

University of New Mexico

UNM Digital Repository

Project ECHO Bibliography

Project ECHO

3-1-2019

Enhancing Community Health Outcomes (Project ECHO): Developing a Community of Practice for Paramedics in End of Life Care (EOLC)

Laura McTague

St Luke's Hospice Sheffield, Yorkshire Ambulance Service

Andrew Hodge

St Luke's Hospice Sheffield, Yorkshire Ambulance Service

Clare Williams

St Luke's Hospice Sheffield, Yorkshire Ambulance Service; European Lung Foundation

Paul Taylor

St Luke's Hospice Sheffield, Yorkshire Ambulance Service

Sam Kyeremateng

St Luke's Hospice Sheffield, Yorkshire Ambulance Service

Follow this and additional works at: https://digitalrepository.unm.edu/hsc_echo_bibliography

Recommended Citation

McTague L, Hodge A, Williams C, et al⁹ Enhancing community health outcomes (project ECHO): developing a community of practice for paramedics in end of life care (EOLC) *BMJ Supportive & Palliative Care* 2019;9:A3-A4.

This Article is brought to you for free and open access by the Project ECHO at UNM Digital Repository. It has been accepted for inclusion in Project ECHO Bibliography by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.

6 ABSTRACT WITHDRAWN

Free Papers 7 – 9 | Service Development I

7 SERIOUS ILLNESS CONVERSATIONS CYMRU PROJECT: OUTCOMES FROM TEACHING FOR WALES AMBULANCE SERVICE NHS TRUST STAFF

Nikki Pease, Jo Hayes, Ed O'Brian, Ed Presswood, Jenifer Jeba. *Wales End of Life Delivery Board, Velindre NHS Trust, Welsh Ambulance Service NHS Trust*

10.1136/bmjspcare-2019-ASP.6

The Serious Illness Conversations Cymru project was initiated in response to the Welsh Government's Palliative and End of Life Care Delivery Plan (2017) which places developing skills such as serious illness conversational skills as an essential part of upskilling generalists in palliative care.

This article describes the delivery, outcomes and potential impact of the Serious Illness Conversations Cymru project delivered to Welsh Ambulance Service Trust (WAST) staff. Over an 18 month period in excess of 360 front-line Welsh ambulance staff attended 4 hours of face-to-face teaching, to include serious illness conversation/communication skills; symptom control at the end of life and 'shared decision making'. Mixed methodology outcomes, in terms of quantitative and qualitative data were collated and analysed to gain both insight as to how WAST staff view themselves within the context of end of life care and the impact of the teaching on their confidence and the wider service.

Qualitative outcomes indicate WAST staff view themselves in several important and necessary roles, acting as 'facilitators' to patient centred, seamless care. The difficult questions and situations pertaining to end of life care were largely around patient death and dying, and the expectations of those involved. Quantitative outcomes of six communication domains indicate there was a statistically significant improvement in self-assessed confidence. The overall impact to the wider ambulance service indicates a trend toward increased conveyancing of patients to alternative settings rather than to A and E, increased administration of injectable medicines for end of life care by ambulance service staff and better use of resources such as increased attendance of a rapid response vehicle only as an alternative to an ambulance.

8 THINKING AHEAD CLINIC

Anthony Moffat, David Sheridan. *University Hospitals, Plymouth*

10.1136/bmjspcare-2019-ASP.7

Managing patients with end-stage cirrhosis unsuitable for liver-transplantation is challenging because of unpredictable disease trajectory, complex psychosocial needs, and lack of experience in primary care. Consequently most patients with end-stage cirrhosis die in hospital. We have recently implemented the 'Thinking Ahead' clinic (TAC), and report the design and outcomes from the clinical, patient and carer perspectives.

The cornerstones (results) of TAP are as follows

1. An advanced care planning MDT: focuses on case-identification, defining prognosis and performance status. Over 18 months, 39 out of 47 patients were identified as being suitable for 'TAC'.
2. The nurse-led 'Thinking Ahead' Clinic: focuses on support and understanding regarding identification of end-stage cirrhosis, explores fears, anxieties and future plans, including resuscitation and treatment escalation decisions and preferred place of care.
3. The advanced care planning register: (4/39) generates an automated email alert to the Hepatology team triggered by an emergency department (ED) attendance enabling rapid specialist review.
4. Planned Domiciliary visits: undertaken in 27 patients that had no further hospital episodes subsequently.
5. Emergency domiciliary visits: Five joint palliative care 'rescue' domiciliary visits were performed, enabling recognition of last hours/days of life, avoiding hospital admission.
6. Management of refractory ascites: 13 patients with paracentesis dependent ascites received permanent Rocket drains, avoiding further hospital admission and facilitated participation in the ReDUCE Trial.
7. 100% identified home as their preferred place of death this was met in 93% of patient cohort.
8. Bereavement follow-up: telephone contact to carers post-bereavement, enabled an opportunity to resolve issues and offer some closure.

Conclusion 'Thinking Ahead' provides a model of patient focused holistic care by offering a staged and open approach to identifying end-of-life patients, ensuring robust multi-professional decision making, and a setting for advanced care-planning decisions. Most patients preferred place of care was home; 93% died at home through TAC.

9 ENHANCING COMMUNITY HEALTH OUTCOMES (PROJECT ECHO): DEVELOPING A COMMUNITY OF PRACTICE FOR PARAMEDICS IN END OF LIFE CARE (EOLC)

Laura McTague, Andrew Hodge, Clare Williams, Paul Taylor, Sam Kyeremateng. *St Luke's Hospice Sheffield, Yorkshire Ambulance Service*

10.1136/bmjspcare-2019-ASP.8

Background Paramedics report unique challenges when delivering EOLC, including accessing education and having low confidence. Yorkshire Ambulance Service (YAS) covers a large geographical area and education is typically centralised. Project ECHO uses a tele-mentoring network to share best practice, enable case-based learning to manage complexity, develop communities of practice and build capacity in logistically and geographically challenged services. Prior implementations demonstrated improved knowledge, confidence and self-efficacy in participants. We piloted the ECHO model to develop EOLC amongst YAS clinicians.

Method This project began in October 2018 and is planned to run until March 2019; it recruited to capacity (30 participants) within a day. Participants joined a virtual knowledge event to shape the curriculum. Five ECHO sessions, occurring monthly, were facilitated by a Consultant Palliative

Physician and a Consultant Paramedic. Participants from across Yorkshire 'dialled in' remotely, individually or in groups. Each session comprised an expert didactic and two anonymised case presentations from participants, which formed the basis of facilitated discussions. Session resources were emailed. Electronic surveys based on existing research were completed by participants: a knowledge questionnaire on recruitment; self-completed surveys of knowledge and self-efficacy at the start and after 3 sessions, and individual session evaluations.

Results Of the 30 applicants, 27, 23 and 28 attended each of the first 3 sessions. Of these, 18 completed the initial survey and 16 the second. The proportion of participants self-reporting as 'competent' or 'very competent' increased in 4 out of 5 domains related to EOLC. The proportion reporting 'agree' or 'strongly agree' with questions related to competence in EOLC increased in 12 out of 16 domains.

Conclusions Attendance and recruitment rates indicate that ECHO is an accessible model of education delivery. The survey findings support the successful application of this model to paramedics delivering EOLC, resulting in improved self-reported knowledge and confidence.

Free Papers 10 – 12 | Symptoms

10 THE EFFECTS OF OPIOIDS ON COGNITION IN OLDER ADULTS WITH CANCER AND CHRONIC NON-CANCER PAIN: A SYSTEMATIC REVIEW

S Pask, M Dell'Olio, FEM Murtagh, JW Boland. *University of Hull*

10.1136/bmjspcare-2019-ASP.9

Background Pain is poorly managed in older adults and opioids can be used to manage moderate-severe pain. Little data exists about adverse effects of opioids in this population, especially on cognition.

Aim To identify, appraise and synthesise evidence on the impact of opioids on cognition in older adults with cancer/chronic non-cancer pain.

Methods Protocol followed the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P). Searches of MEDLINE, EMBASE, PsycINFO, CINAHL, Cochrane Library and Web of Science, from inception to April 2018. Randomised controlled trials, quasi-experimental studies and observational studies of adults aged ≥ 65 with cancer/chronic non-cancer pain taking opioids were included. Measure(s) of cognition was the primary outcome. Study eligibility for inclusion, data extraction and quality appraisal (using QualSyst) were independently performed in duplicate. A narrative synthesis was conducted.

Results From 3370 unique articles screened, 12 met inclusion criteria. Studies explored cognition in 1134 participants with cancer and 959 with chronic non-cancer pain. Five studies reported no significant effect of opioids on cognition, two reported an improvement to cognition, three showed worsened cognition and two studies reported mixed effects. Studies showing improved cognitive function administered opioids over a short-term period, whilst those demonstrating decreased function administered opioids long-term. Higher opioid doses over long time periods led to decreased cognitive function.

However, methods of cognitive assessment varied across studies (i.e. number of cognitive assessments used, cognitive domains assessed and timing). Six studies adopted single screening tools, which are not sensitive to detect subtle cognitive changes.

Conclusion To determine cognitive effects of opioids in this population, it is essential to report length of opioid use/dose, and the timing/sensitivity of screening tools and neuropsychological assessments. Without this evidence, we know little about how and whether adverse effects of opioids impact on pain management among older adults.

11 FATIGUE INTERVENTION CO-DESIGN STUDY: UNIQUE NEEDS OF TEENAGERS AND YOUNG ADULTS WITH CANCER-RELATED FATIGUE

A Spathis, A Chapman, J Burkin, H Hatcher, B Utenthal, J Robson, L Abbas, F Gibson, P Stone, S Booth, S Barclay. *Cambridge University Hospitals NHS Foundation Trust, University of Cambridge, Great Ormond Street Hospital for Children NHS Foundation Trust, University College London*

10.1136/bmjspcare-2019-ASP.10

Background Fatigue is the most prevalent and distressing symptom experienced by teenage and young adult (TYA) cancer patients. It has a particularly negative impact at this young age, hindering key developmental needs such as independence. Despite this, there have been no interventional studies focused on its management in TYAs. Exercise, psychological techniques and energy conservation are the most effective approaches in older adults. TYAs, however, report finding current fatigue management strategies unhelpful. We therefore conducted a study, working with TYA patients and their parents, to co-design a fatigue intervention that better meets their needs.

Methods Thirteen patients aged 16–27 and within a year after the end of cancer treatment, and ten parents were recruited. In a three-phase iterative study design, participants took part in semi-structured interviews and focus groups. They then received the co-designed prototype intervention, before a final phase of feedback and amendment.

Results Participants described multiple age-related needs. Cognitive fatigue was more problematic than physical fatigue, and participants valued support explaining this to staff at education or work. Advice to exercise was most helpful when it included an individualised, structured plan, given the physical reserve of youth and fear that activity may worsen fatigue. The distress of fatigue was compounded by multi-level misunderstandings, particularly with parents, supporting parent inclusion in the intervention. Energy conservation and pacing were seen as irrelevant at this age, with a preference for App-based mindfulness techniques. Information was most acceptable in short video, rather than written, format.

Conclusion TYA cancer patients demonstrated unique needs from a fatigue intervention. Symptom control research findings involving older adults cannot necessarily be extrapolated to younger patients. The novel intervention co-design process was highly feasible and led to mutual benefit for participants and researchers. The effectiveness of the co-designed intervention now needs to be tested in a controlled trial.