

# QI Hospice-Led COVID-19 Bereavement ECHO Knowledge Network

## Account of Progress Template

This will need to be filled monthly and used at least once as the template for the account of progress to peers within the ECHO. Over time, these will build into an account of the life of your project during six month of Hospice UK involvement.

**ECHO ID:** *(for administrative use)*

**Name of presenter or person creating the report/ Hospice Site: Mountbatten IOW**  
**Report for month: January 2021**

### 1. Key theme for discussion

Decide what the key issues you wish to highlight are and, the objectives of the intervention or change. Consider the ECHO participants and how you may be able to demonstrate value for them.

- Objective for change – pandemic
- Online bereavement support group (peer led)

### 2. Background information/setting the scene

What was the case for e.g. change? The Aim? Introduction of new tools, new referral criteria? Include here key points which will help participants understand the situation.

- Case for change – pandemic
- Aim – to offer online bereavement support in place of face-to-face where this is not currently possible and potentially continue thereafter as an extra option of support for clients.
- At present we are offering the extra means of support (online) at our usual referral point and at assessment with a view to advertising shortly. Discussions have been had with our Comms dept regarding such advertising on org. website and org. facebook page.

### 3. Interventions/ development / change

Interventions/ actions/ activities. Key points e.g. what you did or observed.

- Group thus far has enjoyed peer led support mainly.
- I as the facilitator has, during our first 2 online support groups thus far, been there as a support, guidance and boundary setter eg. Time frame of group, people getting their chance to speak, reflecting aspects discussed.

### 4. Output, Progress update

Key points - what it took to achieve the change / intervention. Were there any barriers / constraints?

- The online group is providing support and social interactions and connections in an even more isolating time.
- Barriers or constraints thus far have not shown themselves as apparent, but potential could be technology, for which our IT team have stated their support at the beginning for a short time at each online group for at least the first 5-10 minutes.

### 5. Evaluation and outcomes (what difference did you make and how do you know?). Lasting Impact (what long term difference did you make?)

Any impact on patient/family, you and/or your service, other services or the wider health and social care system. Include here outcomes e.g. the changes that were made because of the interventions either by you or by your service. What might have happened without this intervention?

- Being able to offer an online service offers social connections clients have reported in this current climate feeling less able to achieve.
- Changes made has meant that more clients can be seen quickly if/when they opt for an online group and creates an opportunity to discuss with others that 'get it' (what it feels like to grieve) users have reported to me.

### 6. Reflections (what have you learned from the project), questions and points for discussion

Gaining information from clients as to what their needs and expectations are for the group and being led by their need from the group and myself as a facilitator.

How others in the ECHO group have managed and facilitated the group would be interesting to hear.

## 7. Plan for next period

- If a need arises, advertising on Org. website and Facebook page.
- To gain more clients per cohort.
- To gain feedback to see what the needs are of the users.

## 8. Consideration regarding dissemination (how will you share and spread your project?) and sustainability (how will you be continuing the project?)

Who have you talked to about this work? Inside and outside your organisation

Volunteer counsellors/support have been made aware of the online support group and are passing client details to be invited to the group as a continued support following 1-2-1 support or as a stand-alone support.

The project is known by our Sister co Mountbatten Hampshire and information is being fed back to them at present on how to invite/refer clients to the service.

Internally, have started to discuss with Nursing staff and other departments to spread the word in order for external persons to gain access to this if they wish.

Comms team discussions regarding advertising as mentioned previously/

## 9. Risks, Support needs

- Chat facility within Zoom has been offered as a means to interact privately whilst group continues. At moment, I am the facilitator without a co-facilitator and it is currently at a manageable level if 1-2-1 communications need to take place outside of the group afterwards, however if this continued co-facilitation and recommendation to a continuing 1-2-1 support need from a client that they may wish to seek 1-2-1 support for a while before continuing in group.
- Housekeeping at introduction to explain the above and other issues that may arise/expectations from group members to promote the groups needs at the start.

## 10. Consent for your report to be used in grant reporting

Yes, given