

Spanish workshop (Mon, 24 Sep, 16:00–17:30) How to evaluate the sensitive indicators of cancer nursing practice?

8021

INVITED

How to evaluate nurse sensitive indicators in cancer nursing practice?

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Background: Evaluation of nursing sensitive indicators (falls, pressure ulcers, and infections etc) in cancer practice is a key tool to improve patient safety and nursing care.

Using the principles of quality improvement, this workshop will help participants gain knowledge about nursing sensitive indicators and develop their evaluation skills in cancer practice. The workshop will share and discuss different experiences in cancer hospitals.

After the session, participants will be able to develop indicators and standards, describe nursing sensitive indicators and systems of implementing evaluation in practice.

Material and Methods:

- The session will be a theoretical presentation of concepts of safety, quality, nursing sensitive indicators and principles of evaluation.
- Interactive exercises will also be incorporated in the session.

Tuesday, 25 September 2007

Teaching Lecture (Tue, 25 Sep, 08:15–09:00)

Moving forward with evidence-based practice

8022

INVITED

Moving forward with evidence-based practice

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Contemporary healthcare practice has an explicit focus on ensuring the best possible treatment and care derived from the best available evidence (Rycroft-Malone, Bucknall, Melnyk, 2004). There are many definitions of evidence-based practice and in this paper, the definition offered by Rycroft-Malone, Seers, Titchen, Harvey, Kitson and McCormack (2003) is used to shape the focus of the presentation – “Evidence-based practice is the process of shared decision-making between practitioner, patient and others significant to them based on research evidence, the patient's experiences and preferences, clinical expertise or know-how, and other available robust sources of information. More recently, a working party of ‘Sigma-Theta Tau’ (McCormack, Rycroft-Malone, Cullen, DiCenso and Griffiths 2007) has developed a position statement on evidence-based practice. Whilst the above definition is the starting point for the work, the position-statement pays particular attention to resources and strategies for evidence-based practice. In recent years there has been considerable agreement about the importance of different sources of evidence and information in decision-making and the ‘paradigmatic wars’ relating to evidence appears to have subsided to a large extent. However, the challenges associated with deciding on the most effective approaches for the ‘adoption, implementation and institutionalization’ of evidence continue to be hotly debated. Of particular relevance has been the emphasis placed on the importance of ‘practice context’ (Meijers, Janssen, Cummings, Wallin, Estabrooks and Halfens 2006; Greenhalgh, Bate, Kyriakidou, Macfarlane and Peacock 2004; McCormack, Kitson, Harvey, Rycroft-Malone, Titchen and Seers 2002). It is widely recognised that the blending of different types of evidence in the decision-making process may be influenced by factors in the practice context such as available resources, practice cultures and norms, leadership styles and data management.

This paper will present an overview of the effectiveness of strategies for the adoption, implementation and institutionalization of evidence. The paper will then focus on one such strategy – ‘practice development’. An overview of practice development concepts will be followed by a presentation of findings from a systematic review of practice development evidence (McCormack, Wright, Dewar, Harvey and Ballantine 2006). The relevance of practice development strategies for evidence-based practice will be outlined including evidence from existing programs of work. Whilst practice development is not a ‘panacea’ for bringing about changes in practice, it will be concluded that its explicit focus on the development of

evidence-based person-centred practice makes it a highly relevant strategy that requires organisational and strategic consideration.

References

- Greenhalgh T, Robert G, Bate P, Kyriakidou O, MacFarlane F, Peacock R (2004) How to Spread Good Ideas: a systematic review of the literature on diffusion, dissemination and sustainability of innovation in health service delivery and organisation. Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO), University College London.
- Meijers J, Janssen M, Cummings G, Wallin L, Estabrooks C, Halfens R (2006) Assessing the relationships between contextual factors and research utilization in nursing: systematic literature review, *Journal of Advanced Nursing*, 55(5), 622–635.
- McCormack B, Rycroft-Malone J, Cullen L, DiCenso A, Griffiths R (in press) SigmaTheta Tau International's Position Statement on Evidence-Based Practice. Sigma Theta Tau International.
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- Rycroft-Malone J, Bucknall T, Melnyk BM (2004) Editorial. *Worldviews on Evidence-Based Nursing*. 1(1), 1–2.
- Rycroft-Malone J, Seers K, Titchen A, Harvey G, Kitson A, McCormack B (2003) What counts as evidence in evidence-based practice. *Journal of Advanced Nursing*, 47 (1) 81–90

Proffered papers (Tue, 25 Sep, 09.15–11.00)

Lung Cancer

8023

ORAL

Developing supportive care for family members of people with lung cancer: a feasibility study

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Background: Families provide crucial support, yet their own needs often go unrecognised and as a consequence remain unmet. The purpose of this study was to evaluate a newly developed supportive intervention for family members of patients with lung cancer.

Material and Methods: A consecutive convenience sample of 25 family members of people with lung cancer received an individualised supportive intervention from a support nurse over a period of 12 weeks. This involved in-depth assessment followed up with a tailored plan of ongoing support to address informational, emotional, social and practical needs. A concurrent mixed method design explored perceptions and outcomes of those receiving the intervention and assess its appropriateness, acceptability and feasibility. Data were collected through a semi structured telephone interview with family members and support nurses maintained a contact log. A questionnaire addressed emotional well-being (General Health Questionnaire (GHQ-12)), quality of life (Quality of Life Family Version (Family QoL)) and needs for care (Family Inventory of Needs (FIN) – at baseline and week 12.

Results: Family members perceived they derived benefit from the intervention. Certain elements clearly emerged as important for participants, including being listened to by someone who could facilitate emotional expression, being provided with individually-tailored information, and receiving practical help and advice. Outcomes mapped to five main areas: information needs, communication between family members, emotional well-being, being supported and facilitating family member's role. There was a trend for more needs to be met, and quality of life and emotional well-being to improve at week 12.

Conclusions: This study demonstrated a supportive intervention for family members of patients with lung cancer can be delivered to good effect by experienced cancer nurses. The active components of the intervention have been distinguished and provide the basis for development of a larger sufficiently powered trial.