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POSTER

**Emergency room on the ward off the Netherlands Cancer Institute**

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**Introduction:** Problems because AVL/NKI does not have an emergency room for patients. When patients had an urgent problem they came to the ward.

**Method:** The NKI/AVL internal oncology created two rooms with two beds as an emergency room. Patients are not staying longer than 24-hours at the emergency room. Quick diagnoses can be reached because the nurses and the doctor are key disciplines in the NKI/AVL. Patient care off the other admitted patients is coordinated in the regular way, the other nurses can take full responsibility for their own patients on the ward.

**Results:** Patients are coming from their homes or have been seen during the day at the out side patient clinic, sometimes the patient participating in a phase 1 study, or had other serious urgent internal problems. During the day and evening shift one oncology nurse and a specialist are responsible for the two emergency rooms. The nurse takes care off the necessary assessments and activities:

- an infusion,
- measure saturation,
- anamneses,
- observations,
- make ECG
- take blood samples.

When the relevant data is collected the patient is seen by the doctor. As soon as a treatment plan is available, the patient is transferred to the ward, or the patients go home.

**Conclusion:**

- More patients can be seen and accurately treated.
- Structure is created in the patient admission on the ward.
- Quick diagnoses.
- The nurse building up experience in acute and late toxicity seen in phase 1 patients.
- A close working relation between doctors and nurses lead to more knowledge for the nurses.
- Adequate treatment for toxicity and follow-up (SAE reporting).

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POSTER

**'SIB op maat': an online database for patient information on anticancer drugs**

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**Background:** The ACCC is an alliance of the nine CCC's in the Netherlands, its purpose is to provide cancer patients and their families' access to comprehensive and high-quality care as close to home as possible. The services of the CCC's are directed towards improving the professional, organisational and relational quality of care.

**Purpose:** The goal of the ACCC was to develop a tool to support the health professionals in giving patient information on anticancer drugs.

**Methods:** The ACCC developed an online database on anticancer drugs called 'SIB op maat', which contains side effects of prescribed drugs such as cytostatic, immunotherapeutic drugs and hormones. The drug information consists of side effects occurring in more than 10% of the patient population and supportive measures, safe handling of excreta and the means of administration.

**Results:** 'SIB op maat' gives tailor-made, printable information to support the oral information given to patients by health professionals. The website is accessible for professionals and patients and can be used as an information source. 'SIB op maat' has a lot of innovative features compared to other known databases and information sources. The database has a search engine and can generate a combination of drugs, without doubling the side-effects. The ACCC allocate authorisations to make hospital database. Authorised users can save drug combinations in this hospital database as a treatment plan. Also, authorised users can adjust their database by adding their logo and hospital specific information according to their needs, such as telephone numbers. Central editorship guarantees up to date data. More specialized features include an email service to send the information to other caregivers and contact with the webmaster for questions. The ACCC offer implementation support to the hospitals.

**Discussion:** With 'SIB op maat' the ACCC provides the health professionals with an excellent tool for patient information on anticancer drugs.

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POSTER

**Nursing evaluation of patients admitted to the department: elaboration and implementation of an instrument for improvement**

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**Introduction:** At the moment in which this project was thought of (2001), not all the Divisions' IEO had available an instrument that facilitated the nursing evaluation when admitting a patient. In this context, the Senior Nurse Management Team, decided to elaborate and implement an instrument ad hoc, Nursing Admission Form "All", to achieve a series of objectives.

**Objectives:**

- Guide nurses in the patient's initial evaluation
- To enable a constant, fast, exhaustive knowledge of the information necessary in order to plan the nursing care
- To facilitate integration between the various members of the multidisciplinary team
- Stimulate professional growth of nursing personnel
- Create a database in which to draw upon for future nursing research

**Materials and Methods:**

1. Formulation of the instrument (All)
2. Pilot phase of implementation
3. Modification of the instrument after pilot phase
4. Education of all nursing personnel in the use of the instrument
5. Verify the implementation of the instrument and of the quality of compilation

This verification of implementation has been performed by collecting data from surveys of archived patients notes at time points: before the implementation of the instrument, 1 and 5 years after implementation. A sample of 200 patients' notes for each survey between the archived patients notes of November (2001–2002–2006). The analysis included a search for the presence of a initial nursing evaluation form, the type of form (All or other) and level of completion.

**Results:**

	Survey Year					
	2001		2002		2006	
	yes	no	yes	no	yes	no
Presence of a form	39	161	170	30	195	5
Presence of a form "All"		200	170		195	
Fully completed	30		158		182	
Partially completed	9		12		13	

**Conclusion:** Retrospective analysis showed that nurses needed a patient's initial evaluation. Until 2001 an instrument was used in 2 departments while in the other, the data was collected in the nursing diary. Elaboration and implementation of an instrument for use in all the departments and the education of the staff, have rendered this phase of the Process of Nursing easier, faster and more exhaustive.

It was found that it was present in 85% (2001) and 97.5% (2006) of the patients notes and that it was fully completed in 92.9% (2001) and 93.3% (2006) of cases. That confirm the acceptance and the integration of the instrument.

In the survey of 2006, more detailed data was also collected about the quality of compilation of the instrument. Analysis of this data has revealed the necessity for further education for personnel.

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POSTER

**Chemotherapy – improving the service**

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**Background:** Patients who are receiving chemotherapy on ward 61 at the Bristol Haematology and Oncology Hospital generally arrive at the same time on their day of admission, regardless of the regime they are on. Delays in commencement of treatment regularly occur because prescription charts have been sent to the ward late; this in turn results in delays in having them clinically checked and faxed to pharmacy. The chemotherapy is sent to the ward in a rather ad hoc way culminating in some patients having long waits for treatment to start. When started late it is likely that chemotherapy will be given out of hours when there is no registrar cover on the ward. Delays are also occurring when patients need bloods retaken due to their pre

assessment appointment being outside of the seven day limit. Patients are spending longer in hospital than necessary, resulting in incident forms and general complaints about starting and finishing treatment late.

**Aim:** To provide a more patient friendly system, by proposing a staggered time of admission. To provide to pharmacy a running list of expected delivery times to the ward, to produce Standard Operation Procedures that the consultants have prescription charts on the ward for checking 24 hours before admission. To avoid unnecessary invasive treatments by ensuring that pre assessments are carried out within the seven days preceding treatment. enabling ward staff to check bloods in advance of admission so that we can ask the patient to arrive earlier than their specified time if more bloods are needed.

**Objective:** Over a two week period all chemotherapy admissions were reviewed taking into account

- Time of admission onto ward
- Date of pre assessment
- Date chemotherapy prescription was available on ward to be clinically checked and faxed.
- Whether bloods needed retaking
- Time of commencement of regime
- Time regime completed.
- Reasons for delays were documented.

**Results:** Provisional results confirm that delays are occurring due to prescriptions not being available on time. Further delays were caused by charts being checked but not faxed to pharmacy and by the need for bloods to be retaken on admission to the ward. Also, as patients were arriving together, some were waiting ages to be admitted, so if bloods were needed the patient may actually be on the ward for a hour before they were taken then wait a further 2 hours for results.

**Conclusion:** By staggering times of admissions to the ward and having standard operation procedures in place it is anticipated that a more efficient patient friendly service will ensue. Requesting delivery of chemotherapy at specified times will ensure treatments are given promptly patients will not spend longer than necessary on the ward and giving chemo therapy out of hours will be avoided.

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POSTER

#### An innovative collaboration to develop cancer nursing education in rural Australia

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In recognition of the need for cancer education for nurses in rural New South Wales (NSW), the Cancer Institute of NSW commissioned the development of a rural cancer education program. This innovative program was developed in collaboration by a project team comprising clinicians and academics from a tertiary hospital, a nursing faculty and a government supported cancer control agency. The program's overall aim was to improve services for cancer patients in rural NSW by providing cancer nursing education, increasing the opportunities for education for rural nurses and establishing articulation pathways for postgraduate education in cancer nursing. Four education modules were developed by the University of Sydney which considered comprehensive cancer care throughout the disease trajectory, remaining sensitive to the challenges facing rural nurses. The pilot project was carried out in two sites in rural NSW with 45 participants attending, facilitated by members of the project team. Innovative, interactive and participative methods of teaching and evaluation were employed to determine if participants' confidence in supporting patients with cancer in rural areas could be increased. A "confidence in providing cancer nursing care questionnaire" was devised and administered prior to commencing each module with follow-up after one month to ascertain whether knowledge was applied in clinical practice. In addition innovative methods derived from creative arts were used as a means of determining immediate levels of confidence. Results of this pilot study indicate that despite extensive clinical experience the majority of participants lacked confidence in their ability to support patients with a cancer diagnosis in the rural setting. Prior to commencing the cancer nursing education program most participants indicated a lack of confidence in their understanding of often complex cancer diagnoses and treatment options resulting in a lack of confidence to provide information and support to patients and their families. Following the program, participants felt they had gained confidence not only in their understanding of cancer as a disease but also in their ability to discuss treatment options and psychosocial issues with patients and their carers. In conclusion the rural cancer nursing education program appears to have increased the confidence of nursing staff to help support and manage patients and families living in some of the most remote areas of Australia.

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POSTER

#### Alternative treatments to an oncology department staff

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**Background:** A lot of research has shown that after many working years in the area, Oncology Department staff experiences wear and fatigue. In addition to the regular stress that includes treatments with a large number of very sick patients, standing most of the daytime and a lot of responsibility during the working day, there is also confrontation with difficult aspects such as death and bereavement from patients after long time treatment.

**Aim:** To relieve the physical and mental stress of the staff and to increase motivation to work.

**Methods:** Transferring questionnaires to staff on the subject of motivation and physical and mental weariness from work. According to the results from the most of the staff without distinction between age, gender and seniority, an accumulation of mental weariness, physical pains (especially in the shoulders and back) and communication tension between patients and their families was discovered.

**Intervention Plan:** In the period between January and September 2006 the project was activated in the oncology department and volunteering therapists working in the areas of reflexology, shiatsu, reiki etc. arrived to the department during a working day to treat the staff. The therapists' recruitment was done by advertising on the internet and newspapers. They arrived once a week and were divided in order of staff shifts: two therapists per staff on every weekday. For this purpose a special room was opened with a treatment bed and a special atmosphere was created with candles and aromatic oils. On the department bulletin board the staff was asked to register for different treatments according to their preference. Every treatment lasted between 30 to 45 minutes. After 8 months the same questionnaires were passed between the staff. The results were: an increase in the work achieved and depreciation in the physical and mental weariness. Every staff member involved in the project expressed a will to continue it because its contribution was enormous.

**Conclusions:** It may appear problematic to take out staff members of different hospital departments for treatment in the middle of the working day however we found that if the staff is ready to help and replace each other when it is needed without harming the quality of the work and patients' treatment there will be an improvement in all the related aspects of the team's motivation, a reduction of the weariness and as an end result, an increase in the level of patients' treatment.

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POSTER

#### Sexuality in women with breast cancer – the perspective of nursing students

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The breast cancer is the malignant tumour with the greatest incidence in women worldwide and has great impact on physical, psychological, familiar and social levels. Personal characteristics, diagnose of cancer, treatment and the disease process have great impact on the sexuality of each woman. In society, sexuality is emphasized and professionals are more aware of the importance of sexuality to the well being. The breast is a symbol of femininity and greatly associated to sexuality. All interventions which threaten the integrity of the breast lead to alteration of the self concept. Beyond this, sexuality is a matter of intimacy which is not easily shared and often is avoided by patients, health professionals and also students. In literature (Burke, 1997; White, 2006) state the difficulties that nurses have in dealing with sexuality issues.

This leads to problems in the assessment of the womans needs in a holistic sense. This assessment is necessary to promote individualized coping strategies.

Our aim is to understand how the nursing students care for those women during clinical practice in the initial education and how to improve their skills in this field with the aim to promote the well being of the women.

#### Our goals are:

- Identify the experiences of nursing students dealing with sexuality issues of the woman with breast cancer;
  - Analyse the strategies used by the nursing students in the approach of sexuality issues of the woman with breast cancer;
  - Recognize the assessment of the nursing students about the approach of sexuality issues of the woman with breast cancer by the nurses in the clinical setting;
  - Understand how the basic education contributes to the approach of sexuality issues of the woman with breast cancer by the nursing students.
- To achieve our goals we use a qualitative-descriptive research. Semi structured interviews are used to collect the data. The subjects were