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BACKGROUND

Nursing home clinicians report low confidence in providing high quality end of life care (EoLC) for residents¹. Limited access to training and education due to staffing constraints, travel to education providers and cost compound this. Deficits in quality EoLC for nursing home residents are well known and low EoLC knowledge scores represent an important target for quality improvement².

Project ECHO is an online tele-mentoring network that enables the delivery of training and education from a specialist 'hub' centre to multiple sites 'spokes' where there is a training and education need to support service provision. Through sharing of best practice and case-based learning to manage complexity, Project ECHO develops communities of practice in healthcare settings that may be hard to reach³.

To date we've piloted and subsequently delivered 3 programmes of the ECHO model providing EoLC training and education to nursing home clinicians within the local area.

METHODS

In September 2016, we piloted a tailored programme of education to 10 nursing homes across Sheffield, with the current programme providing training to 24 of 42 nursing homes in the city. Delivered fortnightly across 20 sessions of approximately 90 minutes duration, the programme was developed in conjunction with participants based on their EoLC priorities. IT support with the technology was provided every step of the way.

Each session comprised a brief lecture delivered by experts in the field, 2 anonymised case presentations delivered by participants featuring real-life scenarios, as well as facilitated discussions.

Knowledge and self-efficacy surveys were completed pre-programme, midway, and on completion. Individual session evaluations were also completed.

RESULTS

Since launching the programme we've delivered over 75 ECHO sessions, which have received more than 1,030 individual attendances in total. Ranging from 7-43 individual participants per session. Subsequent phases of the programme have seen nursing homes becoming more self-sufficient with their IT needs.

19 self-efficacy questionnaires were analysed from phase 2 of the programme. Increases in self-reported knowledge were seen across almost all areas, with participants recording the greatest improvement in their confidence with managing symptoms.

Session evaluations identified participants felt less isolated and although daunting at first via a tele-conferencing platform, they found the sessions enjoyable and helped to improve their confidence with managing EoLC residents.

Analysis of phase 3 of the programme is still ongoing, however initial findings suggest around 2,100 miles of travelling may have been saved due to training being held virtually.

CONCLUSIONS

Attendance, recruitment and retention rates support that ECHO is a well-received and accessible model of education, which has the potential to improve the knowledge, skills and confidence of nursing home staff with delivering high quality EoLC. Further evaluations are planned as part of this programme.

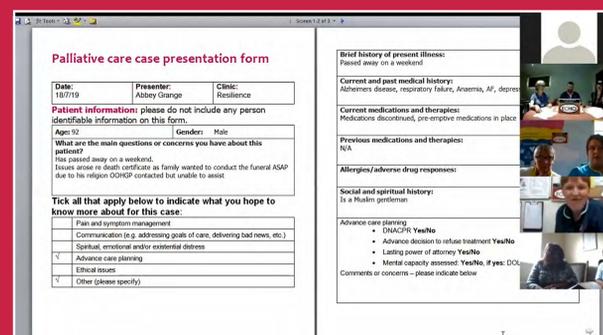
Future EoLC ECHO programmes are planned for 2019 to include nursing homes, residential homes and domiciliary care. These will also incorporate programmes on nutrition and hydration.

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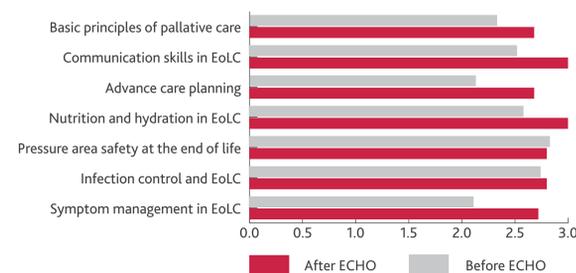
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References

- Anstey, S., Powell T., Coles, B., et al. Education and training to enhance end-of-life care for nursing home staff: a systematic literature review. *BMJ Supportive & Palliative Care* 2016;6:353-361.
- Unroe, K.T. et al. Nursing Home Staff Palliative Care Knowledge and Practices: Results of a Large Survey of Frontline Workers. *Journal of Pain and Symptom Management*. 2015;50(5):622-9.
- Khatri, K., Haddad, M. and Anderson, D. Project ECHO: Replicating a Novel Model to Enhance Access to Hepatitis C Care in a Community Health Center. *Journal of Health Care for the Poor and Underserved*. 2013;24:850-858.



Phase 2: Changes in self-reported knowledge pre- and post-ECHO delivery



Sharing with co-workers the highs and lows, success, failings and frustrations has been enormously up lifting. Seeing them on screen has removed the bubble and isolation we sometimes put ourselves in. Sharing is very therapeutic for me, just writing this and seeing it on paper cements those feelings.



I am an experienced member of the team. The course so far has given me a new insight and information in EoLC.



It's great to be able to get off the shop floor and into a training session to participate with other homes. Hearing their experiences is something we don't often get the chance to do.