

# **Erie St. Clair End-of-Life Care Network Hospice Palliative Care Education Blueprint**

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## **Expansion of Video-Conferencing Capacity**

Evaluation Report

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**For:**

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## Glossary of Terms

Average (+/-)	Average is calculated as the mean score ; +/- = standard deviation, which is the average distance between individual scores from the overall average score.
CAPCE	Comprehensive Advanced Palliative Care Education
CCAC	Community Care Access Centre
COPD	Chronic Obstructive Pulmonary Disease
DNR	Do Not Resuscitate
EOL/ EOLC	End of Life / End-of-Life Care
ESC EOLCN	Erie St. Clair End-of-Life Care Network
ESAS	Edmonton System Assessment Scale
LHIN	Local Health Integration Network
LTC	Long-Term Care
NP	Nurse Practitioner
OSCMC	Ontario Cancer Symptom Management Collaboration
OT	Occupational Therapy
OTN	Ontario Telehealth Network
PCR	Palliative Care Resource
PPS	Palliative Performance Scale
PPSMC	Palliative Pain and Symptom Management Consultant
RT	Respiratory Therapy
SRK	Symptom Response Kit
SWO PPSMCP	Southwestern Ontario Palliative Pain and Symptom Management Consultation Program
PSW/HSW	Personal Support Worker/ Home Support Workers
RN/ RPN	Registered Nurse/ Registered Practical Nurse
WIFN	Walpole Island First Nation
WRCC	Windsor Regional Cancer Centre

# Education Blueprint Evaluation Executive Summary

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## Erie St. Clair End-of-Life Care Network Hospice Palliative Care Education Blueprint

### INTRODUCTION

The Erie St. Clair End-of-Life Care Network has secured funding for several initiatives aimed at creating and supporting an integrated hospice palliative care system in this region. One of these initiatives is a multi-year framework for palliative / end-of-life care education consisting of the following initiatives:

- 1. Volunteer Education:** Implementation of strategic volunteer education planning sessions; training programs to enhance the scope of volunteer training (e.g., Hands on Care training, Story Telling Project,) and promotion of the 'Share the Care' model to support informal caregivers/ volunteers.
- 2. Cultural Education:** Working with First Nation representatives to identify the palliative care needs of this community develop strategies to meet these needs and to assess the training needs of health care providers working within the Walpole Island First Nation community.
- 3. Skill Specific Education for Care Providers:** Implementation of two education programs to build capacity for palliative care: Physical Skills Education (pain and symptom management for community-based nurses: Year 1) and ER Avoidance Education (chemotherapy/radiation therapy side effects management education; Year 2). In addition, in Year 1, Community Resource Education sessions were delivered to increase awareness of available community resources and services.
- 4. Nursing Guidelines for End-of-Life Care in Long-Term Care Settings Homes:** Training to support the implementation of EOL Care Nursing guidelines across all ESC Long-Term Care Homes.
- 5. Expansion of Video-Conferencing Capacity:** Development of video-conferencing sites to support education across the system, including training of in-house support for video-conferencing operation.

A comprehensive evaluation of the Education Blueprint was undertaken, examining both outcomes (summative evaluation) and development and implementation (formative evaluation). The evaluation report provides detailed information about the methods and results. This report focuses on the results of the evaluation of the expansion of video-conferencing capacity.

### EVALUATION METHODS

Evaluation objectives across all of the components of the Blueprint were aimed at:

- Providing feedback on planning/ training sessions
- Identifying impacts associated with education
- Describing the development and implementation of initiatives
- Describing progress to date

A mixed methods approach (quantitative and qualitative) was used to achieve the objectives of this evaluation. Sources of information included:

- Feedback surveys** completed by education participants to obtain reactions to the sessions (Volunteer training sessions, physical skills sessions, nursing guidelines for end-of-life care sessions); responses rates ranged from 73 -89%.

- **Follow-up surveys** to assess impacts of the education (physical skills, nursing guidelines for end-of-life care education programs); response rates ranged from 30-41%.
- **Individual and focus group interviews** with participants and managers (physical skills), managers to gather in-depth information on impacts and with initiative organizers to assess impacts and describe development and implementation (volunteer education, cultural education, expansion of videoconferencing capacity and the overall Blueprint initiative); in total 36 individuals participated in the evaluation interviews.

## KEY FINDINGS AND CONCLUSIONS

### Volunteer Education

- A total of 46 individuals participated in volunteer planning sessions; 51 individuals participated in various sessions aimed at volunteers.
- Training and information sessions (Hands on Care, Share the Care) were viewed positively; participants held favourable reactions to various aspects of these sessions including supporting resource material. Suggestions were made regarding improvements to delivery and potential topic areas for inclusion.
- A partnership was formed with the Victoria Order of Nurses (VON) to deliver the Story-Telling Project; VON provided a coordinator to deliver the training and the Education Blueprint provided funding for resource materials.
- Cross-Sector Volunteer Planning sessions were well received; they were described as a significant opportunity for bringing all the sectors together to identify common needs, challenges, sharing of ideas, and solutions.
- Key impacts associated with the volunteer initiative have included: enhanced volunteer training, improved recruitment and retention, improved credibility of volunteers, and standardization of training and care.
- A number of factors were identified as facilitating the development and implementation of the volunteer training events: funding support, dedicated leadership and project management, and effective session facilitation. Challenges have included; tight timelines, lack of clarity/ understanding of in-kind contributions, limited follow-up support available, particularly for Share the Care, and limited local human resources to plan and prepare training events.
- Strategies for further implementation were suggested, including the need for clarity regarding in-kind contributions and continued opportunities for networking and planning.

**Conclusions:** The potential for enhanced training and concomitant enhancements to volunteer confidence, comfort, and performance are great. One of the most significant outcomes of this initiative has been the involvement of a broad range of stakeholders across sectors in the strategic planning of volunteer training in this region. Excitement was generated regarding the potential for shared training and resources as it was believed that this will have a significant impact on improvements to volunteer training across sectors and across the region. Further evaluation efforts might consider direct impacts of the training sessions on objective changes to volunteers practice (i.e., an examination of the ways in which volunteer work changes).

### Cultural Education

- Two meetings were held to develop relationships within the Walpole Island First Nation (WIFN) community and 15 members of this First Nation's community are currently participating in the Fundamentals of Hospice Palliative Care education program

(PPSMCP). Seven members of the WIFN community were individually interviewed to identify palliative care/ end-of-life care needs and gaps.

- A major accomplishment has been the development of relationships with Walpole Island First Nation leaders and health professionals. These relationships have facilitated the identification of the palliative care needs of the First Nation population, strategies to address these needs as part of the Education Blueprint and those that could be addressed through the PPSMCP.
- Introduction/ delivery of the Fundamentals of Hospice Palliative Care Education program on Walpole Island for PSWs represents a significant opportunity to fill an identified gap and is the first palliative care specific education program that has been delivered on Walpole Island. The availability of funding and support from Chief Joseph Gilbert were identified as facilitating the introduction of Blueprint organizers into this First Nation Community.
- Initiative specific and service delivery challenges were identified: time constraints, the slower pace of activity within the First Nation community, limited system capacity for palliative care and socioeconomic challenges that hinder optimal palliative care, and the cultural relevance of the Fundamentals program (content and delivery).
- Key to ongoing capacity building will be opportunities for exploring the relevance of the Fundamentals program for the WIFN community.
- Needs and gaps in palliative care within the WIFN community were identified specific to resources for institutional care (retirement home, LTC) and better supported home care.

**Conclusions:** Significant headway was made in establishing relationships with First Nation's leaders and health professionals on Walpole Island. This process of relationship building will take time and will be critical for continued support and sustainability. Resolution of the issues associated with the Fundamentals program will be important to developing the trust of the First Nation leaders and health care providers so that continued capacity building can occur.

### **Skill Specific Education**

- A total of 242 community-based frontline workers participated in the Physical Skills education program; 207 attended the Community Resources Education sessions.
- The Physical Skills sessions were well received by survey respondents; very few participants provided negative ratings and at least half of the respondents were able to identify changes to their knowledge and assessment and management skills.
- Interview participants described the Physical Skills sessions as largely review, particularly for those with previous palliative care education, and did not significantly impact practice change.
- The Community Resource Education session was described as most useful and the one in which participants learned the most "new" information.
- Overall, the sessions were described as a good opportunity to network with nurses from other agencies and share common experiences, challenges, and potential solutions, however, there were suggestions that this education did not need to be mandatory; it would have been preferable to target the Physical Skills sessions to new learners or to have basic and advanced levels to reflect existing capacity.
- Additional suggestions were made for improving the content, additional topic areas, learning supports and resources and the learning environment. Education delivered in conjunction with team meetings was a preferred format for delivery of education.

**Conclusions:** A number of positive impacts were associated with these sessions, including improved pain and symptom assessment and management and increased awareness of

available community support services. However, these perceptions were in contradiction of those managers and nurses who were interviewed; these individuals perceived that there was limited new information, thus they believed the sessions should not have been mandatory. Generally, there was much support for more palliative / end-of-life care education, for standardization of education, and ensuring that all community nurses are familiar with key palliative care concepts; both survey respondents and interview participants suggested additional topic areas that would be beneficial. Greater collaboration with the provider agencies around topic areas, scheduling, formats, and eligibility criteria may ensure greater “buy in” and support for future education.

### **Nursing Guidelines for End-of-Life Care in Long-Term Care Settings**

- The Nursing Guidelines for End-of-Life Care education program was delivered to 62 individuals representing 16 LTC homes in the region.
- The sessions were well received by survey respondents; ratings of various aspects of the sessions and the session leader were positive.
- The nursing guidelines were also well received; intuitively they make sense, create a common language and common goals for end-of-life care thus creating consistency in care (standardized care, provide direction for less experienced staff) and are easy to use.
- The guidelines are being used with most/ almost all residents or at least some residents who were at end-of-life. Some homes have not yet implemented the guidelines because of competing initiatives (e.g., the implementation of the MDS-RAI), but they have plans in place to do so in the near future.
- Key practice changes resulting from this initiative were related to use of the standardized tools (PPS, ESAS), use of the admission review check list, use of the EOL care pamphlet which has opened dialogue with family members, and increased knowledge regarding the signs and symptoms of impending death. Health system improvements include improved quality of care in long-term care, standardized end-of-life care, and improved communication among providers.

**Conclusions:** Overall, this education program was well received and positively evaluated by participants. The training assisted participants to change their practice/ use the nursing guidelines. Homes have been challenged to implement the guidelines and in-house training by time constraints and competing initiatives. However, the guidelines are viewed as a priority and many homes have plans in place to implement them in the near future. Many benefits (impacts) have been associated with the use of the guidelines; they have the potential to increase quality of life for residents and quality of end-of-life care in long-term care through the use of standardized assessment tools, provision of a common language with which to describe end of life, and development of consistent/ standardized care plans.

### **Expansion of Video-Conferencing Capacity**

- The expansion of video-conferencing capacity is currently in progress in two sites, one in Windsor, the other in Sarnia.
- A number of factors facilitated the development and implementation of this initiative including: Windsor Hospice’s history of providing education, existing network infrastructure (Windsor site), dedicated project management support, partnership and mentorship across sites and support at all levels (Blueprint and site-specific leadership, IT, OTN).
- Challenges to date have included delays created by technological issues, tight-time lines, and planning for installation in a building that is not yet built.
- Key lessons learned in the implementation of this initiative have included: the importance of utilizing existing experience and having basic IT support available, acknowledging that

installation takes time, the need to ensure equipment is compatible across the system, and planning for use.

- Strategies to sustain use were identified reflecting the importance of ongoing funding, champions, IT and administrative support, and promotion.

**Conclusions:** The major objective of this videoconferencing initiative was to have one site fully operational by the end of the first funding year. Technical delays external to and beyond the control of project organizers have prevented the achievement of this objective. Information and resource sharing between sites has facilitated implementation at the Sarnia site. This experience as well as additional lessons learned, particularly the importance of dedicated project management and technical support can be used to facilitate successful expansion across the region. Leveraging of existing infrastructures, particularly as related to technological supports will assist in the selection in additional sites. Although videoconferencing has yet to be utilized for education, there is much anticipation that it will greatly impact accessibility to education across sectors and across the region and that travel cost savings will be realized. Important strategies for ensuring sustained use of the equipment were identified in this evaluation. Strategies related to planning for marketing and promotion, identification of key champions for its use and availability of IT and administrative support will also be important to facilitating initial use and success. When operational, opportunities to gather feedback from users on technology performance (sound and picture quality), satisfaction, comfort, benefits, and suggestions for improvement can be used to inform further development and implementation of this initiative.

### **Evaluation of the Overall Education Blueprint**

- Across all of the initiatives of the Education Blueprint, various information, education, and planning sessions were delivered with 581 individuals in attendance.
- Development and implementation of the blueprint were facilitated by: existing information on education needs and gaps; existing and new infrastructure; financial support; effective leadership, and good communication, support at all levels; project management support and forced deadlines.
- Challenges to implementation included: short timelines, lack of existing infrastructure, relationships and champions in some areas, technological and personnel issues impeding completion of the video-conferencing initiative, competing projects, nursing layoffs, and limited cross-sector involvement.
- Key lessons learned that will assist with continued implementation have highlighted the importance of champions, funding commitment, dedicated human resources, support at all levels, networking and partnerships, leveraging existing structures, effective communication strategies, and evaluation.
- Suggestions for improvements and further implementation of the blueprint included: better admin support and financial accounting system, continued leveraging of programs and the need for: increased cross county and sector collaboration, more skill specific education, strategies to ensure knowledge transfer, greater emphasis on a systems-level approach, continued leadership and promotion and the need to clarify responsibilities regarding in-kind contributions.
- Although the short time makes it difficult to demonstrate improved competency at a system level, early impacts were identified related improved quality of care, increased access to palliative care education and capacity building for health care providers and volunteers, enhanced relationships/ partnerships for education, improved coordination and integration of education; increased participation of the volunteer sector and increased awareness of palliative care issues across the system.

**CONCLUSIONS:** Based the results of this evaluation the following conclusions can be made:

- The ESC EOLCN Education Blueprint has accomplished a great deal in a short period of time. Overall objectives were largely achieved and those that were not were beyond the control of Blueprint organizers (e.g., technological delays with the videoconferencing installation). A number of important training/ education programs were held for volunteers and frontline workers in the community and long-term sectors. The sessions were generally well attended and well received. Although there were some challenges experienced in implementing these initiatives, some unique to the specific programs (e.g., the mandatory nature of the Skills Specific sessions) and others common across all program (e.g., tight lines, competing priorities), changes in practice and benefits to care recipients and their families, care providers and the health system were identified. Major achievements identified across the initiatives of the Blueprint highlight the support for more palliative / end-of-life education in this region and the importance of relationship and partnership building, opportunities for networking across sectors and across the region to share ideas and resources, and inclusion of all key stakeholders in planning and decision making in order to maximize education strategies, including leveraging existing infrastructure and resources for capacity building.
- The need for enhanced palliative care is well documented in the published literature and there is much support for education as a strategy to improve care. The initiatives of the Education Blueprint have the potential to have a significant impact on palliative care across the region. The Blueprint provides an opportunity to provide a coordinated, integrated, and standardized approach to education. This type of approach to palliative care education is unprecedented in southwestern Ontario, and most likely the entire province. This evaluation has identified a number of important and practical strategies for sustainability and further development, many of which will further enhance education efforts (e.g., planning for shared implementation of volunteer education, exploring how existing education programs meet the needs of the WIFN learners, building skill specific education on existing capacity, mentorship support for ensuring practice change and greater inclusion of the long-term care, complex continuing care, and acute care sectors). Increasing capacity for palliative care across the continuum of care by ensuring the consistent use of assessment tools, common language, and care models will serve to support and enhance other initiatives of the ESC EOLCN aimed at enhancing palliative care (e.g., the expansion of Palliative Consultation Teams across the region).
- This evaluation identified many factors that facilitated and challenged the development and implementation of education programs. Attention to these factors as well as identified lessons learned will serve to inform and maximize education efforts going into Year 2 of this initiative. Similarly, this evaluation identified factors that facilitated and challenged application of education to clinical practice. Attention to these factors as well as strategies identified by evaluation participants to support knowledge transfer (e.g., resource materials, mentorship and follow-up support) will also serve to support education efforts going into Year 2.

**Evaluation Limitations:** The identified impacts associated with the training provided as part of the Education Blueprint were largely self-reported by key stakeholders and anecdotal; objective measures of impacts (i.e., performance/ outcome indicators providing empirical evidence of practice changes and impacts) while difficult to develop would provide validation of the qualitative data generated by this evaluation.

# Expansion of Video-Conferencing Capacity

## Executive Summary: Expansion of Video-Conferencing Capacity

**Introduction:** The ESC EOLCN Education Blueprint included efforts to develop video-conferencing sites to support education across the system. Year 1 of this initiative focused on the development of the video-conferencing system at two sites (identification of technology needs, purchase and set-up) in Windsor and Sarnia.

**Evaluation Methods:** The evaluation objective was to describe the development and implementation of this initiative. Two *focus group interviews* were conducted with individuals involved in the development and implementation of this initiative.

### Key Findings

**Facilitating Factors:** A number of factors facilitated the development and implementation of this initiative including: Windsor Hospice's history of providing education, existing network infrastructure (Windsor site), dedicated project management support, partnership and mentorship across sites and support at all levels (leadership, IT, OTN).

**Challenges** to date have included: delays created by technological issues (Windsor site), tight-time lines (Sarnia Site) and planning for installation in a building that is not yet built (Sarnia Site).

**Key lessons learned** included: the importance of utilizing existing experience and having basic IT support available, acknowledging that installation takes time, the need to ensure equipment is compatible across the system, and planning for use.

**Sustainability strategies** to ensure ongoing use include the need to ensure initial use is successful, secure funding for upgrades and warranty renewal, identification of champions, ensure ongoing IT and administrative support, develop plans to promote use, and identify and promote benefits associated with the use of videoconferencing.

**Next steps** for this initiative include: installation of equipment (correction of the problem that created delay), on-site training for use, promotion use of the equipment, and building upon experience to date to select, plan, and develop new sites.

**Conclusions:** The major objective of this videoconferencing initiative was to have one site fully operational by the end of the first funding year. Technical delays external to and beyond the control of project organizers have prevented the achievement of this objective. Information and resource sharing between sites has facilitated implementation at the Sarnia site. This experience as well as additional lessons learned, particularly the importance of dedicated project management and technical support can be used to facilitate successful expansion across the region. Leveraging of existing infrastructures, particularly as related to technological supports, will assist in the selection in additional sites. Although videoconferencing has yet to be utilized for education, there is much anticipation that it will greatly impact accessibility to education across sectors and across the region and that travel cost savings will be realized. Important strategies for ensuring sustained use of the equipment were identified in this evaluation. Strategies related to planning for marketing and promotion, identification of key champions for its use and availability of IT and administrative support will also be important to facilitating initial use and success. When operational, opportunities to gather feedback from users on technology performance (sound and picture quality), satisfaction, comfort, benefits, and suggestions for improvement can be used to inform further development and implementation of this initiative.

## 1.0 Introduction

The ESC EOLCN Education Blueprint included efforts to develop video-conferencing sites to support education across the system, including the training of in-house support for video-conferencing operation. Year 1 of this initiative focused on the development of the video-conferencing system at two sites (identification of technology needs, purchase and set-up). It was anticipated that one site would be established and fully functional by the end of March 2009.

## 2.0 Evaluation Objectives and Methods

**Evaluation Objectives:** The evaluation objective for the Video-Conferencing component of the ESC EOLCN education blueprint was to describe the development and implementation (set-up) of the two Ontario Telehealth Network (OTN) applications, specifically focused on:

- factors facilitating and hindering the development and implementation of this initiative
- infrastructure development, communication strategies, training (sufficient and appropriate for the intended purposes)
- technology performance<sup>1</sup>
- lessons learned
- sustainability strategies
- next steps, including expansion to other sites

This information will be used to inform further development of the initiative, including supports and resources needed to maximize success.

**Source of Information:** All of the individuals involved in the development and implementation of this initiative (e.g., leadership, site co-ordinators, project manager, N = 4) were invited participate in a focus group interview to assess the objectives as described above. The interview guide (presented in Appendix A) was distributed to participants prior to the interview for review.

Two group interviews were conducted with 2 individuals each on March 30 and April 1, 2009 via teleconference. These interviews were 34 and 39 minutes in length.

**Data Collection and Analysis:** The evaluation consultant conducted this focus group interview, which was audio-recorded and transcribed. Interview data analysis was consistent with recommended practices for qualitative data.<sup>2</sup>

## 3.0 Results

The following is a summary of the highlights and main themes that have emerged from the interviews with those involved in the expansion of video-conferencing capacity.

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<sup>1</sup> Although it was initially planned to evaluate the use and performance of the video-conferencing technology/equipment, it was not functional at the time of the evaluation interviews.

<sup>2</sup> Patton, M.Q. (2002). *Qualitative Evaluation and Research*. Thousand Oaks, CA: Sage.

### 3.1 Objective I: Describe the development and implementation of the two OTN applications

#### Facilitating Factors and Challenges

Project organizers identified a number of factors that have facilitated and challenged the expansion of videoconferencing in this region; these factors are summarized in Table 1.

**Table 1: Summary of the Factors Facilitating the Development and Implementation of the Education Blueprint**

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**Facilitating Factors:**

- Windsor Hospice's history of providing education
- Existing network infrastructure (Windsor site)
- Dedicated project management support
- Partnership and mentorship across sites
- Support at all levels

**Challenges**

- Delays created by technological issues
  - Tight-time lines (Sarnia Site)
  - Planning for installation in a building that is not yet built (Sarnia Site)
- 

#### Facilitating Factors:

- **Windsor Hospice's history of providing education:** The Hospice had a strong history of providing continuing education so that this project was consistent with their philosophy and prioritization of education. As education efforts were focused primarily in Windsor, they were interested in being able to increase access for those living and working at a distance.
- **Existing network infrastructure:** Installation of video-conferencing in this site could capitalize on existing technology/ network infrastructure and IT support already in place. This allowed the blueprint to focus primarily on purchasing the video-conferencing equipment.
- **Dedicated project management support:** Dedicated project management support kept the work on track and moving forward.
- **Partnership and mentorship across sites:** The Sarnia site was able to build upon ('piggy back') some of the work that already been completed at the Windsor site. Information and document sharing assisted Sarnia with planning without duplication of efforts.
- **Support at all levels:** Blueprint and site-specific leadership vision and IT support as well as support from OTN were instrumental to moving plans forward.

*“Dedicated leadership on both sites, who were timely and responsive and willing to work together. And the OTN response... She’s [OTN support staff] great to work with. She made herself available, she connected us to equipment suppliers, she opened some doors in terms of site visits where they already had equipment set up, so we could see what a set up looks like with the specific equipment.”*

## Challenges

- **Delays created by technological issues:** E-Health Ontario was responsible for installing the router circuit to support the technology for the videoconferencing; they made an error in their assessment of what was needed to support the video capabilities at the Windsor site. This error was not discovered until the technician arrived to install the router and discovered that the circuit selected did not match their system profile (i.e., the circuit did not have the band width capability to support video). A new circuit has been ordered, but this has created a delay in the use of videoconferencing for education; upcoming education events will continue as planned but without this technology.

*“Well when I knew we were getting [videoconferencing] we planned our education, thinking we were going to have OTN [Ontario Telehealth Network] capabilities between now and June. None of that will be able to be televised, so not only is there a delay in us sharing the education, there is a delay in us being able to tap into any educational events.”*

- **Tight-time lines:** There was a short time period before the end-date of the Blueprint Year 1 in which to develop the plans and order the necessary equipment for the installation in Sarnia.
- **Planning for installation in a building that is not yet built:** The Sarnia site is currently under construction so that it was sometimes a challenge to anticipate the space and equipment needs.

## Key Lessons Learned

Initiative organizers identified a number of lessons learned in the planning and installation of videoconferencing at the Windsor and Sarnia sites; these are summarized in Table 2.

**Table 2: Summary of the Key Lessons Learned**

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### **Lessons Learned**

- Importance of utilizing existing experience
  - Importance of having basic IT support available
  - Acknowledging that installation takes time
  - Need to ensure equipment is compatible across the system
  - Planning for use is essential
- 
- **Importance of utilizing existing experience:** Mentorship and information sharing across sites facilitated planning and installation in Sarnia.

- **Importance of having basic IT support available:** Selection of the most appropriate equipment for anticipated needs requires some knowledge of existing technological capacities and capabilities; IT support is required to understand the requirements and select the appropriate equipment and supports.

*“When they started talking about routers and circuit lines and things like that, well that’s right over my head.”*

*“If you do not have technical support on site, you’re kind of floating in the water... you really need to have IT available.”*

- **Acknowledging that installation takes time:** Planning and installation can take time so that even though the equipment is purchased and delivered it may take some time before it is fully operational.

*“Just recognize that it takes time and there are site visits and things like that. It could be that you want to be a site, and you can go ahead and get the equipment, but it might be months until when you can actually be able to set the equipment up... if you think that you’re going to bring this on in September and be up and running with people being trained in December, that’s unlikely unless your site is wired sufficiently and the location is wired specifically.... it could be six months, it could be eight months depending on where you are in the cue and how much work needs to be done at the local infrastructure, and on your own site.”*

- **Need to ensure equipment is compatible across the system:** To ensure that all partners that will be accessing education have a capacity to do so, it is important to ensure that technological equipment is compatible so that partners can take advantage of the technology.

*“You want to make sure that there’s capability because there’s no sense getting the latest and best equipment if it’s not compatible with some of your partners.”*

- **Planning for use is essential:** It was noted that having a plan for how the equipment will be used will be important to developing education plans and budget planning so that education efforts are maximized.

*“I think wherever or whichever agency is the next to have the OTN equipment, they have to have the vision of providing education because the cost does not stop there. So you have to have it within your budget, within your agency, to provide the education... you have to have someone to coordinate the plan, not just someone to book it, ...and you have to have a solid strategic plan for education... capable of moving it forward from an IT point.”*

## **Suggestions for Sustainability and Further Development**

A number of suggestions were identified to ensure the sustainability and success of videoconferencing; these suggestions are summarized in Table 3.

**Table 3: Suggestions for Sustainability**

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***Sustainability strategies***

- Ensure initial use is successful
  - Secure funding for upgrades and warranty renewal
  - Identification of champions
  - Ensure ongoing IT and administrative support
  - Develop plans to promote use
  - Identify and promote benefits
- 

**Sustainability strategies**

- ***Ensure initial use is successful:*** It was suggested that great effort should go into making sure initial use of videoconferencing is successful otherwise partners will not be interested in using it again.

*“Well I know myself if I start doing education using [videoconferencing] and I get in to a tremendous amount of technical difficulty and half way through any of our educational sessions the equipment fails and I do not have good technical support, I will not continue to use it.”*

- ***Secure funding for upgrades and warranty renewal:*** Budgetary planning will be necessary to ensure that there is funding in place for equipment upgrades and warranty renewals several years after the equipment is initially installed.
- ***Identification of champions:*** Individuals to champion the use of videoconferencing was suggested as a strategy to ensure its continued use.
- ***Ensure ongoing IT and administrative support:*** Continued IT and administrative support for use were identified as important to the ongoing use of the equipment.
- ***Develop plans to promote use:*** Ongoing promotion and marketing of the videoconferencing capacity will ensure that it is used. It is anticipated the equipment can leveraged to access education across the region.

*“On our end we need to ensure that we are constantly thinking of ways to use the equipment, communicating to other agencies within the community who have the equipment and are willing to host different events or training sessions or things like that, so the equipment can be utilized.”*

- ***Identify and promote benefits:*** Evaluation efforts aimed at identifying the benefits/ impacts associated with use of videoconferencing will lend support for its use. It is anticipated that impacts will include an increase in the number of people able to access education, increased opportunities for cross-sector education, reduced costs associated with travel and lost work time, and fewer cancellations of planned education events due to poor weather.

**Next steps** for this initiative include:

- installation of equipment (correction of the problem that created delay)
- on-site training for use
- promotion use of the equipment
- building upon experience to date to select, plan, and develop new sites

## 4.0 Conclusions

Based on the results of this evaluation the following conclusions can be made:

- The major objective of this videoconferencing initiative was to have one site fully operational by the end of the first funding year. Technical delays external to and beyond the control of project organizers have prevented the achievement of this objective. Given the tight time lines for the installation of these sites, a positive impact of the delay has been the opportunity to plan for use and promotion of videoconferencing for education.
- The installation process at the Sarnia site has greatly benefited from the installation experiences of the Windsor Hospice; information and resource sharing has been a major facilitating factor. This experience as well as additional lessons learned, particularly the importance of dedicated project management and technical support can be used to facilitate successful expansion across the region. Leveraging of existing infrastructures, particularly as related to technological supports, will assist in the selection in additional sites.
- Although videoconferencing has yet to be utilized for education, there is much anticipation that it will greatly impact accessibility to education across sectors and across the region and that travel cost savings will be realized. Important strategies for ensuring sustained use of the equipment were identified in this evaluation. Strategies related to planning for marketing and promotion, identification of key champions for its use and availability of IT and administrative support will also be important to facilitating initial use and success. When operational, opportunities to gather feedback from users on technology performance (sound and picture quality), satisfaction, comfort, benefits, and suggestions for improvement can be used to inform further development and implementation of this initiative.

## Acknowledgements

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### Guide for the Focus Group Interview Regarding Expansion of Video Conferencing Capacity

#### Development and Implementation

- What has worked well with the development and implementation of this initiative? What factors have facilitated your ability to expand video-conferencing capacity in this region?
- What factors have challenged your ability to expand video-conferencing capacity in this region?
- Do you have any comments that you would like to make about the support that you received from the Ontario Telehealth Network, in regards to planning, equipment selection and installation, technology support, troubleshooting, and training?
- What are some of the key lessons learned in implementing the expansion of video-conferencing capacity in this region?
- If you had to give advice to someone else starting a similar project, what would it be?
- What suggestions (for improvements/ changes) do you have for further expansion of video-conferencing capacity in this region?
- What do you think is necessary to ensure sustained/ ongoing use of video-conferencing for education purposes?
- What are your next steps for this initiative?

#### Use

- To date, how often has video-conferencing been used to support education in this region?
- Can you comment on the potential uses of video-conferencing to support palliative / end-of-life care in this region? What are ideas, and visions for the use of video-conferencing to support palliative / end-of-life care in this region?

#### Technology Performance

- How well has the video-conferencing equipment performed?
- What problems have there been with the equipment?
  - Have these problem(s) impacted use?
  - Do you have any suggestions or recommendations for improving the performance of the equipment?

- Do you think participants are comfortable with the technology?
- Do you have any suggestions for improving or enhancing participants' comfort level with the technology?
- Do you think the training people received on the use of the equipment was sufficient?
  - Do you have any suggestions for improving the training?

**Additional Comments**

Are there any other comments you'd like to make about video-conferencing– any issues or concerns you have that did not emerge from the questions asked?