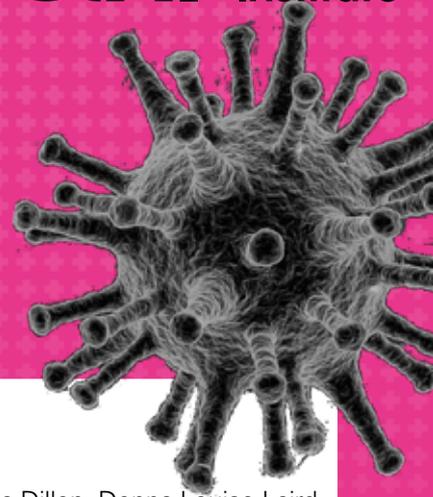


# Community Nursing Covid-19 Innovation/Best Practice

# CASE STUDY

## ECHO Video Conferencing Tele-Monitoring Programme, N. Ireland



### 1/

#### Personal details

**Name:** Maggie Ross, Donna Dillon, Donna-Louise Laird, Linda Kennedy

**Job title:** Team Lead Permanent Placement Team

**Employer:** South Eastern Health & Social Care Trust

### 2/

#### Please describe your practice innovation.

Prior to Covid-19, the South Eastern Trust Community Palliative Education Facilitators (CPEF) had been facilitating two separate monthly palliative ECHO programmes, one for district nursing staff and one for nursing home staff. ECHO (Extension for Community Healthcare Outcomes) is a pioneering tele-mentoring programme which was developed in the School of Medicine at the University of New Mexico (UNM). It uses video conferencing technology that enables participants to access evidence-based, best practice guidance from specialists, and case-based learning from presentations along with opportunities for live questions and answers.

When the Covid-19 pandemic led to lockdown, it was quickly recognized that this platform would be ideal as a way to offer support, share important information and provide relevant education to all nursing staff working in community settings. The CPEFs, working with the Neighbourhood District Nursing Coach, approached ECHO and asked if they could combine their programmes to become facilitators for a weekly session to all community nursing staff. It was agreed that weekly sessions would enable timely and relevant information to be shared in response to a rapidly changing situation and to the challenges experienced by staff. Both care home staff and district nurses were invited to participate and as the ECHO programmes had already been established, some staff were very familiar with using Zoom technology and discussing concerns and issues in a safe, supportive environment.

A programme, influenced by the participants' suggestions, was developed. The topics were wide ranging with a variety of experts willing to share their knowledge and expertise to enable staff to provide high quality care for their patients/residents. Topics included Palliative care and Covid-19; Anticipatory Prescribing; Self-care; Bereavement Support; Staff Support and Pandemic Medicine Packs. Guest speakers were invited for the relevant session and included Palliative Care consultants, clinical psychologists, Trust Bereavement Co-ordinator and Community pharmacist. Participants were encouraged to ask questions, raise issues and discuss concerns. All participants were also encouraged to register with ECHO so they could access the Moodle webpage, where all the information provided in each session was available.

As the programme developed it became apparent that there was a need to offer this opportunity to colleagues in Residential Care Homes. A six week ECHO programme was therefore developed to engage residential home staff and offer them the same access to information, support and training. This six week programme was also open to all care staff working in community settings.

**3/**

**How has this enabled you to treat/support patients /residents/families/carers more effectively and safely?**

Through the establishment of this community knowledge network for nurses and carers, they were able to gain knowledge and share their experiences of caring for patients/residents in a safe environment. These weekly sessions provided an opportunity for staff who were working in a lockdown situation to safely engage with other professionals, exchange examples of best practice and signpost each other to useful resources. This enabled them to continue to deliver care effectively and safely to their patients/residents. The ECHO platform also allowed staff to explore the challenges they faced on a daily basis and enabled them to access further support if needed.

**4/**

**How has this enabled you to work more effectively with colleagues/partner organisations?**

As ECHO was an established learning platform within the Trust, there already was a good and effective working relationship between the facilitators and ECHO staff. This enabled the quick response from ECHO in facilitating weekly sessions and combining previously separate networks of Nursing Home staff and district nurses. Throughout the programme, ECHO provided invaluable IT and admin support. The weekly programme strengthened existing relationships between the facilitators and district nurses/ care home staff. It also provided an opportunity for relationships to be formed with new participants who had never previously accessed the ECHO programme. The knowledge network enabled greater cross sector working between the private sector and district nursing. The platform was responsive to needs of staff, changes could be facilitated quickly and areas of concern addressed.

**5/**

**Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?**

As facilitators, we would like to build on the strengths of this approach to support and training. Prior to Covid-19, the ECHO programmes for district nurses and care home staff were conducted separately; however joining the two programmes has enabled staff to share ideas across settings and encouraged a more collegiate approach to care and education. It has also highlighted the need of residential care home staff for support and education.

We would like to explore this further by offering a programme which would be of interest to them and to care staff in the community. Although weekly sessions were necessary during the pandemic they would be difficult to sustain in the long term and the sessions may become fortnightly. There will be a planning meeting to discuss how we take the programme forward in regards to audience group and frequency within the next few months.

**6/**

**Please describe any particular challenges you had to overcome.**

Although the facilitators and many of the participants were familiar with Zoom technology and ECHO protocol, there were still some challenges to overcome. Many people including the facilitator, speakers and IT support were working remotely, which presented challenges with internet access and time delays for speakers or screens freezing. The support from ECHO IT was invaluable in helping to resolve this. The sessions have been very well attended with 615 attendees to date including 76 district nurses and 61 care home staff officially, although others who were not registered also attended. This meant the facilitator had to manage a large number of different screens from different devices to ensure everyone could participate.

When the staff from Residential Care Homes were invited to join, this required more support and mentoring from the facilitators, as this cohort of staff had never participated in an ECHO programme before. Each home received a telephone call from the facilitators to raise awareness, and to offer support and advice on how to access the ECHO programme. As some of the Homes were only registered for a small amount of beds (<10), it was not feasible to release staff for an hour every week due to staffing levels during the Pandemic, hence the benefits of the Moodle site where the information could be accessed at a more convenient time.

## 7/

**Please describe any continuing challenges you would like to address.**

Staffing shortages proved to be a challenge throughout this period and this had an impact on our attendance levels at times. Staffing issues may well continue to be a challenge, although this appears to be improving. Another challenge is ensuring that the topics remain current, interesting and relevant to the participants. A SurveyMonkey will be carried out to formally evaluate the programme in the coming weeks. There can be difficulties for care home staff accessing computers or devices as sometimes these are in a busy office and required for other uses during the session.

## 8/

**Please list any websites, online platforms or apps that have helped you.**

Zoom technology.

## 9/

**What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).**

Computer/laptops with a camera, iPads, iPhones.

## 10/

**Please give any individual examples, quotes or other information.**

**Participant feedback**

'The sessions were very informative; sessions were of great support to staff; staff valued the self-care sessions and time out to reflect on how they were feeling; the Moodle resource was excellent for participants to view the sessions at a later time.'

**Link to demonstrate ECHO in action:**

<https://vimeo.com/436753570>

Password: ECHO1!!



**Grieving: Influencing factors**

- Quality and type of relationship with the person who has died
- How, when and where the person died (e.g. sudden or expected, traumatic, painful or peaceful)
- Age, gender, personality and level of understanding of the grieving person.
- Cultural and religious beliefs and influences
- Previous experience of significant loss

Joining the two programmes has enabled staff to share ideas across settings and encouraged a more collegiate approach to care and education. It has also highlighted the need of residential care home staff for support and education.

Staff feedback

