

Optimising sub-regional nurse-led oncology services supported by outreach through action research planning

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Background:

Nurse-led oncology services in sub-regional health services are becoming increasingly common to meet rural community needs. These units often depend on remote support from oncology outreach specialists. However, there is poor delineation as to the optimal service frameworks for such services.

Aims:

The quality improvement project explored the needs and expectations of regional and sub-regional stakeholders as to how to optimise a service framework for two outreach-supported, sub-regional nurse-led oncology units.

Methods:

Action research was applied which involved feedback at all stages from service participants in a regional Cancer Centre and two sub-regional towns (10,000 and 20,000 population, respectively) within the Loddon Mallee Region of Victoria. This involved undertaking service mapping interviews with oncology nurses, unit managers, hospital executives, pharmacy, GPs and the outreach team and exploring the service profile via file audit. The findings were compared with known benchmark guidelines and quality frameworks, the published literature and feasibility and cost considerations.

Results:

The approach strongly engaged stakeholders, who all valued the local availability of oncology services for rural people. Themes included strong and enduring relationships between outreach providers and nurses, and face to face outreach visits. Stakeholders unanimously agreed the need for better governance and systems for communication including better access to timely referrals and medical record completeness. Patients referred to the sub-regional sites were of appropriate complexity (low risk), though referral protocols were not formally documented. The sub-regional oncology nurses stated that they loved their jobs. However, workforce planning for more local staff and back-filling, professional development and real-time support could be strengthened. Varying methods were used for emergency care at sub-regional level due to the diversity of their infrastructure. Further, stronger systems were needed to contact the oncologist and frontline staff in an emergency. Sustainability issues were secondary to concerns about keeping the service going for the community although were more clearly discussed once consensus over service goals was reached.

Conclusion:

The project led to strong engagement which resulted in a Memorandum of Understanding (MOU), providing measurable, objective components for a safe high quality nurse-led outreach oncology service. The MOU and the action research approach which underpinned its development are applicable to other services.

“ It’s rewarding and satisfying and we’d like to treat more patients ”

[Oncology nurses, sub-regional services]

“ I enjoy being part of the visiting team and seeing the patient satisfaction from receiving treatment close to home ”

[Oncologist, regional outreach team]

This project was funded by LMICS.
LMICS acknowledges the support of the Victorian Government.



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