

A Sabbatical Journey of Discovery: Aspects of Nursing Care Delivery along the Continuum of Service

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This is the third in a series of reports to share key learnings from my 2005 sabbatical, when I took a three-month journey through Scandinavia, Western Europe, Ireland and the United Kingdom to observe innovation in nursing services delivery. The focus of this report is nursing care delivery along the continuum of service. All the countries I visited were moving towards the provision of networked services along the continuum of care.

Oncology

Denmark, Ireland and England have established oncology nurse coordinator roles that follow patients along the service continuum. In Copenhagen, a cancer pathway based on best practices was being developed.

In Dublin, a database was in place encompassing all information needed to track an individual cancer patient's journey through the system. Quality-of-life surveys are utilized to measure outcomes for oncology patients, and

patient satisfaction tools have been developed specifically for cancer care.

The National Health Service in England has developed a cancer plan and oncology care networks that link the whole patient journey. The Healthcare Trusts, responsible for management of healthcare services, are required to meet targets that are based on national guidelines from the NHS cancer plan. Oncology patient pathways are used across networks of care to achieve these targets. Nursing-led Rectal Bleed clinics and a nursing-led Bowel Screening program have been implemented. Home- or community-based chemotherapy is also in place. Cancer patient satisfaction surveys have been developed that are geared to the particular challenges of living with cancer as a chronic disease and managing symptoms.

Palliative Care

Palliative and end-of-life care was also well represented on the continuum of

care. Patient-directed palliative services design is in place in the Netherlands. Multidisciplinary hospice facilities exist in regional networks both in the Netherlands and in Belgium.

France has initiated an interdisciplinary palliative team approach to creating a cultural acceptance of palliative care in hospitals. An emergency palliative care team that can be sent from the hospital into the home has also been developed. A new four-bed palliative care unit was in development for patients in the last week of life. All palliative care and oncology nurses in France are required to have relationship competence.

Euthanasia is a patient-led service in the Netherlands. Upon a patient's request, two independent medical opinions are required to support euthanasia. Criteria include verification that the condition is palliative, and overwhelming symptoms such as choking, suffocation or intractable pain. If the criteria are met, the patient determines the location and time to receive an initial intravenous injection to induce sleep, followed by a lethal dose of intravenous medication. Often, patients have family and friends with them in a setting of their choosing.

Assessment

Interprofessional Web-based, pre-operative assessment modules, a CD and a book have been developed in England and are offered in credit courses to health professionals. Regional interdisciplinary pre-operative assessment units are being implemented in England, where patients for elective

surgery receive an interdisciplinary assessment to determine their fitness for surgery. In some cases alternative approaches to care, such as rehabilitation, are initiated.

Pain Management

In Denmark, Dr. Henrik Kehlet has promoted minimum intervention and risk-free surgical approaches that include rigorous pain management protocols. Multidisciplinary preparation of patients before admission helps them deal with post-operative pain. In Copenhagen, Dr. Lars Heslet has advanced the use of complementary therapies, such as music, to reduce pain for ICU patients.

In Edinburgh, Dr. Ian Power has demonstrated great success with physician engagement in the advancement of best practices in pain. He has established a pain executive team and developed distance learning programs for health professionals in Scotland.

Shared Contracts

In England, 3,000 community matrons are being put in place to manage the care of the 5% of patients who account for 40% of healthcare system costs. These nurses will oversee the care of these patients and move with them throughout the continuum of service.

Patients have taken charge of managing their own care in Germany through the development of shared flats with a contract for community nursing services to ensure that they can remain independent in the community.

Researchers in the Netherlands believe that networks are the path to

facilitating integration across systems. They are also working towards performance contracts that would provide greater compensation for services that are based on best practices.

Conclusion

As you can see, our colleagues abroad are advancing interprofessional service delivery partnered with patients along the continuum of service. Canadians

can learn from these approaches to advance our own work in regionalized systems or, in Ontario, Local Health Integration Networks. These ideas provide opportunities to test similar programs or to advance initiatives already underway by improving coordination, integration, transition, continuity and access to services.

I look forward to sharing other key learnings in future reports.

Call for Submissions



The Robo Award recognizes therapeutic clown practitioners who bring laughter, companionship and delight to patients and their families. This award will be presented at OHA HealthAchieve2006 held in Toronto, ON, Canada on November 6 – 8, 2006.

To nominate a specially-trained therapeutic clown practitioner (practising or retired), please see the guidelines below. Self-nominations are also welcomed.

Submission Guidelines

The nomination must answer the following questions in a brief summary (maximum of 3 pages):

- In what capacity has this nominee worked in the healthcare setting?
- What contribution has this special individual made?
- How has he/she allowed children and families to better cope with their hospitalization and treatment?
- What is remarkable over and above his/her work performed on the floor?
- What has been his/her known involvement in expanding therapeutic clowning?

Supporting materials may be submitted in addition to the maximum 3-page summary.

Provide us with the nominee's name and clown name, title, organization and contact information, along with the nominator's name, title, organization and contact information.

For more information go to www.longwoods.com/pages.php?pageid=73

Submission deadline is **Wednesday, August 30, 2006**.

Submit your material electronically to Lina Lopez at llopez@longwoods.com



The Robo Award is produced by the HealthcareBoard in co-operation with the OHAHealthAchieve2006.