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Quality management - securing the clinical pathway for breast cancer patients

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Background: It is well known that many patients find the transition from one department to another filled with anxiety and uncertainty regarding the next phase of their treatment. In the surgical department at Copenhagen University Hospital,Rigshospitalet, approximately 450 women undergo surgery annually for breast cancer. Approximately 2/3 of these women are then referred to adjuvant treatment with chemo-, endocrine- and/or radiation therapy in the oncology department.

The purpose of the project is to improve the quality of the clinical pathway between surgical and oncology departments for women with breast cancer.

Method: In the autumn of 2000 an interdisciplinary team of physicians, nurses, secretaries and a physiotherapist from both the oncology and surgical departments met to examine the clinical pathway for women with breast cancer. The team first described the present clinical pathway and uncovered several patient related problems. Some of these problems being; a prolonged waiting period, uncertainty about their treatment plans and who the responsible contact professional was between the two departments. The team then described the optimal clinical pathway between the two departments and developed new procedures and quality standards. These were for instance, that the patients and it's relatives knew at all times, what was to happen next, that they felt there was agreement with the information they received between the two departments, that the patient upon discharge from the surgical department received an appointment for the oncology department, that all the patients who were selected for a randomised trial should be consulted by a specialist in the oncology department and so on.

The new procedures were introduced in December 2001 and updated in the spring of 2002.

Then a process of monitoring and evaluating the quality and effect of the procedures was initiated using chart reviews and patient questionnaires. At the same time the women were asked questions about physiotherapeutic rehabilitation. This was to take place both in the oncology department and in the radiotherapy department for a period of three months, with an inclusion of 60-75 patients.

Results: The project will continue until the end of May 2003 and the results will be available August 1, 2003. Preliminary results show a clear indication that patients are very satisfied with their clinical pathway between the two departments.

Conclusion: Many patients feel a sense of uncertainty in the period between two departments. An interdisciplinary team analysed the clinical pathway and introduced new procedures in order to improve the quality. For a three-month period women receiving adjuvant treatment for their breast cancer was asked to participate in a study to determine whether the new standards were fulfilled.

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Development of a best practice statement for skincare of radiotherapy patients

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Background: Advice given to patients and interventions recommended for patients receiving radiotherapy within Scotland's five cancer centres differs. A nationally agreed statement to inform practice was required to ensure equity of quality care for patients irrespective of care setting and geography. As general nurses, i.e. non-cancer specialists, deliver most care to cancer patients, the statement is being developed to enhance their understanding and care of these patients as well as being useful to cancer specialists.

Concept of Best Practice Statement (BPS): Developed by the Nursing & Midwifery Practice Development Unit (NMPDU) to further the identification, dissemination and implementation of best practice across Scotland. Many examples of clinical guidelines exist but there is a lack of reliable statements focussing specifically on nursing practice. (Further information may be found at www.nmpdu.org)

Aim of a BPS: To describe best and achievable practice which is patient centred, cost-effective and fair, and will attempt to reduce existing variations in practice. Implementation will promote comparable standards of care for patients wherever they access the service.

Method: A small working group was set up consisting of specialist nurses and therapy radiographers from each of the cancer centres. This was the first time that all cancer centres had collaborated in this fashion. Community nurses joined the group to give a primary care perspective. A tissue viability specialist nurse was co-opted for added expertise. Following a literature search, relevant professional publications were reviewed along with current local guidelines and patient education leaflets.

Statement format: The document will consist of the statement, the rationale for that statement and suggestions as to how to demonstrate that the statement is being achieved. Some background information will be added to underpin the statements to aid non-specialists' understanding.

Statement content: Sections on: effects of radiation on skin; risk factors and minimising risk; general skincare advice pre-, during and post-treatment; late and recall reactions; concomitant treatments.

Statement development: At time of submission, the document is under development. It is anticipated that the final version will be available at ECCO12.

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Cancer wound and cancer ulcer treatment: a multidisciplinary approach

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Background: In The Netherlands it is generally accepted that a distinction should be made between a wound as a result of the treatment of a malignancy (cancer wound) and a wound caused by a malignancy (cancer ulcer). Both wounds need a specific approach as well from a somatic as a psychosocial point of view. In practice, a well-attuned interaction between the medical treatment and the nurse care might improve quality of life for the patient. The aim was to write a guideline for oncological wound-care for everyone who treats patients with malignancies.

Materials and methods: The oncological wound team of the University Medical Center Nijmegen (The Netherlands) consisted of a radiation oncologist, a medical oncologist, a surgeon and a dermatologist. A clinical nurse specialized in radiotherapy, an oncology research nurse and a dermatology nurse manager were included to the multidisciplinary group, which designed a practical guideline for wound care. Due to a lack of scientific literature on this topic, this guideline is mainly based on practice-guided publications.

Results: The oncological wound guideline was focused on all particular issues e.g. penetrating odour, excessive exsudate, (lethal) and bleeding, as well as psychosocial problems. Specific nursing and medical aspects of cancer wound and cancer ulcer treatment were described. This guideline has been digitally implemented and will be accessible to the entire hospital in the near future. The wound care has been integrated in the active treatments of malignancies like radiotherapy and chemotherapy.

Conclusions: We would like to take the opportunity to present the guideline more in detail at the conference. We believe this guideline will be of help in reaching a well-attuned balance between medical treatment and nurse care with regard to both the cancer wound and the cancer ulcer.

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Intravenous ports: experience of oncology patients

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Background: An ever-increasing number of oncology patients require a long-term venous access, for safe administration of chemotherapeutic agents, blood, and parenteral nutrition as well as for blood sampling. Vascular access devices made a significant contribution to improving the quality of life of patients requiring long-term intravenous therapy. Despite all advantages, intravenous ports are associated with a substantial number of complications such as infection, thrombosis, sleeve formation and extravasation. These problems have been intensively studied in research and are very well known to nurses. The subjective impression, however, of the patient confronted with his port in daily life, is less well known by the caregivers. The goal of this survey was to collect the positive as well as negative experience of patients concerning their implanted device.

Methods: In a prospective study, a convenience sample of 106 oncology and haematology patients at an outpatient clinic in Leuven (Belgium) was contacted to fill out a questionnaire. Instrument: The questionnaire, based on previous research, had 4 open-ended questions. Patients were asked how long they had their catheter and whether they had already received chemotherapy through a peripheral vein. Two other questions asked if patients had encountered problems with their port and whether these had or have an effect on their quality of life. The patients had the opportunity to indicate positive as well as negative experiences with the device and its use.

Results: The top three benefits were (1) venous access no longer required peripheral venipuncture, (2) less inconvenience during the administration of irritating solutions, (3) easy access. On the other hand, patients disliked most the visibility of the venous port and complained about site soreness.

Conclusions: Nurses' perceptions of a port implantation have more implications for patients than nurses realise. Information before and after implantation can help patients cope. Knowing what to expect, can be helpful in a stressful situation such as cancer treatment. Good nursing care implies the ability to provide optimal care and maintenance of the device, to diagnose and treat port complications, but knowing the patients' point of view is an added value in the delivery of quality of care.

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Factors associated with delay in presentation and diagnosis of lung cancer: Searching for new approaches to early detection

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Background: Lung cancer is the cancer most commonly diagnosed in men and the third most commonly diagnosed cancer in women in the UK (over 38,000 new patients are diagnosed annually)*.Overall 5% of patients are alive 5 years after diagnosis* and 80% die within the first year*. Surgery is the only curative treatment, yet largely because of late diagnosis, only 10% of patients have surgery*.

Aim: The aim of this study was to establish, using patients' and general practitioners' accounts of events, phenomena associated with delay in diagnosis. An understanding of what enables or inhibits diagnosis may aid earlier detection of the disease.

Methods: This paper is based on a content and thematic analysis of 22 interviews with newly diagnosed lung cancer patients and interviews with 11 of their General Practitioners. The directed interviews were focused on symptoms, changes in health status and related events along the pathway to diagnosis. The analysis was used to develop a model of the doctor and patient beliefs and behaviours that influenced the point in time of diagnosis.

The analysis revealed both patient and doctor related factors that led to delay in diagnosis. Both patient and doctor understandings of what changes were indications of disease were important in shaping the decisions that each made in the months preceding diagnosis. The model of delay developed provides a theoretical framework from which to build interventions that may enable earlier diagnosis.

Findings: The analysis revealed that both patients' and doctors' understandings, of what indicated disease, influenced the point of diagnosis. These understandings were important in shaping the decisions that they made in the months preceding diagnosis. The model of delay developed from the findings provides a theoretical framework from which to build interventions that may enable earlier diagnosis.

Conclusion: The study provides new knowledge of the pathway of lung cancer leading up to diagnosis. The work is of importance to health-care professionals in primary care, who have a concern for early disease detection.

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Nursing care and the competent patient

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The Danish Cancer Nursing Society's **S**pecial **I**nterest **G**roup (SIG) for "Ethics and Medical Anticancer Treatment" has existed since 1994. An area of interest, over the years has been the ethical aspect of information and communication between Health Care Professionals and cancer patients.

This area of interest has resulted in SIG's focus on the competent patient and the vast informational resources available to them. For example, the Internet is one of the sources, where patients up-date their information on treatment and knowledge about their cancer disease.

As professional nurses, we are concerned with all aspects of the competent patient, and therefore pose the following questions: · Are nurses adequately qualified to manage this competence? · What do we know about the patient's needs and demands? · What are the patient's expectations of the clinical nurse? · What is the ethical issue in this context and what role does the nursing professional partake? · Can information and the way information is given, be generalized when dealing with a competent patient?

Two members of the SIG for Ethics and Medical Anticancer Treatment will present observations, experiences and knowledge, obtained by the group during the years. Our goal is to initiate a debate and inspire our nursing collegues to take an interest in and reflect on this topic.

The group is presently developing nursing guidelines to help cancer nurses manage the difficulties associated with the competent patient.

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