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CONFERENCE ABSTRACT

Community Oncology Nursing Programme making integrated people centred care a reality in Ireland

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Background and Content: In Ireland community nurses currently provide care from 'cradle to grave' to patients in their geographical areas but historically not cancer care. In this project, community nurses were provided with training and support that equipped them with knowledge and skills to competently and safely provide care at home to patients undergoing systemic cancer therapy.

Aim: The aim of the Community Oncology Nursing Programme is to enable community nurses to provide shared nursing care to acute oncology patients at home. Theoretical and skills based training was delivered over six months. It met an identified service need, which was highlighted by the hospital oncology team in Ireland's North West.

A resource book was developed to support nurses caring for these patients. It is a practical informative guide for nurses who have completed the training programme illustrating patient head to toe clinical assessment, step by step approaches to interventions and actions community nurses should take when managing potential cancer treatment related side effects. Ongoing support and communication is maintained with the cancer centre as needed.

Methodology: An evaluation of the pilot programme was undertaken in 2012 using a mixed method approach which included qualitative and quantitative components involving:

- Patient telephone interviews
- Focus groups with hospital and community personnel
- An analysis of community and hospital data

Analysis: This evaluation focussing on 120 patient visits found patient experiences were positive. Patients described being 'more at ease at home'...'saved me 1.5 hours travel when I wasn't well'.

There was an expansion of community nurses scope of practice, they stated that it, 'made you look at the bigger picture' 'I take what I learnt into the patient's house each day'.

Hanan; Community Oncology Nursing Programme making integrated people centred care a reality in Ireland.

Hospital capacity was freed-up and most importantly no adverse patient events occurred. Weak information technology structures for data collection made the evaluation of this programme challenging.

Conclusions: This integrated care model was successfully delivered because of the safety features built into the programme, commitment from all stakeholders, strong national and local leadership and a resource book which supported nursing practice. The programme has been adapted since the evaluation to incorporate patient, hospital and community personnel feedback. It is now a university accredited level nine programme. As a direct result of this programme patients in many areas around Ireland can have elements of their cancer care delivered at home. National roll out of this programme continues.

Keywords: integrated care; patient centred; cancer care