

**P-59** EVALUATING PROJECT ECHO™ IN PALLIATIVE AND END-OF-LIFE CARE

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**Background** Hospice UK is promoting ECHO™ (Extension of Community Healthcare Outcomes) to democratise specialist skills and increase confidence of staff in palliative and end-of-life care. Hospice Isle of Man is reaching the end of the first year of Project ECHO™ with local nursing homes.

**Aim** To carry out a formative evaluation of project ECHO™ at the end of its first year of operation and prepare for a summative evaluation at the end of five years.

**Methods** The logic model identifies resources and inputs, activities, outputs, short and longer-term outcomes. Inputs, activities and outputs come from routinely collected data and short-term outcomes from a mix of ad-hoc quantitative data from surveys and qualitative data from interviews. For longer-term outcomes we have 1) set up a data collection exercise to obtain feedback from all of those experiencing bereavement, 2) identified sources of data on place of care at the end-of-life with the aim of determining whether experiences change over the period of Project ECHO™'s operation.

**Results** We are currently conducting the formative evaluation with nursing homes using the quantitative data described in the first three categories of the logic model. We are also carrying out qualitative interviews with those who participated in the first year of Project ECHO™. We trialled a validated questionnaire (Grande *et al.* End-of-life skills survey) on end-of-life skills and confidence which will be a required part of enrolment for those who join further ECHO™'s and will map to our Island skills framework. Feedback is positive and Project ECHO™ will continue in nursing homes with further ECHO™'s including residential homes and other community providers.

**Conclusion** With the formative evaluation we are learning lessons about how best to deliver Project ECHO™ in nursing homes and extend it to other sites. We have set up measures which we hope will shed light on longer-term outcomes.

**P-60** HOSPICE-BASED ECHO™ TELE-MENTORING ENABLES A COMMUNITY OF PRACTICE FOR NHS NEIGHBOURHOOD TEAM NURSES

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**Background** During health sector reform, Worcestershire NHS community nurses were divided into 14 multi-professional 'neighbourhood' teams (NTs). Junior community nurses may be required to care for patients with complex palliative and end of life care needs as lone workers in remote settings, and NT managers recognised community nurse need for increased development and support.

**Aims** To test the feasibility of ECHO™ (Extension of Community Healthcare Outcomes) tele-mentoring to enhance the knowledge and skills of Band 5 community nurses to deliver palliative and end of life care in community settings, and to provide a vehicle for staff mentorship and support.

**Method** A Health Education England workforce development grant enabled an ECHO™ hub to be established at St Richard's Hospice, and a core team (three hospice staff and one NHS consultant) attended Hospice UK ECHO™ 'immersion training'. A fortnightly palliative and end of life care tele-mentoring network commenced in December 2018, delivering a curriculum set by 19 NHS band 5 community nurses selected from all NTs, at times selected by community nurses. Evaluation will include web-based questionnaires and focus group discussions.

**Outcomes** Sixteen community nurses from nine different NTs have attended the first nine ECHO™ sessions. Nursing engagement and feedback has been enthusiastic, and collaborative discussions have been facilitated across widely separated geographical teams. Case studies have demonstrated the complexity of the palliative care needs of patients on community nurse caseloads. Feedback from didactic teaching demonstrates the delivery of new knowledge. Community nurse workload made sustained individual attendance at each ECHO™ session challenging, so the same curriculum is being relaunched following discussions with NT managers.

**Conclusion** A hospice based ECHO™ hub can enable a supportive tele-mentoring network for community nurses who manage patients with complex palliative care needs in remote geographical locations. ECHO™ also provides an excellent opportunity for hospice-NHS partnership working to support the delivery of community palliative care services.

**P-61** PROJECT ECHO™: DEVELOPING AND EVALUATING A COMMUNITY OF PRACTICE WITH CARE HOMES

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**Background** ECHO™ (Extension of Community Healthcare Outcomes) methodology comprises of hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to link people from different geographical settings to create a Community of Practice. Four members of hospice staff underwent immersion training with Project ECHO™.

We have strong links with local care homes who are keen to support staff to develop and reflect on how they deliver palliative care. Care homes find it challenging to release staff for training in person. The ECHO™ model was thought to be one solution to overcome this.

**Aims** We aimed to create a community of practice with local care homes and to evaluate the impact of learning in relation to staff members' knowledge and how they planned to embed learning into practice.

**Methods** Five care homes regularly participated in the ECHO™ sessions which ran every two weeks with a total of six sessions. Feedback was sought after each ECHO™ session in the form of a questionnaire. At the end of the ECHO™ programme, participants were asked to complete another questionnaire reflecting on their overall experiences.

**Results** After each ECHO™ session, an average of three care homes provided us with feedback. Four care homes completed the overall evaluation. All felt that they had increased their knowledge on the topics covered by attending and that compared with other teaching methods it was either as good or better. All would recommend ECHO™ to other health and

social care professionals. Three rated their overall experience as excellent and one as very good.

**Conclusions** There was excellent engagement from the care homes who participated in Project ECHO™. This was reflected in the very positive feedback that included many examples of changes in practice since participating. There was good evidence of two-way learning between care homes, and between care homes and hospice staff. This network has continued and another two care homes have since joined.

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### PROJECT ECHO™: DEVELOPING A MULTI-PROFESSIONAL VIRTUAL COMMUNITY OF PRACTICE FOR PARAMEDICS IN END OF LIFE CARE

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**Background** Paramedics report unique challenges delivering end of life care, including accessing education and low confidence (Pettifer & Bronnert, 2018). NHS Ambulance Services cover large geographical areas and education is typically centralised.

Project ECHO™ (Extension of Community Healthcare Outcomes) utilises a tele-mentoring network to develop virtual communities of practice to enable case-based learning to manage complexity across geographically challenged services.

Prior Project ECHO™ implementations have demonstrated improved competence, confidence and patient related health outcomes (Arora, Kalishman, Thornton, Dion *et al.*, 2010; Zhou, Crawford, Serhal, Kurdyak *et al.*, 2016).

**Aim** To develop and deliver an effective end of life care training and education programme for paramedics using ECHO™ methodology.

**Methods** A virtual approach was utilised to support participant engagement, recruitment, knowledge events, ECHO™ sessions and evaluation. Two programmes of five sessions, occurring monthly were facilitated by a Consultant Palliative Physician and Consultant Paramedic. Participants 'dialled in' remotely using Zoom. Each session comprised an expert talk and two anonymised case presentations from participants, forming the basis for facilitated discussions.

Electronic surveys based on end of life care and paramedic research (Smith, Arnold, Kinghorn, Poppleton, 2010) were: a knowledge questionnaire on recruitment; self-completed training needs analysis of competence and confidence at the start, midpoint and end, and individual session evaluations for session quality and fidelity to the model.

**Results** Programme 1:

- Statistically significant improvements ( $p > 0.05$ ) in self-reported competence and confidence across all five sessions and end of life care competencies;
- Attendance ranged from 60–93%;
- Potential travel cost savings were £2215.08 (4922.4 miles);
- Development of a multi-professional virtual community of practice: paramedics, physiotherapists, occupational therapists, consultants and GPs understanding each other's roles and challenges;

- No major IT access, sound or vision problems identified and participants highly rated ECHO™ session delivery by the hub team.

Programme 2: results under analysis.

**Conclusions** Attendance and recruitment rates indicate that ECHO™ is an accessible model of education delivery. A multi-professional virtual community of practice was developed. Survey findings support the successful application of this model to paramedics delivering end of life care, resulting in statistically significant improvements in self-reported competence and confidence.

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### PROJECT ECHO™ NI & HOSPICE UK: A TEAM APPROACH -INGREDIENTS REQUIRED!

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**Background** Project ECHO™ (Extension for Community Healthcare Outcomes) is a tele-mentoring programme that uses video-conferencing technology to share evidence-based knowledge, best practice and education by using case-based learning.

From 2017 Hospice UK is commissioned by the Health and Social Care Board in Northern Ireland to deliver 30 Project ECHO™ networks. The vision is to engage with health and social care professionals to develop their knowledge base and skills, transforming service delivery and ultimately the care given to the people of Northern Ireland.

As a collaborative partnership the Project Managers are tasked with implementing the operational delivery of the project. They considered that a vital ingredient for success would be to connect the team with a sense of higher purpose. This strategic driver should inspire a team to bring increased commitment, energy and creativity to their job. A higher purpose shows team members how they are making a difference, giving each within their role a sense of meaning and drawing their support to deliver the project.

**Aim** To establish components of a newly appointed Project ECHO™ team to operationally deliver the programme.

**Method** Weekly team meetings and monthly meetings with directors and project managers to track the progress of the project programme. In addition, a team review day after the seven months to review the vision of the project, roles and responsibilities of the team.

**Results** Project Managers established the following components after the successful delivery of the programme in year 1:

- Clearly defined roles;
- Induction programmes;
- Clear communication channels;
- Office environment;
- Supportive learning environment;
- Team meetings.

**Conclusions** A strategic recognition that a sense of higher purpose is not about economic exchanges, that working together for a 'greater good' reflects something more aspirational to a team approach.