June 2021

Working title:

National Hospice Friendly Residential Care Settings Programme (NHFRCSP)

Project Initiation Document

Project Sponsors: Irish Hospice Foundation (IHF) in partnership with Health Services Executive and All-Ireland Institute of Hospice and Palliative care (AIIHPC).

Irish Hospice Foundation

AIIHPC
All Ireland Institute of Hospice and Palliative Care

1.1. Programme Summary

The initiative proposed in this document by IHF and AIIHPC in partnership, is based on data indicating that the 23% of Ireland's population who die in our residential care settings should receive excellent palliative, end-of-life and bereavement care. IHF and AIIHPC believe that the following proposals can improve the palliative, end-of-life and bereavement care received by residents. This will be achieved by stimulating, enabling and encouraging settings to develop the systems and cultures to support the provision of such care, and by ensuring that individual staff members are personally equipped to deliver it.

To ensure that the diverse needs of the residential care sector with regard to quality improvement in this area can be met, a multi-strand programme has been devised (see Table One below). This will ensure that different residential care settings (RCS) can engage at a level which is appropriate to them. There are approximately 580 RCS (private, voluntary and public) providing an estimated 32,000 places for residents. On average 7,000 deaths take place each year in RCS, this number is anticipated to increase as the population ages and are living with more comorbidities. It will also ensure that, despite the size, diversity and geographical spread of the sector, and the modest budget available, every setting / nursing home will be reached by the programme in some way. This programme is focussed on the nursing home setting and cannot additionally include residential ID facilities.

The programme will be staffed by a national programme office, and importantly will be supported by regional **P**alliative, **E**nd-of-life and **B**ereavement care **C**oordinators (PEBC), one of whom will be based in each of the nine CHO regions. The PEBCs will drive the initiative locally and provide a key point of contact for RCS and specialist palliative care in each region.

Programme Aim

The aim of the programme will be to **improve the delivery of compassionate, person-centred palliative, end-of-life and bereavement care in the residential care setting** through a nationally-mandated, well-designed, multi-strand, integrated quality improvement programme which will enable all residential care settings in Ireland to engage at a level appropriate to them.

Programme Objectives

1. To ensure the **delivery of compassionate, person-centred, palliative, EOL and bereavement care to residents of residential care facilities**, which is appropriate to their needs and wishes;
2. To ensure that **families are provided with compassionate support** and, subject to the resident's consent, given information before, during, and after the resident's death.
3. To promote and support a **compassionate culture** within the residential care setting where the delivery of excellence in palliative, end-of-life and bereavement care is a source of pride, and is a valued and recognised part of its day-to-day ethos, work and life;
4. To improve the **competence and confidence and resilience of staff of residential care settings to deliver excellent, compassionate palliative, end-of-life and bereavement care**, in particular staff capacity to engage with residents on advance care planning and end-of-life care as per the residents wishes;
5. To play a role in facilitating better **two-way communication between the individual residential care setting and the clinical supports for** palliative, end-of-life and bereavement care within the community which it needs to access;
6. To establish a **robust national and regional infrastructure** which will not only facilitate the delivery of the specific supports for this programme, but which will also provide a vehicle for other related palliative, end-of-life and bereavement care initiatives which

might otherwise find penetrating this diverse and geographically dispersed sector to be a challenge;

7. To provide a **partnership based governance structure** for the programme based on the successful Hospice Friendly Hospitals (HFH) model of oversight engaging with state services, NGOs and residential care ownership, management and staff;
8. To put in place **measures to monitor and evaluate the programme** through a rolling programme of evaluation;

Programme Alignment

Both CEOL and Project ECHO AIIHPC have previously been aligned with HSE quality improvement frameworks and the HSE National Clinical Care Programme for Palliative care.

This planned programme reflects the HIQA – National Standards for Residential Care Settings for Older People in Ireland (2016) and in particular responds to:

- Standard 2.4 – Each resident receives palliative care based on their assessed needs, which maintains and enhances their quality of life and respects their dignity.
- Standard 2.5 – Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.

The new Sláintecare Strategy & Action Plan 2021 – 2023 also aligns with this planned programme, in particular with Reform Programme 1: Improving Safe, Timely Access to Care and Promoting Health & Wellbeing and Workstream 2: Enhanced Community Care (ECC). This priorities care is based in the community, close to home, has a focus on enhancing the regulatory model in respect of nursing homes and bringing care directly to vulnerable groups of people. The Sláintecare Plan also commits to progress the implementation of the COVID-19 Nursing Home Expert Panel recommendations which our proposal does.

GPs are integral to the palliative and end-of-life care provided to residents in RCS. The IHF will continue to work as part of our MoU with the ICGP, including roll out of the Certificate in Palliative Care course, webinars, liaison with the ICGP Nursing & Care Home Special Interest Group and dissemination and promotion of relevant programme activities and resources to GPs.

Table 1: Summary of Programme Activity and Summary of Reach

Programme Level	Activity	Anticipated Reach over 5 years
National / Support Activities	• Develop national frameworks & standards for palliative & EOL care within the residential care setting, building on the tools developed by the national clinical care programmes, HIQA etc. • Audit of available resources relevant to palliative, end-of-life and bereavement care within the residential care setting, for signposting to the care settings through e.g. web portal. Gaps for future resource development will be identified • National advocacy & publicity initiative to promote the importance of quality palliative, end-of-life and bereavement care within residential care settings	Will provide foundation and scoping for Level A activities to reach **580+ RCS** nationwide.
Level A: **Open Access**	• Suite of materials with information suitable for both management and staff, to be circulated to every residential care setting in Ireland, and on request thereafter	**580+ settings nationwide**

Programme Level	Activity	Anticipated Reach over 5 years
	• A web portal with both original content (& links to content hosted elsewhere), with the focus on palliative, end-of-life and bereavement care within the residential care setting	Residents, staff, potential residents & their families
Level B: **For Individual Staff – Open Access**	• Two regional in-person network meetings per annum in each CHO area for nursing home staff where training, professional development, peer support, shared learning & networking will take place • Two national online network meetings per year for nursing home staff • Ongoing facilitation of these networks by the PEBCs, as channels for information-exchange & mutual support between meetings • Webinars – minimum of 6 national webinars per annum	**580+ settings nationwide** All RCS staff with a key focus on Health Care Assistants and Nurses.
Level C: **Intensive RCS-Level Engagement**	• Building on the success of CEOL, for each Level C intervention - groups of RCS (5 per workshop series) will come together with the support of the PEBCs in their CHO **for four facilitated workshops** to implement a continual quality improvement approach to palliative & end-of-life care within their setting. This is repeated 3 time per annum per CHO over the lifetime of this programme, thus potentially reaching ALL RCS. Following programme trained staff are able to impart learning and stimulate developed at RCS onsite. • Particular focus will be on how culture & communication, advance care planning, death reviews and palliative care inputs within RCS can contribute to enhanced palliative, end-of-life and bereavement care.	**Offered to 580+ settings nationwide with aim to reach all over 5 years.** All RCS staff with a key focus on Health Care Assistants, Nurses and management.
	• Project ECHO is an internationally recognised collaborative model of health education and care management using videoconferencing technology. The ECHO model is focused on increasing capacity within primary care, through de-monopolisation of specialist knowledge and improving relationships across primary and secondary care. Building on the success of Project ECHO AIIHPC, knowledge, skills and attitudes towards delivery of palliative and end of life care will be addressed through the development of 9 ECHO projects connecting up to 15 RCS in each region (the 'spokes') with each other & with specialist palliative care and care of older person providers within the region (the 'hubs'). • Over the course of the programme there will be one ECHO per region (on average 2 per annum but front loaded towards beginning of programme) • A Project ECHO will be hosted for all PEBCs once they are in post	Approximately 135 RCS participate across all 9 CHOs with on average 21 staff per RCS attending over the course of the programme. All 10 PEBCs attending specific Project ECHO
Level D: **Inputs at Levels A to C**	The relationship between regional SPC services and RCS is preserved and normal referral protocols will still operate. However, what will be put in place is the following: • Face to face, structured, mutually beneficial learning and information sharing between regional SPC hubs and residential care facilities • Digital, updated lists of Key Contacts to be made available to all residential care facilities • Presentations by specialist palliative care providers at regional and national network meetings • Ongoing contact and liaison from the PEBCs in each region between SPC providers and RCS.	Contingent on resources and supports available in each region – channelled primarily through the reginal specialist inpatient units for specialist palliative care.

Simplified Logic Model (see Appendix in main document for a more detailed representation)

INPUTS

Staff
IHF/AIIHPC
Regional PEOL coordinators (PEOLCs)

Funding

Nursing homes
Owners
Management
Staff

SPC
GPs/hospices/
older people's services

Other
Premises
Materials
Equipment
Transport

OUTPUTS

National
Standards & guidance workstream
Suite of relevant resources
National advocacy campaign
Standards development
Work with national partners

Level A
Materials & web portal delivered to all – all RCS reached

Level B
90 regional network meetings – open to all RCSs
2 national network meetings per annum – open to all RCSs
Webinars – min 6 per annum – open to all RCSs

Level C
Quality improvement initiatives for RCS open to groups of 5 NH per CHO (repeated 3 times per annum) focused on:

- Culture & communication
- Quality improvement methodologies
- Generalist palliative care

Project ECHO AIIHPC – 15 sites per ECHO focused on palliative care improvement and deep learning – one per CHO (10 in total - on average 2 per annum but front loaded to start of programme)

Level D
Updated lists of Key Contacts
Opportunities for information sharing between

OUTCOMES

Residents receive excellent EOLC, in line with their needs & wishes, & are confident that they will receive such care in their place of residence

Families & friends are provided with compassionate support before, during, and after the resident's death

Staff feel confident to practice palliative & EOLC in line with agreed aims & standards. See table xx for expected reach to staff.

Nursing home management take ownership of palliative & EOLC in their facility & support a continuous quality improvement approach. HIQA & HSE standards are met. Appropriate systems are in place. See table xx for expected reach of RCSs

SPC & community supports are understood by staff who know how to access them & when it is appropriate to do so

Infrastructure: the regional infrastructure of networks & PEOLCs, & the national support office, work fluently together as an ongoing structure of support for palliative & EOLC

Programme Reach

The exact numbers of staff working in the RCS sector is not exactly known but based on our calculations we estimate that approximately 42,000 people work in the sector. Of this number approximately 24,000 staff are Health Care Assistants (HCAs) and nurses, both of which are crucial in the delivery of palliative, end-of-life and bereavement care in their work.

We calculate that all 580 RCS will be engaged with and reached as part of this programme and will be able to participate in varying aspects of the Levels A to D.

Each participant in the Level C activities will act as a multiplier or catalyst for their RCS, by bringing the learnings from the Intensive RCS-Level Engagement to their colleagues and peers in their RCS. This sector is characterised by staff turnover and mobility therefore the programme we propose is rolling, ongoing, offers engagement and multiple time points and at multiple levels.

ICT systems and infrastructure will be vital in the roll out of the program as a result careful consideration will be given to a robust, secure and expandable ICT system to capture data, uptake, reach and activities in the programme and to assist with roll out and expansion of the activates at all Levels.

We anticipate that with growing numbers of nursing homes participating year on year over the 5 years we have the potential to reach all nursing homes as follows. We have highlighted approximate percentage of overall RCS sector staff and of the key target of HCAs and nursing staff reach where possible:

Table 2: Detailed analysis of project reach to staff within residential care settings of the national programme

Level	Activity	Key targets	Staffing #s reach (approximate)	% programme reach (42,000 total staff approximate)	Notes
Level A: **Open & Universal Access**	Suite of materials with information and web portal	All RCS staff and management	42,000 staff	Potentially 100%	This is lighter touch engagement in line with what palliative care 'all' should know.
Level B: **For Individual Staff – Open Access**	Regional CHO Networks. Annually 2 per CHO per year with 80 attendees per network x 5 years.	HCAs, Nurses, Allied health care staff, other RCS staff.	7,200 staff over 5 years	30% of key staff 17% of overall staff	18 networks PA x 5= 90 regional networks.
Level B: **For Individual Staff – Open Access**	Two national online network meetings per year -	HCAs, Nurses, Allied health care staff, other RCS staff	Min of 2,000 staff contacts over programme	8% of key staff 5% overall	2x 5 = 10 networks with 200 staff attending = 2000

Level	Activity	Key targets	Staffing #s reach (approximate)	% programme reach (42,000 total staff approximate)	Notes
	200 attendees				
Level B: **For Individual Staff – Open Access**	Webinars – min 6 national webinars per annum	HCAs, Nurses, Allied health care staff, GPs, other RCS staff	9,000 attendees with option to view webinar at later date	38% of key staff 21% overall	30 webinars x 300 attendees per webinar = **9,000 attendances**
Level C: **Intensive RCS-Level Engagement**	Groups of 5 RCS will come together with the support of the PEBCs in their CHO for four facilitated workshops. Repeated 3 times per annum	Including nursing home management, DONs, ADONs, HCAs, Nurses, Allied health care staff, catering, etc.	2700 staff	11% key staff 6% overall	135 RCS per year across all 9 CHOs per annum, totalling ALL RCS over 5 year. 540 staff participating per year. This will be a rolling programme supporting 675 RCS in total to account for staff turnover (some covered more than once).
Level C: **Intensive RCS-Level Engagement**	Project ECHO-AIIHPC 1 per CHO over 5 years	Including nursing home management, DONs, ADONs, HCAs, Nurses, Allied health care staff, catering, etc.	2835 staff	12% key staff 7% overall	Average of 21 staff engaged per RCS with 15 RCS engaged per CHO.
Level C: **Intensive RCS-Level Engagement**	Project ECHO will be hosted for all 9 PEBCs + Coordinator	9 PEBCs + Coordinator	N/A	10 sessions for 10 core programme staff	All PEBCs
Level D: **Inputs at Levels A to C**	Facilitated via ongoing regular engagement between inpatient specialist palliative care units and nursing homes. This programme will not operate at this level except to support good communication and connection.				