

The value of a nursing review  
of the  
PID patient  
on  
home therapy with Immunoglobulin

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# AIMS

- Explore nurse's perceptions of the review process
- Analyse the impact of the review process on nursing
- Examine the value of the review process to nursing
- Determine if there is a need for a nursing review
- Determine the type of review required if any
- Determine the content of the review

# Research Method

- Exploratory qualitative study
- Orem's Self-Care Framework provided the theoretical framework
- Sampling
  - Minimum 2 years experience in area
  - Established Home therapy programme
  - 52 nurses at 46 centres
- Semi-structured telephone interviews
- Burnard's method of thematic content analysis provided structure to the analysis, validity and reliability of the study.

Burnard, P. (1991) A method of analysing interview transcripts in qualitative research.

## Higher order categories

- The role of the nurse and their perceived value of a nursing review process
- What nurses perceive the value of review is to the patient
- The review process
- Immunology nursing

## Results; Demographic data

<b>Patient cohort</b>	<b>Paeds</b>	<b>Adult</b>	<b>Paeds/ Adult</b>	<b>Totals</b>
	2	10	5	17
<b>Years of experience</b>	12	103	30	145
<b>Home therapy patients</b>	IVIG -2 SCIG-34	IVIG-203 SCIG-189	IVIG-142 SCIG-55	IVIG- 247 SCIG- <u>278</u> 525
<b>Nursing fields</b>	PID ± Allergy, HIV, Haematology or Respiratory			

## Study findings; Value of review

- Support
- Patients requiring more support
- Rating of home review
- Perceived value to the patient

## Value of review / why do it?

- Provide support to the patient (n=6)
- Opportunity for education (n=2)
- Maintaining/ monitoring standards and compliance (n=12)
- Need to feel reassured/ satisfied that patients were happy or safe at home
- Maintaining and developing the relationship with the patient (n=6)

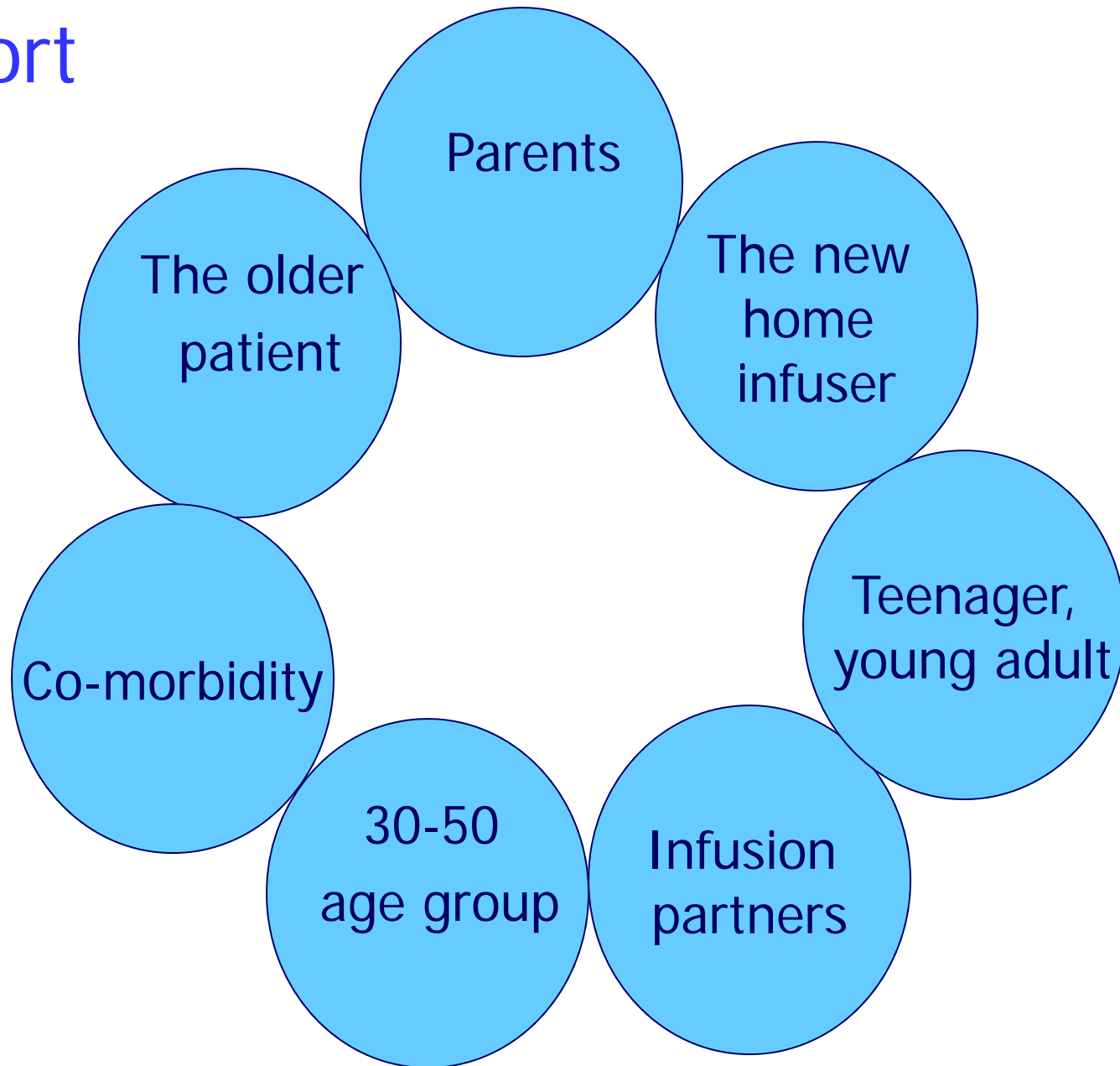
“What can we do to improve our service”

# Support

- Intensity of the nurse patient relationship varying with the patients capabilities to self care
- Review seen as a means of ensuring support is maintained
- Nurses keen to maintain contact with patients (n=17)
  - “Concern of patients falling through the loop as patient numbers grew”



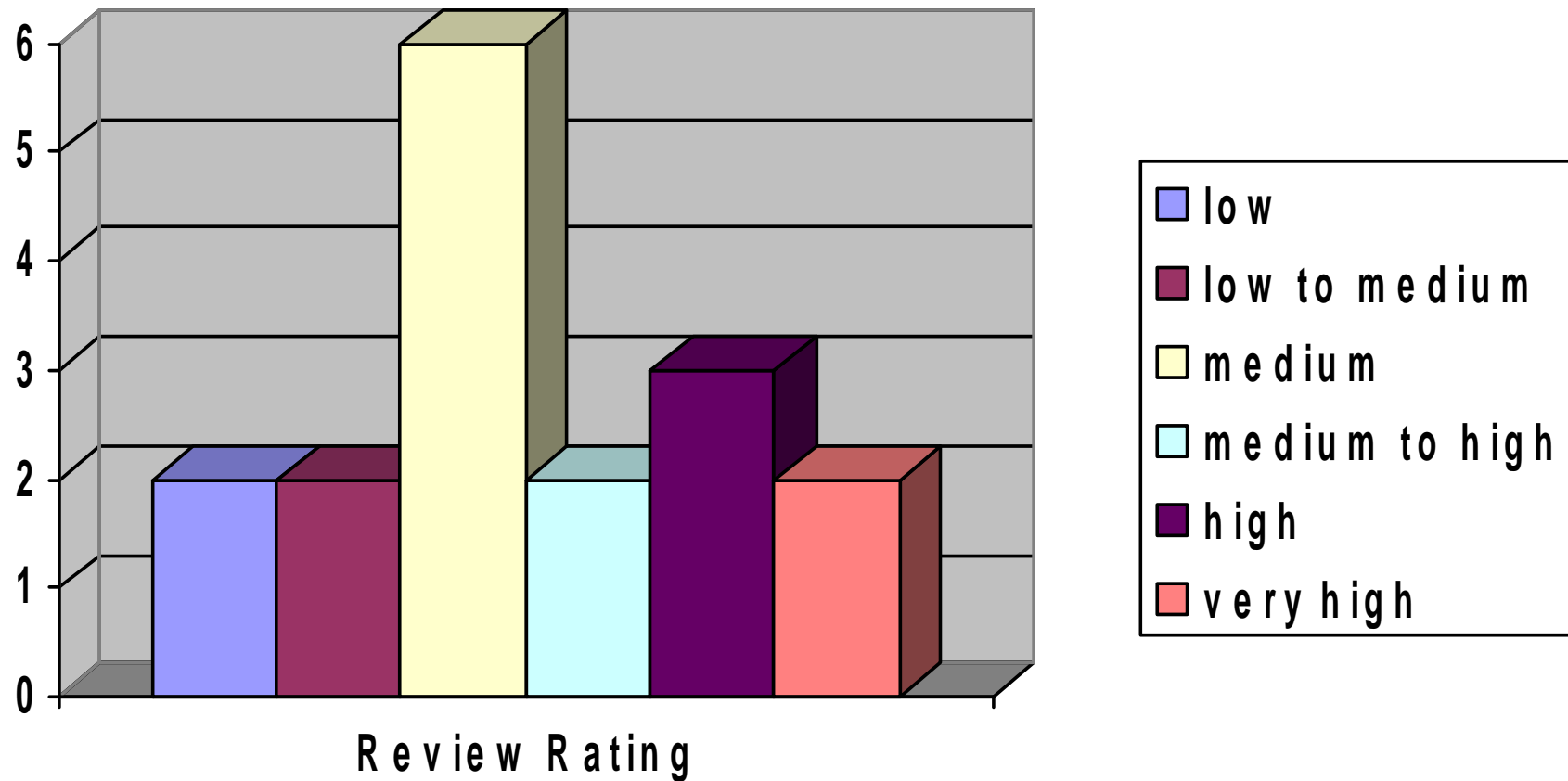
# Support



## Teenager/ young adult

- Reluctance to infuse, 'why me?'
- Complained infusions interfered with their lifestyle –one returned to hospital infusions-
- No recollection of being sick
- Interpersonal problems with parents - one returned to hospital infusions-
- Lack of knowledge -most information given to parents at diagnoses-.

# Work related priority scale of the review process



## Perceived value to the patient

<b>Emotional</b>	Reassurance (n=4) Re-empowering (n=1) Like the attention (n=2) Feel supported, helped (n=6)
<b>Relationship</b>	Partnership (n=1) We still care (n=1) Maintains contact (n=1) Relationship building (n=2) Exclusive time (n=1)

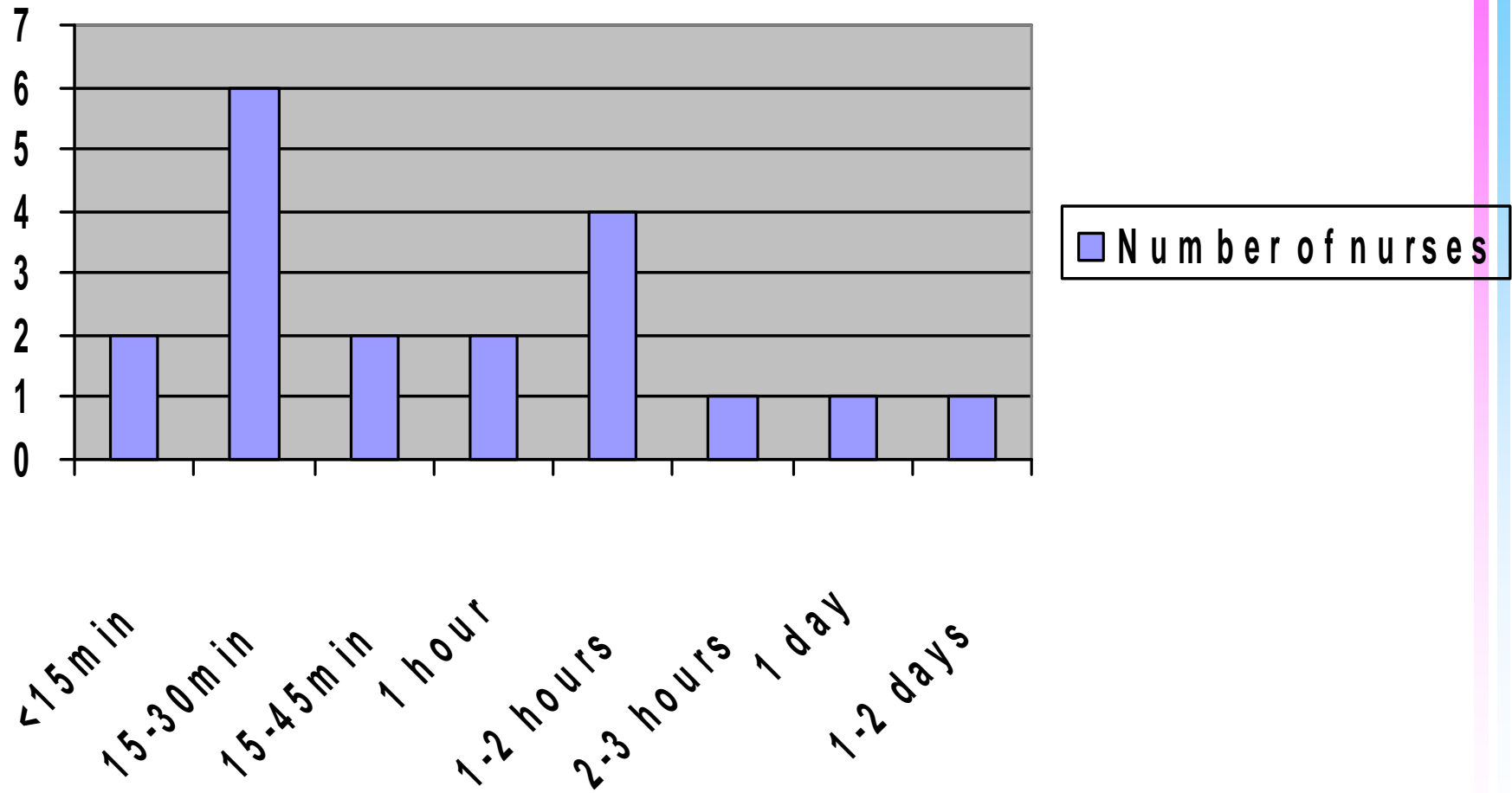
# Perceived value to the patient

<b>Functional</b>	-Sort problems (n=2) Review gives them a voice (n=5) Refresher course (n=1) Risk assessment (n=1)
<b>Negative</b>	Patient is nervous (n=2)

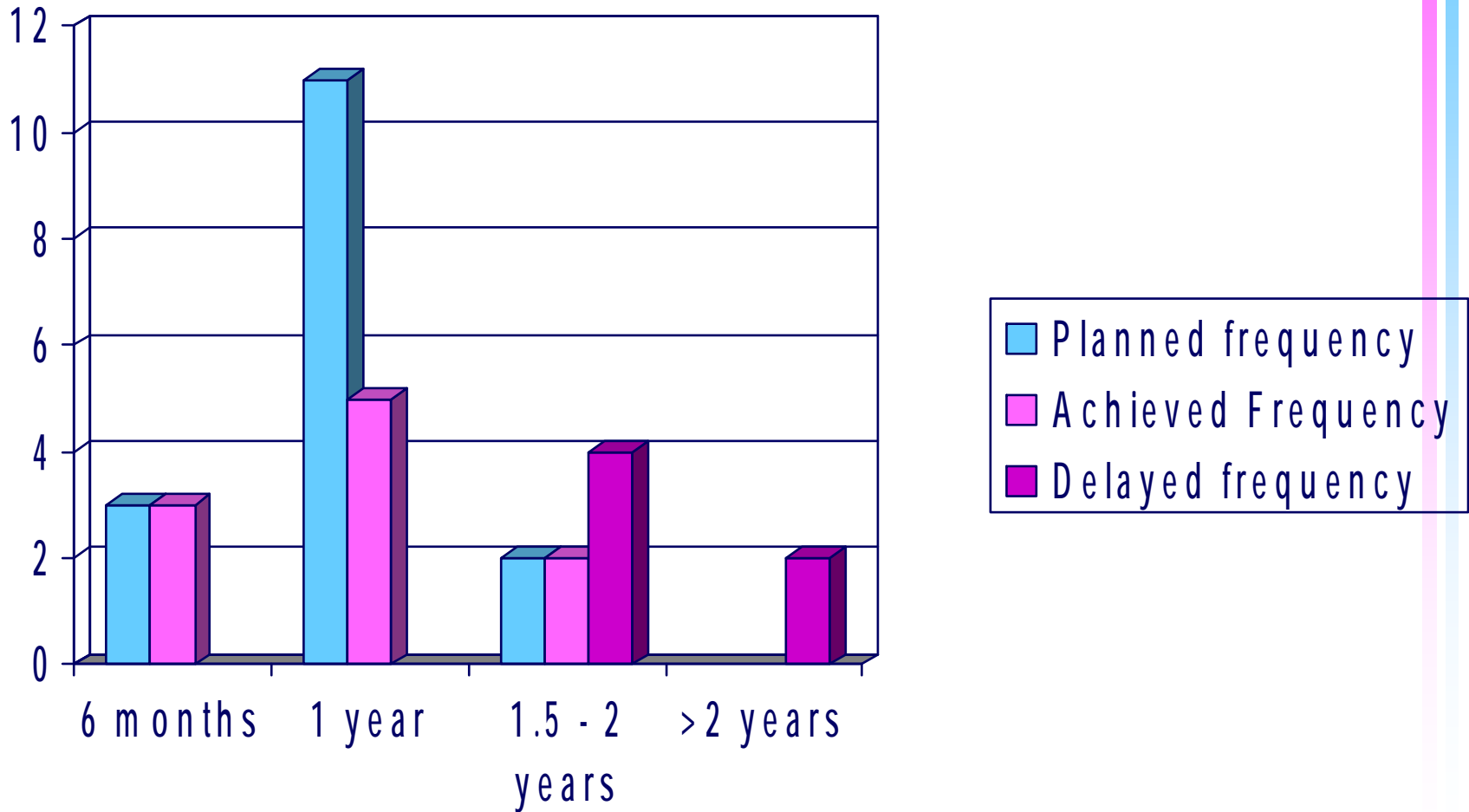
# Study findings; The review

- Duration of review
- Frequency of review
- Location of the review
- Content of the review
- Structure of the review

# Duration of Review

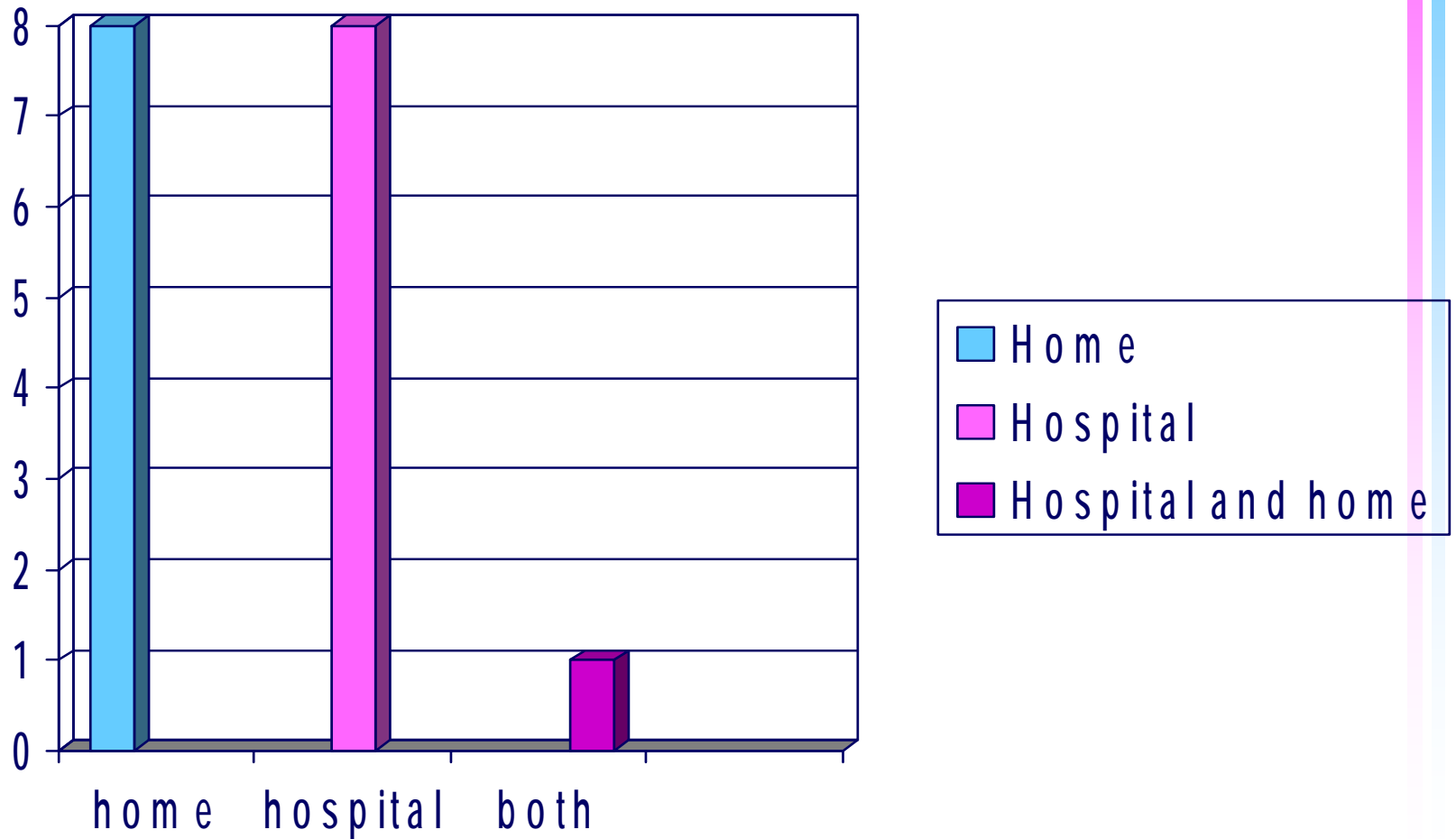


# Frequency of review of home therapy patients





# Location of the review



# Review in patients' home

Participant centre	c	d	g	h	i	l	o*	p	r
<b>Number of patients</b>	12	90	14	2	23	18	20	20	27
<b>Number of nurses</b> (Involved in home therapy)	1	2	1	1	2	2	2	1	2

\* = Reviews approximately half of patients at home and half in hospital. Total number of patients =40

# Review in Hospital

Participant centre	e	f	m $\mu$	S $\mu$	O *	Q ^
<b>Number of patients</b>	90	160	50	68	20	24
<b>Number of nurses</b> (Involved in home therapy)	1	3	2	2	2	2

\* = Reviews approximately half of patients at home and half in hospital

^ = Minimal review

$\mu$  = Previously did home visits

# Cumulative summary of contents of review

- Reconfirm demographics and contact details
- Observation of patient self-infusion
- Discussion of home infusions no observation of technique
- Discussion on problems with technique
- Discussion on psychosocial issues raised by diagnosis and infusing at home (n=15)
- Coping, keeping to infusion day -barriers to this-.
- Discussion with infusion partner

# Cumulative summary of contents of review

- Discussion on the delivery service
- Universal precautions
- Discuss adverse reactions, are they having any, 48 hour rule, monitoring during infusion
- Have they required GP to assist with venepuncture
- Compliance with other management plans e.g. chest physiotherapy
- Any Immunology service issues
- Has patient got follow up Clinic appointments

## Structure of the review

- Local guideline in place (n=15)
- Support for national guidelines (n=11)
  - Trigger to ask right questions
  - Act as a comprehensive check list
  - Useful for audit
  - Opportunity for nurses to learn from the experiences of others
  - Support clinical governance

## Structure of the review

### Wary of a guideline

“ Because I think people don't look around the outside of them.”

### Recommendation for a national guideline

“content of the review still evolving and would benefit with the input from a wide variety of experiences”

## In conclusion

- Participants valued the provision of support as being fundamental to patients staying on home therapy.
- All nurses wanted patient contact
  - Variable 5 weeks to 6-12 months
- Increased levels of support are transition related and when a self care deficit occurs.
- The study supports that review of home therapy patients is needed and is a valuable exercise.
- This is a very positive finding in light of the considerable resources required.



# Recommendations

- To determine the need and/or frequency for competency assessment of PID patients who self infuse Immunoglobulin at home.
- To determine whether PID patients who self infuse Immunoglobulin at home require routine home visits by the Immunology Nurse.
- To establish the relationship between review of home therapy patients, patient compliance and those who discontinue with home infusions.

# Acknowledgements

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