

Improving care in Nursing Homes using Project ECHO



**Cheryl Young
Nurse Consultant
Palliative Care**

21/02/2020



Innovative approach



Doing More for More Patients



PATIENT

- Right Care
- Right Place
- Right Time

PROVIDER

- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

COMMUNITY

- Reduce Disparities
- Retain Providers
- Keep Patients Local

SYSTEM

- Increase Access
- Improve Quality
- Reduce Cost



Imparting specialist knowledge and improving relationships across primary, secondary and tertiary care.

Overall objectives



Hospice Isle of Man Project ECHO

- Increase confidence and skills
- Reduce unnecessary hospital admissions
- Match preferred and actual place of
- Improve experience of residents and carers
- Increase Hospice influenced care



Aim of study



Compare the stated and unstated training and education needs raised by nursing homes

Materials and methods



- Attendance data
- Topic Presentation
- Case Studies/Presentations
- Videos
- Feedback from Hub and Spokes
- Individual feedback
- Descriptive statistics and thematic analysis



Needs

Stated Need

Clearly expressed / identified

Unstated Need

Not mentioned previously in initial discussion

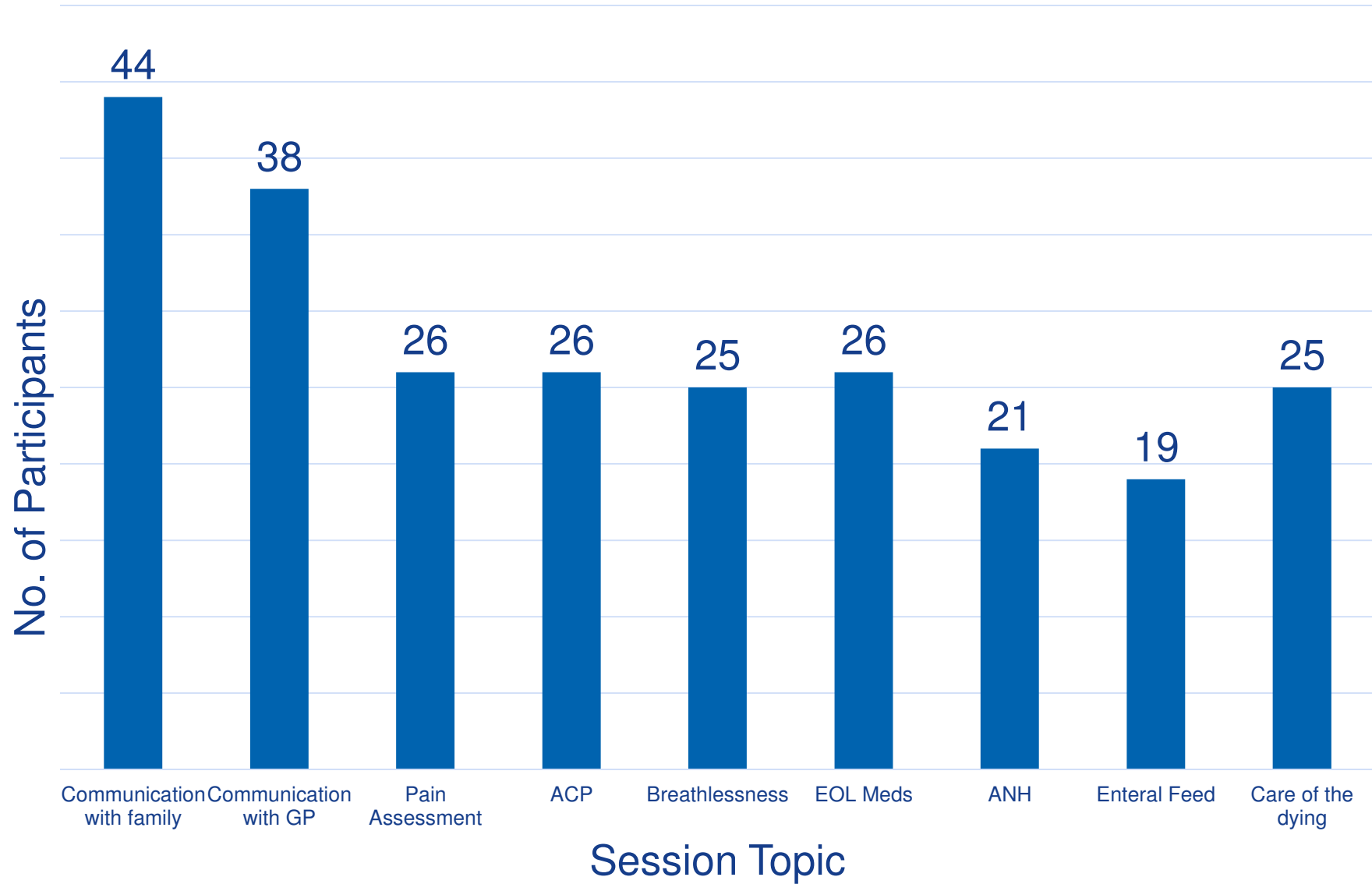
Needs Identified

Post presentation discussion

Reviewing videos

Feedback from staff

Nursing Home Attendance



Communication



Session title	Presentation	Stated needs	Unstated need
Communication with family	Communication	Family/professional	
Communication with G.P.	Communication	Triggers for communication	Tools/ Terminology/ Recognition of dying
Advance Care Planning	Family involvement Capacity	Prior planning/capacity Involvement of family Multi-professional working	Recognising dying Outcome measures Symptom management

Symptom Management



Session title	Presentation	Stated needs	Unstated need
Pain Assessment	Non-verbal cues Symptom management	Assessment scales/tools	Communication with family Communication with GP
Respiratory Management	Clinical practice	Clinical practice Non-pharmacological measures	DNACPR Recognising dying Communication - staff/family
Medication at the end of life	Anticipatory meds Ceiling of care EOL practice	Risk vs benefit Clinical guidance	Communication with GP Recognising dying
Care of the dying	Plan of care Communication Multi-professional	EOL evidence-based care DNACPR Communication	

Evidence based practice



Session title	Presentation	Stated need	Unstated need
Artificial Nutrition & Hydration	No harm vs risk Clinical guidance	Guidance ANH	Recognising dying Communication staff/family
Enteral Feeding	Evidence based Practice	Practical guidance Evidence based practice	Decision making Ethical dilemmas Communication Recognising dying

Self-identified education and training needs



- Communication / Breaking Bad News
- Recognising Dying
- Symptom Management

Post session action



Emailed to each Nursing Home

- Protocols
- Assessment tools
- Local and national guidelines
- Summary of discussion

Feedback from Homes



“The nurses seem more open-minded now, more aware of possibilities; they appear to have learned things and are sharing them; they are now more proactive, more confident”



“ECHO has had a positive impact on our confidence. ECHO has helped with our QCF training on care of the dying. The staff are now more likely to question their own and others’ practice”



“Now we know people better; it feels like a safe space; we can share opinions”

Year 2 – Nursing Home network



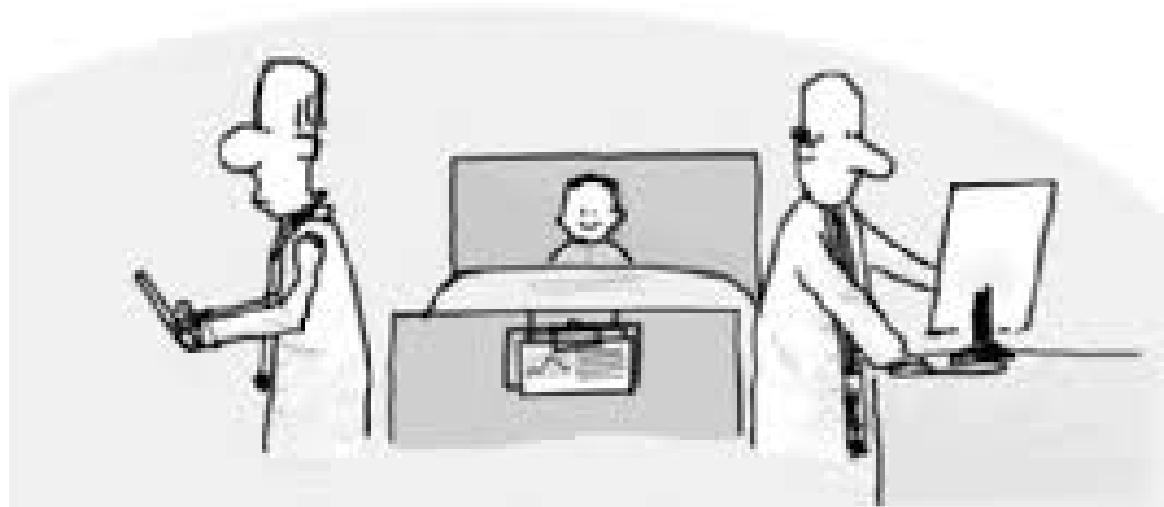
- Continuing education and training
- Scholl Academic Centre courses
- Nurse Consultant Advisory Service
- Research – impact on care

Take home messages



- Communication
- Recognising dying

PATIENT-CENTERED CARE





Cheryl.Young@hospice.org.im