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IMPROVING ADVANCE CARE PLANNING AND END OF LIFE CARE IN ACUTE HOSPITALS, USING THE GOLD STANDARDS FRAMEWORK ACUTE HOSPITAL PROGRAMME

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Background Communication across boundaries of care is often poor and use of advance care planning discussions to determine preferences and needs of patients in hospitals is increasing but still very limited. What is realistic for use of ACP busy hospital wards, and how much could be achieved?

Aim Phase 2 GSFAH included 8 acute hospitals, ranging from 1 to 3 wards per hospital. A comparative evaluation was carried out before and after the 9 month intervention of the GSFAH training programme.

Methods An analysis of qualitative and quantitative data was undertaken by ICG GHK to analyse evaluation data from Phase 2 of the acute hospital programme. Eight hospitals participated and completed the following surveys before and 1 year after implementing GSF in their hospitals;

- ▶ Staff Survey
- ▶ Organisational Survey
- ▶ After Death/Discharge Analysis (ADA)
- ▶ Qualitative data from a focus group

Results The key results included improvements in staff knowledge and confidence in most areas of end of life care, increased identification of patients nearing the end of life, increased advance care planning discussions, improved communication with primary care teams etc details available.

Discussion A hospital compromise for ACP was agreed ie use of introduction, DNAR, LPOA/proxy and noting preferred place of care

Conclusion The programme offers hospitals the opportunity to raise awareness around end of life care, develop and educate all staff within the organisation, improve cross boundary care and to move onto to deepen and work towards accreditation.