

Poster presentations

Quality of cancer care

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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.

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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.

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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.

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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