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ORAL

### **The development of a nursing educational programme resulting in the introduction of community based PICC line care**

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**Introduction:** This abstract describes the introduction of a nursing education package which allowed the development of community care for patients with lines (Peripherally Inserted Central Catheters). Our Chemotherapy Unit offers a PICC line service for patients requiring continuous infusion chemotherapy and for those with poor venous access. However, because of the geographical distribution of our patients many had to travel long distances for their routine line care, a procedure which takes only 10 - 15 minutes. The author proposed that nurses in the Community became involved in the care and maintenance of PICC lines so that patients could avoid this arduous and stressful journey.

**Methods:** A teaching package was designed to teach the hospital and community staff how to confidently undertake line assessment and dressing change. Each teaching session was between 1 hour and 1 hour 30 minutes in length and included the theory and practice of caring for a patient with a PICC line. The community nurses were invited to attend the sessions at our Unit. Teaching also took place within the community to ensure all staff within the district had the opportunity to learn. The teaching sessions were complemented with a poster containing 8 colour photographs illustrating a clear and concise step-by-step guide on how to correctly change a dressing in accordance to local policy. This has been a useful teaching aid and is available to all nurses in full size for wards and in A4 handouts for individual use and reference. All relevant documentation including discharge checklists and nursing referrals were included in this initiative.

**Results:** 91 patients have attended the Unit for a PICC line in the last 12 months, an average of 7.5 patients a month. The educational programme was introduced one year ago and is still ongoing. Following its introduction 80% of these patients are now having their lines cared for in the community setting. 36 District Nurses and hospital-based nurses have attended the teaching sessions and are now practicing this procedure competently. Patients now have the choice whether community or hospital-based nurses care for their line.

**Conclusion:** The introduction of our educational has resulted in the development of community care for patients with PICC lines, so avoiding the need for long journeys to hospital and improving their quality of life.

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### **Continuous parenteral infusion of chemotherapy or anti viral agents in the home environment. A feasible and cost effective alternative to hospitalisation**

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**Purpose:** Medico economic considerations together with the lack of a national network for domiciliary care, led us to reconsider cost effective alternatives to hospitalisation for oncohaematology patients with out compromising continuity, security and overall quality of care. A structured collaboration between the unit and freelance domiciliary nurses has evolved, enabling the continuous infusion treatment of chemotherapy in myeloma patients, or anti viral agents in post transplantation patients, in the home environment

**Method:** In 2000 a collaboration was initiated between the hospital onco-haematology unit and free lance domiciliary nurses working in the suburbs of Paris and surrounding provinces.

The different actors and their roles in this collaboration were:

- (1) The onco-haematology medical and nursing unit: Writing of procedures, protocols, treatment plans: Selection criteria for suitable patients, telephone follow up of patients.
- (2) Freelance domiciliary nurse: Collaboration in patient care planification/protocols
- (3) Home Care Support Services: Provision of material, ambulatory pumps, supervision of nurse training in manipulation of material.
- (4) Hospital Ambulatory Day unit/Emergency Dept: Indirectly concerned: Provision of 24 h medical and nursing back up in the event of problems.
- (5) Hospital pharmacy: Suitability, stability of agents for continuous infusion, type of material

(6) Local Town pharmacy: Supply of prescribed agents.

(7) Local laboratory for blood analyses

Day 1 of the first treatment course is administered in hospital and the domiciliary nurse comes in to meet the patient and the unit medical and nursing team. The patient nursing/medical file and treatment care plan is common to all participants, thus facilitating access to information between the different members of the team.

**Results:** After a feasibility study of 1 year, 20 myeloma have received at least 3 chemotherapy courses at home. Nurses have performed over 300 treatments without significant incidents or accidents. An evaluation of patients' and nurses' satisfaction is now underway.

**Perspectives/Conclusion:** The continuous infusion of chemotherapy or anti-viral agents in the home by freelance domiciliary nurses is a feasible alternative to hospitalisation when implemented within a clearly defined infrastructure and with a 24 h medical and nursing support service. We envisage extending our collaboration to include the follow up of: patients in aplasia after chemotherapy for peripheral stem cell mobilisation: biological and clinical follow up post autologous transplantation (Day 1 to 5) after stem cell perfusion + Molphalan: parenteral nutrition from Day 16 onwards if necessary: protocols will also be established to improve pain control in the home environment.

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### **An information and communication booklet for patients with cancer**

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**Purpose:** Patients diagnosed with cancer are confronted with complex and radical treatment regimes. The amount of information on proceedings and side effect of treatment is often too much for them to comprehend. To support the information given by specialists and nurses there is a lot of written information available. However this is too general for the individual patient. This and the fact that the general practitioner is often badly (and/or too late) informed about the ongoing treatment causes much unnecessary stress for the patient and his family.

As a solution for patients receiving chemotherapy, the Comprehensive Cancer Centre Amsterdam introduced a chemotherapy treatment booklet for patients and his significant other and the Comprehensive Cancer Centre Twente introduced chemotherapy cards for the general practitioner. Both these products were implemented in 9 of the 11 hospitals in the region of the Comprehensive Cancer Centre West. The question remained how to optimize the information for all those patients not receiving chemotherapy.

**Method:** Thus in 1998 a project was started to develop an information and communication booklet for all the treatment modalities for cancer. The aim being that patients are better informed and the communication between the caregivers is optimized, as also the communication between the caregivers and the patient. The communication section of the chemotherapy booklet had been positively evaluated and was used as a basis. The projectgroup studied all written patient information and consequently developed information booklets for patients receiving, radiotherapy and/or hormone therapy, for cancer patients with pain, patients searching for complementary therapies and patients diagnosed with breast cancer. Four hospitals were selected for a pilot study. After an introduction the different hospitals started giving out the information booklet during 6 months to all new cancer patients. The specialist was asked to give out the booklet with a short explanation on how it was to be used and consequently these patients were seen by an oncology nurse (specialist) who added the information section of the specific treatment modality to the booklet. The patients were instructed to bring the booklet to each appointment they had with their specialist, oncology nurse or general practitioner etc. and to ask these caregivers to write down the information given during the consultation in the booklet.

**Results and Conclusion:** All caregivers involved in the pilot will receive a questionnaire in april. 25 Patients per booklet per hospital will also receive a questionnaire. The results of this evaluation will be presented.