

IMPLEMENTATION AND EVALUATION OF THE PALLIATIVE CARE LINK NURSE PROGRAMME IN UGANDA

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BACKGROUND

Palliative care (PC) is not available in all hospitals throughout Uganda, yet PC should be available to all men, women and children who need it, regardless of where they live, their culture, nationality or illness. Needs assessments reveal that 25%-45% of patients in Ugandan Hospitals have unmet PC needs, and therefore there is a need for integrated strategies for PC. The link nurse programme (LNP), developed in Mulago National Referral Hospital has been successful in increasing access to PC when implemented alongside a comprehensive model of PC and referral pathways and has been implemented in 4 international settings.

AIM

To implement and evaluate the impact of a PC LNP in eight hospitals in Uganda.

OBJECTIVES

- To improve palliative care provision within the hospital.
- To improve links between the palliative care team, or specialist palliative care providers and the wards in the hospitals, where these exist.
- To equip nurses from different units with the knowledge and skills that will enable them to provide basic palliative care to patients in need.

METHODOLOGY

Through the Uganda Nurse Leadership Fellowship (funded by DFID through THET), the LNP has been extended to 8 hospitals. Link nurses have been trained in each hospital and provided with ongoing mentorship and supervision. An evaluation is being undertaken utilising both quantitative and qualitative methods of data collection: including pre and post course assessment knowledge and confidence ratings, course evaluation forms, review of link nurses activity sheets, action plan review, along interviews with individual nurse leaders and focus group discussions with the link nurses.



RESULTS

149 link nurses have been trained and >470 patients have received PC from the link nurses (Table 1). A significant difference was seen in nurses knowledge/ confidence after training ($p < 0.001$ for PC Knowledge, Pain Knowledge and PC Confidence). 60% of nurses are using the MOH approved PC clinical guidelines to guide their practice. Interviews and FGDs are ongoing however provisional themes have been identified from those undertaken to date.

Themes identified from interviews with Trainers	Themes Identified from FGDs with Link Nurses
<ul style="list-style-type: none"> • Positive attitude towards PC • Capacity building • Collaboration • Increase in morphine use • Reduced work load • Sharing experiences • Continuity of care • Good referral patterns 	<ul style="list-style-type: none"> • Gaining confidence in communication, symptom control, pain management etc. • Increased knowledge • Change in attitudes towards PC and in compassion • Provision of holistic care • Importance of quality of care • Importance of clinical modelling

The Link Nurses have also experienced some challenges including: for those without on-site PC specialists it is hard to manage complex issues; stock outs of medicine; the need to train doctors and other health professionals alongside the link nurses.

Quotes from participants

"Am sure God is happy for you because of those you have made a difference of preparing them to see him with a smile since they will tell him good care done for them"

"Am jealous of your knowledge, if I had the opportunity to work with you, I cant imagine how much am inspired"

CONCLUSION AND LESSONS LEARNT

The Link Nurse Programme is a practical model for integrating PC into generalist services. Hospitals remain an important component of the health care systems and a place where PC needs can be identified, interventions offered and community discharge supported. Empowering health care workers to provide generalist and intermediate PC interventions is vital to integration and improving access.

RECOMENDATIONS

The MOH, PCAU, APCA and PC stakeholders should work to expand the LNP in Uganda and across the region. The results of this LNP will should be compared to that of its implementation in the national referral hospital and lessons learnt for future implementation.

