Can we give dying hospital patients better care?  
Findings from Gold Standards Framework (GSF) accredited wards

Background: A third of hospital patients are in their last year of life, almost 50% of people die in hospital and most do not die where they choose. Poor end of life care in UK hospitals has received much recent attention and is recognised as a key area for improvement. With earlier recognition and a more proactive approach, more might receive better care, be discharged home earlier, with fewer hospital deaths.

Gold Standards Framework (GSF) is a quality improvement programme delivering proactive person-centred population-based care for people in the last years of life in all settings. We report on the introduction and impact of the GSF Acute Hospitals Programme, with findings from the first accredited and reaccredited wards three years on.

Method: The structured 2-year GSF Hospital training programme includes training, tools, support and evaluation at organisational, patient and staff level, including measures of progress and attainment and some independent evaluations. GSF encourages teams to identify patients earlier (aiming for the 30% figure where appropriate), assess their needs (offering all initial advance care planning discussions) and proactively planning care aligned to preferences, enabling more to die at home.

Key Messages

GSF Accredited Hospitals wards showed significant improvements in proactive person-centred systematic end of life care including:-

- Early recognition of patients in the final year of life (average accredited wards in 2018 was 41% patients identified as being in the last year of life)
- Advance Care Planning discussions offered (78% Level 1, 60% Level 2 offered ACP)
- Proactive care, needs-based coding, GP communication
- Reduced length of stay, reduction in repeat admissions, increase in rapid discharge and more dying at home facilitating preferred place of care.

Results: Evaluations indicate significant progress in several key areas in many hospitals, most notably in GSF Accredited wards, and a ‘culture change’. GSF Accredited wards show embedded and sustainable good practice including:

- Earlier identification average 40% 2018
- Three years on an average of 44% for three of the wards (originally accredited in 2015), more proactive needs-based approach
- More offered advance care planning discussions (78%)
- Improved communication with GPs, reduced hospitalisation
- More appropriate referrals to palliative care specialists.

Conclusion: Findings from the first accredited wards show significant changes, with proactive, better coordinated, person-centred care. A key factor is earlier recognition which is being sustained by the GSF reaccredited wards.

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Is the UK’s leading training provider for generalist frontline staff in end of life care, enabling a gold standard of care for all people nearing the end of life, with any condition in any setting.

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