was rarely indicated. The boxes resulted in an easier prescription (only an indication of box type is needed). There was an agreement between all interviewed subjects that the use of the prefilled medication box resulted in an improved medication usage with less side effects.

**Conclusions:** The introduction of a uniform policy regarding anti-emetic drugs using a prefilled medication box resulted in alleviation of chemotherapy associated symptoms.

**4183** ORAL

### Oncology patients' experience at the interface between hospital and community care: a mixed method investigation

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**Background:** Oncology patients often experience breakdowns in care when transitioning between care settings.

**Aims and Objectives:** To examine the experience of oncology patients at the transition between hospital and community care and identify factors which promote or inhibit fragmentation.

**Methods:** We used a complementary mixed method approach. Qualitative phase: semi structured interviews and focus groups were conducted with patients and their caregivers, nurses, social workers, physicians and medical administrators. Quantitative phase: a survey was administered to 400 oncology patients of a large tertiary medical center in Northern Israel. Patients who were discharged from the hospital were asked to complete a validated questionnaire on their transition from the hospital to the community and on their perceptions of the quality of their primary care. The surveys were administered in Hebrew, Arabic, and Russian.

**Results:** The qualitative data analysis revealed four broad themes: (1) lack of clear boundaries regarding the responsibility for care, (2) the burden posed by the administrative and bureaucratic demands of each of the organizations, (3) the creation of informal routes of communication and care management in an effort to overcome the breakdowns in care, (4) cultural barriers exacerbate problems with information flow and ability to coordinate care. The regression analysis examined the effect of patient characteristics and showed that patients' language accounted for most of the variance in quality scores (XX). Russian speaking patients reported poorer quality of care and Arabic speaking patients reported better quality of care, as compared to Hebrew speakers, in all primary care domains. Both Arabic and Russian speakers scored significantly higher on the Care Transition Measure than Hebrew speakers.

**Conclusions**: The differences between sub-groups found here suggest that avoidable variations in care exist. To enable a more streamlined process, cultural issues need to be addressed at the interface between care settings. Further research should examine the causes for such cultural differences.

**4184** ORAL

### Oral Chemotherapy: a collaborative project between acute hospital and community services

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**Background:** The toxic effects of chemotherapy are serious and distressing: appropriate response to side effects is essential. Patients receiving intravenous chemotherapy attend hospital and have the opportunity to discuss concerns with chemotherapy trained staff. However patients taking oral chemotherapy do not always have this interaction and may rely on support from non-specialist professionals. The aim of this project was to improve outcomes for patients taking oral chemotherapy and to address problems arising from incorrect administration and storage, and the inadequate reporting and care of side effects. We also aimed to improve communication between hospital and community.

**Methods:** Health care professionals from primary and secondary settings met to review practice and create an improved patient pathway. A baseline survey was carried out on patients receiving oral chemotherapy in the 2 months prior to the new interventions. The new interventions comprised of enhanced hospital and community support. The latter was enabled by a programme of education to community nurses delivered by the hospital team. Four months following the intervention, surveys were sent to patients who had received the enhanced hospital and community support. At the completion of the pilot, a focus group was held with the community nurses to explore their experience.

**Results:** The response to all surveys showed that patients felt well informed and supported. However, respondents who received enhanced intervention reported increased severity of all reported symptoms suggesting a heightened awareness of treatment side-effects. Interestingly, patients who received enhanced hospital support only, reported missing fewer doses than those in the baseline survey and those who received enhanced hospital and community support. Community nurses who took part in the project felt more confident in addressing side effects and valued the improved communication with the referring hospital.

**Conclusion:** The main difficulty was in matching patients with the limited number of trained community nurses. However, all patients receiving oral chemotherapy are now given structured information and ongoing support. Each patient meets with a specialist nurse at the beginning of each new cycle of treatment for symptom assessment and guidance on symptom management. In addition all patients will be offered community support in the form of a home visit or telephone support following the commencement of treatment.

**4185** ORAL

### The development of evidence-based guidelines for a nurse consultation in a breast unit, part 1: the perspectives of breast care nurses

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**Background:** The objective of this project is to develop evidence-based guidelines for the organisation and content of a nurse consultation in a breast unit. The guidelines are meant for all breast care nurses (BCN) in Belgium and their significant others. In the literature there is evidence for the added value of working with specialist (breast) nurses and information about their role in practice. The development of these guidelines must offer the practice more detailed information about the content of the interventions of a BCN trough the total clinical pathway of a patient with breast cancer.

**Material and Methods:** The project exists out of five major phases: (1) a literature study of the information- and psychosocial needs of breast cancer patients, (2) a qualitative study with BCN and patients about their experiences of the care, (3) developing the guidelines based on the literature and the results of the qualitative research and evaluating them by an expertgroup, (4) a monocentric implementation of the guidelines in a breast unit and (5) an evaluation of the outcomes based on interventions by the BCN following the new guidelines. Information about the perspectives of BCN about their role supporting a breast cancer patient was collected through five focus group interviews. A phenomenological approach was used. Participants were 30 BCN working 1 to 6 years in a breast unit. Three topics were explored: the role, the position and the competence of a BCN.

**Results:** Two main themes were identified: patient centered roles en organisation centered roles. In the first role themes such as assessing physical and psychosocial status of the patient, providing information, providing psychosocial support and being their for the family are explored. Having an important role as BCN in the total organisation of a breast unit was translated in themes as coordinating the entire care and acting as an important player in the multidisciplinary team.

**Conclusions:** In Belgium, the role of a BCN is not informed or implemented by evidence-based guidelines and there isn't a national education program for these specific (rather new) nurse roles. By this project the guidelines must provide information and support for the BCN how to organize a specialised nurse consultation at each important phase in the total clinical pathway of a patient with breast cancer. The guidelines will be flexibel and acceptabel for implementation in all breast units in Belgium.

**4186** ORAL

### Development of a sexual rehabilitation service for cancer patients

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**Background:** Approximately 35−50% of cancer survivors suffer a sexual dysfunction as a consequence of their treatment. Psychosexual therapy has been found to be of potential benefit to a majority of patients and can encourage adjustment and facilitate optimal sexual functioning even when all medical treatment options have been exhausted. Unfortunately, professionals rarely initiate discussions about sexuality and sexual rehabilitation is not provided in most oncology settings.

A pilot-funded sexual rehabilitation service for cancer patients was set up to assess acceptability, uptake and outcomes.

**Materials & Methods:** A descriptive statistical analysis of referral patterns and length and types of interventions required is presented. Patient