Proffered papers

1423 ORAL

MEASURING QUALITY OF ONCOLOGY NURSING CARE

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In the Netherlands the concept quality of care is receiving ever more attention by patient interest groups and the Health Care Council. They define quality of health care as being goal oriented, patient centered, efficient and effective. Unfortunately there is no consensus on the definition of the concept quality of care. A team consisting of oncology nurses and a nursing researcher have started a project with the aim of operationalizing this concept as it applies to oncology patients in our institute.

Quality of care was operationalized by developing a matrix, using the job profile of oncology nursing and Gordon's 11 health patterns. Basic requirements for care were developed and sent to a cross section of nursing experts for content verification. After consensus was achieved, a measurement tool was developed and throughout the hospital quality of care was measured on every nursing department.

We want to share this new development in measuring quality. It contributes to the present knowledge base of oncology nursing as well as the improvement of care for the oncology patient.

1424 ORAL

PROSPECTIVE RANDOMIZED TRIAL TO STUDY THE BEST TIME INTERVAL BETWEEN CATHETER (KT) DRESSING

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High dose chemotherapy followed by bone marrow transplantation (BMT) is often complicated by toxidermia. The presence of the KT dressing increases the intensity of cutaneous lesions at its implantation site. Until 1990 we used to change systematically KT dressing every 4 days. Taking into account the role of these changes, we wondered whether in increasing the time lapse between each KT dressing it would be possible to decrease the cutaneous complications without infectious side effects. To answer this question a prospective randomized trial testing two intervals between KT dressings was undertaken. Eligible patients were randomly assigned either to group 1 (4 days) or group 2 (15 days). They were followed up during hospitalization for BMT.

KT dressing was checked every day and changed early if one or several of these features was observed: dirty compresses, unsticking dressing, perfusion or KT problems, positive bacteriologic contacts. At each occasion of changing the KT dressing cutaneous lesions were quoted according to a toxicity grading.

Between July 1990 and April 1993, 112 children entered this study. 1064 dressings were performed during the study. 56 children were treated with 4 days interval, 56 with 15 days interval. Median age, underlaying disease, conditioning regimens, were not different between the two groups. 86% of group 2 children (15 days) experienced a local cutaneous toxicity of grade < 2. As opposed to 43% of group 1 (4 days) who presented lesions of grade $>$ or $= 2$. No difference was observed between the two groups according to incidence of local and systemic documented infections, duration of fever, incidence of positive contacts. However, in group 2, the median observed interval between KT dressing was 8 days essentially because of premature unsticking of the dressing.

1425 ORAL

PHASE I TRIALS IN CANCER PATIENTS: PARTICIPANTS' PERCEPTIONS OF SUPPORT RECEIVED

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Cancer patients undergoing phase I clinical trials are a particularly vulnerable group of patients due both to their diagnoses and because there are few treatment alternatives available to them (Hubbard and Donehower, 1980). Support of this special group of patients is paramount. Cancer patients ($n = 28$) were interviewed using a questionnaire containing a range of open and closed questions. Results were analyzed statistically and by content analysis. When compared with previous treatments, most patients felt that the quality and amount of their nursing and medical care was better in a phase I trial. Patient satisfaction was high and when asked about the benefits of taking part in a phase I trial, individualized care and intensive monitoring by the health care team was a clearly emergent theme. Patients' perceptions of helpful aspects of nursing care were determined, and it is concluded that support from nursing and medical staff was considered superior by patients participating in phase I trials, when compared with previous treatments.

1426 ORAL

RELIABILITY AND VALIDITY OF THE DUTCH VERSION OF THE "ADAPTED SYMPTOM DISTRESS SCALE"

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The purpose of this study was to test reliability and validity of the Dutch version of the "Adapted Symptom Distress Scale (ASDS)" (Rhodes, 1987). The ASDS is a 26-item Likert scare measuring symptom occurrence and distress as a result of chemotherapy. The Dutch version of the ASDS was tested a first time in 1994. Based on results of this study modifications were introduced and tested in a new study.

A descriptive correlational design was used. The convenience sample consisted of 150 patients of the Oncology Department of the University Hospital Leuven in Belgium. Selection criteria included minimum two cycles of palliative, curative or adjuvant chemotherapy, age of 18 years or older, being able to speak and read Dutch and informed consent. A variety of cytotoxic schedules were included to test instrument sensitivity in detecting different patterns of symptom distress. Four types of cancer were included: breast cancer, ovarian cancer, lymphoma and sarcoma.

The following variables were measured: symptom occurrence and symptom distress, medical diagnosis, cancer stage, functional status, disease onset, chemotherapy regimen, administration time and demographics. Data are currently being collected and analyzed. Descriptive and inferential statistics (Cronbach's alpha, factor analysis, correlation analysis) are used. Results will be reported at the conference.

These psychometrically tested instruments will assist oncology nurses to evaluate chemotherapy symptom control in a more reliable and valid way.

1427 POSTER

"ONE POINT SET UP" IRRADIATION? IMPLEMENTATION ON THE QUALITY OF NURSES WORK

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We implemented a one point set up technique (OPSUT) for a 3-field irradiation of head and neck tumour and breast cancer. In this paper we will present an evaluation of the accuracy and quality on daily pt. set up. *Materials and methods* PTS. were immobilized using an individually moulded fixation mask when indicated. A field matching plane was constructed by abutting half-beams, made by independent collimation. The number of manipulations inside the treatment room were compared between the OPSUT and the classical techn. (control group). Data on daily variations in precision were acquired from 14 pts. in the control gr. and 20 pts in the OPSUT. *Results:* The number of manipulations decreased from 36 to 23. Those susceptible to human mistake are reduced from 27 to 15. Measurements of table height give a standard deviation of 0.76 cm in the control group and 0.11 cm in the OPSUT. These reductions are significant (P 0.001) and will be present. *Conclusion:* The OPSUT gives us more quality.

1428 POSTER

NURSE'S OUTPATIENT TELEPHONE APPOINTMENTS AT A REGIONAL HOSPITAL'S DAY-CARE WARD FOR PATIENTS UNDERGOING CYTOTOXIC THERAPY

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Cytotoxic therapy is given mainly on the day-care ward. The patients receive extensive instruction before treatment. Usually they visit the day-care ward only for intravenous cytotoxic therapy. The nursing staff attaches much value to contact with patients in between treatments for