



# GSF Acute Hospitals

## Improving end of life care in hospitals



**An invitation to join the next GSF Acute Hospitals Programme – Spring 2016 with NEW training options for hospital teams**

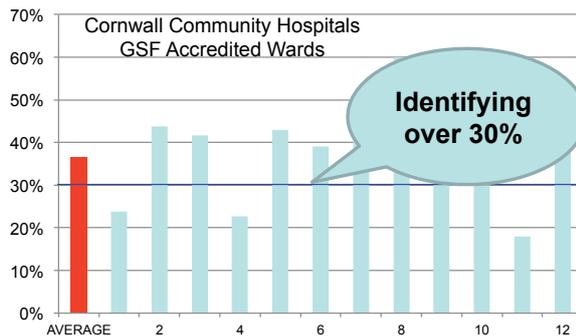


The very successful GSF Hospitals programme in End of Life Care involving 45 Acute and 41 Community Hospitals, is now inviting interest for its Phase 7 Programme from Spring 2016. Since it began in 2008, building GSF in the community since 2000, many have progressed to whole-hospital GSF, Accreditation and Quality Hallmark Award, co-badged by the British Geriatrics Society and recognised by CQC. We now invite you to join the programme to improve end of life care in your hospital, receive better CQC rating for End of Life Care and help provide even better proactive cross boundary care for your patients.

*The Gold Standards Framework Hospitals Training and Accreditation process is recognised by CQC and is the only CQC approved Information Source for End of Life Care for acute and community hospitals*

### GSF Accredited Acute Hospital wards

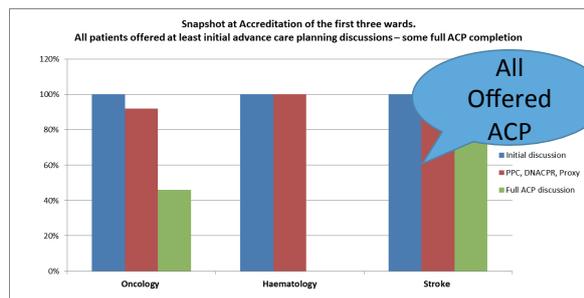
- **Identify** over 30% patients on average
- **Assess** – Initiating Advance Care Planning discussions
- **Plan** – enabling preferred place of care – length of stay and death rate decreasing and improving communication with GP



GSF can support your staff to provide high quality end of life care for all your patients, and help your CQC assessment. CQC now officially recognises GSF Accreditation.

***“I do believe, if people are doing the things that are in GSF, they will find that they come out very well on CQC inspections... it is an approach that could really help people get to being good and then outstanding.”***

Prof Sir Mike Richards  
CQC Chief Inspector giving GSF Awards



### We are now able to offer the successful step-by-step GSF programme in different ways:

- 1 STANDARD OPEN programme** – local leads attend central workshops x 6 over 2 years with all resources, teaching, personalised coaching and evaluations, showing progress and attainment of standards for accreditation, plus optional visits as required – the most popular option so far.
- 2 NEW Whole hospital Commissioned programme based at your hospital** – ONLY for whole hospital/multiple ward projects, in which the GSF team deliver the programme in **your** hospital to teams from your wards, including medical staff, making it easier for accessing all staff, reduced costs + on-ward training.
- 3 NEW tailored programme for hospital Palliative Care Teams and additional support** – modified version for any hospitals with some accredited wards to ensure spread across the whole hospital.

# What's special about the GSF Acute Hospitals Programme in EOLC?

## British Geriatric Society endorses the GSF AH Training and Accreditation Programmes

*"The BGS are delighted to work with the GSF Team to help drive up standards of care across the country by supporting the GSF accreditation process and Quality Hallmark Award for End of Life care in Acute Hospitals. In working together, we think this will help raise the profile of end of life care in hospitals, and support geriatricians and others to provide more proactive quality care for the 30% of hospital patients considered to be in the final year of life."*

Consultant Geriatrician, Dr Martin Vernon, BGS End of Life Care Lead



### How the GSF Programme can help your hospital:

- GSF is the **most widely used EOLC framework**, with a strong evidence base for its effectiveness, having been used in different settings for over 15 years.
- GSF will help you improve the **quality of end of life care for the 30% of your patients** in their last year of life in your hospital by enabling more **proactive care provided by your generalist staff**, working in collaboration with specialist teams.
- It is the only programme with quality assurance **ACCREDITATION and the GSF BGS Quality Hallmark Award**.
- It helps improve **staff confidence, patient satisfaction and helps to reduce length of stay**.
- It provides a **structured approach** to improve end of life care in which everything else can fit, including all other tools such as those within Transform, AMBER Care Bundle, Advance Care Planning, rapid discharge, etc.
- GSF improves earlier **recognition of patients** and inclusion on the register/EPaCCS + Advance Care Planning.
- It helps you meet commissioning targets, **CQUINS and NICE Quality Standards**.
- It builds on the GSF **in the community** so improves collaboration and **integrated cross-boundary care**.



*"I think the biggest change has been the culture change – GSF is the framework that allows us to ensure that patients receive the care they want, where they want it, when and how they want it and the satisfaction they and we get from that."*

Dr Kumar, Consultant Geriatrician, Stroke Ward  
(GSF Accredited), Royal Lancaster Infirmary

*"GSF is well thought through, patient focused and joined up"*

Mike Connolly, Nurse Consultant, Wythenshawe

*"GSF has been the framework into which everything else has fitted... it gave us a common vocabulary in all settings enabling better cross-boundary care."*

Dr Karen Groves Palliative Care Consultant Southport

### What is included in the GSF AH programme?

- 1 All resources required** including teaching materials, posters, DVDs, ward folders, Good Practice Guides etc.
- 2 Interactive workshops** with colleagues to share good practice and progress with others.
- 3 Support** – individualised coaching, conference calls and project management support.
- 4 Independent evaluation** plus intrinsic evaluations showing benchmarked change.



**The full 2 year step-by-step programme** leads to Foundation Level in Year 1, Enhanced level in Year 2, wards then apply for Accreditation and the GSF BGS Quality Hallmark Award.

### Evidence of improvement from previous phases

- Better structured proactive end of life care for all
- Better CQC assessment reports on EOLC
- Earlier recognition of more patients in last year
- More advance care planning discussions
- Decreased length of stay and more rapid discharges
- Better communication with GPs, community nurses, care homes and others
- Better cross boundary care with community
- Better staff confidence and feedback from carers
- Greater involvement of geriatricians in EOLC

For further information, registration, reports or a discussion on how this could be of benefit to you please contact  
**The Gold Standards Framework Centre on:**

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