adverse events are evaluated with just one instrument, the Common Terminology Criteria Adverse Events (CTCAE) designed by the National Cancer Institute. This scale uses severity grades from 1 to 5: where Grade 1 is mild adverse event (AE); Grade 2 is moderate AE; Grade 3 is severe AE; Grade 4 is Life-threatening or disabling AE; Grade 5 is Death related to AE. Can nurses use this instrument to evaluate nursing sensitive outcomes?
Material and Methods: At the European Institute of Oncology 20 experienced oncology nurses representing surgical, medical and critical areas participated in a nursing record working group. This group created the ONMDS composed of 49 nursing sensitive outcomes recognized as most common and often oncological outcomes regardless of the treatment that the patient undergoes. In the pre-test study the group used a checklist to analyze 50 nursing records of cancer medical patients to evaluate which instruments were used to measure nursing outcomes. The group explored the CTCAE and discovered that all NSOs chosen were also adverse events. Then using case studies the group tested the feasibility of this scale for nursing care and the coherence of nursing-sensitive outcomes evaluation among nurses. The CTCAE was translated into Italian and translated back again into English to validate it.
Results: In the nursing records' analysis no validated scales were found except the numeric rating scale for pain and the Conley's scale for falls. CTC enables a coherent, standardised and consistent evaluation scale among nurses, a common language between other members of the team, continuity of care among different areas, and the possibility to quantify complexity of care, facilitate the case-method and the clinical trajectory.
Conclusions: We commenced a CTC assessment study in the nursing care environmnent and we had preliminary results on its validity in the post-test study with the analysis of other 50 nursing records. The next 6 months monitoring will be able to confirm definitely the feasibility of CTCAE in nursing care.

4156 ORAL

The Development of a Dignity Care Pathway (DCP) for Use by Community Nurses With People Receiving End of Life Care at Home

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Background: People experiencing end-of-life care fear loss of dignity and a central tenet of palliative care is to help people die with dignity. Palliative care should be based on holistic assessments, with the patient and carers, of their physical, social, emotional, cultural, and spiritual care needs and comprise a broad range of care activities addressing distress that might influence on their sense of dignity. This study has developed, implemented and tested an intervention, the Dignity Care Pathway (DCP), providing evidence to conserve the dignity of dying patients/ families receiving end-of-life care at home.
Materials and Methods: This 2 year intervention study is underpinned by the UK Medical Research Council (MRC) complex intervention framework. The DCP is based on the theoretical model developed by Chochinov et al (2002). It has 4 sections; a manual; Patient Dignity Inventory (Chochinov 2008); reflective questions and care actions. Reflective questions and care actions in the DCP were evidenced from a systematic literature review and focus group interviews with patients, carers, and HCPs. Use of the DCP was preceded by an education day. Feasibility and acceptability of the DCP tested in a mixed method qualitative evaluation with a purposive sample of community nurses using diaries; longitudinal in-depth interviews and case studies.
Results: The evaluation shows that the DCP is acceptable to community nurses, helps them identify when patients are at the end of life helped identify key concerns from the patients' viewpoint and aids them providing holistic end of life care. The tool requires the nurse to have excellent communication skills and some nurses found it hard to initiate a conversation on dignity and care. All nurses wish to continue to use the DCP and would recommend it to others.
Conclusion: Community nurses use of the DCP will help patients receive individualized care, which will directly relate to the issues they have identified as most distressing and/or important and their preferred measures to address these issues, and carers to receive information and support relating to the patient's care and their request for support.

4157 ORAL

Developing and Feasibility Testing of Nurse Sensitive Outcome Measures for Ambulatory Cancer Chemotherapy

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There is increasing interest in Nurse Sensitive Outcomes Indicators (NSOI) that can be used to examine and demonstrate the impact of high quality nursing care. As a consequence the UK National Cancer Action Team commissioned us to develop of a set of outcome-based measures that would be sensitive to the work of nurses in ambulatory cancer chemotherapy settings. The initial phase of this work consisted of a systematic literature review that identified three broad areas where evidence for sensitivity to nursing was strongest. Subsequently we evaluated the feasibility, acceptability and preliminary efficacy of our outcome-based measure in clinical practice.
Methods: We developed indicators on those areas identified as most likely to be nurse sensitive in the systematic review − symptom management, safe medication administration and patient experience of the process of symptom management and care provision. Guidance on the selection of the indicators was provided by three reference groups: users, clinicians and experts in the field of outcomes development. Following preliminary piloting, our outcome measures were distributed as patients arrived to receive ambulatory chemotherapy at 10 cancer centres across the UK between December 2010 and March 2011. Data were analysed descriptively and regression-based models were used to adjust for casemix.
Results: The NSOI developed primarily relied on patient self report via a specially designed measure which was completed on 2466 occasions during the study period. Analysis revealed variability both in terms of patient's experience of subjective symptoms and the support nurses provide to patients. For the whole sample moderate to severe nausea was reported by approximately 25% 0% of the sample. For the whole sample the rate for moderate or severe nausea 25%, however examination of scores by centre revealed differences between sites. Thus 75% at Centre P reported moderate to severe nausea as compared to 25% at Centre J. This variability remained even after casemix adjustment. Similar results emerged for other symptoms and these will be discussed in more detail in the presentation. When asked about their perceptions of the process of symptom management, the majority of respondents (80%) reported that chemotherapy nurses ask about their symptoms, are aware of symptom severity and provide useful information and practical advice for symptom management. However, once again, there was substantial variability between centres.
Conclusions: Monitoring outcomes provides a stimulus to develop services to improve the experience and health of patients. Validated nurse sensitive measures open the possibility of demonstrating the 'added value' of specialist nursing services and of using registered nurses in settings where they might be replaced by less qualified staff.

Oral Presentations (Mon, 26 Sep, 09:00−11:00)
Nursing Oncology − Supportive Care

4158 ORAL

The Meaning of Living With an Exulcerated Breast Carcinoma

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Background: Living with an exulcerated breast carcinoma may have a big impact on the lives of women and their families. The aim of this study is to understand the lived experiences of women with a malignant fungating breast.
Material and Methods: The methodological framework of interpretative phenomenological approach according to Heidegger was used. Semi-structured interviews were conducted with nine women. Van Manen's hermeneutic analysis was used to analyse the data.
Results: The results demonstrate how the women had to learn how to live with an unbounded body as the wound became the centre of their life. The women report on the unpredictability, and uncontrollability of the wound due to symptoms such as malodour, bleeding, exudate, pain and itching. Therefore the women developed strategies to bring the wound symptoms under control. Various methods were adopted often using inadequate products of the medicine chest or alternative medicine products. There were also psychosocial consequences to deal with such as embarrassment due to odour and exudate as well as the visibility of the wound, which