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BRACHYTHERAPY QUALITY ASSURANCE: PATIENTS' SATISFACTION RELATED TO THE QUALITY NURSING CARES.

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A study has been conducted in order to check out the degree of satisfaction of the patients testing their own opinion about the quality of care and services offered by the nursing staff based on nursing diagnosis and standarized procedures of care. An anonymous "satisfaction questionnaire" was designed conditioned by the particular characteristics of these oncologic patients and the nursing procedures that they have been carried out in our unit.
This questionnaire was given to 1129 patients at the hospitalary discharge moment. The study lasted three years, from May 1989 until May 1992, and it was divided in three comparative annual periods.
The analysis of the results has been made comparing the percentages of affirmative answers obtained in each question during the three annual periods.
In general, the rate of affirmative answers increased consecutively along the three years(80,26% in 1990, 92,98% in 1991, 97,02% in 1992) showing an improvement in the degree of satisfaction of the patients. It is also concluded that these kind of questionnaires are an important tool in the assessment of the degree of satisfaction of the patients. The use of such questionnaire showed that the relationship and communication between the patient and the nurse are really important to get a high degree of satisfaction in these oncologic patients.

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A RANDOMIZED COMPARISON OF TWO TYPES OF VASCULAR ACCESS PORTS: VIGGO "VASCU-PORT" VERSUS PHARMACIA "PORT-A-CATH"

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Recently, drug delivery in cancer patients has been facilitated through the use of vascular access ports. However, in some cases there may be difficulties obtaining venous reflux and blood samples, and some patients complain of local pain and other problems.

20 cancer patients were randomized to the implantation of a port of either type V (Viggo) or type P (Pharmacia). Both ports are made of titanium and cost approximately the same. A number of port-related problems were registered on 3 successive occasions with 3-week intervals.

Problems with access of the port occurred in 13% with type V and in 11% with type P. Similarly, surgical complications occurred in 4% and in 7% of the cases, respectively. 60% of the patients had minor complaints with type V, while 25% had similar minor complaints with type P. The frequency of problems was not related to the duration from the time of implantation.

This study has not shown any significant differences between these two types of ports. Thus, the use of any type of port may be decided mainly on the basis of economical considerations. The patients' complaints are mainly related to local pain during access, and to the placement of the port, since awkward placement may give rise to cosmetic problems and to pressure problems from bra straps or safety straps in cars.

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PREPARATION FOR CHEMOTHERAPY - A MULTIDISCIPLINARY INTERVENTION IN A GROUP SETTING

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Chemotherapy for cancer has beneficial effects in terms of survival or cure. Its toxicity and side effects have a considerable physical, emotional and social impact on the patient and his family. The present study assesses the effect of a preparation session for newly referred chemotherapy patients and their significant others at the Hadassah Hospital in Jerusalem. Before starting their first chemotherapy protocol, patients are referred to the preparation meeting. The meetings take place once a week in a group setting conducted by a multidisciplinary team. Since the program started, in 1992, 113 patients participated in the preparation session, most of them (80%) came with at least one family member. Assessment of patients feedback about the program shows that: a. Patients and family members that participate and benefit mainly in terms of information and support. b. Patients that choose not to participate prefer to avoid more information. Nurses' feedback shows that they can detect those patients that did participate due to lower levels of anxiety and more competent mode of complying with treatment protocols.

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THE INFLUENCE OF PATIENTS' CRITICISM ON QUALITY ASSURANCE

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A study by means of a questionnaire was carried out in 88 randomly selected patients in order to obtain their opinion about the admission to hospital, the attitude of personnel towards patients, the source of information on diagnosis, treatment and nursing care, as well as on nutrition, hygiene and discharge procedure. Critical analysis of the results had a positive influence on the improvement of quality assurance. Therefore, we have decided to include such an inquiry by means of questionnaires among our regular control procedures.

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Quality of Life Assessment in a Phase I Study

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There is currently a paucity of research examining the quality of life (QOL) in patients in early clinical trials. The aims of this study were (i) to assess the QOL of patients during a phase I study of a novel anthracycline, methoxymorpholinyl doxorubicin (MMD), and (ii) to correlate changes in QOL with treatment toxicity and response. All patients entering the study were asked to complete a Hospital Anxiety and Depression questionnaire (HAD) and a Rotterdam Symptom Checklist (RSCL) prior to each course of chemotherapy and at their first follow-up visit after cessation of treatment. To date 27 patients have been treated, 2 completing 6 courses and the other 25 receiving 1-4 courses before withdrawal because of progressive disease. Toxicity has been mild and not clearly dose-related. Grade 2-3 nausea and vomiting has occurred in 17/27 patients. The pretreatment QOL median and range of scores were: HAD anxiety 5 (2-12); HAD depression 5 (1-12); RSCL physical 13 (7-39); and RSCL psychological 8 (3-29). For each individual the QOL scores were normalised to the pretreatment values and the change in score during treatment was analysed. In 37 assessable courses the RSCL physical score was unchanged in 13, improved in 17, and worse in 7; and the RSCL psychological score was unchanged in 17, improved in 11, and worse in 9. Similar changes in the HAD scores were recorded. Given that most of these patients had end-stage disease with tumour progression on treatment in the majority, these results are gratifying. It would appear that patients do benefit from the intensive nursing and medical input within such studies irrespective of treatment outcome. The study will continue until the maximum tolerated dose of MMD is reached, and it will be of interest to see how increasing drug-related toxicity affects QOL scores.

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QUALITY ASSURANCE IN CANCER CHEMOTHERAPY : FOCUS ON EXECUTION OF CHEMOTHERAPY PRESCRIPTION.

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A quality control program carried out in our department highlighted the critical steps in the process of chemotherapy prescription, preparation, administration and follow-up. Variations were found in the recording of quantifiable parameters (height and weight) necessary to calculate body surface and to adjust the dosage. Differences were found in the dose calculation procedure, in the dose adaptations according to weight change over time. With this knowledge we wanted to automate, in a first step, the chemotherapy prescription-procedure.
A "working party" was set up to standardise the technical aspects of prescription and to document the procedure to avoid systemic and at random errors. We are now at the stage the chemotherapy prescription is computerised and the physician only has to enter patient specific information into a computer system (e.g. patient identification, chemotherapy schedule, length and weight, percentage of the dose). Several checks are built in to avoid entry of unrealistic parameters and doses. Subsequently, the nurses and pharmacist receive a printed prescription containing all relevant information.
In a second phase, it is aimed to include safety barriers that check dose limiting toxicity before enabling prescription (e.g. check on haematological toxicity, check on renal function before prescription of cisplatin, check on cardiac function before prescription of doxorubicine, ...). This is part of the further development of documentation of acute and late toxicity, and of the application of preventive/supportive measures in the frame of a more efficient and safe treatment with cytotoxic drugs. A first evaluation showed time-saving benefits for the nursing staff and guarantees for a better quality and safety of the prescription. Furthermore, the system could be transferred to any hospital involved in cancer treatment with cytotoxic drugs.