

Poster presentations

Quality of cancer care

4239

POSTER

Audit programmes can actually improve cancer control

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Background: The goal of the CCC's in the Netherlands is to provide cancer patients and their families access to comprehensive and high-quality care, as close to home as possible. Their services are directed towards improving the professional, organisational and relational quality of oncology care. The area of the CCC Rotterdam has 15 general hospitals and one university hospital.

In 1996 an audit programme was started to monitor and improve the quality of care in the general hospitals. In the current study, we evaluated whether progress was observed at a second audit.

Material and Methods: Quality criteria were developed by the CCC's and subsequently tailored in a consensus meeting of the hospitals involved. The audit programme concentrates on structure and process and the auditing committee is peer based. Criteria are divided in 'mandatory' and 'not mandatory but relevant for quality'. The final audit report reflects the number of criteria met and contains recommendations for improvement.

All general hospitals have now been audited twice. The audit reports of these hospitals were analysed, comparing results in first and second round. **Results:** In all 15 hospitals, results improved between the audit visits. Criteria not accomplished in the first round were achieved for 71% (41–100) in the second round. Mandatory items were met for 65% (55–86) in the second round. Now 79% of the oncology committees are embedded in the hospital as recommended (first round 22%), 64% drew up regulations (first round 29%) and the ideal representation of disciplines went from 33% to 79%. The evaluation revealed that many improvements were realized by the stimulus of a second audit.

Conclusions: The second round audits demonstrate major improvement in quality of cancer care and the usefulness of auditing. The third audit round started in 2008 and focus has shifted to performance indicators. The results we will present show that oncology audit systems should be included in national cancer plans to improve structure and process of cancer care. As the university hospital Erasmus MC recently also participated in the oncology audit – which is unique in the Netherlands – we will briefly reflect on this and on development of a national audit.

4240

POSTER

Educational Project

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Background: Care of cancer patients undergoing treatment with targeted agents is complex and places high demands on the nurses who take care of them. The Target Educational Initiative for Oncology Nurses features a course arranged by the European Oncology Nursing Society (EONS) and conducted in Sweden by The Swedish Cancer Nursing Society. The course syllabus includes mechanisms of action, management, administration, and care of side effects. Our oncology services in Göteborg needed a tool to manage care of cutaneous side effects associated with targeted agents. The Purpose was to meet clinical needs by creating uniform guidelines and management methods for cutaneous side effects associated with targeted agents, and to integrate these into clinical practice, as well as to reassess the guidelines after 6 months.

Method: To search the literature for cutaneous side effects associated with targeted agents, and develop evidence-based guidelines. Throughout the process, contact was maintained with specialist physicians and the clinical director in the field.

Results: Guidelines were formulated. The introduction presents a brief synopsis of targeted agents. The various cutaneous side effects are then presented and ranked according to the method described by the National Cancer Institute, Common Terminology Criteria for Adverse Events (CTCAE) v3.0. Pictures of each cutaneous side effect facilitate visualization and grading. After each side effect is graded, suggestions for management are provided. The guidelines also include general advice and information for nurses to give to patients to help prevent cutaneous side effects through self-care. The guidelines are readily accessible in a binder on each unit, as well as on the internal website.

Implementation of guidelines began with informational meetings held in the workplace with all occupational categories. After 6 months a questionnaire was sent to all occupational categories at the medical centre to assess the guidelines and find out whether they had been helpful in the assessment of cutaneous side effects. The results showed that those who used the guidelines were generally satisfied with them. They found the material to

be informative, appropriate for educational purposes, easy to peruse and well organized.

Conclusion: The project has resulted in a readily accessible tool that has enhanced knowledge about cutaneous side effects associated with targeted agents and has contributed to both safe and standardized care for patients.

4241

POSTER

A standardized procedure for implantable ports: a digital and educational tool

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Background: During the last decade implantable ports have become a reliable access device that can be used to administer long term intravenous treatments.

Totally implantable ports should present less risk of complications in comparison with external venous catheters, if the correct procedure is used. Although these devices have proved their advantage, complications still occur.

Materials and Methods: Various procedures on how to work with ports were constructed and utilized in hospitals throughout the country, however these procedures were frequently outdated and not essentially scientifically based or adjusted. In some hospitals there were several protocols for the same procedure used in different departments.

This lack of a standardized procedure led to an overall discussion and a real need for a definite procedure on how to work with these implantable devices. High schools and educators were among the first to acknowledge this demand, for it would enhance and simplify the training of their students. Incidence of complications varies according to hospital and even within departments of the same hospital. The vast majority of complications are attributable to inexpert handling. Therefore, nurses must be aware of new and adjusted procedures as well as the importance of early assessment and interventions.

VVRO was aware of the need for a standardized procedure that could be implemented in all hospitals in Flanders.

Using the experience of oncology nurses and based on scientific literature, we made a cdrom with all practical and theoretical information about devices and most importantly, all possible procedures in working with ports are extensively described with illustrations.

It can be reasonable concluded that the fundamental requirement for successful port maintenance is strict adherence to established protocols.

Our outcome measures were to obtain maximum benefit of ports by offering a based evidence procedure to reduce complications.

Conclusion: Our goal is to obtain maximum benefit of ports by offering evidence based procedures to reduce complications due to inexpert handling and/or training. To achieve our goal this cdrom has been distributed to high schools and hospitals in Flanders.

4242

POSTER

The cancer education nursing units impact on informational needs of cancer patients – the first Turkish report

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Background: To test whether special nursing units incorporating chemotherapy nurses working only to educate cancer patients about chemotherapy side effects and quality of life issues would make any difference in information status of general cancer patients on chemotherapy. This is the first education nursing unit activity from Turkey.

Material and Methods: Consecutive cancer patients receiving chemotherapy from in our institution and in other hospitals in the province of Antalya and referred to our institution. One of the institutions employed a special chemotherapy nurse to inform and educate cancer patient on chemotherapy related toxicity and quality of life issues, where as other hospital did not. The patients' information statuses on various domains of information needs as well as patient, disease and treatment characteristics were recorded. Specifically, patients' view on their information status on various information needs was also assessed by a trained interviewer. Multivariate analysis was performed to test if specific training from a chemotherapy information nurse affected the information status of cancer patients.

Results: A total of 78 consecutive cancer patients diagnosed of colorectal carcinoma (11.5%), lung (19.2%), breast (24.4%) another cancers (44.9%), and with a median age of 48.5 years (21 to 71), and predominantly of male

gender (52.6%) were interviewed. Treatment given was cisplatin based chemotherapy in 42% of patients. Multivariate analysis confirmed that specific training strongly correlated with information status on clinical and appointment related procedures in the oncology department, chemotherapy toxicities, take home on premedication drugs, and nutrition, both as assessed by the patients (all p values <0.001) and by the interviewer (all p values <0.001).

Conclusion: Specific training as provided within a cancer education nursing unit strongly affects the information status of cancer patients on various domains of information needs. The cancer education nursing unit should be a part of medical oncology department.

4243

POSTER

Descriptive analysis of adverse drug events registered in a computerised information system

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Background: Adverse drug reactions (ADRs) are a significant source of morbidity and mortality among cancer patients. An ADR is harm that results despite having used the drug appropriately. Without details and documentation, it could be difficult to properly diagnose the event and monitor recurrences. Therefore, it is critical to improve patients' safety that oncologists and nurses take extra care to record in patient's medical charts any adverse events likely to have been caused by a drug. Our center has a computerized physician order entry and in 2004 it was developed an application to facilitate professionals reporting of ADRs. In 2006 it was modified to facilitate reporting and to allow access to nurses. The aim of this study is to assess the incidence, principal symptoms and treatment of adverse drug reactions (ADRs) of oncology patients admitted in the cancer outpatient unit.

Method: Retrospective descriptive study has been performed to analyse the adverse drug reactions registered in the computerized system from September 2006 to December 2008 in our cancer outpatient unit. Cluster analysis was performed to identify the symptoms pattern of clinical presentation.

Results: 132 ADRs were assessed from an amount of 20,500 chemotherapy sessions in our cancer outpatient unit (0.64%) and 39 have been communicated to the National Pharmacovigilance Organization. The 132 ADRs represented the 77% of the total ADRs reported in the hospital. The chemotherapy drugs most involved in the ADRs were Taxol, Taxotere, Oxaliplatin, Cetuximab, and Irinotecan. 63% were in combination with other cytostatics. Most of the ADRs were between the first and third doses although there are 18 ADRs (13%) that occurred after the sixth dose. The most frequent symptoms were rash (56%), dyspnea (36%), itching (25%) and changes in blood pressure (23%).

Conclusions: The incidence of ADRs in oncology patients is high although lower than what has been reported in previous articles. Registration makes possible to quantify and measure them in order to prevent and treat them more efficiently. The new reporting system and implication of nurses has improved the number and data quality of the ADRs documentation. New protocols have been developed to improve patients' safety during cytostatic administration.

4244

POSTER

A specific 3% urea hydrating lotion reduces radiation-induced dermatitis compared with hydration alone

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Background: To evaluate the efficacy of a specific 3% urea lotion compared with hydration alone in the prevention and reduction of acute skin toxicity following external radiotherapy.

Materials and Methods: Double-blind randomized, controlled study of the efficacy of a specific hydrating lotion containing 3% urea, polidocanol and hyaluronic acid (active group) versus a hydrating lotion without active agents (placebo group) to reduce the incidence and intensity of radiation-induced dermatitis (RID). Thirty patients with rectal cancer and 69 with breast cancer were included. All patients were followed up weekly until two weeks after its ERT completion. Skin toxicity was evaluated weekly using the RTOG/EORTC acute toxicity scale. To assess factors related to its development, a multivariate study with binary logistic regression model was used, including sex, age, diagnosis, skin phototype, total ERT dose and chemotherapy use as factors. RID severity was calculated using the

highest skin toxicity score and "toxicity during follow-up" obtained from the mean degree of toxicity during the study.

Results: Fifty-one patients were included in the active group (51.5%) and 48 in the placebo group (48.5%). The characteristics of ERT (total dose, fraction size, type of radiation) were similar in both groups with no significant differences. The incidence of RID was 91.3% in breast cancer and 63.3% in rectal cancer. The comparison between groups showed a lower incidence of skin toxicity in the active group (74.5% vs. 91.7%; group p < 0.05; OR: 3.76 [95% CI: 1.13–12.5]) and the multivariate analysis confirmed that the probability of developing RID during ERT was lower with the active hydrating lotion (OR: 8.4 p < 0.05). The incidence of toxicity grade ? 2 was 27.5% in active group and 34.5% in placebo group. Although this difference did not reach statistical significance, analysis on the evolution of toxicity during follow-up as a whole showed a significantly lower toxicity in the active group. Skin toxicity had repercussion (interruption of ERT or/and need of other dermatitis therapy) were more frequent in the placebo group (14.6% vs. 2.0%; p < 0.05, OR: 8.5).

Conclusion: The results suggest that the specific 3% urea hydrating lotion used lowered the risk of developing RID between three and eight times compared with hydration alone and reduced its intensity, as a result of the active substances in its composition.

4245

POSTER

Influence of social representations about cancer on nursing care

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The diagnosis of cancer is still associated with an emotionally negative impact, representing a terrible threat, for the patient as well as for family members and the population in general. Nurses who care for oncology patients carry their own social representations and are influenced by their own values, beliefs and myths. Their attitudes may influence the way the patient perceives and lives this experience. Results of research studies suggest that negative attitudes from the nurses towards cancer can be due to the prolonged contact with patients with recurrent disease or who are dying, than with long term survivors. This reality leads to feelings of impotence in treating cancer. The authors agree that educational processes and pedagogical strategies can contribute to change the values, myths and beliefs of the students with influence in the quality of care delivered. This highlights the importance that nursing students of different levels receive theoretical and technical education in this field. They have to become skilled in the recognition of factors contributing to less positive attitudes in their practice, in their relation with patients and families, health team and other persons in their life context.

The aim of this study is: Contribute to the knowledge about nurses' cancer representations to improve the adequacy of education which shall lead to enhance quality of care delivered to cancer patients and their families.

Goals:

- Identify the nurses representations about cancer, who just completed the Post Graduation Course in Oncology Nursing and are working in medical and surgical settings;
- Identify the students representations about cancer, who just graduated in Nursing in the public Nursing School of Lisbon;
- Compare the results obtained in both samples with different education.

Methodology: A questionnaire will be delivered to a non probabilistic sample of 20 nurses and 20 students. A free association of words is proposed. With this technique we intend to access the representations with the construction of semantic fields. The analyses of the free association of words results in a positive or negative significance of the social representation of cancer.

Data processing and analysis: The results, discussions and conclusions will be presented at the Conference, as at this time, the study is in course and it was yet not possible to treat the data.

4246

POSTER

Fast-track surgery for women with breast cancer

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The Breast Cancer Clinic at Rigshospitalet has implemented a new clinical pathway for patients undergoing breast cancer surgery. The pathway consists of an ultra short hospital stay as well as planned visits to a nurse-led outpatient department and telephone consultations. Key elements are a well-organized care process.