OVERVIEW

• What is ECHO?
• Why did our hospice become involved with ECHO?
• How did we ECHO?
• What difference did it make?
• Outcomes from ECHO
• If you are interested....

To share our experience of project ECHO so you can decide if it is something that might fit with your future
What is ECHO?
What is ECHO? Moving knowledge not patients

ECHO IS...
- Tele-mentoring
- Democratising “specialist” knowledge
- Building a Community of Practice
Figure 2: Graphic and visual conceptual framework used with permission from Kent Unruh and Project ECHO.
ECHO?

Extension Of Community Healthcare Outcomes

People need access to specialty care for their complex health conditions.

There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities.

ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.

Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.
What is ECHO?  Moving knowledge not patients

Extension Of Community Healthcare Outcomes
WHAT?

ECHO- Four ideas

1. Multi point video technology

2. Based on best practice (Pang Guidelines)

3. Case based learning

4. Use of IT to monitor quality improvements
EXTENSION OF COMMUNITY HEALTHCARE OUTCOMES

EXTENSION

• To build up the strength and capacity of an underserved community with a shared interest
• To increase support for each other
• To learn practically from case examples of complex care
• To reduce stress for patients and staff by providing care which is informed by expert and peer multidisciplinary learning and sharing

We work with greater confidence when supported

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WHAT?

EXTENSION OF COMMUNITY HEALTHCARE OUTCOMES

COMMUNITY HEALTHCARE

• Locally delivered care by well trained and supported staff provide the best patient outcomes
• MDT knowledge and support sharing provides holistic framework of care
• Sharing real practice and real challenges allows for real learning, and real growth in confidence

• Educational Governance Model

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NO Antibodies
OUTCOMES

• Opportunity to monitor progress
• Process effective? - Attendance & Feedback
• Impact on staff knowledge and skills
• Impact on patient and staff needs
• CPD for more isolated professionals
Why did we become involved?
WHY?

NI Hospice Community Teams

Eight Community Nursing Teams, 35 Nurses under pressure

Increased complexity
Year on year increase in patient load
Vacant posts....
Need for Nursing CPD/revalidation

We look after 1 in 5 people who die in Northern Ireland
3,500 /yr

We work with greater confidence when we do not feel isolated

www.nihospice.org
New England Journal of Medicine: Outcomes of treatment for hepatitis C virus infection by primary care providers.
Supporting and improving community health services - a prospective evaluation of ECHO technology in community palliative care nursing teams

Clare White, Sonja McIlfatrick, Lynn Dunwoody, Max Watson

ABSTRACT

Introduction Project ECHO (Extension for Community Healthcare Outcomes) uses live-learning technology to support and train healthcare providers (HCPs) remotely, and has improved care across the USA. A 6-month pilot was trialed in a community palliative care nursing setting to determine if ECHO would be effective in the UK in providing education and support to community hospice nurses (CHNs).

Methods The pilot involved weekly 2-hour sessions of teaching and case-based discussions facilitated by hospice staff linking with nine teams of CHNs using video-conferencing technology. A novel methods prospective longitudinal cohort study was used to evaluate the pilot. Each CHN provided demographic data, and consented to written knowledge assessment and self-efficacy tool before and after the pilot. Two focus groups were also performed after the pilot.

Results 18 CHNs completed the evaluation. After knowledge score increased significantly from 71.3% to 82.3% (p < 0.0005) and self-efficacy scores following the ECHO pilot, the ECHO (p = 0.038) and Metro-Penrose (p = 0.0005) were significantly lower than before ECHO. There was no significant difference between Metro-Penrose and Metro-Penrose self-efficacy (p = 0.063). 96% recorded gains in learning and 96% felt that ECHO had improved the care they provided for patients. 83% would recommend ECHO to other HCPs. 100% stated the technology used in ECHO had given them access to education that would have been hard to access due to geography.

Conclusions This study supports the use of Project ECHO for CHNs in the UK by demonstrating how a 6-month pilot improved knowledge and self-efficacy. As a low-cost high-impact model, ECHO provides an affordable solution to addressing growing need.

Significant improvement in:

Knowledge

Self-efficacy

- Knowledge improvements (ECHOs). This is the first evaluation of the ECHO model in the UK and Europe, and the first with a similar model in Northern Ireland.

- Self-efficacy improvements. This shows the potential of ECHO to support and improve the skills of CHNs.

- New data from the pilot in the UK.

METHODS

Study design

A prospective longitudinal cohort study, using a combination of qualitative and quantitative methods. The study comprised two stages:

- Stage 1: Baseline assessment - Each CHN was asked to provide demographic data, complete a written knowledge assessment which included multiple choice and short answer questions, along with a self-efficacy tool focusing on their confidence in managing different clinical and communication scenarios in five different domains (overestimating values and knowledge, communication abilities, assessment and care planning, symptom management and advanced care planning).

- Stage 2: Assessment at end of the 6-month ECHO pilot - Each CHN was asked to complete the knowledge assessment (with a different question order) and self-efficacy assessment tool, as per baseline. In addition a retrospective peer evaluation of self-efficacy was conducted to reflect back on their perception of self-efficacy before participation in ECHO with the benefit of hindsight.

Focus groups: Two focus groups, facilitated by an independent moderator and a note taker, with a purposive sample of 14 CHN participants were held at stage 2 to provide greater insight into the expectations and experiences of participating in ECHOs. All the CHNs were contacted by email and asked to nominate 1-2 CHNs from each community team (or spoke) to give a wide geographical spread. Each participant received an information pack outlining the purpose and nature of the study and provided written consent. In order to guide a consistent flow to the focus group discussion a semi-structured interview guide was developed based on topics generated through the literature and the aims and objectives for the study. The focus group schedule format was structured into three sections: experience and expectations of ECHO; perceived benefits and challenges; and future strategies for implementation. The focus group discussions were conducted in the education department of the hospice and each lasted on average 70 min. The Consolidated Criteria for Reporting Qualitative Studies (COREQ checklist) was adhered to for this phase of the study.

Ethical approval was granted from Ulster University. Consent to take part in the study was contingent on completion and return of the questionnaires and written consent was sought prior to the focus groups.

Setting

At the time of the study, the hospice employed 41 CHNs who worked in the community in four of the five trust areas across Northern Ireland.

Participants

Thirty-four CHNs were able to participate in the weekly ECHO sessions, and all were invited to participate in the evaluation.

Intervention - ECHO model

The 6-month pilot project involved a weekly 2-hour session facilitated by hospice staff from the hospice ‘hub’ linking with the nine teams. ‘Spokes’, of CHNs
Opinions on ECHO after 6 months

- 96% (25/26) reported gains in learning
- 89% (25/28) felt that ECHO had improved the care they provided for patients
- 82% (23/28) would recommend ECHO to other CHNs or other HCPs
- 89% (24/27) found ECHO a good medium to access teaching / education from a different location from where they worked despite 44.4% (12/27) having experienced technical difficulties
  - affected 2 out of 9 sites in particular (internet connectivity and bandwidth)
How did we ECHO?
How?

**ECHO PILOT NIH**

- Knowledge and support through a weekly ECHO meeting every Friday 9-11 for six months
  - 15-30 minute teaching session
  - 2-3 case presentations and discussions with MDT
- **Hub** at Hospice
- **Spokes** at each of the eight Hospice Community Teams
- **Curriculum** of teaching chosen by the spokes

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**HOW?**

**HUB - selected MDT**
- Palliative Medicine Consultant
- Pharmacist
- Social Worker
- Senior Community Nurse
- GP
- AHP
- Chaplain

**Spokes**
- Other eight community teams

Total cost for the nine computers, screens, cameras, etc = £12,000
**Project ECHO Northern Ireland Hospice**  
**Case Presentation Form**

**ECHO ID: 050**

### Key Questions For Case Presentation

How do you effectively support the patient and young family when the patient is believing a miracle is definitely going to happen?

### Background

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<th>50</th>
<th>Gender F</th>
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<th>Diagnosis and Date</th>
<th>Metastases and Date (if applicable)</th>
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<td>Nil of note</td>
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<td>Krutenberg Tumour</td>
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</tr>
</tbody>
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### Ethical Issues

How do you support the patient, her husband and the children while supporting her faith?

### Communication

Frequent hospital admissions to both BCH CC and UHD – Palliative Care staff also offered support but declined.  
District Nurse involved and concerned  
Have to be careful what is said when children around

### Collaboration/Partnership

Close communication encouraged between hospital and community

### Psychosocial

Lives with husband  
3 children 12, 8 and 3 – haven't been told of mother's diagnosis – haven't asked any questions  
Husband works from home – following patients wishes  
Referral offered but declined

### Spiritual

Very strong faith  
Pastor  
Fervently believes a miracle will happen and she will be cured so no need to upset the children. This is despite obvious deterioration and frequent hospital admissions.
Anticonvulsant Medication in End of Life Care

Friday 29th August 2014 ECHO N.Ireland

Clare Lenaghan
Palliative Care Pharmacist

www.nihospice.org
Welcome to our ECHO sessions for Nursing Homes on Palliative Care
There will be 10 sessions in total, and all of the presentations and videos will be available here for reference.

Week 3

Please see below presentations and resources from this week's ECHO session. As usual, the password to view the videos is ECHO!!

- Symptom Management Presentation
- Presentation - How do we know we are improving?
- Symptom Management video
- How do we know we're improving - video
- Case 1
- Case 2 video
- Baseline Data
- How to guide for Measurement to Improvement
ECHO Outcomes
• ECHO support for community teams now integrated into community services. Monthly network meetings.

• NI Hospice completed additional NEW MEXICO training to become first project ECHO superhub in UK & Europe for training others

• NI Government engaged NI Hospice to pilot and evaluate five additional ECHO Networks, then this year to facilitate an additional 21 networks
Evaluation of Project ECHO (Extension for Community Healthcare Outcomes) Northern Ireland programme 2015-6

Report for Health and Social Care Board

May 2016
ECHO Sessions

HSC Board have identified 18 ECHO networks that will take place from September 2016 through to April 2017:

- Ophthalmology – 2 networks
- ENT
- Autism
- Pain Management in Palliative Care
- Cardiology
- Nursing Home IN Reach
- Practice Based Pharmacists
- Regional Quality Improvement and Patient Client Safety
- IPD Respiratory Implementation Group
- Prison Healthcare
- Trauma Services
- Child and Adolescent Mental Health Services
- Outpatient Reform – Gynaecology
- Outpatient Reform – Dermatology
- NI Paediatric Network
- Carers
- Marie Curie Provision of Education

Further details about each of these networks will be added to this site.
Interested in ECHO?
Confirm interest and virtually sit in an ECHO meeting

Read ECHO information
View Introduction Video material

Preliminary plan
Spokes? Hub? Facilitator?
Review ECHO agreement

Come for three day emersion training within 8 weeks of projected start date
It’s much more complicated than the tech…
Its building a community
NYT article: http://opinionator.blogs.nytimes.com/2014/06/11/the-doctor-will-stream-to-you-now/

- ECHO as a Performance Optimizer: A great short video (1.5 minutes) to explain the ECHO model and build buy

- TEDxABQ: Project ECHO – Changing the World, FAST http://www.youtube.com/watch?v=lY5nIjsxac0g&list=

- Project ECHO: Spreading Access to Specialty Healthcare http://www.youtube.com/watch?v=2IBfyOIL4_s

- ECHO website: http://echo.unm.edu/


Education Department NI Hospice, (028 90781836) http://www.nihospicecare.com/newsstory/PROJECT_ECHO_NORTHERN_IR ELAND_HOSPICE