



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.

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.

"Everyone is now speaking the same language as part of which movement across the island." - Nurse Lisa

"The implementation of GSF on the island is creating a demand, evidenced by the way palliative care is being delivered, cross-boundary." - Prof. Noel

"People are thinking as one team rather than silo working, as evidenced patients to feel that they are part of that care - effectively involving patients!"

Background and Aim

Jersey is a small island near England with a 100,000 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 Standards Framework Cross-Boundary Care whole system programme to be introduced over 3 years, 2015-18, with quality improvement training to 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

Interim GSF qualitative comparative evaluation included GSF training such as After Death Analysis and Key Outcome Review, plus 18 qualitative semi-structured telephone interviews assessing changes in attitudes, culture and outcomes, with independent analysis and interpretation.

Example of GSF XBC Plan

Area	Issue	Impact	Goal
Home care	Home care visits	Reduced hospital admissions	100% of patients with a home care visit
	Home care assessments	Improved patient outcomes	100% of patients with a home care assessment
Hospital care	Hospital admissions	Reduced hospital admissions	100% of patients with a home care visit
	Hospital care plans	Improved patient outcomes	100% of patients with a home care assessment
Community care	Community care visits	Reduced hospital admissions	100% of patients with a home care visit
	Community care assessments	Improved patient outcomes	100% of patients with a home care assessment

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

- 25 care homes
- 11 GP practices
- 10 acute hospital wards
- 4 mental health wards
- District nurses, CHS
- Hospice teams - that, day care, SPC
- 16 domiciliary care (Home Care services)

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 engaged cross boundary care.**
- **Affirmed hospice's central role supporting all providers, leading and enabling key developments.**

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."

"I haven't finished these findings, about the third of one 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

Average length of stay in the acute hospital reduced by 14 bed days

Results

Qualitative evidence significant progress in several key areas in many settings, including early identification, more offered advance care planning discussions and reduced hospital admissions, stay and deaths. Qualitative findings based on encouraging positive responses of better coordinated care, greater integration across boundaries and a culture change across the whole island.

Conclusion

Findings from this 3 year study with expert approval to introduce GSF to all settings are encouraging, suggesting that it has **enabled significant improvements in integrated end of life care across the whole island with real patient benefits.** This affirms the value of introducing GSF in a jurisdiction which has been the first island to be introduced into policy, and suggest other with similar histories integrated care initiatives. Recommendations for further progress were made.

"Although it is acknowledged that there is work still to be done to see GSF fully embedded and all of our settings, the change is demonstrable and patient outcomes have improved, with GSF language and the emphasis to the working becoming very much life saving." - Pharm. Charlene

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 or age setting.

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