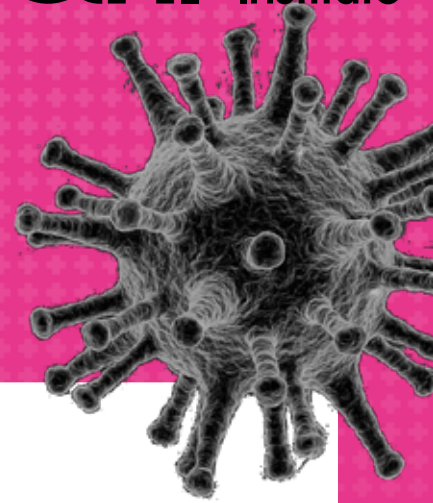
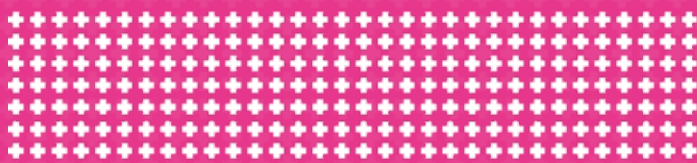


# Community Nursing Covid-19 Innovation/Best Practice

# CASE STUDY

## A Virtual Clinical Supervision in End of Life Care



### 1/

#### Personal details

**Name:** Gemma Fowler

**Job title:** Head of Quality and Patient Safety

**Employer:** Local Community Partnerships

### 2/

#### Please describe your practice innovation.

Locala is a Social Enterprise, Community provider of NHS funded healthcare. We regularly review all clinical incidents for themes and trends and any potential for learning. It became apparent that during the Covid-19 pandemic, there was an increase in incidents relating to End of Life Care. The incidents concerned different aspects of End of Life Care, from having the confidence to have courageous conversations, to the Verification of Expected Death, to the emotional aspects of dealing with practicing in the constraints of the pandemic.

Community nursing colleagues had also noticed an increase in our 0-2 hour contact requests from our Single Point of Contact and had raised this as a potential concern. Our Quality and Patient Safety Team reviewed a random sample of these requests and, whilst each request for a 0-2 hour contact was appropriate and was made by the patient and/or their family, there was again the similar theme of End of Life Care. Following escalation and discussion with the Director of Nursing, AHP and Quality, a decision was made to arrange a virtual clinical supervision session, facilitated by an expert panel. The panel consisted of the Director of Nursing, AHP and Quality, The Medical Advisor to the Board, The Macmillan Nurse Specialist, Advanced Nurse Practitioner with a specific interest and expertise in Advanced Care Planning and the Head of Quality and Patient Safety. Colleagues were invited to join the call for facilitated supervision.

This was arranged with just 10 days' notice and was the first time Locala had offered group supervision on such a large scale. Twenty-five nursing colleagues dialled into the session which generated some excellent, open conversations about the practical aspects of End of Life Care but also perhaps more importantly, the emotional impact that advanced care planning discussions and the Covid-19 pandemic was having on colleagues. Colleagues could either speak or type comments into the comments box. The session was a resounding success and thought to be extremely worthwhile for the colleagues who joined the call and for the panel. It was a very humbling experience.

### 3/

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

Colleagues were able to share experiences and resources on the call. Open discussion meant that colleagues were relieved that they 'didn't feel alone' and that what they were experiencing was being experienced by others. They were given 'permission' that the conversations with patients and/or their carers didn't need to be perfect or a 'one off' but that the process might take a number of discussions. Hopefully it gave some of the attendees the courage to have open and honest conversations with family and patients so that the patient's wishes regarding their end of life care were understood and met and that family expectations were clear.

**4/**

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

This virtual session took an hour and a half. Had colleagues had to travel, they might not have found the time to attend. This way of delivering supervision was also highly effective and ensured that colleagues got the practical and emotional support they required during unprecedented times.

**5/**

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

Feedback from the session identified that this would be a particularly efficient way of providing supervision on specific topics in the future. An evening session is planned for our 'out of hours' community colleagues and will focus on End of Life Care with the same panel, however different topics will also be the focus of future sessions. This is not replace the current one to one and smaller group supervision sessions which are available to colleagues, but to enhance the current offer.

**6/**

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

Getting the conversation started is the hardest thing but having an initial 'script' and a few questions which the panel answer, sets the scene. Colleagues soon joined in the discussion. Initially the panel were also a little apprehensive about how they would answer the questions, would they do it right? But we were very open at the beginning saying, "this is new to us all and we are learning".

**7/**

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

To try and get more colleagues to attend and from different disciplines. Any themes and trends from any local intelligence and data will be considered for future sessions.

**8/**

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

The principles of the Schwartz Rounds. HSJ article "Meeting the emotional needs of staff using virtual support meetings".

**9/**

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

A laptop and Skype (or other virtual meeting app). All our panel were on video.

## 10/

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

'Think it's fair to say we in Speech Therapy are finding that we are engaging in more conversations around end of life with the urgent dysphagia referrals we are getting. I think this isn't necessarily due to a change in the complexity of cases but more due to our waiting times being significantly reduced due to being able to work remotely so we are getting involved with people sooner than we might have. Eating and drinking is a very emotive topic for families.'

'There are some patients / families who refuse to consider/talk about advanced care planning, even though we know as a professional it is in their best interests to have these discussions/plans in place. In the current climate of encouraging advanced care planning I have felt pressured to try and push for these conversations.'

'I think sometimes there is a presumption from families and/or colleagues that conversations have already taken place - such as in the acute or by another professional involved. Quite often they haven't. So the issues regarding hesitancy in starting end of life care discussions is not particular to community.'

'In the absence of any ability to do shadowing of experienced palliative care colleagues, may I recommend the book by Kathryn Mannix, *With The End in Mind*. It may help with these conversations.' <https://withtheendinmind.co.uk/>

### When asked if the session had been useful:

'Very good - thank you.'

'Yes please to further sessions, I've found it really helpful and reassuring to hear people's contributions.'

'I have found it really useful. I am new to EOL management and would value platforms such as this to develop my skills.'

'Thank you, a very valuable discussion.'

'Very good, thank you - Advance care planning can be challenging and it was nice to realise that it is work in progress.'

'Reassuring that many of us feel the same and are experiencing the same.'

'Useful, reassuring that others feel similar to have the conversation.'

“ I think sometimes there is a presumption from families and/or colleagues that conversations have already taken place - such as in the acute or by another professional involved. Quite often they haven't.

Staff feedback

