

HOSPICE CARE: FIT FOR THE FUTURE - POSTER PRESENTATIONS

Community care, day therapy services and care homes

P1 IMPROVING END OF LIFE CARE (EOLC) IN CARE HOMES: AN ACTION LEARNING AND EDUCATION DEVELOPMENT PROGRAMME FOR CARE HOME LEADERS

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10.1136/bmjspcare-2013-000591.23

In the last decade there has been considerable investment in end of life teaching to the care home sector with particular reference to the Gold Standards Framework and Six Steps to Success North West Care Home Programme. These two successful programmes are continuing to gather momentum and our project was not to compete with these, our dual aim was to develop care home managers in terms of their leadership and management and increase their **End of Life Care (EoLC) knowledge and skills**. We believe that the sum of the two would be greater than the separate parts. The use of an **action learning set** was purposeful, hoping to develop a sustainable supportive local network of managers.

Action learning is sometimes referred to as group coaching; the premise is that real life problems would be brought to the "set" for discussion. The problems shared related either to EoLC or to people management. Within each of the ten days there was a dedicated slot, typically 90 minutes to teach on a particular EoLC topic.

Scammell *et al* 2012 in their service evaluation of our project concluded "This evaluation provides compelling evidence that an action learning approach to EoLC education can be used to empower middle managers to have positive impacts on EoLC provision through not only increasing specialist knowledge but also enhancing their capability to engage in a confident and informed manner with a diverse range of stakeholders"

Many hospices engage in delivering education to care homes. Care homes often operate in a competitive market but in our project we witnessed action learning sets breaking down any potential barriers. This is very important since creating supportive networks could increase retention of middle managers, high turnover of this group arguably impacts on moving forward with good EoLC initiative's such as advance care planning.

P2 MAKING THE DIFFERENCE: AN ALTERNATIVE CARE HOME END OF LIFE EDUCATION APPROACH

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10.1136/bmjspcare-2013-000591.24

Society is aging and we are living longer. By 2035, deaths in the over 85's will represent 50% of all deaths in the UK and older members of our society will be more likely to die in a hospital or care home (Calanzani *et al* 2013).

The NHS Health East of England ABC blended learning programme consists of 7 modules (face to face, e-learning or both),

follow up workshops, resources, DVD's, mentor support, audit materials and Train the Trainer project (<http://www.endoflifecarelearning.co.uk/>)

A recent evaluation comparing the ABC care home programme in Hertfordshire vs 2 national equivalents in Suffolk, Bedfordshire, Peterborough and Luton concluded:

1. Well-evaluated education, sustaining learners in practice resulting in the most cost effective programme with highest completion rates (97%) and reduced hospital admissions.
2. Recommended education programme
3. 'Several features that have made the ABC Training Programme more accessible to nursing homes. These include the flexibility about when the training commences, and the fact that staff are able to complete modules within their own timeframe and at their own pace. This blended learning approach also combined the e-learning with visits to the nursing home where the trainers were able to provide additional support and encouragement to staff to complete the training' (Pyper *et al* 2013).
4. 'It is recommended that as currently nursing homes staff turn-over is very high, EoLC standards are more likely to be maintained by commissioning the trainers to continue their relationships with the nursing homes and offer infrequent on-going support sessions as required.' (Pyper *et al* 2013).

The ABC programme is now validated as an alternative end of life education programme making a difference combining learning with mentorship and site visits. This education model is recommended particularly for struggling care homes.

P3 MAKING A DIFFERENCE IN CARE HOMES

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10.1136/bmjspcare-2013-000591.25

Introduction The Hospice undertook a project with 10 local care homes which had the highest rate of admissions to an acute hospital where the patient had died. The initial results in 2012 led to a further 12 months of funding with 10 more homes.

Aims

- Reduce inappropriate hospital admissions from care homes for end of life patients
- Promote the use of end of life care
- tools

Methods Registered Nurse led project with multi-disciplinary steering group

Baseline data:

- After death analysis (ADA) – last 5 deaths prior to project commencement
- Care home training needs analysis (TNA)

Project period:

- Training programme based on TNA delivered and evaluated
- Ongoing ADAs

Year end:

- Collation of ADA information
- Reviewed whether new skills and knowledge embedded.

Results Year 1 – 19% of nursing home patients and 57% of residential home patients died in an acute setting. Uptake