Journey's End

Improving End of Life Care in Nursing Homes in England using the Gold Standards Framework in Care Homes Programme

the gold standards framework
www.goldstandardsframework.nhs.uk

NHS
End of Life Care Programme
www.endoflifecare.nhs.uk

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The Study

Context

- About 1% of the population of England live in Care Homes and 20% die there. Care Homes differ in many ways and quality of care can vary considerably.
- 'End of Life Care' applies to all the care provided for residents of Care Homes, not just those in the dying phase. Most live an average of 2-2.5 years in Care Homes and this is the place where they live out their final years.
- About a third of all GP practices / family doctors in UK use the Gold Standards Framework to improve palliative care in the community, and an adapted model the GSF in Care Homes Programme is a natural extension of this.
- Education alone is thought to be of limited benefit, but combined with a 'system redesign' organisational approach, using GSF, effective improvements in care are more likely.
- One goal of the NHS End of Life Care Programme is to reduce inappropriate admissions to hospital for care homes residents in the last stage of life.
- Particular issues for Care Homes are - high staff turnover, private ownership, multiple co-morbidities of patients, dealing with several GP practices and for some, little formalised specialist palliative care support & low morale.

Aims

- The aim of the evaluation was to examine the factors that impact on the capacity of Care Homes to develop optimal End of Life Care using the Gold Standards Framework in Care Homes Programme (Phase 2).

Methods

102 care homes joined the 9 month programme of 4 workshops, one of the biggest end-of-life care programmes in care homes in the UK. 95 Care Homes took part in an action research study, included:-

1) before and after questionnaires to homes
2) before and after After-Death-Analyses of the last 5 deaths of residents
3) qualitative interviews 'with residents, relatives and staff'
4) observational methods via 4 workshops and sharing of examples of good practice (via speed dating and feedback) using Continuous Quality Improvement approach

"The GSF becomes part of the ethos within the home providing a person centred approach to end of life care"
Manager, Nursing Home

"GSF has enabled us to consolidate the care with improved confidence of staff – a better quality of life for everyone"
Nursing Home, Suffolk

"We have loved every minute of this programme and think we can now provide a "gold standard" of care for our residents"
Care Home Nurse

I think it has improved our communication with some GPs, District Nurses and Macmillan staff. It has given us a much better communication and advice link.
Care Home Manager

Example of Prognostic Coding

A - 'All'	B	C	D - 'Days'
Blue	*Green*	*Yellow*	*Red*
Years prognosis	Months prognosis	Weeks prognosis	Days prognosis

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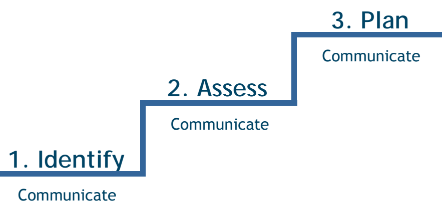
GSF Text Book: 'Caring for the Dying at Home: Companions on the Journey' Thomas K. Radcliffe 2003

The GSF in Care Homes Programme

Aims of GSFCH - one gold standard of care for ALL people nearing the end of their life

To optimise the organisation and quality of end of life care provided in Care Homes for any patient in the last stage of life, by the introduction of the Gold Standards Framework for Care Homes. This aims to:-

1) Improve the quality of care for patients nearing the end of their lives.
2) Improve the coordination and collaboration with GP's and Primary Health Care Teams.
3) To reduce the numbers admitted to hospital in the last stages of life.
4) To share learning with key suggestions in improving end of life care in Care Homes.



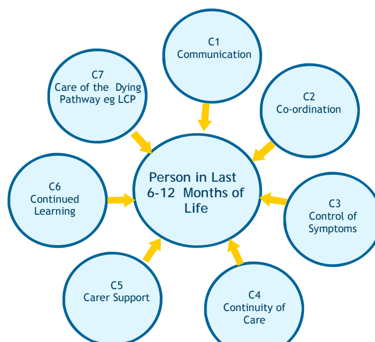
GSF 3 Processes all involving communication

- Identify and raise awareness of the prognostic stage of patients, (suggest using 4 stage coding criteria).
- Assess their main needs and communicate with team. Discuss an Advance Care Plan.
- Plan ahead for problems - move from reactive to proactive care by anticipation and prevention.

The 5 main goals of GSF

1) Better symptom control for patients.
2) Place of care - patients are enabled to live well and die well in their preferred place of choice.
3) Security and support - patients experience a sense of safety and security, less fear/anxiety, there is better information, fewer crisis and fewer admissions to hospital.
4) Family and other carers - feel supported, informed, involved.
5) Staff - communication, confidence, proactive planning and team-working are improved.

GSF is structured around 7 C's of care:



Four Gears of GSFCH Programme

Workshop 1 - First Gear	Workshop 3 - Third Gear
1. Co-ordinator 2. Coding, Register 3. Meeting	1. Education & reflection 2. Carers and family support 3. Care in final days/ICP
Workshop 2 - Second Gear	**Workshop 4 - Fourth Gear**
1. Advance Care Planning 2. Assessment of needs 3. Out of hours continuity	1. Sustaining changes 2. Embed 3. Extend & develop new areas

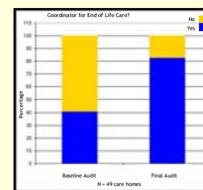
The Findings

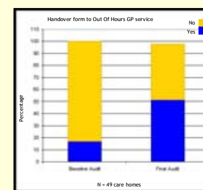
1) Attitudes, Approach and Awareness

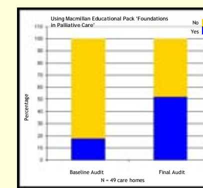
- 'A Culture shift' - growing staff confidence, competence and awareness of patient needs, leading to perceived better quality of care.
- Raised awareness of the needs of residents.
- Easier discussion of end of life care issues and planning.
- Greater family involvement in discussion & carer support.
- Staff feel valued and more confident.
- Improved communication and collaboration with GPs.

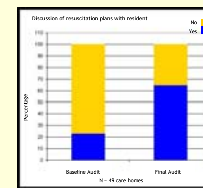
2) Processes and Patterns of Working

- Better documentation & focussed care plans developed
- Needs assessment related to prognosis at different stages - using ABCD Prognostic Coding & Needs Assessment
- Advance care planning - increased use of formal ACP tool
- Regular planning meetings
- Improved collaboration with GPs, specialist nurses etc
- Improved anticipatory prescribing
- Family discussion and support improved
- Better, more focussed educational input and induction









3) Outcomes

↑ Increase:

- improved "overall quality of care provided"
- in number of homes with an up to date care register
- number of homes with a coordinator for end of life care
- number of homes routinely conducting advance care plans
- sending handover forms to Out of Hour services
- discussing resuscitation plans with resident
- confidence of staff
- acknowledgement dying and bereavement
- improved information for families
- improved collaboration with GPs e.g. shared meetings

↓ Decrease:

- reduction in proportion of people dying in hospital rather than care homes

Conclusions

Much can be improved with use of the GSFCH programme in care homes, despite considerable difficulties in this area. The main benefits are:-

- Developing a 'culture shift' to improve care
- Better provision of the right care at the right time
- Easier more acceptable planning using advance care plans
- Greater focus on meeting residents' and families' needs
- Affirms and values staff

But…Learning points from Phase 2 Evaluation

Some care homes struggled to complete the programme due to poor facilitator support, difficulties travelling, lack of preparation, funding issues, staff turnover etc. These issues are being addressed in future phases of the GSFCH programme, with greater preparation, better facilitation and resources etc. However, more support and research are needed to develop and mainstream this work further, to improve End of Life Care for people in Care Homes - to improve their journey's end.