Building competence and connection of psychosocial palliative care providers through a virtual community:

#### ECHO-BC-Palliative-Psychosocial







HOSPICE





#### VICTORIA HOSPICE





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## Objective

Describe the process of continuous quality improvement to increase connection and competence amongst B.C. psychosocial palliative care providers through a virtual community of practice



## **Problem Statement**

Through a province-wide survey and a review of education resources in 2019, a need was identified for increased access to education, mentorship and peer support for B.C. psychosocial palliative care providers.



### Initiative

The ECHO© model has been implemented internationally and is proven to increase competency and connection through on-line collaboration and mentorship



## **Proof of Concept**

The BC Centre for Palliative Care, Victoria Hospice and Canuck Place Children's Hospice partnered to conduct a 6-month ECHO proof of concept (Jan-June 2020) with a cohort of 26 psychosocial care providers (Social Workers, Counsellors and Spiritual Health Practitioners).



# 3 main objectives of the proof of concept

- 1. To increase the connection between palliative psychosocial care providers
- 2. To increase Specialist-FEW competencies
- 3. To increase use of current, evidenceinformed best practices



# **Proof of Concept**

In addition to increasing competency and connection, aims of the proof of concept were to:

- 1. Inform planning for future ECHOs
- 2. Demonstrate positive return on investment for leaders *BALANCING MEASURE*
- 3. Test the feasibility of a variety of data collection methods
- 4. Test the uptake of an online forum / Community of Practice
- 5. Generate new knowledge about a disciplinespecific ECHO model



# **PDSA-Sense of connection**

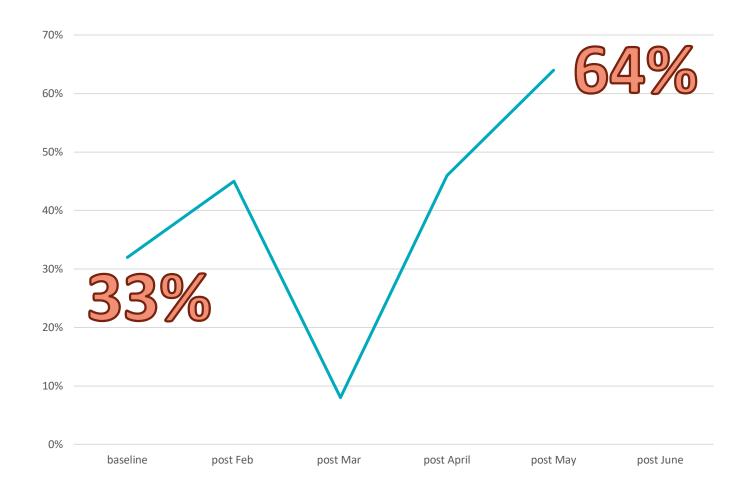
GOAL: To increase sense of connection between members

#### PLAN

- 1. The first 15 minutes of the session will be a check in
- 2. Whenever possible, members will use cameras
- The presentation will be recorded and posted on the forum to be viewed before the session. The presenter will be present in the session for questions and discussion
- 4. Contact list will be shared and members encouraged to connect in-between sessions



# STUDY - % that felt > 7/10 connected





#### PDSA - % completing the evaluation survey

Goal = **75%** of participants March = **52%** 

**PLAN:** Provide link directly in the session and email out to the group immediately – end 2 minutes early to give time

**DO:** pasted the link into the chat & emailed to the person connecting via phone

**STUDY:** May = **73%** 

PLAN/ACT: try same plan next session



## Results

#### **Outcome measures**

- Connection, inter-personal collaboration and individual palliative competency improved significantly
- New evidence-based knowledge was incorporated into practice

#### **Balancing measure**

• 91% of Participants rated the sessions as likely to be perceived as valuable by their supervisor



## Implications

The ECHO model was shown to be highly effective to address the challenges reported by psychosocial palliative care providers. The second cohort, with more than double the number of participants, began in Sept 2020 and has incorporated lessons learned from cohort 1.

