What IS Project ECHO®?

Project ECHO (Extension of Community Health Outcomes), was created by Dr. Sanjeev Arora at the University of New Mexico. Project ECHO follows a ‘Hub’ and ‘Spoke’ model of knowledge dissemination and capacity building, which aims to exchange knowledge between academic health science centres (the “Hubs”) and the frontline of community care partners (the “Spokes”). It relies on the flow of knowledge in multiple directions: from specialists to primary care providers; between primary care providers; and from primary care providers to specialists. This model is appropriate for physicians, nurses and other healthcare providers and has been successfully replicated throughout the United States, Canada and globally.

Doing More for More Patients

ECHO COE Objectives

1. Equip primary care providers to provide more comprehensive care for their frail complex aging patients
2. Utilize existing telehealth and tele-education services to facilitate geriatrics training to primary care providers across Ontario, particularly in remote, underserved areas
3. Meet the demand for care of Ontario’s aging population by expanding the reach of Baycrest and NESGC’s expertise in care of the elderly

Changing the World, Fast

A Need For ECHO-LTC

Since initial implementation of ECHO COE in January 2018 we have had repeated requests for ECHO sessions focused on Long Term Care. Although many topics from ECHO COE are also appropriate for LTC physicians and staff, there are unique needs that occur specifically in LTC.

There are 627 licensed LTC homes in Ontario encompassing over 78,000 beds. About 40% of LTC homes in Ontario are small (96 or fewer beds); 47% of these homes are in rural communities. Access to specialists is extremely limited especially in rural areas.

Participating in a LTC focused ECHO will offer multiple benefits, including:
- ECHO methodology can be successful in improving care of LTC residents with dementia and/or delirium related behaviours.
- Education framed around real case presentations
- Networking with peers and content experts
- Access to resources, website and community of practice
- A formalized learning and sharing network or community of practice could assist with the co-creation, dissemination, implementation and evaluation of tools and resources across LTC
- Free CPD credits

The Baycrest Centre for Learning, Research and Innovation in LTC (CLRLI) is a collaborating partner in this upcoming series.

Needs Assessment

We surveyed medical directors, attending physicians, directors of care and other LTC interprofessional team members to determine what curriculum topics were most relevant and/or challenging for LTC. These findings will inform our curriculum. N=116.

Evaluation

As part of the REB approved program, participants will complete on-line pre and post knowledge and self-efficacy questionnaires, weekly satisfaction evaluations and attend a live focus group, similar to the ECHO Care of the Elderly evaluation protocol.

Resources

2. https://echo.umanitoba.ca/
3. https://www.echoontario.ca/
4. www.baycrest.echoontoario.ca

Our first ECHO COE-LTC will run for 10 weeks, January - March 2019. Interprofessional teams will be encouraged to attend together; physicians can attend remotely through Zoom if they are not able to be on-site with the LTC team.