Table 1. Criteria for classification of interventions using the OMAHA core categories

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| **OMAHA category** | **OMAHA description** | **Additional descriptors guiding decisions made by the RECaN team** |
| **Case Management** | Activities such as coordination, advocacy, and referral that facilitate service delivery, improve communication among health and human service providers, promote assertiveness, and guide the individual/family/community toward use of appropriate resources. | Interventions which involved a variety of coordinated activities were classified here, including, for example, most palliative home care interventions. Other nurse-led interventions which involved teaching and support, monitoring symptoms or medications and liaising with other health professionals (i.e. were a combination of all four core categories or described a stepped care approach involving a range of interventions) were coded as case management. |
| **Surveillance** | Activities such as detection, measurement, critical analysis, and monitoring intended to identify the individual/family/community's status in relation to a given condition or phenomenon. | Interventions described as nurse-led follow up were usually coded to this category, however, where it was clearly described that the intervention involved complex co-ordination of care and symptom management and a range of different activities we coded this to CASE management.  Interventions directed at assessing and/or monitoring symptoms, providing tailored advice for those symptoms, reporting back to oncologists etc were also categorised here. |
| **Teaching, Guidance, and Counselling** | Activities designed to provide information and materials, encourage action and responsibility for self-care and coping, and assist the individual/family/community to make decisions and solve problems | Where the intervention was described as an educational or counselling intervention and where teaching, providing information or psychosocial support were the primary focus, and these were provided using a structured protocol and for a specific aspect of care, we used this category. We included CBT interventions and those directed at equipping carers to manage care in this category. Interventions targeted at improving specific symptoms e.g. fatigue, through a mixture of education, teaching exercise and strategies were also included here. However, if the intervention involved education AND symptom assessment, management, coordination of care and other specialists, with a particular nurse-led focus we used the category CASE Management. If the intervention was primarily symptom focussed and included changing or administering medication it was classified as TREATMENT. However, if it was primarily symptom focussed and mainly about assessment and tailored advice /intervention for that symptom it was classified as Surveillance. |
| **Treatments and Procedures** | Technical activities such as wound care, specimen collection, resistive exercises, and medication prescriptions that are designed to prevent, decrease, or alleviate signs and symptoms of the individual/ family/ community. | Under this category we included interventions where the nurse provided a treatment or was responsible for a specific procedure, including massage, diagnostic procedures such as endoscopy, or for managing medication. |