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COORDINATION IN CANCER CARE BETWEEN THE HOSPITAL AND THE COMMUNITY

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Coordination of care between the hospital and the community can be suggested to be one of the preconditions in order for patients and relatives to feel secure at home. However, several studies have pointed out that coordination between these two units does not function satisfactorily. The staff in the community report , for example , that for lack of information about the patient´s disease, they are unable to take proper care of them. There is reason to believe that hospital care due to emergency hospitalizations, longer periods of care and death at institutions is sometimes caused by patients´ and relatives´ insecurity at home. **The aim of the study** was to evalutate whether a special program, with improved discharge routines, for support to patients, nurses and physicians in the community makes it possible for the patients to stay at home between the treatments and at the time of death even when nursing problems arise. Another aim was to study if the program makes it easier for the personal in the community to care for the patients.**Material** Sixtythree patients with malignant melanoma and tumor diseases in ear- nose- neck, who were going to have more than two chemotherapy treatments at the hospital, were included in the study. Of these, thirty patients were recruited to a comparison group with routine care and thirtythree were recruited to a experimental group with a special program. Furthermore , 63 nurses and physicians in the community were asked to participate in the study. **Method** From the medical journal information has been drawn concerning nursing problems at home, number of emergency hospitalizations during the treatment period, the reason for emergency hospitalization and place of death. The nurses and the physicians in the community received a questionnaire one month after the patient´s death regarding personal, educational and supporting resources available for taking care of the patient at home.**Result** The results were not analysed at the time when this abstract was written but, will be presented at the conference

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QUALITY ASSURANCE IN CHEMOTHERAPY : A CRITICAL ANALYSIS OF THE TREATMENT PROCESS

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Part of the cytotoxic treatments are given in specialised wards but, a sizable number of patients are treated in departments where chemotherapy administration is only an incidental activity, often not allowing the nursing staff to acquire sufficient experience to develop a rigid methodology. Data on quality control of chemotherapy administration reveal lack of process standardisation. The purpose of this study was description, analysis, and standardisation of the medical and nursing procedures of the treatment process with cytotoxic drugs in the oncology department of the UH Leuven. Based on the information obtained by interviews with head nurses and physicians a flowchart of the "theoretical" process was developed. To compare the theoretical process with the actual practice a retrospective analysis of 60 patient files receiving three chemotherapy regimens was performed. Different types of treatment were included : a very common, a more toxic and a more complicated type of chemotherapy, CMF, PC and MOPP/ABV respectively. Variables assessed were dose calculations, anti-emetic plan, laboratory data, drug administration, postchemotherapy assessment, patient information. Data were collected and statistically analysed in 1992. The results revealed that all nurses were consulting a "procedure book", in which nursing administration procedures of the chemotherapy schedules were elaborated practically. However, important differences appeared between the wards : heterogeneity of instructions for the nurses, lack of standard prescription form, incomplete documentation of administration and toxicity assessment. Steps were taken for improvement of procedure, documentation and communication between the responsible physicians and nurses : computerization of prescription, including uniformization of administration process. This way inducing also improvement of the patient documentation. Results of the file analysis and prescription procedure corrections and evaluation of the corrective actions will be reported and discussed in relation to improvement of nursing and medical care of chemotherapy patients.

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QUALITY ASSURANCE IN RADIATION ONCOLOGY NURSING

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Quality assurance (Q/A) as applied to the practice of radiation oncology nursing is a new concept and is a sign of the maturation of this nursing subspecialty.Traditional Q/A in radiation oncology has focused on treatment planning and delivery, technical maintenance, morbidity and mortality and minimum staffing patterns. In the interest of comprehensive patient care, nursing contributes to Q/A in radiation oncology by addressing patient education, symptom management, and quality of life outcomes. With the 1992 publication of the Manual for Radiation Oncology Nursing Practice and Education,radiation nurses have, for the first time, guidelines for measuring patient outcomes. These patient outcomes have been translated into a comprehensive Q/A program at Fox Chase Cancer Center (FCCC). Using the 10 step process developed by the Joint Commission on Accreditation of Healthcare Organizations, the Q/A program at FCCC has yielded multiple benefits including improved patient care, the monitoring of cost effectiveness of resources, including manpower, and the control of the nurses' own professional practice.

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RESUSCITATE OR DO NOT RESUSCITATE, THAT IS THE QUESTION?

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There is a growing interest among oncology nurses to have guidelines for the management of patients with advanced cancer who experience unexpected life threatening events. If a patient with extensive metastatic disease and/or a poor prognosis suddenly has a cardiac or respiratory arrest while being treated in a clinical trial, what should be done? Resuscitate or do not resuscitate, that is the question? At this moment in many hospitals there is still no policy about resuscitation for these patients. Clear concise criteria are needed, and patients, family and the nurses should be involved in the decision-making process.

Occasionally in a patient's dossier you might see the letters Do Not Resuscitate (DNR). Which criteria does it represent? Unwritten criteria means uncertain unreliable decision-making at the bedside in stressfull situations. Haphazard decision making threatens the delivery of quality care. It is essential for patients to have a peaceful death surrounded by competent professionals who know exactly what they should be doing and not be doing at preciely the right time.

Most patients with cancer follow a relatively long illness trajectory. This time span gives health care professionals and patients the opportunity to explore the issue of resuscitation. In this way patient's wishes can be fulfilled and quality of life can extend to its very final moments.

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SOY FIBER ENRICHED TUBE FEEDING INFLUENCES DIARRHEA IN POSTOPERATIVE ONCOLOGY PATIENTS.

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The combination of enteral tube feeding and antibiotics often leads to diarrhea. The occurence of diarrhea in patients adds to their possible complications and increases costs, while it distresses the patients, nurses and their surroundings as well. We investigated the occurence of diarrhea in postoperative patients on tube feeding, with or without soyfiber supplementation, the patients received antibiotic treatment as well. Sixty postoperative oncology patients were assigned to either a fiber free formula diet (FFF) or a soyfiber supplemented formula diet (SSF). The tube feeding was supplied continuously through a nasogastric or a jejunal tube (mean volume 1775 ml a day) During five days the consistency and frequency of the bowel evacuations were registered by the patient, the ward nurses and the investigators. A daily diarrhea score (DS) was obtained by adding a consistency score (formed stools 1, loose 3 and watery 5 points) for every evacuation. In the FFF group 14 patients had manifest diarrhea for a total of 55 days as opposed to the 8 SSF patients with 27 days of diarrhea. The major finding of this study is the total DS of the FFF group was 1,7 times higher than the SSF group (p=0,05, ANOVA). We conclude that soyfiber enriched tube feeding has a beneficial and significant influence on the occurence of diarrhea in a selected group of postoperative oncology patients.

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A SURVEY OF THE OPINIONS ON 'INFORMED CONSENT' OF WOMEN ATTENDING A BREAST UNIT

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There is little scientific data relating to the requirements for informed consent, particularly for patients involved in clinical trials. This study aimed to survey, by self-completed questionnaires, the experiences and opinions of, 100 randomly selected healthy volunteers not in a clinical trial, 100 healthy volunteers in a clinical trial; and 100 breast cancer patients in a clinical trial. The results indicate that healthy volunteers in a clinical trial were better informed about the trial than the corresponding cancer patients. They were given more written information (88% vs 80%), had a better indication of their commitment (81% vs 62%), were better informed of possible discomforts (81% vs 43%), were better informed of possible side effects (75% vs 57%), were aware of their withdraw rights (84% vs 46%) and were given more information and support during the trial (52% vs 37%). Patients were also asked for their opinions on the requirements for informed consent. Over 90% of women wanted verbal and written information outlining the purpose of the trial, as well as a clear indication of the nature and extent of their time commitment. They also wanted information on any possible emotional (94%) and physical discomforts (99%) and possible side effects (98%). Finally they required information explaining the aims and possible benefits of the research (98%) and an opportunity to reflect prior to making a decision (92%). Surprisingly less women wanting assurance about confidentiality (75%). These results clearly show that most patients require a wide range of information prior to consenting to treatment or inclusion in a clinical trial.