Plan discussion rose from 28 to 74%
- ◆ The Advance Care Plan being recorded increased from 30 to 70% of cases
- ◆ The use of GSF needs based coding rose from 13% to 81% overall
- ◆ Once implemented in 27% of cases the respondents stated that nothing could be improved upon relating to the patients care.



## Survey of Advance Care Planning use in GSF Care Homes. 2011

The GSF Centre carried out a questionnaire survey of GSF accredited care homes in 2011. We also looked at the ADA data from 440 deaths in Accredited care homes (over 300 to date)

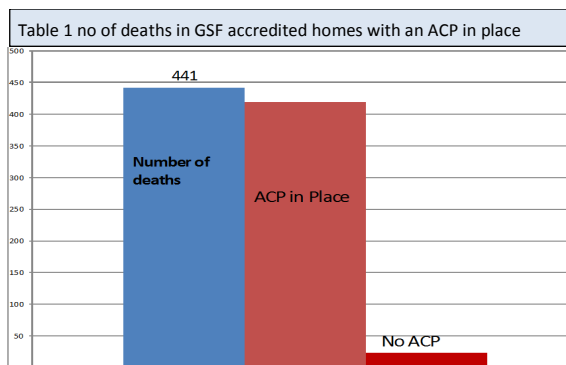
### The aims of the survey were to identify:

1. The extent to which ACP is undertaken in homes that have completed the GSF training programme & progressed to Accreditation
2. Which ACP 'tools' or processes are in use
3. Who is involved in ACP discussions in care homes

### What difference does it make?

1. Over 90% of the residents in the surveyed homes had an updated Advance Care Plan
2. Of the 300 homes being successfully accredited it is 90 to 100%
3. One of the standards that must be achieved in order to gain Accreditation is that ACP discussion is offered to **ALL** residents as standard practice.

*"Completely changed the way we deliver care"  
"Helped to increase our home deaths from 68% to 98%"*



*"We in Residential homes are now more able to care for people to the end of their life"*

**What difference does it make:**

*"The resident knows they are the focus"*

*"It has provided a culture of openness and realisation"*

*"It enables us to meet the social, spiritual and emotional needs of our residents"*

**Benefits of ACP in care homes**

Natural transition on admission to home- acceptable

Longer term relationships- can review often

Discussion with families - some gave information to prospective residents and families before

Improves planning -helps prevent crises + admissions

Systematic plan with GP helped formalise discussion-

ACP with patients with dementia

**2. Published Papers in peer reviewed journals**

Date	Research Centre and Lead	Scope of study	Main finding	Reference	Comment
2005-6	University of Birmingham Prof Collette Clifford, Fran Badger, Gill Plumridge and Alistair Hewison	GSFCH Phase 2 care homes nationally - 44 homes comparative before and after ADA	* Reduced crisis hospital admissions from 38% to 26% i.e. by a third * Reduced hospital deaths of residents from 18% to 11% i.e. by almost 50% * Improved perceived quality of care * Improved processes	F Badger, C Clifford, A Hewison, K Thomas An evaluation of the implementation of a programme to improve end of life care in nursing home, Pall Med 2009; 23; 502 originally published online 28 May 09; Badger F, Thomas K, Clifford C Raising Standards for Elderly People Dying in Care Homes European Journal of Palliative Care for publication 2007; 14 (6)	Evaluation continued in Phase 3 with similar findings Recommendations all fully integrated into evolving GSCH Programme Study funded by Macmillan
2007-8 Published 2010	University of Edinburgh Jo Hockley ,Scott Murray et al	Phase 4 7 Lothian care homes	Halved hospitals deaths of residents (15% to 8%)  Reduced hospital admissions  Improved processes e.g. half using ACP (up to 54%) and DNACPR (rare to 71% use)  Improved quality of care perceived by relatives	Hockley J, Watson J, Oxenham D & Murray SA. The integrated implementation of two end of life care tools in nursing care homes in the UK and in depth evaluation. Palliat Med, 2010; 24:828-38.  Watson J, Hockley J & Murray S. Evaluating effectiveness of GSFCH and LCP in Care Homes. End of Life Care, 2010;4(3):42-49. <a href="http://pmj.sagepub.com/content/24/8/828.long">http://pmj.sagepub.com/ content/24/8/828.long</a>	Qualitative analysis also of the 7 C's from a relatives viewpoint
2009	King's College London Department of Palliative Care, Policy and Rehabilitation  Sue Hall Cassie Goddard Frances Stewart Irene J Higginson	Perceptions of the benefits of GSFCH included: * Improved symptom control * Better team communication * Increased staff confidence Perceptions of the barriers to implementing GSFCH included-increased paperwork, costs, cooperation of GPs	Qualitative study of 9 care homes in Lambeth and Southwark. None accredited at the time. Interviews with care home manager, nurses employed by homes, care assistants, residents and residents, families.	Submitted, Hall S, Goddard C, Stewart S, Higginson IJ Benefits of and Barriers to Implementing the Gold Standards Framework to Improve End of Life Care in Care Homes: A qualitative study 2009 King's College London  <a href="http://www.biomedcentral.com/1471-2318/11/31">http:// www.biomedcentral.com/1471- 2318/11/31</a>	Study funded by Guys and St Thomas' Charity
2009	Networking to Improve End of Life Care  Gerry McGivern, Lecturer in Work and Organisations, The Department of Management, King's College London,	Review of networking and collaboration between 2 care homes using GSF, GP practice and hospice	Networking and improved communication across boundaries of care is beneficial but needs supporting. 'Distributed leadership'	London Primary care Journal	



### 3. Published in other journals - grey literature

Date	Area and Lead	Scope of study or article	Main Findings	Reference
2009	Care Managements Matters	Description of process of GSF in Care Homes		March 2009
2009	Journal of Care Services Management	Description of process of GSF in Care Homes		February 2009
2009	GP Magazine - Dr Teresa Griffin	How GSF helps GP's and care home staff to work together to prevent medication mistake	Co-ordination and communication - key GSF Strands enable GP's to prescribe effectively	December 11 2009
2009	Primary Health Care Magazine - Nikki Sawkins and Sue Griffin	How GSF works from the point of view of district	How well planned has enabled patients to choose where they want to die	November 2009