There is one fundamental prerequisite of the nursing process, namely that both the nurse and the patient contribute to the nursing process: the nurse provides specialized knowledge and abilities; the patient provides knowledge of him/herself, his/her apprehension and knowledge of his/her own problems

In the specific and organizationally demanding work of the nursing team working in shifts, this system is the basis of all planned, continuous, focused, achievable and general nursing activities. The aim of the documentation is keeping common medical and nursing records and giving clear survey of all the information about the individual patients. One of the tasks of the nursing department is to develop the system of quality management, to introduce quality monitoring at all the wards and to develop standards and standard nursing plans. This is supported by nursing informatics, which is part of health informatics. The nursing informatics integrates nursing with information science and computing technology, with the aim to increase the quality and efficiency of the nursing care. There are two reasons why understanding and development of the nursing informatics are important. The first reason is the need for a nurse to be acquainted with the latest information in the field. It is a nurse who controls the stream of information between the patient and the health care system. The nurses initiate and coordinate the communication of the multidisciplinary team of the health care providers. The other reason why the nursing informatics is so important is the demand for the nursing to be based on scientific findings and evidence (evidence based nursing) and on maximally efficient deployment of resources. The nursing care, to be efficient, needs to collect these data and store them in a standardized way, so that they might responsibly and accurately document how things are done and operate. Nursing informatics is an instrument which enables the nurses to spend more time at the patient's bed.

Introduction of the nursing process and nursing informatics in our Institute deepens the role of the oncologic nurse in nursing care delivery.

High quality nursing care of the cancer patients is the prerequisite of their satisfaction. In 2001 the Educational Centre was established which is the main provider of cancer education. Its task is to initiate and implement educational and preventive programs for members of lay and professional public. They are to provide information to cancer patients and to coordinate the activities of the relaxation centre, whose part is a creative art studio for both out-patients and hospitalized patients.

The creative art studio is an integral part of the comprehensive care of patients at the Masaryk Memorial Cancer Institute. Here, they have the possibility, within the framework of art therapy, to get acquainted with various creative techniques, among others with working with ceramic clay and wheel, plaster casts, painting on glass and silk, painting of pictures. For sick children the patients sew dolls, which serve for play therapy. We organize short courses where the patients and their family members learn new creative techniques.

Each month concerts of famous artists, theatre performances and picture exhibitions are organized for patients and their friends.

Our aim is to secure a quick access to high quality health services for the patients and to improve patient information so that they could participate more intensively in their own care both during hospital stay and out-patient therapy. The result is satisfaction not only of the patient but also of the whole professional multidisciplinary team.

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From prevention to survivorship – an overview

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A cancer diagnosis and its treatment have more than a physical impact. There are social, emotional, psychological, spiritual, and practical consequences as well. These consequences begin from the moment a person thinks they might have cancer, and continue to be experienced throughout the diagnostic interval, during treatment and follow-up care. Even if individuals do not have further evidence of disease after treatment, many struggle with long term side effects. Others must face recurrent and metastatic disease, eventually dying from their cancer. For all, there is a continuity in the lived experience with this illness; there is a sense of connectedness between all the events for the person with cancer and his or her family. What has happened early in the illness experience has an impact on what happens later, on quality of life and the person's ability to cope.

Many patients talk about their experience with the cancer care system as frustrating and chaotic. Cancer treatment is often provided in many locations and by different groups of health care professionals. Additionally, cancer patient may be treated in hospitals or outpatient settings, but they live with their cancer at home in the community. The system, in many countries, is not organized to support continuity of experience. As a result, patients feel their care is fragmented and they are often uncertain about where to turn for assistance. This presentation will highlight a conceptual framework for thinking about continuity of care and provide examples of approaches oncology nurses have used in their efforts to ensure continuity in care delivery for cancer patients and their family members.

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Integrating support services to enchance continuity of care in an Australian cancer setting

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Peter MacCallum Cancer Centre is the only stand alone cancer facility in the Southern Hemisphere. With approximately 5000 new cancer patients per annum the hospital offers a comprehensive range of medical treatments for cancer and includes the largest cancer research facility in Australia. However, while the hospital offers a range of support services, their delivery has been sporadic and lacking coordination. In 2001 we established a supportive care project with the vision of developing a collaborative, multidisciplinary approach to support service provision that is patient and family centred and evidence based. The aims of the project are to: develop a best practice model of service provision that enhances continuity of patient care; establish an agreed staffing profile and credentialling process; and establish external links to enhance supportive care research and training. To date the project has established a supportive care needs screening tool which is currently being field tested and a range of service programs that bring together several disciplines. The project is also working to become integrated into the organisational structure to enable patient support issues to become a key aspect of the organisation's clinical governance. This paper will present progress to date on this initiative and consider the barriers and facilitators of such organisational change.