

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

F. Esara. Guy's and St. Thomas' Trust, Oncology and Haematology, London, United Kingdom

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

- [1] Department of Health, (1999) Making a Difference. London. Department of Health.
- [2] Department of Health, (2001) The NHS Plan. London. Department of Health.

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POSTER

Benchmarking - Does it make a difference at the bedside

P. Ryan. Royal Marsden Hospital, Haemato-Oncology, London, United Kingdom

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

O. Uzun¹, F. Eti Aslan¹, D. Selimen¹, M. Koc². ¹ Ataturk University School of Medicine, Department of Surgical Nursing, Erzurum, Turkey; ² Atatürk University School of Medicine, Department of Radiation Oncology, Erzurum, Turkey

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.

U. Kehlet, K. Boelling, L. von der Maase, H. Schroeder. University Hospital of Aarhus, Paediatric oncology, Aarhus, Denmark

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