

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.

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POSTER

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

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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 lever 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.

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POSTER

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

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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.

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POSTER

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

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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.

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POSTER

An impact of internal quality control in oncology nursing care

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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

practice, we drew up quality indicators and a standard for an in-house quality control in nursing care.

Material and Methods: We carried out a two-year study with the aim to assess the quality of nursing at the departments of Institute of Oncology during this period. The internal control in nursing care consisted of the assessment and analysis of the selected indicators for each individual field of oncology nursing, technical medical services performed by nurses, nutrition of patients, hospital hygiene and work management. This quality control was carried out with no notice in advance. The quality was evaluated by the grades from 1-3. The quality control test was done twice a year by head nurses of the departments and once a year by a member top management staff of nursing service.

Results: The comparison of the results of the quality control assessments in 2001 and 2003 showed that some steps further were made in quality assurance. In some areas, quality indicators revealed improved quality, in others the quality remained stable, and in some, it decreased. The analysis of the results pointed out the reasons of some of the changes and suggested necessary measures for improvement.

Conclusion: We may conclude that regular internal quality control is an indispensable method of quality assessment and assurance in oncology nursing care that can increase safety and effective care and improve work organization. At the same time, such an internal quality control provide firm foundations for research work of nurses and facilitates further development of oncology nursing.

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POSTER

Improving standards of care through communication within a oncology haematology team - the clinical nurse specialists role

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Background: Nurses are increasingly taking on leading roles in specialised areas and advanced practices such as stem cell transplantation research and the development of care guidelines. In the UK, cancer care is currently in the spotlight of government initiatives, the recent government papers The NHS plan (2001) and Making a Difference (1999) have identified key areas of reform and innovation to develop new ways of working for nurses to improve patient care, standards and quality.

In Oncology, the special needs of patients and their families are well documented, but studies suggest that patients are still often dissatisfied with the level of communication. The challenge therefore is for nurses to take advantage of this opportunity and explore ways of bridging this communication gap to improve the standard of care provided.

Method and Results: Against this background, the purpose of this poster is to present a communication pathway for nurses and the rest of the multi-disciplinary team to provide optimum care for patients undergoing a stem cell transplant. This will be in the form of a flow diagram. An audit tool has been designed to establish the gaps in the service. Recommendations will be included to demonstrate ways of enhancing the standard of communication and information provided.

References

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POSTER

Benchmarking - Does it make a difference at the bedside

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Benchmarking has been used as a tool in quality management since 1967. It was first used as a tool to measure standards and assess practice in an accounting firm in Australia and has since been developed and used in healthcare throughout the world Ellis's (2000). Pioneering work has demonstrated that clinical benchmarking is proving to be a valuable practice development and quality development initiative in the field of paediatrics. Clinical benchmarking helps to define what is best practice, creates patient outcome measures, and monitors whether clinical practice mirrors identified standards. It enables action plans to be instigated to problem solve and address areas where practice falls short of agreed standards of best practice. In deciding which areas to benchmark first we asked two questions. 1) What would make the most significant improvements on our relationship

with our patients? 2) What would make the most significant improvements for our patients in our utilization of resources? The first 3 benchmarks looked at were; privacy and Dignity. Nutrition and Pain. A multi-professional team approach was used to develop standards and the benchmarking programme. We also wanted to assess the impact of benchmarking at the bedside and ascertain if it made a difference there. This presentation will demonstrate the introduction and development of a clinical benchmarking programme on a BMT unit and will discuss our experience of the impact of benchmarking for the patient.

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POSTER

Effect of pain on quality of life in patients with mastectomy in Turkey

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Purpose: To investigate the relationship between pain and quality of life in patients who undergone mastectomy to determine different aspects the quality of life (QOL) for patients with pain.

Materials and Methods: The data for this descriptive study were collected from 72 patients who undergone mastectomy in two university hospitals in two different cities in Turkey between May 2002 and July 2002. Data were collected by using Quality of Life Scale, Pain Severity Scale and a questionnaire form.

Results: Of all the patients, 95.8% (n=69) stated that they had been experiencing post-operative pain and over a total pain score of 100, the mean pain score was established to be 32.50 (SD=27.88). A total of 51 patients (70.8%) reported constant or intermittent mild/moderate pain generally localised at armpits, arms, shoulders or surgery site. The difference was not found to be statistically significant concerning the QOL scores as a whole or in part for the patients reported to have experienced pain and for those who reported no pain (p>0.05). A significant negative correlation (p<0.01, r=-.378) was observed between the QOL scores of patients with pain at the time of their interviews and their pain scores. Total QOL scores for patients with pain who were receiving radiotherapy or chemotherapy were not significantly different than those of patients who were not receiving therapy (p>0.05).

Conclusion: Patients who performed mastectomy have a poorer perception of life quality. Pain is a major influence on the QOL perception. A significant negative correlation exists between the QOL and pain scores. Nurses and physicians should collaborate in order to establish appropriate approaches of pain management by also considering patient opinions.

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POSTER

Incidence of bacteremia after change of care of tunnellated central venous catheters (CVC) in children with cancer.

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Objectives: Tunnellated CVC-related blood stream infections are frequently seen in children with cancer. The quality of care of the inserted CVC is of great importance for reducing CVC-related bacteremias.

Methods: Having observed an increased incidence of CVC-related infections we changed the guidelines for the care of the CVC from a non touch technique (period 1) to a sterile/non touch technique and staff education (period 2). The CVC-related infections were retrospectively investigated in two 8 months periods prior to and after the change of guidelines.

Results: During period 1, 49 isolates in 43 febrile episodes with bacteremia were seen in 1683 admittances (1:39.1 admittances were caused by bacteremia). The episodes occurred in 27 CVC from 24 patients (9 had solid tumours and 15 had leukaemia). The total number of days for 27 CVC was 3547

During period 2, 42 isolates in 33 febrile episodes with bacteremia were seen in 1905 admittances (1:57.7 admittances) occurring in 24 CVC from 19 patients (7 had solid tumours and 12 had leukaemia). The total number of days for 24 CVC was 3727. The spectrum in microorganisms was unchanged.

Conclusions: The aim of the study was to show if our change in guidelines has resulted in less CVC-related infections. The number of bacteremias related to the number of admittances was lower in period 2 compared with period 1.

The results will be related to the total number of catheterdays (all CVCs