At present there has been no experience of implementing GSF into a tertiary cancer centre. Identification of patients in the last 12 months of life was recognised to be challenging for staff.

Aim To analyse the knowledge and skills of health care professionals working in a tertiary cancer centre in identification of patients in the last twelve months of life and the use of advance care planning tools.

Method Three questionnaires were distributed to health care professionals

1. A base line survey assessing the knowledge and skills of health care professionals recognising patients in the last twelve months
2. An organisational questionnaire assessing the knowledge of the senior managers
3. An after death analysis for deaths within the Centre

Results The baseline questionnaire was distributed to 152 staff. The response rate was 76%. The organisational questionnaire was distributed to 3 wards and the Head of Nursing. The Response rate was 100%.

The After Death Analysis examined 86 deaths in the Trust

Complete results from the three questionnaires will be presented with details of the subsequent action plan

Conclusion Interim results from the surveys have demonstrated that healthcare professionals require further training in the identification of patients at the end of life and the use of advance care planning tools. A comprehensive education package delivered over 6 months will aim to address the needs of staff.

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PRIOR AND PROPER PREPARATION: FUNDAMENTAL STEPS WHEN IMPLEMENTING THE GOLD STANDARDS FRAMEWORK (GSF) IN A TERTIARY CANCER CENTRE

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Background The GSF was developed in 2000 to improve palliative care in primary care. National dissemination was facilitated through a cascade approach with a Central Team supporting local facilitators. GSF has been shown to improve:-

1. Quality of care
2. Co-ordination and communication
3. Patient outcomes and cost effectiveness.

Acute hospitals have been described as the missing link in providing seamless, co-ordinated high quality end of life care.