

## Background

- ❖ There are between 800 and 900 deaths each year on the Isle of Man (IOM)
- ❖ In 2017 Hospice IOM provided direct care at the end of life to 302 individuals
- ❖ Welcome more referrals we could not provide direct care to all 900 people at End of Life without unsustainable increases in expenditure

**Aim: To identify areas of need and what matters to the residents of the Isle of Man in order to design a strategy to enable patients and families to have the right end of life care, in the right place at the right time regardless of diagnosis.**



## Plan

### ECHO Session

- ❖ 9 monthly sessions from Sept 2018, lasting 1-2 hours
- ❖ Tuesdays at 2.30 pm
- ❖ 20 minute teaching presentation based on topics chosen by the spokes
- ❖ 2 anonymised case presentations delivered by spokes

All sessions recorded – Network Resource Library (GDPR compliant)

Continuous Professional Development - credits awarded for participation

### ECHO Curriculum

- Communication with Families
- Communication at the End of Life with GPs
- Assessment of Pain with Non-Verbal Patients
- Advanced Care Planning
- Breathlessness, Respiratory Issues & Oxygen Use
- End of Life Medication & When to Stop
- Nutrition & Hydration at the End of Life
- Artificial Nutrition, Enteral Feeding & PEGs
- Care of the Terminal Phase

Impact	Measurement tools
Staff confidence and skills	End of Life Skills Audit (University of Manchester and National Institute for Health Research)
Staff behaviour in case management	Number of admissions to hospital at “End of Life”, GP/MEDS/Ambulance calls at “End of Life”, Prevalence of Advance Care Planning documents
Patterns of care at the end of life	Preferred place of death/Actual place of death
Experience of patients and carers	Questionnaire on the Experience of End of Life Care on the Isle of Man
Extent of Hospice influenced care	Referrals Proportion of total deaths taking place in areas participating in the ECHO

## Summary of Benefits

Enhanced End of Life Care Community of Practice on the Isle of Man – stronger networking, better decision making and increased clinical knowledge – continuous improvement.

Reduced unnecessary admissions from care homes/home setting into the acute sector at End of Life

Preferred place of death delivered more consistently – less deaths occurring in the acute sector



Hospice Influenced care enhancing the End of Life experience for all

Reduced unnecessary calls to MEDS/ambulance service at End of Life

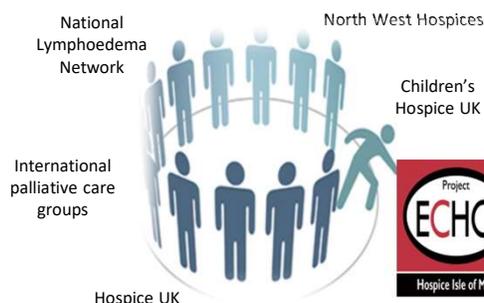
Staff in spoke areas developed as practitioners by the tele-mentoring process

Regular links with UK/world palliative care providers promoting higher standards on the Isle of Man

## Future

“Working together to deliver the right care, in the right place, at the right time”

### SPOKE other ECHOs



### HUB

### Specialist Palliative Care Delivery

