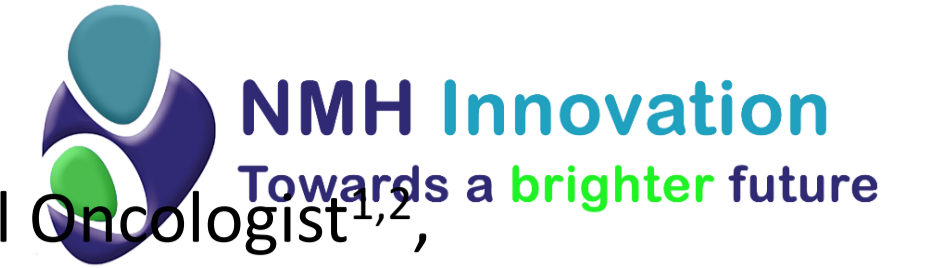




The National Maternity Hospital
Vita Gloriosa Vita ~ Life Glorious Life

Establishing a Nurse Led Gynaecology Oncology Family History Clinic



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BACKGROUND

The National Cancer Control Programme (NCCP) Health Needs Assessment for Persons Diagnosed with BRCA 1 and BRCA 2 in Ireland (2022) identified that BRCA patients, who are high risk for breast and ovarian cancer, should have designated pathway with adequate support from specialists. In 2022, a new virtual ANP led Gynaecology Oncology was established using framework for service improvement.

AIMS

- To establish a nurse led service to support patients with a BRCA mutation in managing their cancer risk
- To provide holistic, individualised care to this cohort and support complex decision making

METHODS

During the Covid-19 pandemic, cohorts of patients suitable for virtual follow up were identified as a measure to reduce hospital attendances. Patients with a genetic predisposition were seen in a variety of Gynaecology clinics without formal nursing support. Using the HSE Model for Improvement and process flow, a new virtual ANP led, Gynaecology Oncology clinic was established.

RESULTS

Since May 2022, 22 patients have been enrolled in the clinic. Most patients (60%) were already seen within the Gynae service and 40% have been referred from other specialties such as Breast and Clinical Genetics. As per HSE QI improvement, stakeholder support ensured that Phase 1 was completed at the end of 2021. Phase 2 planning ensured that potential challenges to the pathway could be identified and the clinic was established. Phase 3 was implemented in May 2022 and a number of issues have been logged and acted upon such as; allocation for a clinic code, application for funding for Video Enabled Care to offer better quality consultation, implementing Plan, Do, Study, Act to measure outcomes from patient perspective and ensure their voice is heard as the service grows. To enable Phase 4, present findings and sustainability plan, the ANP participates in a number of local and national groups that provide care to this population.

Conclusion

Anecdotal feedback from patients has been positive. Continuation of Phase 3 and Phase 4 of the project will better inform practice. Areas for further study have been identified.