The average length of stay as an inpatient for all breast cancer patients has been reduced from 3.6 days to 1.4 days. Early discharge is possible when carefull attention is paid to perioperative care and patient information as well as surgical and anaesthetic care according to modern standards avoiding postoperative pain and nausea. Furthermore wound and drain management must follow clinical guidelines.

Flow charts have been made so that almost every patient being admitted to the clinic follows the same course of treatment, from the first visit to the outpatient department, through being admitted to the ward, to being discharged again from the outpatient department.

The nursing model is primary nursing. Nursing interventions are described in a critical pathway. The nurses are specially trained and have good communication skills.

Each patient is allocated a named contact nurse on the very first visit to the outpatient department. The contact nurse follows the patient all the way through, both as an in and outpatient, and retains overall responsibility for the patient's care during her stay on the ward. The aim is that the patient sees her allocated nurse no less than 75% of the times she is in contact with the department, either as an in or outpatient.

Before being discharged the patients are assessed according to fixed discharge criterias such as psychological wellbeing, physical performance, sufficient knowledge about wound and pain management. Prior to discharge the nurse also makes sure that there is a next of kin present at home and that the patient knows how to contact the nurses at the clinic.

A written questionnaire was developed consisting of 15 multiple choice and open questions and patients were interviewed before and after implementation of the new pathway. The overall assessment of the new procedure was good as shown by high patient satisfaction. The interviews also showed that patients had sufficient knowledge to cope with early discharge.

Early discharge after breast cancer surgery is feasible, safe and popular with patients without compromising the quality of care.

4247 POSTER

Designing and implementing a generic oral chemotherapy diary into clinical practice

J. Johnson[1], C. Oakley[2]. [1]*St Georges NHS Trust, Neuro-oncology, London, United Kingdom;* [2]*Guy's and St Thomas' NHS Foundation Trust, Oncology, London, United Kingdom*

Background: The increasing use of oral anti cancer therapies has resulted in International concern regarding patient safety. These factors, and results from an initial study prompted the development of a generic oral chemotherapy patient diary. A second study then evaluated the integration of the diary into practice. The diary has subsequently been awarded the 2008 European Oncology Nursing Society, 'Excellence in Patient Education' prize.

Materials and Methods: Results of the initial ethnographic study suggests cancer patients and carers are poorly prepared to manage oral therapies, both in terms of self-medication and early reporting of treatment-related symptoms. It further appears that patients find oral chemotherapy diaries a helpful tool to promote self-care. The generic diary was developed in partnership with key local stakeholders including patients. Existing diaries were reviewed and core components agreed. The second, mixed methods feasibility study, examined the process of integrating the diary into clinical practice. This study, observed the impact of the diary on adherence, self efficacy and symptom identification and reporting. Both studies included patients with either colorectal or haematological malignancies.

Results: The diary appears to provide a simple, generic tool to assist patients and their carers to manage their oral chemotherapy treatments. The diary was used as a prompt and to formally record when doses have been taken. The symptom traffic light system, which alerts patients when to call the hospital for symptom advice, was particularly well evaluated for its pictorial format.

Conclusions: The diary has been implemented across two cancer networks and begins to address some of the key issues, concerns and educational gaps surrounding the care of patients undergoing oral chemotherapy. As it is generic, it represents significant potential benefit to a large cohort of patients in the future. However, the diary is not considered the sole solution to minimise risk, but as part of a comprehensive care package.

4248 POSTER

Quality of life for children and family in isolation

A. Graça[1], R. Pires[1]. [1]*Instituto Portugues de Oncologia, Unidade de Transplantação Medular, Lisboa, Portugal*

The nursing care of a child and family can be a real and difficult challenge, especially when physical and emotional suffering is involved.

When the nursing care involves the quality of life parameter, all the process gets another dimension and requires cooperation between all elements of the multi-disciplinary team.

According to Wallender, quoted in Oliveira (2007), quality of life in children and adolescents can be defined as the combination of subjective and objective aspects that promote the sense of well-beingness, concerning several domains of life, considered important in their own culture and historical time, according to the universal human rights patterns.

The children who are submitted to bone marrow transplant recipient treatment have to go through difficult, painful and excessively aggressive moments at a time when playing should be their only concern. It is possible to provide happy moments like birthday parties, family dinners and visits of celebrities when all elements of the team cooperate. This project of providing unique moments to children/parents is a daily practice in the UTM.

It is possible and encouraging to promote moments full of quality of life inside the bone-marrow transplant unit, even if the professionals must hide behind masks and gloves.

Sharing this project about promotion of quality of life and unique moments to the children and parents is a challenging goal to our unit.

Objectives: It is our purpose to:

- Reflect about nursing care of children and family, as far as quality of life is concerned, at the bone-marrow transplant unit.
- Share moments and strategies that brought and/or improved quality of life to children/parents in the UTM.

Methodology: The methodological strategies will be based on description; a discussion will also be organised so that professionals involved can share experience and knowledge.

Conclusion: Promoting moments of quality in the life of children and families in isolation at UTM allows us to individualise caring, minimise complications and directs to a successful coping. It also brings a smile to the most difficult days of their lives.

4249 POSTER

Information needs of newly diagnosed breast cancer patients

Y. Hanhauser[1]. [1]*St James's Hospital, Breast Care Department, Dublin, Ireland*

The aim of this study was to establish the information needs of patients newly diagnosed with breast cancer within the Midlands area of Ireland.

A descriptive survey was employed. 73 structured self-report questionnaires were distributed to women who met the study's inclusion criteria. A response rate of 95% was achieved. Women (n = 69) with breast cancer who were between six months and four years post diagnosis returned the questionnaires voluntarily.

The study findings provide further corroboration for established evidence promoting the importance of women with breast cancer being well-informed and supported at the time of their diagnosis. The study respondents demonstrated a very high level of information needs; a finding congruent with other international studies carried in this area. Other main findings included the need for information regarding recurrence of disease; how to tell if the disease had come back and treatment related informational support. Moreover, no statistical difference between younger and older women regarding their informational needs was identified. Finally, respondents identified nurses as one of their main sources of information, confirming the important role that specialist nurses can play in the provision of adequate and timely information at time of diagnosis with breast cancer. This research highlighted that patient's have high expectations and demands for the amount, timing and quality of the information that they receive. As a result this provides the specialist breast care nurse with the unique opportunity to ensure that the information given can be tailored to meet the needs and preferences of the individual women.

4250 POSTER

A pathway to continence

A. Espadinha[1], M. Van Zeller[2], I. Rebelo[3]. [1]*Escola Superior de Enfermagem de Lisboa, Medical Surgical/Adult and Elderly, Lisboa, Portugal;* [2]*Hospital Reynaldo dos Santos, Stomatherapy, Lisboa, Portugal;* [3]*Escola Superior de Enfermagem de Lisboa, Medical Surgical/Adult and Elderly, Lisboa, Portugal*

The person with colostomy faces several problems related to fecal incontinence and the need to use a stoma pouch. The irrigation technique contributes to solve a significant part of those problems. Being aware of this fact, we developed an investigational study.

The goal is to analyze factors influencing the colostomate to adhere or not to the irrigation technique.

It is an exploratory descriptive study with quantitative approach. A convenience sample of 80 volunteer participants with descendent or sigmoide colostomy was used. 42 of them use the irrigation technique and 38 do not. All participants were patients of the stoma follow-up groups of 8 health institutions of Lisbon and Tejo Valley Health Subregion. All participants received information about the irrigation technique.

After signing the informed consent, the participants filled a questionnaire, elaborated by the authors, as there are no validated tools available. The questionnaire has closed questions in 10 domains: demographic and clinical, employment and economic, daily living habits, devices used, reaction to change, information about the irrigation technique, use of the irrigation technique, abandonment of the mentioned technique and factors which influenced the decision to use it or not.

The data were analyzed through descriptive and analytic statistics and procedures were done using the *Statistical Package for Social Sciences* (SPSS 12).

The results show:

- Seven factors influenced over 50% of the sample to use the irrigation technique;
- Three factors influenced at least 50% of the sample not to use the irrigation technique;
- Four factors which did not influence the decision of the participants to use or not the irrigation technique.

Factors influencing the colostomate's decision to use or not the irrigation technique were found in the following domains: personal data, daily living habits, knowing the irrigation technique and education about the procedure. In the domains of employment and economic data, device characteristics and reaction to change no factors with influence in the mentioned decision, were identified.

We will present suggestions to intervene in enhancing quality of care delivered to this population group and the limitations of the study.

Poster presentations

Supportive and palliative care

4251 POSTER

Exercise during hospitalization – an offer of physical activity at the department of oncology

B.T. Espersen[1], I.D. Andersen[1]. [1]*Aarhus University Hospital, Department of Oncology D, Aarhus, Denmark*

Background: Research shows a connection between physical activity and a reduction in the risk of a recurrence of cancer and subsequent death. Furthermore, physical activity can reduce side effects during cancer treatment, and patients can increase their physical capacity and thereby achieve improved well-being and quality of life. Both the Danish National Board of Health and the Danish Cancer Society have pointed to the fact that physical activity is a key element in the treatment of cancer and should be an area of special focus. Additionally, patients have expressed their wishes to participate in physical activity during hospitalization.

Purpose:

- To give cancer patients an opportunity for physical activity during hospitalization.
- For cancer patients to experience fewer side effects to the cancer treatments and achieve a better quality of life.
- For cancer patients to receive knowledge about physical activities and for them to be motivated to be physically active after being discharged.
- To increase focus on the importance of physical activity during cancer treatment.

Methods: We established an exercise programme for hospitalized cancer patients at the Department of Oncology. The programme consisted of two parts:

1. Daily team exercises initiated and supervised by physiotherapists. The exercises were adapted according to the individual daily form and abilities of the respective patients.
2. An individual home training programme that the patient can execute during and after hospitalization.

Those patients who were physically active prior to hospitalization thus had an opportunity to uphold this. Patients who, during the treatment period, had become less active and those who were not physically active to begin with, could exercise under supervision and be motivated. They could receive guidance on how to uphold and increase their level of physical activity between the periods in hospital. All patients participating in daily team exercises received questionnaires.

Results and Conclusions: The patients experienced an improvement in both their physical and mental condition. In particular they mentioned fatigue, pain, nausea, sleep and mood changes. There was a heightened focus on physical activity among the nursing staff, and both nurses and doctors were instructed and brought up to date on the significance and importance of the programme.

4252 POSTER

Improving sleep quality for cancer patients: benefits of a home-based exercise intervention

C. Lin[1]. [1]*Taipei Medical University, School of Nursing, Taipei, Taiwan*

Background: To both determine the effect of a home-based walking exercise program on the sleep quality and quality of life of cancer patients as well as to determine if enhanced sleep quality was associated with improvement in quality of life over time.

Materials and Methods: This study was a prospective, longitudinal, two-armed, randomized clinical trial. Participants were recruited from oncology outpatient clinics and were allocated to either a walking exercise intervention ($n = 36$) or to usual care ($n = 35$). A home-based walking exercise intervention for 8 weeks. Measurements included the Taiwanese version of the Pittsburgh Sleep Quality Index, the Medical Outcomes Study Short Form-36, the Taiwanese Version Ratings of the Perceived Exertion Scale, and an exercise log.

Results: A home-based walking exercise program has a beneficial effect on improvements in sleep quality and quality of life, and that the improvements in quality of life may, in part, be mediated by sleep. Patients in the exercise group reported significant improvements in sleep quality ($b = -3.54$, $p < 0.01$) and the mental health dimension of quality of life ($b = 10.48$, $p < 0.01$). Among patients who exercised, enhanced sleep quality also corresponded with reduced bodily pain ($b = 0.98$, $p = 0.04$) and improvements in the mental health dimension of quality of life ($b = -3.87$, $p < 0.01$) over time.

Conclusions: A home-based walking exercise program can be easily incorporated into care for cancer patients who are suffering from sleep disturbances.

4253 POSTER

Palliative care in general hospital wards

M. Bardenfleth[1], K.N. Wielandt[2], H. Konradsen[2]. [1]*University Hospital Of Gentofte, ENT Deprtment, Hellerup, Denmark*

Few Danish hospitals have specialised palliative care units. Therefore, in 1998 Danish Health Authorities published recommendations that palliative patients should be offered high quality palliative care in general hospitals wards. Gentofte University Hospital followed these recommendations and in 2005 a clinical guideline, describing a basic level of care that should be offered to terminally ill patients, was developed and subsequently implemented.

The recommendations included:

- a specified inter-professional level of knowledge and use of clinical guidelines in areas of pain treatment, nutrition, individual written clinical plans and the appointment of a nurse with special responsibility for the patient
- access to education, which shall be inter-professional and directed especially toward communication with the terminally ill patient
- improved sharing of knowledge, especially between primary and secondary sectors to create connected and stable patient trajectories
- adequate physical environment, which includes single-bedrooms and separate conference rooms
- patient- and "next of kind"-centred communication, which includes a high level of patient and family participation, a flexible attitude towards caring and ward routines and the possibility for offering family or friends to sleep beside the patient
- cross-sectorial and interdisciplinary collaboration, which includes flexible relocation between hospital, private home and hospice as soon as the patient needs this
- open access to the hospital, which included that the patient can be hospitalised anytime he or she wants it.

Implementing the clinical guideline was both rewarding and challenging. Implementing strategy included a variety of educational offers and education of a special group of competent professionals who offered to come and guide the professional staff when needed.

Status in 2009 is that the hospital has increased focus on palliation, including more learning opportunities for staff, increased focus on interdisciplinary collaboration, increased focus on nutrition, pain relief, existential care and social benefits. There still are not adequate physical surroundings and limited resources for relatives. The hospital is not always able to offer single rooms for the patients, and patients often have to share bathrooms.

We recommend the implementation of a "basic level of care for palliation" for hospitals that don't have palliative units. Different strategies for implementation will be presented.