Evaluation of the Community Oncology Nursing Programme
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A Pilot Study between the National Cancer Control Programme, the Office of the HSE Nursing and Midwifery Directorate, the Medical Oncology Service in Letterkenny General Hospital and the Community Nursing Service in Co Donegal
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Acknowledgements

The development of a programme on this scale requires the input of a large team of people from innovation and development to implementation and evaluation. We would like to acknowledge the members of the Letterkenny Local Implementation Team (Appendix 3) and the National Cancer Control working group (Appendix 4).

We would also like to acknowledge the National Council for Nursing and Midwifery for funding this initiative.
Foreword

We are delighted to welcome the publication of this report on the evaluation of the Community Oncology Nursing Programme.

Donegal was chosen by the National Cancer Control Programme to be the pilot site for implementation and evaluation of this Programme because the medical oncology service, based in Letterkenny General Hospital, and the public health nursing service had already established impressive collaborative work processes to provide care to patients who are receiving chemotherapy as part of their cancer treatment.

This Programme was primarily established to meet the health care needs of patients who are coping with serious illness by ensuring that safe, high quality nursing care is provided in the most appropriate setting for them.

In recognising the increasing incidence of cancer in Ireland and the many emerging opportunities to provide effective treatment, this programme responds to the fact that resources are limited and cancer care can be integrated between the hospital and community care settings.

While it is a key aim of the HSE to implement integrated models of care, it is essential that such initiatives are safe and of the highest quality. Therefore the evaluation of this Programme focused on patient safety and the delivery of quality effective care. A successful evaluation was considered to be essential before consideration could be given to the national expansion of the Programme.

The Programme is an excellent example of how an interdisciplinary team approach can meet the complex health needs of patients with a serious illness. This has delivered a more seamless service that is responsive to the needs of this group of patients. It has also resulted in a very positive experience for all nurses involved. This Programme can serve as a model for integrating the nursing care for other serious illnesses. We hope that the Programme will now be made available nationally.

We would like to congratulate everyone involved in the Programme.

Dr Anne Flood

Mary McGroarty

Director of Nursing and Midwifery

Acting Director of Public Health Nursing

Chairperson of Steering Committee

Chairperson of Steering Committee
# Glossary of abbreviations

<table>
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<th>Abbreviation</th>
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<tr>
<td>ANP</td>
<td>Advanced Nurse Practitioner</td>
</tr>
<tr>
<td>ADPHN</td>
<td>Assistant Director of Public Health Nursing</td>
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<tr>
<td>CNME</td>
<td>Centre of Nursing and Midwifery Education</td>
</tr>
<tr>
<td>CNS</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>CVAD</td>
<td>Central Venous Access Device</td>
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<tr>
<td>HIQA</td>
<td>Health Information and Quality Authority</td>
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<tr>
<td>HPSC</td>
<td>Health Protection Surveillance Centre</td>
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<td>HSE</td>
<td>Health Service Executive</td>
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<td>LGH</td>
<td>Letterkenny General Hospital</td>
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<td>NCCP</td>
<td>National Cancer Control Programme</td>
</tr>
<tr>
<td>ONMSD</td>
<td>Office of the Nursing and Midwifery Services Director (HSE)</td>
</tr>
<tr>
<td>PEG</td>
<td>Percutaneous Endoscopic Gastrostomy</td>
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<tr>
<td>PHN</td>
<td>Public Health Nurse</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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Summary

The National Cancer Control Programme (NCCP) and the Office of the HSE Nursing and Midwifery Services Director (ONMSD) developed a Community Oncology Nursing Programme. It was piloted in Donegal. This report outlines the evaluation of the pilot.

The new service is for patients who are undergoing acute systemic cancer therapy. The aim of the Programme is to deliver safe cancer nursing care to patients in their home. The patients remain under the clinical care of the medical oncologist and receive all their chemotherapy in hospital.

National and local governance arrangements were set up to plan and monitor the impact of the service. The NCCP Strategic Nursing Reference Group, which includes senior nurses in acute hospital and community settings and NCCP representation, provided national oversight. Local governance was provided by the Local (Donegal) Implementation Team which comprised medical and nursing personnel from hospital and community settings, health service management and nurse education personnel. The evaluation was carried out by the NCCP in collaboration with the Local Implementation Team.

Training was provided to Public Health Nurses (PHNs) to equip them with the knowledge and skills to safely and confidently provide care, at home, to patients undergoing systemic cancer therapy. Training was theoretical and skills based. It was delivered over a 20 week period. The Programme included the following safety features:

- The patient always remained under the care of the Medical Oncologist irrespective of where their care was delivered
- A Community Oncology Resource Book was developed to assist the PHNs in the clinical assessment of patients
- An assessment of the PHNs knowledge and skills was carried out upon completion of their training
- Standardised referral procedures from the Medical Oncology Day Ward to the community were developed
- Direct access to the Medical Oncology Department was provided to the PHNs for telephone advice or admissions from the community.

The main aim of the evaluation of the Community Oncology Nursing Programme is to determine whether training and systems are in place to equip the PHNs, participating in the Programme, with the competence and confidence to manage the patients safely in the community.
The specific objectives are to:

- Ensure the selected patients are cared for safely at home
- Assess the impact of the Programme on the patients quality of life
- Ensure the PHNs were adequately trained to deliver the required interventions
- Assess the impact of the Programme on the medical oncology day ward
- Assess the impact of the Programme on the community nursing service
- Advise the NCCP and the Office of the HSE Nursing and Midwifery Directorate on the effectiveness of the Programme and to make recommendations for expansion nationally.

Therefore there are four core components to the evaluation:

- The appropriateness of the training to prepare the participating community nurses to safely manage oncology patients in the community
- The impact of the Programme on the patients quality of life
- The impact of the Programme on the community nursing services
- The impact of the Programme on the Medical oncology day ward in Letterkenny General Hospital.

Methodology

The evaluation of the Programme used a mixed methods approach which included both qualitative and quantitative components.

The Quantitative Methodology included:

- The collation and assessment of the episodes of cancer care provided by PHNs
- The comparison of hospital activity in the oncology day ward for defined procedures before and after the implementation of the Community Oncology Nursing Programme.

The Qualitative Methodology included an:

- Assessment of hospital personnel and Public Health Nurses experience of the Community Oncology Nursing Programme
- Assessment of the patients experience of the Community Oncology Nursing Programme.
Results

• The patients reported that receiving care in their own home reduced the burden of travel and improved their quality of life.

• No adverse health events were reported among the patients who received their care at home.

• The numbers attending the medical oncology day ward in LGH for ambulatory chemotherapy, for cleaning and flushing of CVADs and disconnection of ambulatory chemotherapy was measured at three time points. This showed that there is a reduction in CVAD management and disconnection of ambulatory chemotherapy at the hospital since these procedures commenced in the community and this has been maintained. Collection of continuous data would be required to confirm this finding.

• The PHNs reported that the education programme had achieved its goal of providing them with the competence and confidence to deliver care safely in the patients’ home. However, the new oncology workload did impact on the scheduling of and capacity to undertake other PHN services. While the PHNs expanded their scope of practice and became partners with the medical oncology department in caring for these patients, there were opportunity costs in relation to other PHN demands.

Conclusions

The Programme can be expanded to other parts of the country provided that measures are put in place to ensure all the critical success factors are met. In particular there is a need for:

• Governance and Leadership
  The development and implementation of this Programme required national and local leadership and governance. This collaboration resulted in the successful outcome of this Programme.

• Quality and Safety
  The local structures and processes in place during the pilot project along with access to oncology staff at all times facilitated the Programme in meeting its key objective of patient safety.

• Integration of Services and Resources
  Flexibility within the PHN service throughout the pilot Programme, including workforce planning and rapid re-scheduling of the other services to meet the need of the oncology patients in a timely manner, was essential in providing a safe high quality Community Oncology Service.

• The Education Programme
  The theoretical and clinical components of the education programme were rigorously planned by the NCCP, the medical oncology day ward in LGH, the CNME in Letterkenny and the NCCP Strategic Nursing Reference Group. The curriculum was approved by An Bord Altranais before commencement of the pilot Programme. This, together with specialist delivery of both the lectures and the clinical placement, and a thorough assessment of the participants’ competency resulted in the PHNs, who undertook the course, being competent and confident to safely manage the oncology patients within the community.
1.1 Background

The National Cancer Strategy (2006) provides the blueprint for the provision of cancer services in Ireland. The National Cancer Control Programme (NCCP) was established in 2007 to implement this Strategy and to provide cancer services on a “whole population basis”.

There are challenges facing cancer services in Ireland. These include:

• An estimated 100% increase in cancer incidence over the next 20 years which is largely due to Ireland’s ageing population

• Growing demands for specialist cancer care

• A need for better integration between specialist and primary health care services

• Sub-optimal national survival rates when compared with well-established cancer control programmes internationally.

The NCCP Community Oncology Division works to enhance the scope of primary care personnel to care for patients with cancer and to provide a smooth, seamless pathway to and from specialist services. Programmes that advance the role of community based nurses have been developed.

In 2007 specialist medical oncology personnel in Letterkenny General Hospital (LGH), had collaborated with public health nursing (PHN) personnel to provide brief training for PHNs to enable them to undertake some specific procedures in the community setting for patients undergoing systemic therapy. The aim was to reduce unnecessary hospital attendances. These procedures were those which can be safely carried in the patients own home, for example the management of central venous access devices (CVADs).

Following discussion between the NCCP, LGH medical oncology day ward and the PHN service in 2009, it was agreed that this initiative could be further developed to provide a more holistic shared cancer care service in Donegal and to make it available throughout the country.

This new initiative required that a standardised PHN education and training programme be developed, the parameters of the new shared service be agreed and implementation and monitoring criteria to be defined. It was agreed that the Programme would be piloted and evaluated in Donegal prior to national expansion. The pilot cohort completed their training and commenced enhanced services in the community in March 2011.
1.2 The Pilot Site

Donegal covers 4,860 square kilometres and has a population density of 30.3 persons per km² compared to 60.3 persons per km² for the whole of Ireland. There are areas of higher population density in the county’s towns including Letterkenny, Donegal town and Lifford.

Letterkenny General Hospital is a 340 bedded general hospital, which provides a wide range of acute hospital services on an in-patient, day-case and out-patient basis, serving a population of 140,000. LGH is a satellite cancer centre linked to the specialist cancer centre at Galway University Hospital.

The LGH medical oncology team consists of doctors, nurses, pharmacists and other health care professionals dedicated to the care of patients with a diagnosis of cancer. Services offered include systemic therapy, assessment for radiotherapy, supportive care treatments, follow-up reviews and psychological support.

1.3 Organisation and Governance of the Programme

National and local governance arrangements were set up to plan, oversee and support the new Programme.

A Strategic Cancer Nursing Reference Group was established by the NCCP and the HSE Office of the Nursing and Midwifery Services Director (ONMSD). It provided the national oversight of the Programme.

A local implementation group was established in Letterkenny to oversee the:

- Delivery of the education component and the clinical training module
- Implementation of the Programme by the PHNs in the community
- Development of processes and procedures to ensure patient safety within the Programme.

The development of the education component was undertaken in collaboration with specialist cancer nurses in academic and service settings.

1.4 The Evaluation of the Programme

This report describes the evaluation of this pilot Programme. Implications for national expansion of the Programme are discussed.

1.5 Aims and Objectives of the Evaluation

The main aim of the evaluation was to determine whether the education, training and systems that were put in place equipped the PHNs, participating in the Programme, with the competence and confidence to manage the patients safely in the community.

The specific objectives are to:

- Ensure the selected patients are cared for safely at home
- Assess the impact of the Programme on the patients quality of life
- Ensure the nurses were adequately trained to deliver the required interventions
- Assess the impact of the Programme on the medical oncology day ward
- Assess the impact of the Programme on the community nursing service
- Advise the NCCP and the Office of the HSE Nursing and Midwifery Directorate on the effectiveness of the Community Oncology Nursing Programme and to make recommendations for expansion nationally.

Therefore there are four core components to the evaluation:

- The appropriateness of the training to prepare the participating community nurses to safely manage their oncology patients in the community
- The impact of the Programme on the patient quality of life
- The impact of the Programme on the community nursing services
- The impact of the Programme on the medical oncology day ward in Letterkenny General Hospital.
The Education Component

The aim of the education component was to ensure that, the PHNs are equipped with the knowledge, skills and competence to safely provide care to patients with cancer during their acute treatment, in the community setting and within the PHN scope of practice (An Bord Altranais 2000).

The collaborative approach between the medical oncology day ward, the PHN service and the CNME enabled sustainable learning, so that education and clinical practice were seamlessly transferred to the community setting in an efficient, effective and safe manner.

The learning outcomes of the education programme were that, following a period of self-directed learning, theoretical input, clinical training and competency assessment the PHN would be able to:

- Critically use evidence-based knowledge so that patients receiving active cancer treatment can be safely managed at home
- Demonstrate the knowledge and skills to competently perform a comprehensive clinical assessment of a patient with cancer
- Apply clinical decision-making skills to formulate and implement a plan of care
- Demonstrate an understanding of the general principles of cancer as a disease process
- Critically discuss risk factors, prevention, diagnosis and treatment modalities for the most common invasive cancers, breast, lung, colorectal, and prostate
- Demonstrate an understanding of current health policy relating to the structure and organisation of cancer services in Ireland, including the voluntary sector
- Collaborate with hospital colleagues to provide shared and integrated care between the hospital and the community.

Development of the Programme
2.1.1 Delivery and Assessment of the Education Component

The Programme was delivered over a six-month period. It included theoretical and clinical content. The theoretical component consisted of six units with specific learning outcomes. It was delivered over six days, one day per week. It was co-ordinated by CNME personnel. It was delivered by the oncology team, assisted by other colleagues in LGH, with input from CNME personnel and NCCP personnel. A variety of teaching and learning strategies were used including didactic lectures, case scenarios, discussion/reflective learning and workshops to engage the learner to promote critical thinking skills and decision making. The education curriculum was developed by the NCCP, the staff of LGH and the CNME in Letterkenny. It was approved by An Bord Altranais. Assessment is a key element of the education process and it was planned during the development of the curriculum. To pass the educational component the participants had to achieve a minimum of 80% in a multiple choice question (MCQ) exam. They also had to present a detailed case study to demonstrate they had achieved all the learning outcomes from the course. This presentation was objectively assessed and awarded either a pass or fail.

2.1.2 The Clinical Placement

The clinical placement consisted of 20 hours whereby the PHNs worked in a variety of oncology settings with cancer nurse specialists in LGH. These settings included the oncology day ward, the oncology inpatient ward and a variety of clinics. The focus was on consolidation of their learning to gain experience in undertaking clinical procedures and working towards competence. To achieve this goal, learning outcomes were devised and agreed for each clinical practice area and signed off for each PHN by an Advanced Nurse Practitioner (ANP) or Clinical Nurse Specialist during the clinical placement. A clinical skills training day was facilitated by hospital oncology personnel prior to PHNs undertaking their clinical placement.

2.2 Patient Safety - Policies, Procedures and Resource Book

Protocols and referral processes were agreed between the specialist oncology nurses in LGH and the PHNs (Figure 1). In the event that a patient became unwell or needed specialist intervention the PHN was given reassurance that they could always contact the medical oncology day ward for advice and/or refer the patient to hospital.
Letterkenny General Hospital, Medical Oncology Day Ward
Patient identified as suitable for community nurse interventions

Patient agreed to referral to community oncology nursing service

Referral form completed by Medical Oncology Day Ward and sent to Public Health Nurse (PHN)

PHN visits patient in their home to carry out assessment and intervention

If a problem presents
• The PHN liaises with the Medical Oncology Day Ward
• Action taken and documented in patient intervention sheet

If no problems are apparent
• Interventions carried out
• Action documented in the patient intervention sheet

At the time of referral the patient is advised to contact the Medical Oncology day ward if the nurse does not call to carry out the required intervention

Figure 1: Referral pathway for patients to the Community Oncology Nursing Programme
It was necessary to develop a tailor made resource book to support nurses caring for patients at home, as policy and procedure arrangements in the medical oncology day ward were not always transferable to the community setting.

The resource book was developed by the NCCP in consultation with relevant stakeholders including PHNs, nurse education professionals, oncology specialists (consultants and nurses) and the Health Protection Surveillance Centre (HPSC). The resource book is available at (www.cancercontrol.ie).

It is a practical, informative guide for community nurses enabling them to safely provide high quality oncology care to patients in their homes.

The resource book is divided into two sections:

- Section A - details the purpose, scope, legislation, roles, responsibilities and governance structures.
- Section B - illustrates the patient ‘head to toe’ clinical assessment, step by step guides to each intervention and actions for the community nurse to take when managing potential oncological side effects. This spiral bound innovative resource book is A5 handbag sized for convenient use.
The evaluation of the Programme used a mixed methods approach which included both qualitative and quantitative components. The study population included adults over 16 years of age, with a solid malignant tumour diagnosis, who were under the care of the Consultant Medical Oncologist at LGH. Referral of patients to the Community Oncology Nursing Programme was based on the clinical judgement of and at the discretion of the Consultant Medical Oncologist and the oncology team in LGH. All the patients who were part of the Programme and, who received this care in the community, were eligible to be part of the evaluation. Patients excluded from the study were, children under 16 years of age, patients with cancer which was not a solid tumour and patients not under the care of the consultant medical oncologist in LGH.

3.1 Quantitative Methodology

3.1.1 Collation and assessment of the episodes of cancer care provided by Public Health Nurses.

This assessment was undertaken between 1/2/2012 and the 31/3/2012. The PHNs completed a specially designed intervention form (Appendix 1) every time they visited a patient participating in the Programme detailing all aspects of care. From the forms the following was ascertained:

- The time spent on the delivery of each episode of cancer care by the PHN
- The nature of the work being performed by the PHN
- The total number of visits that the patients would have had to make to LGH if care was not available at home
- The distance that the patients lived from LGH
- The travel time that the patients would otherwise have spent travelling to LGH.
3.1.2 Comparison of the oncology day ward activity for defined procedures before and after the implementation of the Community Oncology Nursing Programme

Hospital activity data were collected from the log book in the oncology day ward for May-June 2007, May-June 2010 and May-June 2012. This short survey at three distinct time points was carried out to estimate whether there were changes in hospital activity after the original brief skills training and new service in the community had commenced. May-June 2007 was chosen as this was before the original brief training and delivery of care in the community as described in the introduction. May-June 2010 was chosen as this was after the PHNs completed the brief skills training and May-June 2012 was chosen as the was after the PHNs had completed the full Community Oncology Nursing Programme pilot and had commenced the delivery of oncology care in the community. No information technology system collects these data and the day ward log book is an accurate reflection of the activity that takes place. Data were collected on the following:

- The number of phone calls to the hospital from the PHNs for advice on the care of a patient who has been transferred to the community service
- The number of emergency admissions to the hospital from the community service
- The number of problems or complications with CVAD management in the community
- For the three survey periods the number of patients attending the medical oncology day ward for:
  - Care and management of CVADs
  - Disconnection of ambulatory chemotherapy
  - Number of patients receiving ambulatory chemotherapy.

3.2 Qualitative Methodology

3.2.1 Assessment of hospital personnel and Public Health Nurses experience of the Community Oncology Nursing Programme

Focus group research was carried out with:

- PHNs who completed the Programme
- PHNs who did not attend the course but who treat cancer patients in the community
- Assistant Directors of Public Health Nursing (ADPHNs)
- Hospital medical oncology personnel.

These focus group participants were invited to provide input into the evaluation process and to describe the experience of being part of the pilot Programme. The focus group meetings were held over a two day period in February 2012. One group was held using teleconferencing facilities in May 2012. Participation was voluntary and participants made themselves freely available. Informed verbal consent and permission to tape groups was obtained. A topic guide was designed to facilitate discussion in the focus groups. Detailed notes were contemporaneously taken. Notes and tapes were partially transcribed by the researcher and both were used in the analysis. Transcripts and notes were coded using an open coding system and later collapsed into thematic groups.
3.2.2 Assessment of patient experience of the Community Oncology Nursing Programme

Ethical approval was sought and obtained from the LGH ethics committee to undertake telephone interviews with selected patients (Appendix 2). A phenomenological approach was undertaken. The interview aimed to gain insight into the patients’ lived experience of having some of their oncology care provided at home. It also sought to identify any concerns the patients might have had with the new service and its impact, both positive and negative, on the patient and their families.

Ten patients were selected by the ANP for interview by the researcher. The selection criterion used was the patient’s health status. Therefore this was intentionally a purposive sample rather than a random sample. The purpose of the interview was explained and all patients were consented by the ANP (Appendix 2) and subsequently contacted by the researcher. Seven interviews were completed as per the protocol (Figure 2). The tapes were listened to a number of times and partially transcribed before analysis. Transcripts were coded and a number of themes emerged.

### Focus Groups for the Evaluation of the Community Oncology Nursing Programme

<table>
<thead>
<tr>
<th>Participants</th>
<th>Number of participants</th>
<th>Duration (mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospital oncology personnel</td>
<td>6</td>
<td>41</td>
</tr>
<tr>
<td>2. Public and Community Health Nurses (who completed the Community Oncology Nursing Programme)</td>
<td>7</td>
<td>60</td>
</tr>
<tr>
<td>3. Public and Community Health Nurses (who did not undertake the Community Oncology Nursing Programme)</td>
<td>4</td>
<td>37</td>
</tr>
<tr>
<td>4. Assistant Directors of Public Health Nursing</td>
<td>4</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>Avg. 44</td>
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3.3 Evaluation of the education component

PHNs completed an evaluation of the educational component and both the PHNs and hospital staff were asked for feedback during the focus group research.
Figure 2: Flow chart of protocol for contacting and completing interviews with patients

Interviews with Patients

All patients being referred to community nurses who have completed the training programme are identified

Suitable patients are identified by the Advanced Nurse Practitioner and Clinical Nurse Manager

Patients are given the patient information leaflet and consented

Patients are contacted by phone and asked if this is a suitable time for them to complete the interview

If Patient says “Yes”

- Interview is completed

If Patient says “No”

- Stop, do not proceed

If patient says that time does not suit

- A time is agreed to phone back

Patient is contacted by phone and asked if suitable time for them to complete

Repeat for up to three times then stop if interview is not completed
The results of the evaluation, quantitative and qualitative, are presented in three sections. Firstly the impact of the new service on patients who participated in the Programme is explored, in particular their experience of being part of the Programme and the impact on their quality of life. Secondly the impact on the Public Health Nurses who participated in the Programme and on the wider PHN service is reported. Finally the findings on the impact of the Programme on the Medical Oncology Day Ward in Letterkenny General Hospital and the hospital staff are presented.

4.1 Impact on the patients

There were 120 PHN visits to a total of 25 patients in the community during the two month survey period 1/2/2012 to 31/3/2012. These visits were carried out by eight of the nine PHNs who completed the course. The ninth nurse was acting in an alternative role for the duration of the survey. The majority of visits took place in the patients home (112/120) and only seven visits took place in the local health centre.

One of the anticipated benefits of the Programme was to reduce the burden of travel on the patients. The intervention forms completed by the PHNs showed that the most common distance (mode) of these patients’ homes were from LGH was 60-69 kilometres (Figure 3). If the patients were not part of the new Programme they would have had a long travel time to LGH with the most common journey time being 45-59 minutes (Figure 4). Thus the round trip would take between one and a half to two hours. This does not include the time that would have been spent in the hospital by the patient and an accompanying person.

These findings were supported by the qualitative research in which the patients emphasised the added value in terms of their quality of life by receiving some of their care at home. They stressed the benefits of the Programme in terms of time and effort of not having to travel long distances at a period of stress and illness, the comfort of being treated in the home environment and social and physical support they received from the PHN.
• The impact of saving the patient the journey and the stress of travel especially when they do not drive themselves:

“…More at ease with nurse and in own home. Better atmosphere for asking questions and it saved me a 1.5 hour journey when I wasn’t feeling well at all. I could ask questions about things that didn’t sink in at the hospital and I could take my time.”

• The comfort and familiarity of receiving care in their own home:

“A lot different… so much better, I could rest, (she) came most days at the same time, came every time, on time, I had the rest of the day to myself to rest, you could do what you want. The nurses in the hospital were great, don’t get me wrong, but there is a lot of hustle and bustle”
• The time to ask questions and seek advice was important to the patient. The PHNs could provide practical assistance and referral links into broader community services:

“I miss the nurse now, it was someone to talk to … help with queries, have more time than the nurse in the hospital: I had lost a lot of weight as I could not eat in the hospital, being at home allowed me to eat what I wanted and I am slowly putting on weight and building up strength. Couldn’t do that in the hospital. Nurse was able to give me a lot of advice and help with queries and she was able to give me a special piece of equipment to help me sleep. It has been a real help.”

The patient experience was positive. They found the service improved their quality of life. They expressed confidence in the skill of the PHN in meeting their needs. They indicated they are now participating in a more active way in their own care and had an increasing sense of autonomy. Patients were asked if they would recommend the Community Oncology Nursing Programme to other patients and all the participants said “yes” and indicated that they hoped the Programme would be available to others in the community. Good feedback was also given by the PHNs themselves and by the hospital staff in relation to the positive impact on patients.

4.2 Impact on the public health nurse service

There were 120 PHN visits to patients in the community during the two month survey 1/2/2012 – 31/3/2012. During those 120 visits 486 interventions, not inclusive of documentation of nursing care, were carried out (Figure 5). Of these the most frequent were:

• A head to toe patient assessment (80%)
• Emotional support (78%)
• Patient education (70%)
• Symptom management (53%)
• Medication management (50%)
• Sub-cutaneous injections (38%).

Figure 5 Interventions performed in a patient’s home

![Bar chart showing various interventions performed in a patient’s home with documentation of nursing care at the highest frequency.](chart.png)
4.2.1 Competence and confidence of PHNs to deliver care safely in the community setting

One of the main impacts of the training was the increase in the PHNs confidence to provide a safe cancer service in the patient’s home. This was reported in the focus group with the PHNs who had completed the course.

“Knowledge is way up, you know yer more confident when you go into a house, now you can’t always answer everything, but you know a lot, lot more”

• Before undertaking the Programme the nurses were deemed competent in delivering some procedures to patients. However, they felt they did not have the confidence to provide a holistic service including dealing with side-effects of systemic therapy, emotional and psychosocial support or to handle the questions as they arose from both the family and patient.

“I would have had a skin rash (patient) and I wouldn’t have had a clue…. wouldn’t have related (it as a side effect) to chemotherapy, would have had to ring doctor or Hospital”

“before the course I would have wanted to get out the door as fast as possible cause I wouldn’t of known the answers….. run out of the house… like several things patients would ask about, tablets and you can now give them reasoning behind them being given them, not being afraid to advise now”

“One of the lectures we had on psychology, made you think of the bigger picture, bits of what she did in the lecture is taken into the house each day.”

• After participating in the Programme, PHNs expressed a confidence in their ability to provide a more complete service including emotional support and they recorded that they provided emotional support and advice on 98/120 of the visits.

• The course has equipped them to deal with the complexity of symptoms that arise in cancer care, how to undertake full patient assessment, and how to recognise complications and side effects. They are also aware of the risk of not doing a full assessment and the risk to a patient from the complications that can arise as a result of cancer treatment.

“big time change. Instead of now doing a task such as an injection or disconnecting a line…I do a full assessment from head to toe and it kinda of makes you more confident of what to do when you come across something.”

• This issue in relation to the confidence obtained by the trained PHNs was also acknowledged by the nurses who did not undertake the course. They, too, considered themselves to be competent in carrying out specific interventions and they could up-skill in the hospital when necessary but they felt the trained PHNs were now confident in undertaking a wider range of work.

“(l) have a lot of contact with the unit and also support from PHN colleagues who have done course”

“People who have done course are real experts.”

The PHNs who have received training through the Programme provide support to other PHNs and accompany them on patient visits from time to time.

“We have been in our network areas sharing what we have with our other colleagues, here you know, what we have learnt and everything, linking in together … they come out with us and watch us treat our own patients”
4.2.2 Impact on other PHN Services

The delivery of care by PHNs in a patient’s home had a direct impact on their time to deliver other nursing services. The most common amount of time spent in a patient’s home was 30-44 minutes (52/119 visits) (Figure 6). The PHNs reported that the initial visit would last over an hour but subsequent visits would be shorter.

“nothing short of an hour...dealing with a whole lot of things not just oncology...could be services or entitlements...maybe wouldn’t have to spend an hour each time maybe just initial visit”

4.2.3 Systems and Processes

There were some concerns reported with the referral process between the hospital and community services. The notification to the PHN service of a patient being referred to their service was not always completed in a timely manner. The timeliness of the referral is important in order for the PHNs to prepare to meet the patients’ needs and to reorganise other services. The lack of completeness of the information in some instances in the referral process was also highlighted, this is important to provide a quality service.
“Timely referrals, not waiting until we have to do a task and not having a clue what’s has gone on. We can judge, sometime we just need to ring a patient. You arrive in a patient’s house and you’re trying to figure out what’s going on and trying to glean info from patients”

“Lack of communication is still a problem … patients that went in and have been treated and you’re not notified until they need an injection or something” just hear it on the grapevine”

Communication between the hospital and community staff was strengthened by the training Programme. The PHNs now know the staff in LGH and are now more at ease in contacting them.

“Have a direct line to unit, We have met staff we know them we have a great relationship and we can ring them we can pick up the phone to (name) or (name). We feel really well supported.”

4.2.4 Education

The delivery of the educational component required substantial investment of time from all those involved. All the participants were successful in their MCQs, case study and their clinical assessment.

Following a detailed evaluation of the course a number of suggestions were made that should be incorporated in the future including:

- Opportunities for more participation in the clinical placement and ensuring that all learning objectives are met during this time
- Information on radiotherapy and haematology
- More time for practical work
- A plan for further updating of skills and continuous professional development
- A more adult education approach to the theoretical components of the course.

The Resource Book that was specifically developed to support the Programme has been very popular among the PHNs and considered a very valuable component of the Programme. This book was distributed to PHNs delivering the pilot Programme but was available to other PHNs supporting cancer patients in the community. The book has helped the PHNs deliver care with confidence, assess the patient thoroughly and to recognise the significance of patient symptoms.

4.3 Impact on Medical Oncology Day Ward

4.3.1 Safety

During the evaluation period there were no adverse events reported among the patients who were treated at home by the PHNs. There were no emergency phone calls made by the PHNs to the mobile phone number that had been specifically available for consultations and enquiries as well as emergencies

“One person they could have contact with. I was available for them. Communication following study course and workshops, tailed off, they know I am here.” (Specialist Oncology Nurse)

4.3.2 Clinical Interventions in the medical oncology day ward

The following interventions; dressing/flushing of CVADs and disconnection of ambulatory chemotherapy, are now taking place in the community and would have previously been delivered in the hospital. Data on these specific interventions is not available in any IT system. Manual records are kept in the medical oncology day ward and these are an accurate reflection of what actually takes place. The collation of this data was undertaken manually, the data were collected for a two month period before the original brief skills training programme was implemented (May-June 2007) for a two month period after the original brief training programme (May-June 2010) and after the implementation
of the full Community Oncology Nursing Programme (May-June 2012). This was done to ascertain if there was a shift in care from the hospital to the community over this time period.

Figure 7 shows the number of attendances to the medical oncology day ward in LGH for dressing/flushing of CVADs and disconnections of ambulatory chemotherapy for our three survey time points May-June 2007, May-June 2010 May-June 2012.

There was a large increase in the number attending for ambulatory chemotherapy in May-June 2010 (95 attendances) when compared to May-June 2007 (43 attendances). This number dropped in May-June 2012 (29 attendances) when compared with May-June 2010 (95 attendances). It is important to note that since 2011 there has been an increase in the use of oral chemotherapy regimes and these are being used as an alternative to some ambulatory chemotherapy.

The drop in the number of CVAD interventions; dressing, flushing and disconnections of ambulatory chemotherapy in LGH from May-June 2007 through May-June 2010 to May-June 2012 would indicate that there has been a shift in these tasks from the hospital setting to the community with no reported adverse incidents. This finding was supported by the LGH staff who report that the reduction in the medical oncology day ward activity for CVAD flushes/disconnection of ambulatory chemotherapy has been maintained.
“Reduction in number coming through day care, picking up issues earlier. The observation by PHNs in the community – keeping an eye out”.

The hospital oncology team expressed their support and acknowledgement of the work PHNs do and stated that they now have a greater understanding of their role.

“The observational skills of the PHN (are) wider and (give) a more holistic assessment. They have training in this area in their PHN role. They pick up things earlier and are natural advice and support givers. Problem solvers”

The PHNs are generally well known in the community particularly in the more rural parts of the catchment area. This is beneficial and strengthens the relationship and communication between the hospital, patients and the PHN.

“The psycho-oncology aspect, it is unmeasured their support to patients and families, giving support and education”.

4.3.3 Impact on the hospital personnel

The Programme demands a sustained effort by the hospital staff in the medical oncology day ward. It is very intensive at the time of the training course and such a course requires extensive time and input from the hospital staff.

“In my opinion it is time well spent, it is intensive to train nurses, a number of nurses…we got to know them well all week, it was really great to meet them, get to know them, makes it much easier to ring someone you already know…the time you invested with them, was going to be repaid, in that they get to know our roles and that has been reciprocated”

However, the staff in LGH stated that once the training was completed there was very little further follow up with the PHNs needed. Nevertheless patients need to be properly selected for care in the community and hospital staff always need to be available to support their PHN colleagues.

The establishment of the Community Oncology Nursing Programme has meant that aspects of oncology care can be delivered safely to patients in their homes. It was considered successful by both the community and hospital staff. Furthermore it was reported by the patients to improve their quality of life.
5.1 Planning and organisation to ensure patient safety
The medical oncology day ward, the PHN service, the CNME and the NCCP all collaborated to develop a Programme which is sustainable, reproducible, based on best evidence and flexible. The Programme was carefully planned, implemented, monitored and evaluated in a collaborative and multidisciplinary manner.

5.2 Meeting the aims and objectives of the evaluation

5.2.1 Impact on the patient
One of the objectives of carrying out the patient interviews was to help identify the experience of the patients receiving certain parts of their oncology care at home.
It was anticipated that this Programme could reduce their burden of travel and the additional burden on their family of having to make repeated and unnecessary visits to the hospital. For the majority of patients in the study the roundtrip to the hospital was one and a half to two hours. Patients appreciated not having to travel for all of their care.

Patients valued having aspects of their care delivered at home and they reported that it improved their quality of life. The patients did not report any additional concerns. Most importantly they expressed confidence in the PHN service.

5.2.2 Impact on the PHN service
The Programme has both positive and negative impacts on public health nursing service. The benefits include an increased scope of practice for PHNs involved in the delivery of cancer care. The service is a good example of patient centred integrated care and could be further developed as a model for other chronic diseases. However, by its nature, the timelines and immediacy of some cancer therapy procedures, results in juggling and re-scheduling of other PHN patient visits and clinics. This uncertainty was alleviated by PHN leaders in their flexibility and prioritisation of this service.

In discussion, it was stated by the PHNs that there is great variability in the interventions performed since they have been trained. The interventions reported here only reflect a two month snapshot of the work carried out by the PHNs. Ongoing monitoring of all interventions would be necessary if this Programme is to be implemented nationally.
The timeliness of referrals, the referral process and the need for a standardised approach was discussed. Electronic communication systems would be beneficial together with SOPs for timely, comprehensive referral processes along with databases for capturing the interventions carried out. This would facilitate resource reallocation and audit of the Programme.

There are negative impacts in terms of resource availability and utilisation of the general PHN service for other work. These could be overcome through the service planning process.

5.2.3 Impact on the hospital

The patients in the Programme remained under the care of the medical oncologist at LGH at all times. The hospital ensured appropriate patient selection for the Programme so as to maximise patient safety and quality of care. To ensure continued safety, auditable systems and national SOPs must be established for communication between the hospital and the community. These must encompass referral of patients to the community, safety concerns that arise in the community and referral back to the hospital.

In the first two time points surveyed the number of ambulatory chemotherapy procedures at LGH more than doubled in May-June 2010 when compared with May-June 2007, however, the number of episodes of flushing/cleaning of CVADs and disconnections of ambulatory chemotherapies in LGH decreased by approximately 75%. The number of ambulatory chemotherapies decreased in May-June 2012 when compared to May-June 2010 and May-June 2007 due the increased use of oral chemotherapy as an alternative to some ambulatory chemotherapy. However the percentage decrease in ambulatory chemotherapy from May-June 2007 to May-June 2012 is 33% but the percentage decrease in the cleaning/flushing of lines is 93% and the percentage decrease in disconnection of ambulatory chemotherapies is 98%. These findings suggest that there is a shift of these procedures, from the hospital to the community setting. These are distinct stand alone time points. Therefore we can not generalise these findings. However, this has the potential to positively impact the hospital as the number of patients who will require systemic therapy in the future is expected to rise. Thus greater capacity will be needed in the oncology day ward to deal with new episodes of care. The reduction in CVAD management taking place in the hospital was acknowledged by the LGH personnel. They recognised the additional support, advice and care that the PHNs are providing in the community. To confirm these findings on an ongoing basis an electronic IT system is required to monitor the oncology data. Performance metrics should be generated that can show the impact of integrated care resulting from this Programme.

5.3 The Education Programme

There was very positive feedback on the education programme from both the PHNs and the LGH personnel. The PHNs appreciated receiving training from the specialists in each field. It was noted that some elements of the course did not reflect the PHN’s prior knowledge. All components of the course should be tailored to cancer care. An adult education approach should be taken and this should include the opportunity for interactive teaching and reflective learning. Both the hospital staff and the PHNs requested that haematology patients be included in this Programme in the future.

Both PHNs and LGH personnel suggested a more ‘hands-on’ approach to the clinical placements of the PHNs in training. The availability of clinical clothing for PHNs while on placement would have facilitated greater participation in the clinical care component. It was suggested that there should be a minimum requirement in what the PHNs observe to ensure their clinical learning outcomes are achieved. This provided an opportunity for the hospital staff and the PHNs to meet each other and to obtain a mutual understanding of each others roles. The hospital staff reported that after the initial training only a small amount of ongoing support is required to maintain the PHN skills.
This Programme has been successful in terms of quality of life for the participating patients. For the medical oncology day ward there was an initial impact in terms of the delivery of training and clinical supervision, however, it has potential to be of great benefit especially as the numbers of patients requiring ambulatory chemotherapy are expected to rise. By taking an integrated approach to patient care and delivering appropriate care in the community there will be opportunity to meet the growing demands of the oncology unit. The PHN service has adapted and expanded to embrace this new initiative and has increased its scope of practice.

It was the education components of the course that provided the PHNs with the knowledge and confidence they required. However, it was the collaborative approach offered by specialist oncology team, PHN leaders and the CNME together with the enthusiasm of the PHNs that delivered the required skills and attitudes to provide innovative and safe patient care.

University accreditation of the Programme will be essential for the national expansion of this Programme.

The successful implementation of the Programme nationally will require national and local leadership, governance and careful management. It will have to take into account other work priorities of both specialist oncology and the PHN personnel. It will need to ensure judicious utilisation of resources, utilise information systems and monitor its impact on patient care and on the health service.
6.1 Governance and Leadership

Critical Success Factor
The development and implementation of this Programme required national and local leadership and governance. This collaboration resulted in the successful outcome of this Programme.

Recommendations
• The NCCP/ONMSD partnership should support the expansion of the Programme nationally and should be responsible for the governance and monitoring of both the implementation and outcomes of the Programme.
• A representative from medical oncology, oncology nursing and public health nursing are essential to advocate for, lead and monitor the Programme locally.

6.2 Quality and Safety

Critical Success Factor
The local structures and processes during the pilot project along with access to oncology staff at all times facilitated the Programme in meeting its key objective of patient safety.

Recommendations
• Performance metrics and Standard Operating Procedures (SOPs) need to be developed to monitor the safe delivery of the Programme nationally and to audit its implementation and outcomes. Ideally electronic information systems should be developed to facilitate this.
• All protocols, SOPs and IT systems must allow for rapid response to any issues arising with regard to patient safety and quality of care and be reviewed regularly.
6.3 Integration of Services and Resources

Critical Success Factor
Flexibility of PHN service throughout the pilot phase including workforce planning and rapid rescheduling of the other services to meet the need of the oncology patients in a timely manner was essential to provide a safe high quality community oncology service.

Recommendations
• HSE policy on integrated care including re-allocation of existing resources will need to be considered for this Programme to be successful in the long term.
• Flexibility and capacity within the Public Health Nursing service to allow for the immediate nature of cancer care and the provision of community resources necessary for its safe delivery will have to be considered for each potential site prior to further national roll out of the Programme.

6.4 The Education Component

Critical success factor
The theoretical and clinical components of the education components were rigorously planned by the NCCP, the medical oncology personnel in LGH and the CNME in Letterkenny. The curriculum was approved by An Bord Altranais before commencement of the pilot Programme. This, together with specialist delivery of both the lectures and the clinical placement and a thorough assessment of the participants’ competency resulted in the PHNs, who undertook the course, being competent and confident to safely manage the oncology patients within the community.

Recommendations
• The Programme should be submitted for accreditation on the National Qualifications Authority of Ireland (NQAI) Framework at Level 8 and for Category 2 approval from An Bord Altranais prior to expansion nationally to ensure national standardisation of the course content.
• The Programme content should be evaluated on a regular basis by the Programme design team including oncology specialists, PHNs and CNME personnel to ensure it is up to date with the latest evidence, service needs and that it is aligned to the Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland. The evaluations should incorporate feedback from Programme participants.
• A plan should be developed to provide regular CPD for nurses who complete the Programme to ensure the maintenance of their knowledge and skills and to provide information on new and emerging treatments and technologies.
• This course should be open to palliative care nurses and community RGNs.
7. Appendices

Appendix 1: Record of Patient Care in the Community

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<th>General Information</th>
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<tr>
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<td>Health Centre visit Yes □ No □</td>
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<th>Patient Information</th>
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<td>Average journey time to hospital in mins</td>
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<td>Patient Education</td>
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<td>Symptom Management</td>
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<td>Blood sampling via CVAD</td>
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<td>S/C injection</td>
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<tr>
<td>IM injection</td>
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Appendix 2: Ethics Application

Ethics (Medical Research) Committee Letterkenny General/St. Conals Hospital

APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

*(please type response)*

Principal Investigator: Dr. Eve O’Toole

Qualification and Status: Research and Evaluation Manager
NCCP B.Sc (Hons), M.Sc (Oxon), Ph.D

Co-Investigators:
Ms Louise Mullen BA (Hons), M.Sc
Ms Terry Hanan RNID, RGN, HdipOnc, MSc
1. Describe the rationale and provide background information on the proposed study.

**Background Information**

During cancer treatment patients undergoing active treatment have to travel to the medical oncology day ward in the hospital for some procedures. Community nurses in Letterkenny have been trained to safely assess cancer patients and perform some of these procedures in the patient’s home. This will reduce the number of visits patients have to make to the hospital during their cancer treatment.

**What is the community oncology programme?**

The community oncology nursing programme has been developed to enable nurses to safely deliver some aspects of cancer care to patients in their homes.

**How are patients referred?**

Patients are identified as suitable for community nursing interventions by the Consultant Medical Oncologist and are referred by the specialist cancer team. A referral form is completed and the community nurse is telephoned regarding the required intervention.

**Patient population**

- Adults > 16 years of age
- Solid tumour diagnosis
- Under the care of a Consultant Medical Oncologist

**Interventions carried out by community nurses**

1. Patient assessment
2. Medication management
3. Care and management of central venous access devices
4. Disconnection of ambulatory chemotherapy
5. Blood sampling
What happens if the patient is symptomatic?

If a patient is symptomatic and requires medical assessment, they are referred back to their local medical oncology day ward. A policy, procedure and resource book has been developed to guide nursing care in the community and to standardise care.

2. What are the objective(s) of the proposed study?

The evaluation of the community oncology nursing programme aims to

- Ensure that patients are cared for safely in their homes
- Assess the impact of the programme on the quality of life on participating patients
- Ensure that the nurses have been adequately trained to deliver the required interventions
- Measure the impact of the programme on the hospital and the medical oncology day ward
- Advise the NCCP and the office of the HSE Nursing and Midwifery Institute on the effectiveness of the community oncology nursing programme nationally

3. Describe the study methods/design.

Impact on the patients

Quantitative

A record of patient care in the community will be maintained and will be used as a workload measurement. This will record the type of interventions carried out, the time spent on carrying out the interventions with each patient in the community and the number of journeys to the hospital saved. The distance that the patient would otherwise have had to travel will also be recorded to enable measurement of time saved travelling for the patient.

Qualitative

Ethical approval is being sought to perform telephone interviews with the patients involved in the pilot project. A phenomenological approach will be undertaken. These short interviews will be used to gain insight into the patients lived experience of having some of their oncology care provided in the community. This will allow patients to feedback on the service they received in relation to oncology care in their homes.

For a list of interview prompts please see (appendix 1).
Impact on the community nurses

Quantitative
A record of patient care in the community will be used to assess the time spent on the delivery of each intervention carried out in the community by the nurses as this will impact on the nurses work load.

Qualitative
Semi structured focus groups will be carried out with nurses who are delivering care to oncology patients in their homes. These will provide feedback on the course content and delivery of the course and whether it prepared them with the necessary knowledge and skills to safely care for patients in their homes.

Impact on the hospital

Quantitative
Records will be maintained in the hospital in relation to the
Number of calls to the hospital from the community nurses, a mobile phone number will be given to community nurses so they can communicate directly with a senior clinical nurse in the medical oncology day ward. Community nurses can use this number to contact the nurse for advice or support if required in relation to referrals received and patient management.

Number of emergency admissions to the hospital from the community
Numbers attending for;
1) Patient assessment
2) Medication management
3) Care and management of central venous access devices
4) Disconnection of ambulatory chemotherapy
5) Blood sampling

4. Describe the statistical analysis to be used to justify the number of participants and indicate the duration and location of the study.

The main objective of this evaluation is to ensure that patients can have aspects of their care safety delivered by competent community nurses who have completed the community oncology nurse education programme. The qualitative impact on patients is a phenomenological study and therefore no statistical analysis will be necessary.
5. **What inclusion and exclusion criteria for recruitment and selection of participants?**

All the patients referred from the treating cancer unit to community nurses who are receiving aspects of their care in the community will be part of the study. A record will be maintained by the community nurses on all patients and a template has been devised to ensure that the community nurses collect standardised information on each patient episode. A community oncology referral form has been devised and a copy of each referral sent to community nurses will be maintained in the treating cancer unit. For the qualitative impact on patients a small number of patients and family members of patients will be selected by the Advanced Nurse Practitioner and other clinical nurses. This will be a purposive sample. Although this will not be representative of some of the patients i.e. those deemed to ill to participate, it would not be appropriate to include those too sick to conduct the telephone interview. All selected participants or family members can decline involvement if they do not wish to participate.

6. **How will participants be recruited?**

For the telephone interviews all participants will be selected. They will be given the patient information sheet (appendix 2) and will sign a consent form (appendix 3). They will be contacted by telephone by one of the investigators. They will be asked if it is a convenient time to conduct the telephone interview. If it is not they will be contacted at a future date and time that is convenient. Each patient who has consented to partake in the evaluation will be contacted a maximum of three times if they have not completed the interview after the third attempt they will not be contacted again.

7. **How will the health of the participants be monitored during and after the study?**

The treating cancer unit will be monitor the patient throughout their treatment.

8. **What medical examinations will persons selected for inclusion in the study undergo before participating in the study?**

None specific to this evaluation.

9. **What inducements or rewards will be offered to participants?**

None.

10. **What payments, monetary or otherwise, will be offered to the investigators for undertaking the study?**

None.
11. What payments will be made for facilities used in conducting the study?
None

12. When a pharmaceutical industry sponsored study has been approved, an appropriate fee will be levied to cover administrative expenses.
N/A

13. What action will be taken to ensure that the identity of each participant remains confidential
All quantitative data will be presented in an aggregated anonymous manner. For the qualitative piece each transcript will be assigned a code and the name of the patient will not be used in a document or publication.

14. Was the participant’s family doctor notified of the proposed study?
Yes ☐ No ☐

15. Any other information of interest to the committee in regard to this study.
The programme has a robust governance structure, locally and nationally. A local implementation group was established involving all stakeholders and a national strategic nursing group and the NCCP executive have been available to advice and support the programme during its development.

16. The following items should be attached to this form:
- Consent Form ☐
- Letter of Medical Indemnity ☐
- Letter of Indemnity (Drugs Company) ☐
- Irish Medicines Board Approval ☐

Signature of Principal Investigator:
Ethics Application

TOPIC GUIDE FOR TELEPHONE INTERVIEW
Evaluation of Community Oncology Nurse Education Programme

Equivalence in quality and delivery of service

Q1. How are the community nurse provided services different from the ones that you received in the hospital?

Prompts:

- Travel, time, convenience
- Personnel, cancer nurses, community nurses

Strengths of programme

Q2. What did you feel about the services you received from the community nursing service?

Prompts:

- Comfort of home, privacy, waiting times
- Family perspective

Quality improvement

Q3. Could the service be improved in any way?

Q4. Would you recommend this service to another cancer patient receiving treatment in the clinic?

Thank you so much for participating.

Your feedback will be combined with others and used to improve the services here and in other places around the country.
What is the community oncology programme?
During your cancer treatment you have to travel to the treating cancer unit (TCU) in the hospital for some procedures. Community nurses in Letterkenny have been trained to safely assess cancer patients and do some of these procedures in the patient’s home. This will reduce the number of visits you have to make to the hospital during your cancer treatment.

How does this affect you?
Your community nurse will come to your home to provide some of your care so you do not have to make extra trips to the hospital.

What is this study about?
You are being asked to take part in a study. This study is being carried out by the National Cancer Control Programme (NCCP). The NCCP wants to find out the experience of patients, like you, who are receiving care from the community nurse in their own home. We want to find how what you like and or dislike about having the nurse come to your home. This will help us decide if this works well for the patient and will help us decide if this programme should be run in other parts of Ireland.

What will taking part in this study involve?
You will be telephoned by a researcher from the NCCP. You will be asked does the time suit you to take the phone call. If it is not suit you the researcher will phone you at a different time. The researcher will ask you some questions. They will ask you what you like and dislike about the community nurse coming into your home instead of going into the hospital. This telephone interview will not take longer than ten minutes. If you do not want to do the interview you can say no. If you do not want to answer any of the questions you can say so. This will not alter your treatment or your relationship with the community or hospital nurses in any way.

How will this study change things?
The information gained in this study will help the NCCP decide if patients are happy being treated in their own home and if this is more or less convenient for them than going to the hospital day ward. It will also show ways in which the service can be improved.
Who else is participating?

We are hopeful that other patients who are being treated by the community nursing programme will also do the telephone interviews. It is important to get as many patients views as possible.

Thank you very much for your time. Your opinion is very important. Whether or not you take part in this study will not affect the services you or your family are entitled to receive. All information is handled confidentially. You will not be identified in any report of publication of this study. If you have any further questions please feel free to contact any of the following people;

Dr Karen Duffy Consultant Medical Oncologist
Dr Janice Richmond Advanced Nurse Practitioner
Terry Hanan Nursing Development Co-ordinator NCCP
Dr. Eve O’Toole Research and Evaluation Manager NCCP
Ethics Application

Consent Form

Evaluation of Community Oncology Nurse Education Programme

I ________________________________, consent to take part in this telephone interview as part of the survey on “Patients response to the provision of some aspects of cancer care being delivered by community nurses at home”.

The study has been explained to me and I have received an information sheet about the survey. I understand the purpose of the study. Participation in this survey is completely voluntary and I can withdraw from the interview at any time.

I understand that the telephone interview will be last about 10 minutes. The person asking the interview questions is not connected to the delivery of Cancer services. I understand that the information from this interview will be anonymous and confidential and in the report from this study I will not be identified.

Non-participation in this study will not in any way affect the services provided to me or my family.

Signed

Date

Witness

Date
Appendix 3  Letterkenny County Donegal Local Implementation Group

Ms Eileen Quinn, Director of Public Health Nursing, County Donegal
Dr. Anne Flood, Director of Nursing and Midwifery, Letterkenny General Hospital (Chair)
Ms. Catherine Cannon, Director Centre of Nursing and Midwifery Education, Letterkenny, County Donegal
Dr. Janice Richmond, Advanced Nurse Practitioner Oncology, Letterkenny General Hospital
Ms. Mary McGroarty, Assistant Director of Nursing, County Donegal
Ms. Rita Doherty, Public Health Nurse, County Donegal
Ms. Caroline McLoughlin, Public Health Nurse, County Donegal
Dr. Karen Duffy, Consultant Medical Oncologist, Letterkenny General Hospital
Ms. Noreen Harley, Assistant Director of Nursing, Letterkenny General Hospital
Ms. Anne O’Kane, Administrator Director Centre of Nursing and Midwifery Education, Letterkenny General Hospital

Appendix 4  National Cancer Control Community Oncology Working Group

Dr. Marie Laffoy, Assistant National Director Community Oncology NCCP
Ms Teresa O’Callaghan, Nursing Coordinator for Community Oncology NCCP*
Ms Terry Hanan, Nursing Development Coordinator NCCP**
Dr. Eve O’Toole, Research and Evaluation Manager NCCP
Ms Louise Mullen, Senior Researcher Health Intelligence/NCCP
Ms Mary Wynne Interim Area Director Nursing and Midwifery Planning and Development Health Service Executive
Ms. Mary McCann, Administration, NCCP

* Ms Teresa O’Callaghan took up another position in the HSE in June 2010
** Ms Terry Hanan took up the position on the Working group in June 2010
Evaluation of the Community Oncology Nursing Programme