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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