GOLDLINE 5 YEARS ON: HOW A 24/7 SUPPORT AND COORDINATION HUB HAS HELPED TO DRIVE IDENTIFICATION, REDUCE INEQUALITIES, INCREASE USE OF EPACCS AND IMPROVE CARE FOR PATIENTS AND THEIR CARERS AT THE END OF LIFE

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Background Goldline provides a 24/7 single point of contact for patients and their carers to access support, help, advice and onward referral to services. Provided by a team of generalist nurses from a DGH who access the patient’s full electronic record including EPaCCS template. It is available regardless of diagnosis or identified needs to a population of 584,500 across 3 CCGs.

Methods Evaluation of service by data analysis, feedback and audit.

Results Year ending 31.3.18:
- 3060 patients referred, 62% ≥80 years
- 2368 patients died with Goldline support (47% all deaths)
- 14% service users died in hospital, 74% in usual place of residence, 13% hospice
- 74% achieved their preferred place of death
- 58% referrals to Goldline had a non-cancer diagnosis
- 43% were not known to specialist palliative care services
- 38% of calls are resolved by Goldline with no onward referral
- 23 service concerns were received; no formal complaints/serious incidents

Many compliments and messages of thanks from grateful families.

The service is rated highly by other professionals.

Conclusions Goldline is safely supporting patients, including those with non-cancer and not known to specialist services. 14% patients died in hospital, Airedale hospital has the lowest % patients dying in hospital in England. Goldline sits within an EOL program with many services working together to support patients and carers in their preferred place. Support in the form of education, training, coaching and facilitation provided by specialists in palliative care, EOL facilitators and GP End of Life leads across primary and secondary care has been, and will continue to be, key to enabling more patients and carers to access Goldline.

CORNEAL DONATION IN THE HOSPICE SETTING: A QUALITY IMPROVEMENT APPROACH

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Aim To make the discussion and practice of corneal donation the norm in our hospice.

Method Baseline data showed that tissue donation was not discussed in the hospice with only one donation during the previous three years. Following Improving Quality Together (IQT) methodology the percentage of eligible donors with whom corneal donation had been discussed before death and the number of referrals for donation was chosen as the measures to achieving the aims. These were recorded weekly. Interventions included educational sessions for both doctors and nurses, developing a referral flow chart and adding a prompt to the electronic clerking template which set a flag within the record for patients expressing the wish to donate. A weekly report of the measures was generated using the reporting tool within the electronic patient record and plotted on run charts.

Results The average percentage of eligible patients dying at the hospice per week who were offered the opportunity to discuss corneal donation rose from an average of 10% over the first four weeks to 92% over the final four weeks. Over the first eight months of the project 50 referrals were made resulting in 29 donations from the hospice. In the preceding 3 years, only one patient had been referred.