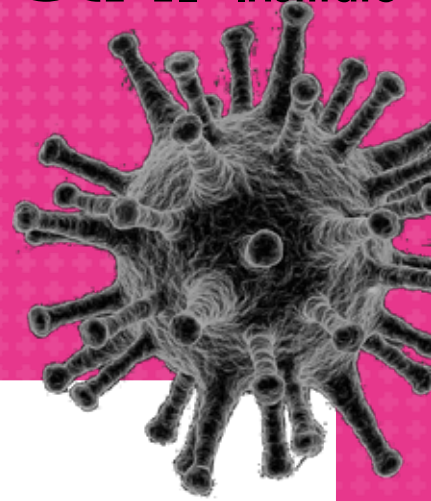


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Delivering an online clinical
education programme and
treasured memory box



1/

Personal details

Name: Nicola Cheetham

Job title: Head of Clinical Services

Employer: Bury Hospice

2/

Please describe your practice innovation.

During the pandemic we have been part of the system-wide response. Our role was to quickly establish an education team to deliver clinical education across the community.

Bury did not have an existing programme of education available to all services. There was concern from all services that so much guidance was being produced while at the same time the interpretation of it alongside care delivery was identified as a challenge. Hospices were in the spotlight for their available bed capacity, but we worked to maintain our existing bed capacity and use our knowledge and skills differently.

We created a web page on our website to act as a single resource hub to host all easily accessible guidance and support. We collated all resources and produced key resources for key stakeholder groups. We continue to maintain this page on a regular basis to ensure all links are up-to-date and have updated resources.

We also developed an 8-week education programme which involved a multimedia approach delivered via MS Teams and we reached out to every service across the community and collaborated with social care to specifically support care homes and domiciliary care and redeployed staff.

We have operated a contact line for education across the locality in reference to education needs and concerns. This has been in collaboration with the specialist nurse team who were providing a support line for staff to contact for advice and support in patient/resident management. The development of the team has provided a hub for education needs across the locality. Data and feedback collected so far is in support of a timely, responsive and consistent offer of education.

As part of the education offer, we have also provided treasured memory resource boxes for all community integrated hubs, with information to support the bereavement experience for families of the increased number of patients who have died within the community during this time. This has included information about how to maintain the resources in the future, accompanied by a video that the team have created.

We have also supported the local funeral directors by offering emotional support and a resource sheet for them to offer to families. This innovation has also enabled us to raise the profile of the Hospice services locally.

3/

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

Care is more effective, as staff have been upskilled and equipped to deal with a variety of new situations and encouraged to have the confidence to use their existing skills. The availability of a hub to respond timely to any education request and for ongoing support has been extremely valuable. It has enabled safe care, as there has been a single accessible resource for changing guidance with the freedom to ask questions and share experiences with other care providers via the education training programme. Offering wider support has meant that we have reached more services than before and this will enable cohesive and collaborative working in the future.

4/

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

The value of Hospice services has been recognised and the 'can do' attitude of our teams and staff to work differently and respond when required. We have felt valued by the wider system and have built relationship with providers who we have not worked with before. Barriers have been reduced and so this will develop into a more seamless approach to care and improve the outcomes of our patients and families in the future.

5/

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

We hope to continue our role in palliative and end of life care education within the wider system and we hope to be supported to deliver and sustain a responsive education offer in the future.

6/

Please describe any particular challenges you had to overcome.

The IT infrastructure at the Hospice is not as advanced as some of our partners'. The change from face to face to virtual training has brought challenges for discussion and interaction. It also limits the number of people from one team within a care home who can participate at the same time. This is due to their IT availability and has meant that the number of those able to access training is restricted.

7/

Please describe any continuing challenges you would like to address.

Collaboration is a word that many use, but truly embracing it has been challenging. It needs a whole system buy-in to truly work. It also needs a workforce and leadership open to change, which is a challenge. Investment in service development should be influenced by learning and should always consider the value of the voluntary and charity sector.

8/

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

Microsoft Teams

9/

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

Laptops, phones, iPads.

10/

Please give any individual examples, quotes or other information.

Feedback from sessions

'Very good short course, full of information. Increased confidence and being more aware. Really enjoyed it.'

Feedback about what course participants had learned:

'Understanding what to expect, Knowing about oral care, knowledge around medication.'

Feedback from Care Home Manager:

'Hopefully, the team may stay together in the long term, as I do personally feel there has been a lapse in the EOL care/training services in Bury for some years now and am aware this has been an ongoing topic raised in the safeguarding forum meetings.'



Very good short course, full of information. Increased confidence and being more aware. Really enjoyed it.

Staff Feedback

