Abstract 2  Community Hospitals

Title: GSF improving end of life care in community hospitals

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Background: Many elderly people in rural areas of the UK nearing the end of their lives are cared for by Community Hospitals, which are often small GP or geriatrician-led units. GSF service improvement/training programmes are used extensively in the UK and we report on the first round of Accredited Community Hospitals. Evidence suggests that 30% acute hospital patients are in the final year of life but the figure in community hospitals is likely to be higher, though never previously measured.

Aims: The study examines progress since the introduction of GSF Community Hospitals Programme in 42 Community Hospitals and the first 12 Cornish Community Hospital wards that received the GSF Quality Hallmark Award.

Method: The 12-18 month programme is delivered through interactive workshops, based on the well-used GSF programmes in other areas and using the GSF intrinsic evaluations. The robust evaluation includes

- Key outcome ratios – evidence of measurable change before and after training intervention
- Audit
  - Patient level – After Death Analysis sample
  - Staff confidence
  - Organisational changes
  - Qualitative Patient/carer/staff feedback

Hospital wards can then progress to accreditation with a portfolio of evidence and assessment visit.

Results:
- Staff are identifying patients thought to be in their last year of life earlier, with an average of 37% identified
- A systematic plan is introduced including needs-based coding, GSF Core Care Plans etc
- More were offered Advance Care Planning discussions
- Ward teams showed improved communication with others, especially with GPs.
- Staff confidence improved and there was a greater cultural openness in discussing dying

Conclusion:
GSF Quality Improvement Programme for Community Hospitals has helped improve the quality of end of life care in rural areas, and enable more to live and die well as they would wish.
No previous programme had assessed this or shown significant improvements, especially in early identification.

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