8098 POSTER

A study of at risk and deteriorating cancer patients: the impact of a nurse-led critical care outreach service

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Background: Supporting the needs of cancer patients who become critically ill extends beyond the walls of the critical care unit (CCU). Prevention of admission to critical care is an important area of practice, given high mortality figures for cancer patients admitted to CCU.

The characteristics of patients, and their referrers, who were referred to a critical care outreach service (CCOS) are presented in this mixed method observational study.

Method: A Modified Early Warning Score (MEWS), used to trigger referrals to the CCOS, was correlated with: patient demographics, physiological variables at the time of referral (and, if different, time of deterioration), disease, acuity data and timeliness and appropriateness of referral.

Results: Analysis was carried out on 409 patient care episodes (325 patients) over eight months in one cancer hospital, exploring survival rates and admission to higher level care (full critical care support) as outcome variables.

Significant findings included: high death rates in patients who were not referred in a timely manner ($p = 0.04$); doctors were more likely to make appropriate and timely referrals ($p = 0.001$, $p = 0.003$); appropriate referrals were more likely to be admitted for higher level care ($p = 0.034$).

This data was triangulated with qualitative interview data from nurses and doctors, in areas of high and low referral, and where patients were, and were not, referred in a timely manner. The presentation will outline how a nurse-led CCOS can support cancer patients who are at risk of deterioration, or are deteriorating.

8099 POSTER

The impact of Central Venous Device (CVD) on illness perceptions of hemato-oncology patients

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Coping and healing course, allied on illness perceptions which are associated with various health aspects. Illness perceptions are base on: stigmatism, symptoms, length and cause of disease, faith associated with cure and lifestyle alters. A number of studies have showed that factors such as believing that the illness would be long-lasting with serious consequences and low locus of control were associated with more negative illness perceptions. CVD are commonly implanted in oncology patients (pt), but little is known about whether CVD effects illness perceptions.

Aim of study: To examine illness perceptions among pts with CVD (study group) in comparison to those without CVD (control group). To submit a local policy based on the results.

Method: 28 pts with CVD and 22 pts without CVD completed questionnaires. The questionnaires included: demographic details, illness perception and pts attitudes toward CVD.

Results: 60% of the pts reported that the main caregiver who treated the CVD was the primary nurse. Fewer reported complications related to the CVD. The main symptoms were: fatigue (78%), pain (68%) and sleep disturbances (66%). Most of the pts stated that the medical treatment is the significant factor for controlling their disease and they believe that their illness would be long-lasting with serious consequences. Their perceived control was low. The study group reported that comfort and self confidence were the two major issues related to the implanted CVD use. No significant differences were found in symptoms, cause of disease or illness perceptions between the study and control groups.

Conclusions: The results has shown relevant aspects concerning the pts' illness perceptions, self confidence and comfort correlated to CVD. It confirms the importance of mutual decision making concerning CVD in order to recognize the advantages of CVD and improving the quality of care.

8100 POSTER

Palliative care nurse specialists management of suffering

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Background: A nurse patient relationship with open communication and understanding is an important way to manage suffering. In palliative care these relationships will be broken at the patients death. The level of involvement that may be needed to understand the patients suffering may result in emotional pain for the nurse when the patient dies.

Methodology: A phenomenological study was undertaken to explore palliative care nurse specialists use of the nurse patient relationship to manage suffering.

Results: Deliberate strategies were employed to develop a nurse patient relationship that would enable the identification and relief of suffering. The importance of communication skills, empathy, caring and being there were highlighted. Communication skills were recognised as critical but also that these were often learnt through experience rather than training. A patient led approach was promoted based on the patients interpretation of the events befalling them.

Personal involvement with the patients was controlled. Strategies employed to manage involvement mirrored those described by Turner (2001). The palliative care nurse specialists had learnt how to manage involvement experientially, often at considerable personal cost.

The difficulties of patient involvement and strategies to reduce these are discussed and often there is overlap between what is rewarding and satisfying and what causes problems. Key factors are identified that enabled coping such as having a personal philosophy of suffering and realistic expectations of the role.

Conclusion: The nurse patient relationship is an important aspect of the management of suffering in palliative care. Development requires considerable skill and deliberate planning. Personal involvement with patients must be controlled, and stress generated by working with dying patients managed, if palliative care nurse specialists are to be able to continue with the role.

8101 POSTER

Developing a framework to redesign expert cancer nurses roles within a tumour based model of care

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Background: Guys & St Thomas NHS Foundation Trust with other key stakeholders have embarked upon an ambitious project to prepare a business case for the development of a world class cancer centre in south east London. This is being defined through tumour specific models of care which identifies an exemplary patient pathway. Part of this work is to redesign expert cancer nurses roles from pre-diagnosis to end of life care, which supports best evidence based practice along this pathway. It also serves to maximise the skills, knowledge and competencies of these individuals.

Methods and Materials: Each model of care describes the roles and responsibilities of each health care professional involved in key stages of the tumour specific pathway. Contemporary cancer nursing will encompass new and divergent roles and the development of a framework will assist in the redeployment of the priorities and functions of the nurse, ensuring appropriate and timely nursing intervention to improve the patient and family experience. The outcomes and impact of the nurse along the model of care pathway will be understood by the development of clinical performance indicators.

Results: The development and refinement of the framework and clinical performance indicators will be explained and how the tools are applied and used to improve clinical care.

Conclusions: The emerging models of care will have a systematic process by which nursing roles have been refined and evaluated. This will assist in medium to long term planning when considering nursing workforce and continuing professional development. The clinical performance indicators will inform cancer services of the effectiveness of the nurses interventions and these outcomes will help to further refine the patient pathway improving service delivery.

8102 POSTER

CAMMA – a project for coping better with breast cancer diagnosis

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Background: Many patients cope badly with the abundant and sudden information given to them concerning the potentially fatal disease of breast cancer. The aim of this randomized study was to evaluate the effect of extended teaching, information and discussions during the period after surgery and to evaluate whether this effort could lead to lower levels of stress and anxiety and thus better handling of the situation.

Material and Methods: Women >18 years with primary breast cancer and with no essential concomitant diseases or language problems were consecutively offered participation in the CAMMA (CAncer MaMmAe) project ($n = 135$). After randomization 120 patients were eligible for the study. Half of these patients ($n = 60$) were included for the study program