INVOlving Patients in Developing CHEmotherapy Services

This is a summary: the full paper can be accessed at nursingtimes.net

AUTHORS Catherine Marshall, SCM, RGN, is ward sister and Macmillan colorectal nurse specialist; Clare Warnock, RGN, is practice development sister; both at Weston Park Hospital, Sheffield.

ABSTRACT Marshall, C., Warnock, C. (2008) Involving patients in developing chemotherapy services. Nursing Times; 104: 10, 31–32. This article describes how patients with bowel cancer were given the opportunity to have a reduced inpatient stay to receive cytotoxic chemotherapy treatment. This initiative not only resulted in positive experiences for patients but also provided significant development opportunities for nursing staff. Developing patient information was crucial to the project’s success – involving patients in this has led to the provision of a unique, patient-centred resource.

INTRODUCTION
Radical and palliative treatments for bowel cancer include IV cytotoxic chemotherapy, adjuvant to other modalities, such as radiotherapy and surgery. The drug regimens are complex and time-consuming to administer, requiring patients to be in hospital for about three days. Most of these patients are, however, relatively well but may have a limited life expectancy. Some are employed and the majority have busy and active lives. Patients frequently say they hope to maintain their lifestyle while receiving treatment.

The hospital’s dedicated cytotoxic chemotherapy pharmacist carried out a review, and concluded that some chemotherapy regimens given on an inpatient basis could be adapted, by giving one of the drugs (fluorouracil) differently. In the new method, fluorouracil is administered as a 48-hour continuous infusion through a peripherally inserted central catheter (PICC) instead of a cannula. It is given via a small, light, easy-to-carry infusor device, about the size of a baby’s feeding bottle, which delivers a pre-regulated dose of the drug continuously over two days. A PICC line is inserted by nurses at the hospital, a day or two before, and can remain in situ for up to 18 months. This allows patients to go about their normal life while the drug is being administered. Oxaliplatin, another drug in the regimen, is administered as a solution and infused over two hours (also through the PICC) at the hospital, before the infusor is attached.

Patients must have a relative or friend who is willing and able to learn how to disconnect the infusor and care for the PICC line at home. This involves redressing and flushing it with sterile saline to maintain patency in between visits to the hospital.

Service development
To enable this change in service delivery, one of the inpatient wards, which originally had 30 beds, reduced its inpatient facility to 18, with 12 chairs ringfenced for these day patients, named ‘short stay’.

The pharmacy staff and managers looked at other chemotherapy regimens that could fit into a few hours’ duration rather than an overnight or even a few days’ inpatient stay. The 12 beds now accommodate patients having chemotherapy for upper gastrointestinal cancer, lymphomas and cervical cancer. Pathways for pre-operative bladder cancers and testicular cancers are currently being developed.

CHALLENGES
The challenges for nursing staff have been:
• Educating and supporting patients and family members during treatments within this framework, which has been greatly reduced from three days to three hours;
• Teaching technical care of the PICC line, which involves:
  • Understanding asepsis, complications of thrombus formation and safe waste management issues of the drug infuser;
  • Producing packages of resources to support patients and their families, including relevant and adequate patient information.

Providing clear information to patients and carers has long been established as the cornerstone of high-quality cancer care. A number of reports have stressed the importance of tailoring information to individual needs in terms of quantity, format and timing, from diagnosis onwards.

Moody (2003) acknowledged that this aspiration is difficult to achieve due to shorter hospital stays. However, patients have more contact with nurses than with other clinical staff, so nurses are ideally placed to meet this need.

The challenges facing senior nurses on the ward and the practice development team have been:
• Developing staff education and training programmes in practical skills for central line care and assessing their competence in teaching this to patients and relatives;
• Maintaining morale and oncology skills for nurses caring for inpatients on the ward, ensuring an effective skill mix and clinical supervision;

IMPLICATIONS FOR PRACTICE

• Patients report that receiving cytotoxic chemotherapy via a PICC line is preferable to staying in hospital for three days.
• The number of patients the hospital can treat has increased.
• Relatives feel included in treatment options and have developed better relationships with staff.
• Nurses working on the unit have expanded their skills and provide more holistic care to other patients with cancer through the training received.
• The hospital has recouped a significant number of occupied bed-days so is able to use treatments for other patients more effectively.
BACKGROUND

The Cancer Capacity Coalition (2006) identified that increases in demand for services, improved treatability and the implementation of NICE guidance presented opportunities for role and service redesign.

These factors prompted a review by Weston Park Hospital’s dedicated cytotoxic chemotherapy pharmacist of the ways in which treatment could be given to patients with bowel cancer.

Fluorouracil is the first-line treatment for colorectal cancer. If it is unsuccessful or not tolerated, second-line agents are used. These drugs are given as a short infusion to palliate symptoms.

- Establishing communication channels and effective ways of working between the wider multidisciplinary team involved.

ACTION PLAN

Devising patient information

The information and educational material originally produced for patients having chemotherapy whose treatment is described as ‘short stay’ included printed leaflets on a range of topics such as contacting the hospital for advice if problems presented, mouth care and potential drug side-effects.

A personalised timetable of landmark events in each patient’s treatment plans, such as outpatient appointments for phlebotomy and prescription generation, and the days on which the relatives had to redress the line and disconnect the infusor were also given.

A life-size model of the PICC line with the dressing in situ, detailing the step-by-step order of actions to be taken during the procedure, was displayed on the short-stay unit wall. Much of the information needed was technical and therefore needed to be specific, unambiguous and in written form, for patients and relatives to take away to refer to at home. Written guidelines on flushing and redressing the line and disconnecting the infusor were produced for relatives and community nursing staff.

These included drawings and descriptions of the equipment used.

It was emphasised that community staff should only be called on in exceptional circumstances, for example when relatives were ill. This would help increase the family’s confidence and reduce infection rates. Relatives were highly motivated to learn the practicalities of PICC line care, as the alternative is a three-day hospital stay.

Learning preferences

Thought was given to people’s different learning preferences. Some like demonstrations, while others prefer assimilating information by listening or reading. Reece and Walker (2004) stated that psychomotor skills are usually learnt from a demonstration, preferably backed by written information. After being shown how to care for the PICC line when patients attend for their first cycle of chemotherapy, relatives return to the short-stay unit two days later. They are observed and assessed by a nurse on redressing and flushing the line, and then disconnecting and disposing of the empty chemotherapy infusor.

To date, only two relatives have declined to continue the care at home or been assessed as unsuitable to perform the necessary tasks. Nurses on the unit must have the knowledge, skills and confidence to assess relatives as competent to care for the line, and to advise them if they have problems. Low rates of both infection and accidental line dislodgement suggest the current information methods are suitable.

Christman et al (2001) have argued that information written from a patient’s rather than a caregiver’s point of view can enhance understanding. While healthcare staff usually give procedural information and describe events, patients provide sensory information that describes their perception of the experience.

REFERENCES


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Our patients support each other during visits, offering tips and suggestions on living with the PICC line and infusor. Realising the potential of this information led to the production of a photographic journey.

The patients involved in the photographic journey were all enthusiastic about being included in future patients’ education and offered their own objective description of the procedures and events of their personal journey. Each photograph is accompanied by an explanation from both the nurse’s and the patient’s viewpoint. For an example, see nursingtimes.net.

CONCLUSION

Satisfaction audits of patients undergoing treatment are carried out regularly. They show a continued preference for the new administration method. The number of patients receiving chemotherapy in this way has increased from 64 in October 2006 to 141 in October 2007 (saving a total of 2,102 occupied bed-nights over that period).

Overall, the service redesign has led to a range of positive outcomes for patients and staff, including the ability to treat more patients, better relationships between families and staff, development of nursing skills, and recouping occupied bed-days. In addition, the service has been extended to include a wider range of chemotherapy regimens for different cancers.