EVALUATION OF NURSE PRESCRIBING IN PALLIATIVE CARE IN UGANDA: SHAPING THE FUTURE FOR GLOBAL PALLIATIVE CARE

J Downing J.^{1,2}, W Acunda.³, D Adong³, E Luyirika⁴, E Namisango⁴, F Kiyange⁴, R Kiwanuka⁵, J Amandua⁵, L Grant², M Leng^{1,2,3}, and the Evaluation Team

1. Makerere and Mulago Palliative Care Unit, 2. University of Edinburgh, 3. Hospice Africa Uganda, 4. African Palliative Care Association, 5. Palliative Care Association of Uganda, 6. Ministry of Health, 7. Cairdeas International Palliative Care Trust

BACKGROUND

The WHA Resolution calls for the integration of palliative care (PC) into the health system, thus ensuring access to pain and symptom management for all. Uganda has led the way for palliative care developments within the region. A range of training programmes delivered to different health professionals, in particular nurses, have improved skills and increased the provision of PC to a high level. The models of PC delivery rely heavily on trained nurses. Thus nurses have a pivotal role in the provision of PC and often spearhead development, shaping and guiding PC provision. Uganda has led the way through PC trained nurses prescribing medications including oral morphine. However, no evaluation had been undertaken since its inception in 2004.

AIM

To determine the effectiveness of nurse prescribing in PC in Uganda.

METHODS

A 3-phase mixed-methods evaluation examining:

1. Training for nurse prescribing;

- 13 nurses, 4 trainers and 1 MoH colleague were interviewed;
- Core competencies for prescribing agreed through an expert workshop;
- A curriculum review undertaken.

2. Analysis of nurse competency to assess & manage pain, and appropriately prescribe;

- 22 nurses managed 20 patients each, assessing and managing their pain and other symptoms, using the APCA POS on 3 sequential visits.

3. Appraisal of the health-care system in 10 districts to understand the context within which nurses are working.

- Utilisation of rapid systems appraisal methodology in 10 districts in Uganda
- Interviews held with key stakeholders

Ethical approval was gained from HAUREC/UNCST.

A Palliative Care Prescriber is someone who is legally permitted and has achieved and demonstrated the desired competencies for prescribing medications to those who have chronic, life limiting illness alongside other health care workers:

Domain	Competency
Therapeutic relationship	<ul style="list-style-type: none">• Use advanced communication skills<ul style="list-style-type: none">◦ to ensure that patients and carers are fully informed how to use morphine and other palliative care medication and their possible side effects◦ to explain and demystify myths, fears and misconceptions about medication used in palliative care◦ to ensure the unit of care is the patient including their family and carers supported by a genogram.• Offer appropriate adherence support for patients and families in the various settings• Explain use of appropriate charts (for example body charts and visual analogue charts) and medication records to patients and carers• Use evidence based practice
Clinical Care	<ul style="list-style-type: none">• Undertake comprehensive and holistic (physical, social, psychological, spiritual) assessment and management of pain and other symptoms• Appreciate the WHO principles of chronic pain management including the use of opioids and adjuvant analgesics.• Manage side effects and toxicity of all palliative care medication• Reassess pain and follow up with appropriate management in regards to the effectiveness of any interventions• Appreciate the importance and involve family and carers in patient care
Collaborative Practice	<ul style="list-style-type: none">• Understand and demonstrate the role of appropriate consultation in referring patients with pain and symptoms including those who have reversible causes of pain and symptoms, require joint management, need specialist interventions and include information regarding referral pathways in and out of the community setting.• Communicate and provide comprehensive feedback to other health care workers• Collaborate professionally with involved clinical team(s) and ensure sharing of skills within a multi-professional team, avoiding disempowering colleagues and ensuring the lines of clinical responsibility are respected.
Leadership	<ul style="list-style-type: none">• Teach, supervise and mentor colleagues on pain and symptom management• Identify good practice and disseminate results to colleagues and other stakeholders• Plan and implement audits or research to ensure ongoing good practice• Advocate for palliative care within and outside their organisation.
Professional Practice	<ul style="list-style-type: none">• Understand the scope of their own prescribing responsibility in the context of shared clinical management• Fully document the pain and symptom assessment and use assessment tools e.g. body charts, visual analogue scales and numerical rating scales, POS, genogram.• Write prescription to comply with accepted legal requirements and clinical guidelines• Ensure and support appropriately the validated morphine procurement process and identify their role in the process.

RESULTS

Results show nurses can assess and manage pain, including prescribing oral morphine.

1. Preparation for the role:

Themes impacting nurse preparation included:

- training,
- supervision and mentorship,
- competency,
- boundaries,
- beliefs and system issues.

Agreement was made with regards to core competencies for PC prescribing. The current curriculum, with minor adaptations, is 'fit-for-purpose'.

2. Nurse Competency

Nurses can assess and manage pain ($p < 0.001$) utilising appropriate medications and requesting support as patients required.

3. The system in which the nurses are working

Nurses work in a system where:

- access to medications varies;
- there is limited understanding of PC and myths persist about the use of morphine.
- However they are resilient and able to overcome challenges.

CONCLUSIONS AND LESSONS LEARNT

Training PC nurses to prescribe medications in order to increase access to PC is an important transferable model. Whilst challenges exist and recommendations are made to improve the system, this evaluation demonstrates the benefit and safety of nurse prescribing for PC in Uganda. This has important implications for shaping the future of global PC.

THE UNIVERSITY of EDINBURGH
Global Health Academy