

1448

QUALITY OF ONCOLOGY NURSING - THE ROLE OF THE NURSE MANAGER?

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In Denmark, the hospitals are managed jointly by nurses and doctors who share the responsibility for the day-to-day running of the hospital and the department. Liability and authority at both levels are as provided in the legislation for the medical profession and for the nursing profession. In practice, the two traditional management structures have been joined in the demand for mutual objectives in the clinical work, research, development, teaching, and economics. The management of nursing in a dynamic environment with intensive research must be visible, clinically oriented, firmly organized and quality conscious.

The presentation will include:

- Construction and management of a nurses' structure for 160 nurses in a cross-disciplinary organization.
- Qualification of the nursing staff focusing on responsibility in a number of clinical tasks, such as administration of cytostatic agents and treatment of side effects. The nurse's role in conduction of phase I and II trials, in training, in research and in rendering specialist training for oncology nurses.

The aim of the presentation is to show the need for development of both clinical skills and management procedures when the objective is improved quality of nursing.

1450

Abstract Title: NURSING DIAGNOSES IN AN ONCOLOGY POPULATION
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In the Netherlands there is a growing interest in the development of a classification system of nursing diagnoses in cancer patients.

The purpose of this study is to identify the nursing diagnoses occurring in an population of patients with breastcancer, leukemia or lungcancer and to get insight into 'high-frequency' and 'high-treatment priority' diagnoses. Data-triangulation will be used to gather information.

The first method contains content analyses of 45 patient records. Nursing diagnoses will be identified and classified by means of the NANDA diagnosis and the classification used McMally et al 1991. In addition 9 oncology nurses will be interviewed. The central themes in those interviews will be: what are the nursing diagnosis you identify in oncology patients, how do you recognize these problems and what are etiological factors of these problems.

The third method is a survey, that will be conducted to identify the most frequent and the most difficult patient care problems encountered by 200 nurses who care for patients with cancer.

The first results of these investigations as well as its consequences for practice and research will be presented.

1452

COMPLICATIONS OF LONG-TERM CENTRAL VENOUS ACCESS IN HEMATOLOGICAL AND BONE MARROW TRANSPLANT PATIENTS.

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Long-term central venous access are currently a standard tool for the nursing management of hematological and Bone marrow transplant patients. In an attempt to evaluate the potential complications associated with the use of these catheters we have conducted a multicenter study involving four major hospitals in Madrid.

Data from a total of 130 implanted from Jan 92 till March 93 were analysed. Results from six different variables were evaluated including diagnosis, type of venous accesse, size, duration and either infections or non infections complications. Conclusions will be presented and discussed at the meeting.

1449

PATIENT ADMINISTRATION MANAGEMENT SYSTEM (PAMS),
A PRELIMINARY REPORT

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Plans are ongoing in the development of a patient administration management system in our institute. The goal is to computerize nursing records and support the use of individual care plans.

This experiment is based on the premise that a nurse spends 28% (IHCG '92) of her time on administrative tasks. Developing a computer program should provide efficiency in daily practice and subsequently result in more time for direct patient care and improve the quality of that care. The implementation of the program will start at the ward level in September '93.

This presentation will outline the development of this system and the difficulties we have experienced during the development and the implementation of the PAMS.

1451

ONCOLOGY NURSES IN A CCPPRB (ETHICAL COMMITTEE)
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The "French ethical Law" (10.12.88) has organised the "Comités Consultatifs de Protection des Personnes soumises à des Recherches Biomédicales" (CCPPRB) in place of the previous Informal "ethical committees" and in accordance to Helsinki's recommendations. The committee's composition : 1/3 MD, 2/3 non MD including lawyers, social workers, psychologists, nurses, pharmacist.... At each monthly meeting, about 10 protocols (ptc) are presented by 2 separate reviewers, MD and non MD ; followed by general discussion. The President can invite an investigator or the committee can ask for the opinion of an expert outside the committee. CCPPRB comment on administrative (declarations, insurance, promoter), medical (relevance, methodology, statistics) and ethical issues (acceptability, patients information, potential benefits and risks) related to each research ptc submitted. In 13 months activity, the CCPPRB of Bicêtre (Pr Duroux, President) processed 103 ptc (39 related to oncology). 70% of the ptc have been required for a second submission after modifications. Only one so far recieved a totally negative judgement. Each of us had to review one ptc (oncology or not) by meeting. Besides, as nurses, we are frequently questioned on technical and human aspects of the ptc : feasibility, acceptability and compliance issues related to ptc requirements, adequacy and understandability of information and consent forms, quality of life and psychological issues, especially if patients with a limited life expectancy are involved. This participation has been for us a high-value professional experience in a field related to but different from daily hospital care.

1453

MAKING A NEWLY ASSUMED R.N. PART OF AN ONCOLOGICAL INTENSIVE CARE TEAM. Allemano M.C.¹, Lavezzi C.¹, Moiset C.². ¹ Intensive Care Unit, ² Chief nurses' office, Istituto Nazionale Tumori-Milano-Italy

We will evaluate the problems faced by newly assumed R.N. in an Intensive Care Unit. We have prepared a guidelines for training and insertion of newly assumed R.N. The guidelines cover: 1) welcoming, 2) professional goals and expectations, 3) rules, rights and duties, 4) knowledge of hospital environment, 5) allocation to ward, 6) supervised training for 8 weeks, 7) review of difficulties encountered or expected after a 3 months period, 8) solutions proposed. Intensive Care Unit is one of the most heavily stressed work situations. On this assumption we have programmed a graded training to be supervised by a nurse tutor to bring the R.N. up to the required level of efficiency. We have operated such a procedure for 6 months with 9 nurses. Over this 6 months period and when the 9 nurses have completed such a training the results are summarized as follows: 1) all nurses expressed satisfaction with the training (general satisfaction), 2) training time reduced and insertion of new staff facilitated, 3) improved interpersonal and interteam relationships, 4) improved patient care as a result of improved organization of work.