

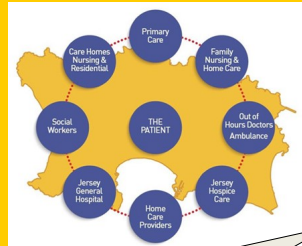


Gold Standards Framework (GSF) in Jersey



Findings from a 3 year, island-wide cross-boundary care GSF Jersey project, enabling better integrated proactive, person-centred end of life care for all.

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"Everyone is now **speaking the same language** as part of a whole movement across the Island." Hospice CNS
"...the implementation of GSF on the island is making a **dramatic difference to the way palliative care is being delivered, cross-boundary**" No. 2 PM
"people are **thinking as one team rather than silo working**, ..its **empowered patients** to feel that they are part of their care - definitely benefiting patients."

Background and Aim

Jersey is a small island near England with a 104,000 population and an independent health jurisdiction. To improve integrated care for people in the last years of life across the whole island, Jersey Hospice commissioned the Gold Standard Framework Cross Boundary Care whole system programme to be introduced over 3 years; 2015-18, with quality improvement training in multiple settings to improve generalist end of life care, then bringing all together as an integrated cross boundary whole system. An evaluation of the introduction and impact of the GSF was undertaken.

Method:

Intrinsic GSF **quantitative** comparative evaluations included GSF metrics such as After Death Analysis and Key Outcome Ratios, plus 28 **qualitative** semi-structured telephone interviews assessing changes in perception, culture and outcomes, with Independent analysis and interpretation.

Example of GSF XBC Plan

Stage 1	Stage 2	Stage 3
1.XBC Strategic plan Integrating health & social care - leadership communication, levers, use of coding, IT etc 2. GSF programmes in different settings Gold Silver Bronze GP practices, care, care homes, hospitals, hospice, dom/home care 3. XBC - Better Together reviews - regular workshops (mind the gap/closure) focussed action planning	4.Extend spread - to all providers eg Ambulance/ OOH , prisons , social wk etc - embedding in policy + levers, regulation etc 5. Extend depth -progress to Accreditation - follow up evaluations, appraisals , front-runners Comparative assessment 6. Public Awareness • Mobilising patient voice 'Heart of Gold', ACP campaign, engagement	7. Coordinate • EPaCCs Digital records sharing • Coordination Centre eg 'Gold Hub, Gold Line, Gold card/patients' 8. Monitoring regular data review eg Dashboard 9. New ideas - locally owned 10. Long term sustainability + embedding

Key Messages

Changing culture in end of life care across the whole island of Jersey, enabling proactive, person-centred, integrated care for all people in the last year of life - report from the first 3 years of GSF in Jersey.

Over 600 Jersey staff were GSF trained in over 68 organisations in:

- 35 care homes
- 11 GP practices
- 10 acute hospital wards
- 4 mental health wards
- Family nurses, CNS
- Hospice teams - inpt, day care
- 6 domiciliary care agencies

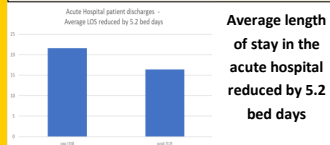
Results and Outcomes

- **A tangible culture change** with raised awareness of EOLC, improved collaboration, a shared vocabulary and an openness to discuss death and dying.
- **Enabling more to live and die at home/preferred place of care**
- **Reduced hospitalization** - length of stay, admissions and deaths
- **Increased early identification** for more proactive planned care
- **More advance care planning** discussions, so care more in alignment with preferences
- **Better collaboration** - better communication ensuring improved cross boundary care.
- **Affirmed hospice's central role** supporting all providers, leading and enabling key developments.



GSF Jersey leads Gail Edwards and Julie Le Long

'GSF has **changed the mindset of clinicians....the ability of a whole system to come together** to get the patient to the place they want to be.'
'fantastic feedback from families, about the level of care that they received' ...
'it's just an amazing system. Identifying someone's needs and making sure they're **proactive** and their appropriate needs are in place." - No. 12



Results:

Evaluations indicate significant progress in several key areas in many settings, including earlier identification, more offered advance care planning discussions and reduced hospital admissions, stays and deaths. Qualitative findings found encouraging positive responses of better coordinated care, greater integration across boundaries and a 'culture change' across the whole island.

Conclusion:

Findings from the 3 year island-wide staged approach to introducing GSF to all settings are encouraging, suggesting that **it has catalysed significant improvements in integrated end of life care across the whole island with real patient benefit.** This affirms the value of introducing GSF in a concentrated whole system way that could become mainstreamed into policy, and trigger other such cross boundary integrated care initiatives. Recommendations for further progress were made.

"Although it is acknowledged that there is work still to be done to see GSF really embedded into all the care settings, the change is demonstrable and patient outcomes have improved, with GSF language and the response to the coding becoming very much the norm."

(Nurse Champion)



The National GSF Centre in End of Life Care

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.

For further information on the work of the National Gold Standards Framework Centre please see info@gsfcentre.co.uk or visit our website: www.goldstandardsframework.org.uk or call 01743 291897