

- Waiting times for treatment dramatically reduced due to the role having a sole focus on chemotherapy patients on the ward
- Chemotherapy prescribed and ordered one week in advance speeding up the delivery of cytotoxic drugs to the ward.
- New documentation was implemented by comparing 5 Oncology Centres nationally
- Good working relationships with multi-disciplinary team members developed

The desire to provide a seamless service is constantly being challenged by lack of resources and capacity issues. However, by collaborative working these changes had a huge impact on patient care by improving the quality of the inpatient chemotherapy service.

1214

POSTER

### **A large scale chemotherapy quality improvement project; initiating standardized treatment, administration and information in the hospitals in the region of the Comprehensive Cancer Centre Rotterdam**

M. de Boer - Dennert. *The Comprehensive Cancer Centre Rotterdam, Rotterdam, The Netherlands*

The CCCR is a network organisation that provides advice and support to professionals in the field of oncology, such as medical specialists, general practitioners and nurses in the south-western part of the Netherlands. The region covers 17 hospitals. In 1998 the nursing network in this region identified differences in the chemotherapeutic drug administration protocols between the hospitals. From 1999 - 2002 a chemotherapy quality improvement project was performed in the region in order to optimise this treatment modality. The quality improvement project consisted of five steps: implementing the Common Toxicity Criteria (CTC) checklist in order to score the treatment toxicity, initiating and coordinating the process of medical consensus to obtain regional standardized treatment guidelines for chemotherapy in solid tumours, developing standard chemotherapy administration forms based on multidisciplinary consensus, developing patient and GP information on chemotherapy in the nursing network of the National Association of Comprehensive Cancer Centres and finally providing the standard chemotherapy administration forms with an electronic application for dose calculation. All steps were performed subsequently and were evaluated on implementation success.

The use of the CTC checklist was not mandatory but proved to be helpful to obtain data in trial patients. It was used in 11 hospitals. Chemotherapy treatment guidelines for colon, breast, SCLC, NSCLC and ovarian cancer were established. The compliance to these treatment guidelines was audited in breast cancer adjuvant chemotherapy patients and was excellent with a Relative Dose Intensity less than 85% in only 7/159 patients. All hospitals complied with the standard chemotherapy administration forms, which now all have the same content. All hospitals used the developed patient information, either as an implementation project or by checking and updating their initial patient information. Finally, the standard chemotherapy administration forms were placed on the Internet together with the calculation formulas and an instruction brochure on how to insert the formulas in administration forms. A helpdesk was established. An agreement regarding the maintenance and updating of the treatment guidelines and the standard chemotherapy administration forms finalized the project. The CCCR will continue to provide the hospitals with the CTC checklists.

This quality improvement project demonstrates that a large scale project can run successfully in a network setting when innovations can be adjusted to the individual hospital standards.

1215

POSTER

### **Cancer nurse coordinator: the introduction, development and impact of a new oncology nurse specialist role in Ireland**

N. de Zeeuw, T. Hanan, S. Eyre, J. Moore. *Cancer Nurse Coordinators, Dublin, Ireland*

**Introduction:** In the Irish Health Strategy Shaping a Healthier Future (1996), cancer was identified as one of three major sources of premature mortality. The effect of cancer on health status in Ireland is striking; cancer accounts for one third of all deaths in those aged under 65. Certain trends were highlighted in the Health strategy which caused concern: the mortality rate from cancer was higher than the EU average.

Following on from the Health Strategy a National Cancer Strategy was published (1996). Its two main objectives are:

1. To take all measures possible to reduce rates of illness and deaths from cancer in line with the targets of the Health Strategy, and

2. To ensure that those who develop cancer receive the most effective care and treatment so that their quality of life is enhanced to the greatest extent possible.

**Background:** Treatment services for cancer in Ireland compared very well with standards in other countries. However, the organisation and delivery of services needed to be changed, to improve coordination and communication. Services also needed to be distributed more evenly around the country. The Cancer Nurse Coordinator Role was created to help fulfill the objectives of the National Cancer Strategy. In 1999, 24 posts were piloted in the capital city and the posts were evaluated by the government in 2002.

The role was designed to address the particular issues facing those diagnosed with cancer in Ireland eg. the need to be referred from hospital of diagnosis to another hospital for treatment, travelling long distances for treatment, or having to wait for treatment. The objectives of the role included provision of information and support for patients and families from diagnosis onwards, and being a constant contact for them along the cancer continuum.

Apart from the core concepts of the role, described above, the role has developed very differently in each hospital. Variables such as the individual nurses and the services already existing in each hospital have shaped role development.

**Conclusion:** This was a brand new nursing role in Ireland. It has been positively evaluated and has been recommended for roll out to other parts of the country. The introduction of the role was timely, addressing the particular problems in caring for patients in the Irish system whilst services were being developed.

1216

POSTER

### **Education in groups - the path for improved clinical practise? - a comparative study on benefits from preparatory education in radiation therapy measured before and after modified educational procedure.**

A.D. Hansen. *Herlev University Hospital, Copenhagen, Oncology Outpatient Clinic 54B1, Herlev, Denmark*

**Background:** Every year 250 new patients with cancer of the head and neck are admitted to our clinic. Two years ago all patients and their relatives received their preparatory education in relation to their first visit. Nurses and doctors found that there was too much information for the families to relate to in a short period of time. They decided to modify the preparatory education so that the individual case was taken care of at the first visit, and the general information was given in groups of 10 to 12 patients and the same amount of relatives. The purpose of the study is to show if there is any difference in the benefit for patients and their relatives due to the two educational procedures.

**Material and methods:** 103 persons completed a questionnaire with 40 standardized questions. The measurements were made in three groups; before the modification of procedure, just after and after one year using the group procedure. This last measurement was made in order to show if the experience in using group education had any impact on the benefits. Criteria of success was set in order to make this measurement possible.

**Results:** All answers from the questionnaires were put into tables by a key punch operator. The tables showed that group education provided an improved overall benefit. In some topics such as smoking, care of the skin, mouth and teeth the differences in benefits are statistically significant.

**Conclusions:** If we take these results into consideration, new perspectives opens for our daily clinical practise in our outpatient clinic. Is it likely to expect the same outcome for patients who are facing chemotherapy?

1217

POSTER

### **Nurse-led peripheral inserted central catheter (PICC) program: an audit of the St James's experience**

P. O' Reilly, D. O' Mahoney, J. Kerlin, C. O' Brien. *St James's Hospital, Oncology/Haematology, Dublin 8, Ireland*

The Nurse-led PICC line insertion program for Haematology/Oncology patients in St James's Hospital was established in January 2002. As with all new developments, close monitoring and appraisal of its merits are a necessity. Therefore we reviewed all procedures carried out in the initial 6 months; in addition we compared this with the established X-ray department directed PICC line insertion program. 141 procedures were assessed during the study period - 46 nurse inserted and 95 X-ray inserted catheters. There was an overall complication rate of 34.7% found in the nurse inserted PICC lines, comparable to a rate of the 51.5% in the X-ray department

Infection and line blockage were the commonest complications. Trained nurses, reserving image guidance for more difficult cases, can successfully place the majority of PICC catheters. Patient responses indicate a favorable acceptance of a Nurse directed PICC placement programme, due to reduced waiting times, continuity of care, increased surveillance and support post procedure.

1218

POSTER

### Implementation of guidelines about safe manipulation of cytotoxic agents through a cd-rom.

G. Ponnet<sup>1</sup>, A. De Gussem<sup>2</sup>, L. Simons<sup>3</sup>, B. Van den Borne<sup>4</sup>, L. Verpoorten<sup>5</sup>, P. Vranckx<sup>6</sup>, G. Wittocx<sup>7</sup>. <sup>1</sup> AZ VUB, Med. Oncology, Brussels, Belgium; <sup>2</sup> UZ Gent, Med. Oncology, Gent, Belgium; <sup>3</sup> AZ Middelheim, Oncology/hematology, Antwerpen, Belgium; <sup>4</sup> Onze Lieve Vrouw Ziekenhuis, Oncology/hematology, Aalst, Belgium; <sup>5</sup> Virga Jesse Ziekenhuis, Oncology/hematology, Hasselt, Belgium; <sup>6</sup> UZ Gasthuisberg, Med. Oncology, Leuven, Belgium; <sup>7</sup> Jan Portael's Ziekenhuis, Internal Med., Vilvoorde, Belgium

Cytotoxic agents possess cytotoxic, carcinogenic, mutagenous and teratogenous properties. For the cancer patient the cytotoxic activity is the determining factor leading to a positive outcome of treatment. For health care workers a potential health risk might exist if these agents are manipulated incorrectly. The level of risk is dependent on the level of exposure but the long term risks of exposure remain difficult to predict. Working with these agents without safety guidelines might however be hazardous in the long term.

The "official" guidelines for the safe manipulation of cytotoxic agents are at most vague and unpractical in Belgium, up to shortly, professional cancer nurses felt they were manipulating cytotoxic agents safely and were under unaware about the risks of manipulation e.g. the excreta of patients.

Through interviews and inquiries of members of the Flemish Society of Nurses in Oncology and Radiotherapy (VVRO) it became clear that the procedure of manipulation of cytotoxic agents and potentially contaminated excreta of patients or waste was not according to standard recommendations and often unsafe. Accordingly clear objectives were set by VVRO: establish firm guidelines of safe manipulation, inform and sensitise, implement accurate safety procedures and measures, all of which were to be accredited by the official health authorities. These safety guidelines were presented to all interested parties in October 2002. These guidelines were summarized and presented on a CD-Rom which covers recommendations about preparation, administration, handling of patient excreta and waste and product information. This CD-Rom was largely distributed among all Flemish hospitals.

In a first analysis and feedback to VVRO, the nurses who reviewed the CD-Rom, informed the VVRO about their previous unawareness of the potential risks they were exposed to when manipulating cytotoxic agents because of lack of information and underestimation of the problem. In any case, a domino effect was established to implement the safety recommendations a.s.a.p. The feedback of other health workers such as labour doctors, pharmacists and hospital administrations was positive as well.

1219

POSTER

### What nursing-sensitive patient outcomes are most relevant to oncology patients at an acute-care university hospital?

E. Gudmundsdottir<sup>1</sup>, C. Delaney<sup>2,3</sup>, A. Thoroddsen<sup>1,3</sup>. <sup>1</sup> Landspítali University Hospital, Research and Development, Reykjavik, Iceland; <sup>2</sup> University of Iowa, College of Nursing, Iowa, USA; <sup>3</sup> University of Iceland, Faculty of Nursing, Reykjavik, Iceland

**Background:** The need for nursing-sensitive outcomes data was first identified in the nineteenth century and its significance has been pointed out many times. The lack of common nursing language has been put forward as the main reason why this need has not yet been met. However, the development of the Nursing Outcomes Classification (NOC) may provide new opportunities for outcomes documentation and research within nursing. The purpose of this study was to describe patient outcomes perceived by nurses in clinical practice to be relevant to (a) the general patient population and (b) the patient population within each nursing specialty at Landspítali University - Hospital (LSH). This paper will focus on patient outcomes perceived to be most relevant in oncology clinical practice.

**Method:** The NOC - survey (2nd ed.) which contains 260 nursing sensitive patient outcomes, organized into 29 classes, was used in this study. It was translated from English to Icelandic in a three steps process, tested

and mailed to experienced clinical nurses from all nursing departments meeting sample criteria (N = 560) at LSH in November 2001. Ninety percent of nursing departments in the sample were represented in this study, which includes 4 specialized oncology departments with different patient groups; (1) medical oncology inpatients, (2) oncology outpatients, (3) radiation outpatients and (4) palliative care inpatients.

**Results:** Response rate was 25% (n = 140). Over 95% of respondents had over one year experience within nursing specialty, with 36% having over twenty years of experience in nursing. Eight percent of all nurses at LSH work on oncology departments and they were represented by 5% of the responding nurses. Significant variance (p < 0.05) by nursing specialty was found for the perceived relevancy of twenty - five NOC classes. Two hundred and seventeen (217) NOC outcomes were perceived relevant to oncology patients at LSH, were as 74 were perceived relevant to over 50% of the patients. Twelve patient outcomes identified as most relevant within each of the four oncology departments will be described. The adequacy of NOC to describe nursing - sensitive patient outcomes was perceived acceptable within oncology nursing at LSH.

**Conclusion:** Translation and testing of NOC was successful. NOC is acceptable to document patient outcomes within oncology nursing at LSH. Implications for oncology clinical practice and further development will be addressed.

This study was supported by The Research Council of Iceland and The Research Fond of The Icelandic Nurses Association.

1220

POSTER

### "Audiovisual Information as a supplement to oral and written information" From idea to final product - the story of an audiovisual project

H. Skaksen<sup>1</sup>, B. Christiansen<sup>1</sup>, A. Fløe Nielsen<sup>2</sup>. <sup>1</sup> Herlev Hospital, University of Copenhagen, Dept. of Oncology 54B1, Herlev, Denmark; <sup>2</sup> Aarhus University Hospital, Dept. of Oncology, Aarhus, Denmark

**Background:** During April 2000, the Special Interest Group for research nurses in Denmark initiated a video intended to provide cancer patients and their relatives audiovisual information about clinical trials.

The idea was based on experience from our daily work at the clinic. We felt that many patients and their relatives had difficulties in reading and understanding the written patient information. This could make them reject the participation in clinical trials.

The idea behind this video was not to increase the recruitment of patients, but to ensure that they made their decision based on sufficient oral, written and now - audiovisual information.

**Purpose:** The purpose of this project is to verify whether audiovisual information in combination with oral and written information, gives the patients a better basis for deciding whether, they will participate in clinical trials?

**Method:** After constructing a draft version of the manuscript we co-operated with a professional manuscript writer to perform a storyboard.

The video explains the different phases of a clinical trial, the strict control (GCP) and the patient's safety and rights. The video emphasizes, that participation in a clinical trial may result in extra blood tests, scans and hospitalization.

To ensure the credibility the characters in the video were genuine patients. Our intent was to make the viewers identify with the situation.

The video includes two patients who have reflected upon participating in a clinical trial; one patient who rejects the trial and one who accepts to participate.

Co-operative Cancer Departments and Special Interest Group for research nurses supports this video.

**Conclusion:** We think that audiovisual information in combination with traditional information will support the patient's decision-making in the future. A planned randomized questionnaire will hopefully support this assumption.

1221

POSTER

### An impact of internal quality control in oncology nursing care

M. Velepic, B. Skela Savic, P. Koren. Institute of Oncology Ljubljana, Nursing service, Ljubljana, Slovenia

**Background:** Nursing quality control is one of the major tasks of the leaders in Nursing service. In accordance with the adopted regulations on health-care quality control, we joined the program of phase-by-phase initiation of quality control in oncology nursing care in 1999. In line with the approved standards, written professional instructions and every day