Implementing the Gold Standards Framework (GSF) into an Outpatient Dialysis Unit

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What is GSF?
A national initiative to promote preparation for a ‘good death’.

It involves:
- Ensuring a care plan is made with patients/relatives and health care professionals across primary and secondary care.
- Considering patients wishes in their last days of life including DNACPR decisions.

Introduction of GSF?
We initially introduced the framework to the in centre haemodialysis unit in 2016 involving the following people:
- Haemodialysis Unit Manager
- Practice Education Facilitator
- Palliative Care Team
- Nephrology Consultants
- Specialist Nurses

Following discussion patients were categorised by one question:

Would you be surprised if your patient were to die within the next 12 months?

Depending on the response the patients were coded using the RAG system below:

- Blue: Patient is stable
- Green: Unstable patient with potentially months to live
- Amber: Deterioration with potentially weeks to live
- Red: Dying, within last days of life

Going Forward
All patients coded amber/red were discussed at the Renal/Palliative care MDT meeting.

Advanced Care Planning (ACP) packs were distributed to the red/amber patients and were supported by the Renal team by:
- Helping complete documentation
- Establishing DNACPR status
- Discussions with family including preferred place of death
- Referrals to palliative support agencies
- Appropriate symptom management

Results

| Total number of patients discussed in MDT | 126 |
| Number of deceased patients since discussion | 69 (54%) |
| Number of patients still living | 57 |

The 8 patients that died in the community were:
- 2 at Walsall Manor Hospital
- 2 at Compton Hospice
- 3 at Russell Hall Hospital

Deaths in the Community
Out of the 28 patients that had received a ACP pack, 20 patients died in New Cross Hospital and 8 patients died in the community or in another hospital.

Deceased Patients
Out of 126 patients discussed, 69 were deceased. 43 patients had a DNACPR in place. 28 of these patients were provided with an ACP pack. 10 patient refused a DNACPR. 16 patients had no DNACPR in place.

DNACPR (living and deceased)
After implementation of the ACP pack, the number with DNACPR significantly increased.
Out of the 126 patients, 58 patients had a DNACPR put in place. 28 of the DNACPR were a direct result from the discussions following receipt of the ACP pack. 15 patients refused DNACPR.

Number of patients received ACP pack
Out of 126 patients, 48 received an ACP pack. 6 declined the pack. The first 72 patients were not able to receive a ACP pack as they were still in the ratification process.

Feedback from the ACP Packs
A Pilot questionnaire was given to 10 patients and family members for feedback regarding the ACP packs:
- 6 patients all found the pack useful, appropriate and easy to understand
- 3 responders stated they would request a DNACPR status
- 1 responder stated they would consider a Power of Attorney
- 1 responder stated it would lead them to consider their End of Life preference
- 1 responder stated that it should be a joint family decision.
- 65% had made a decision regarding end of life preferences as a result of receiving the ACP pack

Recommendations
- Encourage Satellite Units to implement GSF and be more pro-active in addressing DNACPR.
- Implement the GSF care plan for identified patients.
- Utilise link nurses to facilitate implementation of care plans and the use of ACP Packs.
- Facilitate patients to be able to die in their preferred place of death

Next Steps
Going forward we plan to:
- An ACP pack and open discussion on preferred place of death will be offered to all patients coded amber.
- Expanding the initiative to Chronic Kidney Disease Team, Home Therapies and satellite units
- Recruitment of two new Specialist Nurses to coordinate withdrawal of dialysis patients in the community.
- Links with local hospices and community engagement worker
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In Conclusion
The aim is to provide the best end of life service to our renal patients, and reduce hospital admissions by facilitating preferred place of death.