

MONDAY 22 OCTOBER 2001

*Integrated care in oncology nursing practice***Teaching Lecture**

1376

Organising oncology nursing care todayE. Maassen. *Catharina Hospital, Multi-Disciplinaire Oncology, Eindhoven, The Netherlands*

Though we live in an era in which we spend more money on healthcare than ever before, care becomes too expensive. 'Double ageing' and the costs of new diagnosis and treatment options lean heavily on the reserved budget. Everyday an appeal is made to the adaptability and organisational skills of healthcare workers to improve efficiency and at least maintain the quality of care. Many developments within our profession are a direct reaction on changes in both society and politics. This is not a new phenomenon. It is one of all times and therefore one of the future.

Organising oncology care demands a pro-active role of the nurse. In our process to professionalise, there is a growing awareness for the possibilities to influence both society and politics. Long-term investments towards we still feel slightly awkward.

On the other hand, for changes on short terms we have to look critical to the way we have organised our back office. This is not only a responsibility of the management but of the bedside nurse as well. This lecture will look into questions as: where do we leave opportunities unused? What could we accomplish if we follow our own advice towards self-care and self-control? Provided we dare to be self-critical, open-minded and willing to collaborate, pro-active initiatives allow us to reinvest in ourselves and eventually in the quality of care for the oncology patient.

Proffered Papers**Managing evidence based practice**

1377

Developing, delivering and evaluating cancer nursing services: building the evidence base

A. Richardson¹, M. Miller^{1,2}, H. Potter^{1,3}. ¹King's College, Florence Nightingale School of Nursing and Midwifery, London, United Kingdom; ²University of Glasgow, School of Nursing and Midwifery, Glasgow, United Kingdom; ³The Queen Elizabeth Hospital Trust, Macmillan Brook Cancer Unit, London, United Kingdom

Introduction: Cancer nurses are central in the provision of cancer care with roles encompassing health promotion, screening, acute and palliative care. Consequently, it is critical that the input of nursing across the spectrum of cancer care and sources of evidence concerning the clinical effectiveness of cancer nurses and cancer nursing are evaluated. The Research and Development Directorate at the Department of Health in England has funded a project to evaluate cancer nursing services.

Study: Three simultaneous, complementary methods have been used to conduct this evaluation.

1. An extensive literature review, spanning the last 20 years, identified published research regarding the development, delivery and evaluation of cancer nurses and nursing

2. A survey questionnaire to Lead Cancer Nurses identified strategic and operational issues that relate to cancer nursing and innovative practice

3. Access to national and regional research directories and UK Universities facilitated the compilation of a Research Directory of recently completed and ongoing cancer nursing research

Results: Cancer nursing has grown as a speciality in its own right and in relation to its input across all spectrums of cancer care over the last 20 years. However, significant gaps in both previous and current research continues to hamper the organisation of cancer nursing services and there is an urgent need to strengthen links between research and practice. Ex-

ORAL

amples will be given of established programmes of research, areas where further development is required and innovative cancer nursing practice.

Conclusion: Turning the spotlight on cancer nursing has been beneficial in establishing its progress to date. Such national projects are essential in synthesising the existing evidence on which to base cancer nursing, identifying gaps in research evidence for practice and in order to make recommendations that will ensure that the progress of the past continues in the future.

1378

How to guarantee evidence based practise for oncology nurses?

M. de Hullu, R. Uitterhoeve, M. Walenkamp. *University Medical Center, Nijmegen, A. Bosch, Integrated Cancer Center Nijmegen, The Netherlands*

In 1997 a project has started with the purpose to design nursing research in a University Hospital, with the intention to support nursing care with scientific evidence. The following goals were defined: a) facilitating, structuring, prioritising and coordinating nursing research and their related developments for oncology patients, b) implementation of research results in daily practise en nursing education. The project has been performed in cooperation with the University Hospital (Medical Center), the department of Nursing Science (KUN), the department of Nursing Education (HAN), the Integrated Cancer Center (IKO) and the management/nurses of four Internal Oncology units (Medical Oncology, Hematology, Lungdiseases and the Out-patient clinic). To define relevant issues for nursing research a study was conducted in the four before mentioned units to establish relevant nursing aspects. As a result of the project four themes could be defined; nausea and vomiting as a result of chemotherapy, stomatitis as a result of chemotherapy, psycho-social issues for cancer patients and palliative care for cancer patients. Further a model (SRUM = Stetter Research Utilization Model) was selected for validation, use and, implementation of nursing research results in practise. The project was finished in september 2000. To continue the project, objectives

ORAL

until 2005 were defined: a) the above mentioned research will be continued and enlarged with intervention studies, b) the four ontology units start with the SRUM for which the nurses from the ward select a relevant subject, review scientific literature and adapt the relevant results to their situation in practise (in relation to the quality system of the hospital/department), c) nursing research will be extended to other specializations of oncology in the Medical Center (surgery, neurology, children, urology, etc), d) in co-operation with the Integrated Cancer Centre (IKO) a platform is coordinated with all regional managers of intra- and extramural organisations with oncology patients to introduce SRUM for other institutions. The research themes of the Medical Center and National Dutch Guidelines for oncology patients defined by the National Workinggroup Oncology Consultants (LWVOC) will be used as starting point. These initiatives will lead to integration of nursing research, education and utilization of research results in practise and to a strong argument for evidence based practise for oncology nurses. The different steps of the project and the results will be presented from examples.

1379

ORAL

What is needed to improve quality of care for patients with advanced cancer? Results of focus group discussions with staff

C. Tishelman¹, L. Backman², B. Bernhardson¹, E. Johansson¹, S. Borjeson³, K. Blomberg², H. Levealahti¹, B. Temstedt². ¹Karolinska Institutet, Department of Nursing, Stockholm, Sweden; ²Orebro Universitet, Department of Caring Sciences, Orebro, Sweden; ³University of Linköping, Medicine of Care, Linköping, Sweden; ⁴Lulea University, Department of Public Health, Boden, Sweden

During autumn 2000, a multicenter collaborative action research & development project has been initiated by two Swedish universities and three health care facilities caring for patients with palliative care needs. The project aims to improve quality of care for patients with advanced cancer through development of a knowledge exchange program. As first step in conducting the project, questionnaires with an open-ended question about what is perceived as necessary in order to provide good care to patients with advanced cancer were distributed to nursing students and faculty in three Swedish cities, as well as staff at the participating health care facilities. Focus group discussions (FGDs) were then conducted with all interested staff at the three health care facilities. The open questions used to stimulate discussion were based on responses to ca 200 questionnaires.

This presentation is based on the results of over 20 FGDs with nursing and paramedical personnel. The FGDs were audiotaped and transcribed verbatim. Analysis of the data was inspired by the process of coding and categorisation from ground theory, complemented with consideration of the interactive process in the FGDs, for example in terms of agreement, disagreement, role of the speaker, etc. Initial analysis was carried out as a group, during a three-day research retreat with the full research team consisting of four senior nurse researchers, two clinical experts, and two nursing faculty members. Further analysis was conducted by two groups separately, with regular meeting and telephone contact to maintain consensus with the full research team.

Preliminary results indicate a wide variety of staff needs, from the macro level related to societal change influencing health care, to the micro-level of individual interaction, psychosocial and biological needs. Knowledge needs were seen as rapidly changing, thus placing great demands on the nurses involved in direct patient care. The manner in which different forms of knowledge are conceptualized and prioritized varied among the participants, and will be discussed here. Perceived changes in the awareness of patients and patient access to new knowledge were seen as placing new demands on nurses' access to continuing education and information. Organisation of care is seen as strongly influencing quality of care. The implications of this project for clinical cancer care, nursing education and cancer nursing research will be discussed.

1380

ORAL

Reorganising chemotherapy services at the Christie Hospital

G. O'Mara. Department of Nursing

Purpose: Chemotherapy patients experienced long delays when attending for Chemotherapy. Our project aimed to:

- Reduce waiting time and Increase patient satisfaction.
- Improve the situation of Inconsistent and unsafe practice due to day case Chemotherapy patients being admitted inappropriately as inpatients on any ward in the Hospital.

- Identify each days workload in order to effectively plan staff rosters and Improve staff working lives.

Methods: A multidisciplinary team approach to problem solving led to a process redesign. By "mapping" the patients pathway we were able to identify the main and common causes of delay. A system was developed for patients to have appointments relating to their type of Chemotherapy and for patients to be scheduled for a treatment time relating to their outpatient appointment. Day case infusional chemotherapy was concentrated into one area with a multidisciplinary support system in place, including Chemotherapy co-ordinator and on site Pharmacist. We increased and extended the Ward Nurses role by further training, including cannulation skills. This allows the Nurse to deliver a "whole package" to the patient.

Results: All patients for Chemotherapy have an appointment time and treatment time identified resulting in a predictable workload.

Overtime payments have been decreased, sickness and absence levels, and staff retention improved due to a more organised approach and predictable workload.

Fewer clinical incidents have occurred due to Nurses "specialising" in day case regimes in one concentrated area.

Conclusion: A multi disciplinary team approach, owning and sharing problems and solutions is beneficial to both patients, staff and organisation.

1381

ORAL

Cytostatic drugs: managing the occupational exposure of oncology nurses with the use of guidelines and environmental monitoring in the Netherlands Cancer Institute

E. Humer¹, P. Balen van². ¹Netherlands Cancer Institute/Antoni van Leeuwenhoek Hospital, Outpatient/Daycare, Amsterdam, The Netherlands; ²Netherlands Cancer Institute/Antoni van Leeuwenhoek Hospital, Dep. occupational hygiene, Amsterdam, The Netherlands

Introduction: In addition to being a powerful aid in the treatment of cancer patients, cytostatic drugs represent a health risk to nurses who are occupational exposed to these drugs. Until now, the safe working practices standard in The Netherlands was the 'Werkboek Cytostatica' (Workbook cytostatic drugs). The Ministry of Social Affairs and Employment in the Netherlands has recently issued a set of policy regulations, which contain detailed measures for controlling exposure to cytostatic drugs.

Method: In the NKI/AvL, the safe working practices standard are implemented using a quality manual. The aim is to prevent adverse effects by reducing the exposure to these substances or, if possible, to eliminate exposure them completely. In practice, drawing up these guidelines, modifying methods of administration and providing nurses with proper instruction were not sufficiently effective to counteract the dissemination of cytostatic drugs in the working environment. In the NKI/AvL, the efficacy of such measures is regularly evaluated by means of environmental monitoring.

Results: The results of this monitoring clearly show that cytostatic drugs become disseminated throughout the working environment. One cause is a spread of contamination due to the lack of separate logistical procedures for handling uncontaminated objects and objects that may be contaminated. In addition, cleaning procedures are not always adequate. The results of monitoring stimulate nurses to reconsider their own working practices for handling cytostatic drugs. They may also lead to an amendment of existing control measures, where necessary.

Conclusion: Even where control measures have already established their practical value elsewhere, the use of guidelines, methods of administration and instructions to nurses alone cannot guarantee that these measures will be effectively implemented. Monitoring has been shown to be an invaluable additional tool during the practical implementation of policy regulations.

1382

ORAL

Time's relativity and nursing workload in a clinical oncology patient population

R. Uitterhoeve. University Medical Centre Nijmegen, The Netherlands

As part of a wider study to develop a valid and reliable pallet classification workload measurement tool for a clinical oncology patient population, the current study aims to identify nursing diagnosis and nursing interventions that are associated with oncology nursing workload.

An explorative study examined 44 nursing diagnoses and 91 nursing interventions. Assessment of the provided nursing care and associated workload was performed in 40 patients. Workload was conceptualised as nursing care time and subjectively experienced workload. Using factor analysis, univariate- and multiple regression analysis the value of nursing