

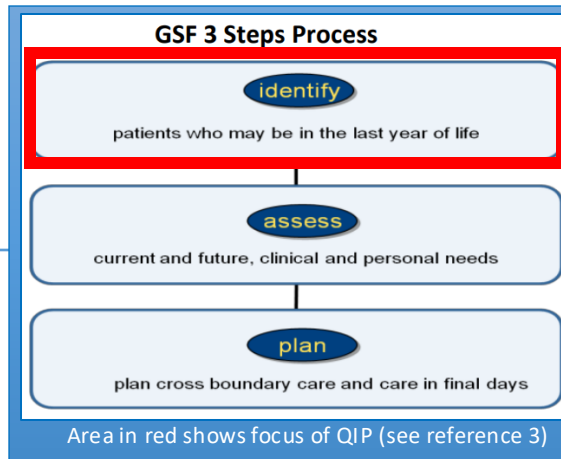
Identifying and coding patients appropriate for the gold standard framework on discharge from an inpatient gastroenterology ward: A quality improvement project

Background The Gold Standard Framework (GSF) was first introduced to General Practice in 2000¹. It is recognised 1/3 of hospital inpatients may be in their last year of life. Evidence shows GSF reduces hospitalisation and allows more people to live and die in their preferred place of care². Teams undertaking GSF find significantly reduced admissions and lengths of stay². Research shows the first step to improving care is identifying the appropriate patients for the service and this is often overlooked as an inpatient³. Our inpatient ward did not have processes to identify those appropriate for the GSF therefore a process to identify and code patients for the community to follow up on discharge was sought.

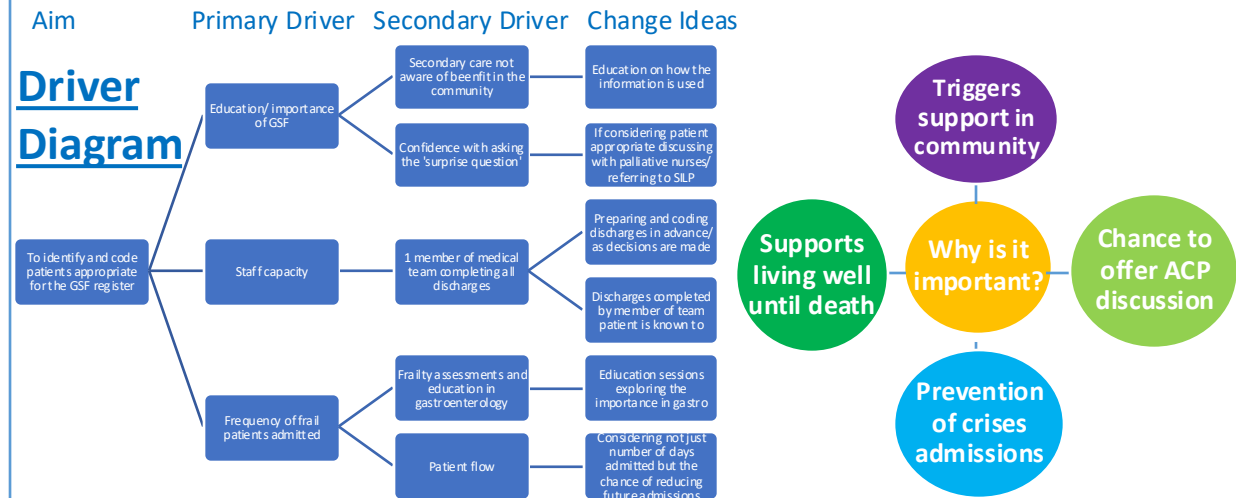
Aim To identify and code patients appropriate for the GSF on the inpatient gastroenterology ward at Salford Royal Hospital. Aim for 80% of patients identified as having a GSF diagnosis are documented on the discharge summary.

Method Data was collected retrospectively between March- July 2024, by reviewing documentation, coding during admissions and discharge summaries. The standards identified:

1. Patients are identified as having a GSF diagnosis
2. Patients with a GSF diagnosis are coded
3. Patients who are coded are documented on the discharge summary as having a GSF diagnosis to highlight to the community services aiming for a benchmark of 80%.

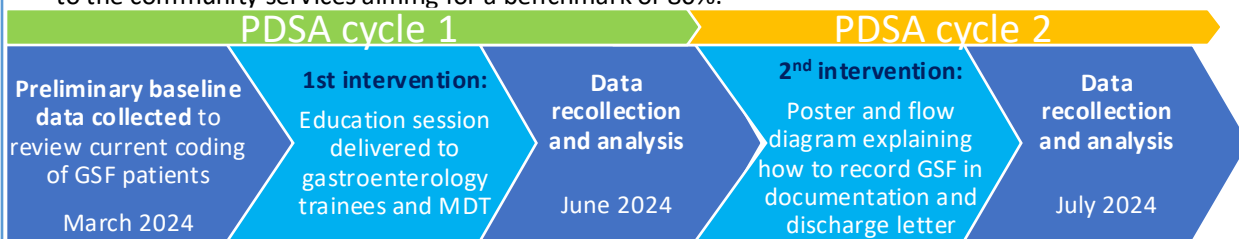


Results Of the 36 patients admitted in the first 2-week period the 11 patients who had a GSF eligible diagnosis were not identified or coded. Following the first and second interventions made 21 further patients were identified as eligible for diagnosis on data collection but no GSF coding was carried out or documentation on the discharge letter.



Conclusion The two interventions received positive feedback, general discussion and engagement among the medical team however it did not lead to patients being coded for the community to identify. The patients who were reviewed in the Specialist liver disease palliative care MDT (SILP) had referrals placed to the community palliative care team and ACP initiated. The SILP is more established currently within the hospital, therefore, our recommendation was to consider implementing a bundle that suggests referral to the SILP and within the bundle asks for the GSF to be coded.

References 1. Thomas. K., Armstrong- Wilson. J., Clifford. C. *International Journal of Palliative Nursing* April 2022 Vol 28, No 4. 4th September 2024 https://www.goldstandardsframework.org.uk/cd-content/uploads/files/006_IJPN_28_4_172_177_GoldStandard.pdf 2. Thomas K, Armstrong Wilson J A. Foulger, Tom Tanner National GSF Centre. Sept 2016 3. Thomas. K., et al *Prognostic Indicator Guidance* 5th Edition (2011). 4th September 2024. Retrieved from <https://www.goldstandardsframework.org.uk>



Additional valuable data included whether palliative inpatient teams had been involved, if advanced care planning (ACP) discussions had been had and if community palliative care were informed on discharge.