Out of reach but not out of touch – Consultation team hematology

Muis, Linda; Quik-Mans, Pieter; Verschuur, Rita; de Weijer, Roel

University Medical Center Utrecht Cancer Center

Abstract

Our hematology ward shows a chronic shortage of admission beds available to patients, who need to be readmitted with complications after chemotherapy or stem cell transplantation (SCT). We believe this is due to more intensive treatments and a longer period of hospitalization. In 2015 we readmitted 149 patients on external wards, compared to 105 in 2014. In daily practice this leads to a number of difficulties for both patients and their healthcare professionals, such as the continuity of care and a lack of knowledge on hematology specific problems. Thus to provide the appropriate care to patients readmitted on other wards, according to JACIE guidelines and above all to secure patient safety we established a consultation team; including a hematologist, resident, nurse practitioner and specialized nurses from the hematology ward. The team supports through focusing on recognition and reducing hematology specific complications in an early stage through consultation and co-treatment. Professional development in the field of hematological care takes place via clinical lessons, discussing case reports, or attending a multidisciplinary consultation. Psychosocial counseling of patients through bedside consultation. Results and conclusion: From May 2016 until November 2016 we performed 135 consultations. Our first priority was securing both our patients and colleagues sense of safety, as well as reducing the number of complications and days of admission. We aim to implement a more structural solution by means of a consultation team that would be available to all hematology patients admitted on other wards. However we believe that more beds, as well as specialized nurses and staff available on the hematology ward itself would be preferable. For this moment we have to take our responsibility and give the extra care within the existing possibilities of our ward. Discussion: How far should the responsibility of the consultation team reach? Support vs taking over? After performing 135 consultations in 6 months in addition to our regular work, could we state that the consultation team has a right to exist and should be formalized?

Disclosure of conflict of interest

No conflict of interest
Nursing Education Programme in Outreach Countries: China 2016

Ruiz, Julia¹; Babic, Aleksandra²; Trigoso, Eugenia³; Stenvall, Merja⁴; Zulu, Sara⁵

¹Hospital Niño Jesús, Madrid, Spain; ²IOSI — Istituto Oncologico della Svizzera Italiana; ³Hospital Universitario y Politècnico La Fe; ⁴Paediatric Hematology-oncology and HSCT Unit, Helsinki University Hospital, Finland; ⁵Haematology and Oncology Ambulatory Care, Royal Free Hospital, London

Abstract

BACKGROUND The EBMT NG, in collaboration with Nurses No Frontiers (NNF) and Childhood Cancer International (CCI), organised the Training course for HSCT nurses in Guangzhou, China on February 26th-27th 2016. More than 150 nurses attended from more than 10 regional hospitals. Discussion and practical issues were explored thanks to the efficient assistance of interpreters who were medical assistants of the same multidisciplinary hospital teams from Second Affiliated Hospital, Sun YatSen University and Nanfang Hospital. Some issues of our training were, Basics of quality management, Standards and Nurses’ Education, Transplant process, Infections, CVC management, Transfusion support, Mucositis/oral care, Nausea/vomiting, GvHD, and palliative care. OBJECTIVES Development of Nursing Education Programmes in Outreach Countries, training of professionals able to guarantee a correct quality approach to transplant patients in emerging countries due to rapid technological and scientific advances. Establish contacts between nurses from China and the organization of the Education programme: first visit as a basic course module, to train the trainers; second visit with an advance course module; third visit to maintain competency. Develop further projects: visit exchange with European hospitals, and E-learning modules based on JACIE standards. METHODS A simple questionnare was given to enquire if their needs had been reached, and what would be necessary to improve. There were 49 responses in Chinese; translation was needed. RESULTS Similar answers have been collated. Question 1: How do you assess different issues: Mucositis: most perform general care with mouth rinses; four had assessment and prevention tools, and three did not use scoring. Pain: five had some assessment and scoring tools, ten had no pain assessment implemented or sufficiently developed, and found difficulties managing pain. Two expressed a lack of psychological care. CVC: Most had CVC, PICC training and assessment, well developed. GvHD: Some nurses used assessment tools, monitoring and prevention of GvHD, while others said that there was not good management. Question 2: Would you find a standardized tool useful in your daily practice? Most answered yes, it would set up procedures to follow standards and help make decisions to implement care or improvement. Question 3: From the following list choose 3 topics you would like to learn more about? Order of priority of the topics chosen: GvHD; CVC management; nurse assessment tools SOPs; mucositis and nutrition. Others: Patient safety, HPSC processing, VOD. Question 4: Do you find these kind of meetings useful? If so, why? All yes. It increases knowledge regarding care management of HSCT patients; it is a chance to exchange thoughts, difficulties, experiences, and learn differences between countries; it is an opportunity to learn skills on patient safety. Question 5: One thing to take home and share with colleagues. There was a great variety of answers about the issues of the course, one was highlighted: palliative care. They express that palliative care is not that developed and it would be worth promoting in China. CONCLUSIONS Training was a great learning experience for everyone. All nurses enjoyed the course and would repeat it, wishing to learn more in depth in order to be able to properly assess their patients. We are all looking
forward to continuing our collaboration with second step advanced training in Guangzhou next year, and new beginnings with NNF and CCI.

Disclosure of conflict of interest

No conflict of interest
Nursing in the Shadow of Battle: The Story of B., a Syrian Refugee in Israel

Porat, Iris; Diamand, Yana; Jacope, Grace; Ofir, Ruth; Zaidman, Irena; Ben-Arush, Myriam

Abstract

For over seven months, B., a six-year-old girl from war-torn Syria, had waited for this moment. Standing in her white dress, a party crown on her head, she said her goodbyes to the oncology department staff after undergoing a successful bone marrow transplant. When B. began to suffer from unexplained bleeding and hemorrhages all over her body, her parents realized that the only chance for their daughter to survive was to obtain treatment in Israel, and so they brought her to the border fence. Since April 2011, civil war has raged in Syria, forcing some 8 million people to leave the country after their homes and villages were destroyed. Most of them have found shelter in Lebanon, Jordan, Turkey, and European countries. Our tiny country is also providing Syrian citizens with a unique type of humanitarian assistance. Israel has been providing medical treatment to Syrian fighters, civilians and children since 2013. To date, some 144 wounded have reached Rambam Hospital, suffering from shock, burns, and bullet injuries. The patients have included 31 children, who arrived mostly without family and were treated in the pediatric ward. The IDF found B. at the border fence and brought her to the hospital in Nahariya where she was diagnosed with severe aplastic anemia. S.A.A. is defined as pancytopenia due to failure of the bone marrow to produce normal blood cells. In children, the treatment of choice is an urgent bone marrow transplant from a family member. Following the medical evaluation, B. was transferred to the transplant unit of the Ruth Rappaport Children’s Hospital, in order to undergo a BMT from her brother, who was selected as the appropriate donor. She remained in the hospital on her own until the IDF were able to locate her family and smuggle her mother into Israel along with vials of blood for tissue analysis and donor identification. In Israel, we act through the belief that every individual deserves medical treatment as a human being, without connection to personal background and without discrimination based on religion, race, or gender. The treatment that B. received was at the highest professional level, without regard for expense. B.’s treatment was a challenge both for the caregivers as well as for the girl and her mother. Barriers of trust and language, religious differences and prejudices are only some of the difficulties that the staff encountered during the process. Despite the dissonance and political chasms that separate Israeli and Syrian culture, we succeeded in creating a strong and special relationship. This helped us achieve success in B.’s treatment and she was able to return to her family, healthy and happy. At the farewell party we held for the girl celebrating her return home, the mother described her initial fear at treatment in an enemy country, and its transformation into joy at the support and love they enjoyed from the staff. Our study will describe this special treatment experience from the viewpoint of the caregivers as well as that of B. and her mother.

Disclosure of conflict of interest

No disclosure
How Science Can Transmit (HSCT) passion in India: a project by Nurses No Frontiers (NNF)

Castagna, Alberto; Babic, Aleksandra; Stenvall, Merja; Murray, John; Kenyon, Michelle; Trigoso, Eugenia

Abstract

The European Blood and Marrow Transplantation (EBMT) and Nurses No Frontiers (NNF) Nurses Groups (NG) mission is promoting excellence in patient care through international collaboration, education, research and science. The EBMT Nurses Group plays an essential role in Haematology and Haematological Stem Cell Transplantation nursing. The group was created 32 years ago and now has over 900 contact members in more than 60 countries worldwide. The NNF association has as its purpose the support of the international network of experienced nurses in favour of nurses in developing countries, lifelong formation, on-site training, education, nursing education, patients’ information, standardization procedures, the organization of conferences and events. Therefore, EBMT and NNF NG Mission is to enhance and value the nurses role all over the world, supporting and sharing knowledge through communication, advocacy, research, training and education. The two groups are dedicated to improving the care of adult and paediatric patients receiving SCT and works towards promoting excellence in care through recognizing, building upon and providing evidence based practice. With this in mind we have established the cooperation between our two groups and together with local support we aim to provide nurses updates and educational events in LMIC. We have many support requests but until now we were able to provide support in Guangzhou, China and on December 9th and 10th we will be in Tata Memorial Centre in Mumbai, India. This 2 days intensive course is supported by local organizers and we are looking forward to provide an exciting training course and to network with local nurses and allied health care professionals. We sincerely hope that local nurses will benefit of educational event provided and that this will be only the first of numerous collaborative activities between our nurses.

Disclosure of conflict of interest

None
The startup of the first HSCT center in the Iraqi Kurdistan: joint work of Hiwa Cancer Hospital (HCH), Sulaymaniah, and the Italian Agency for Development Cooperation (IADC): Nursing Perspectives

Canesi, Marta 1; Broggi, Chiara 1; Ciabatti, Gloria 1; Dore, Giovanna 1; Mastria, Andrea 1; Mohammed, Kizhan Fazil 2; Hamed, Rahel Tariq 2; Sadiq, Hiwa Sidiq 2; Mazhar, Mardin 2; Rasul, Kurdo 2; Hamid, Ibrahim Adham 2; Salih, Hawnaz Hama 2; Verna, Marta 1; Rovelli, Attilio 1; Majolino, Ignazio 1; Manna, Nunzia 1

1Institute for University Cooperation (IUC), Rome, Italy; 2Hiwa Cancer Hospital, Sulaymaniyah, Iraqi Kurdistan

Abstract

Introduction HSCT is an effective treatment for many hematologic disorders, and globally over 70,000 procedures/year are performed in more than 70 countries. However, not all the countries have enough resources and expertise to establish an HSCT program: patients are often forced to emigrate for transplant, with heavy social and economic consequences. In 2015, the non-government organization IUC identified the HCH as a site for a possible transplant program: HCH was working as a hub centre for 2000 patients/year, affected by onco-haematological malignancies. Furthermore, due to the Syrian and Iraqi migrations, thalassemia patients (especially children) were increasing (almost 130 new cases more/month). A HSCT expert team from Italy (IM), following a visit to the HCH, reported a positive conclusion on the feasibility of an HSCT program. The HCH already had available most of the required technologies, including a positive-pressure, HEPA-filtered unit. Kurdish health team has been evaluated: nurses didn’t have a BMT experience and they were mainly working in Adults Oncology settings. Bedside nursing came up with many challenges, due to cultural issues and nurses’ education. Methods and results A capacity building project was submitted to the IADC, and funded in March 2016. The Italian counterpart provided over 30 highly-experienced volunteer specialists (physicians, nurses, technicians and one physicist), each with a specific mission plan. The joint Italian and Kurdish team started-up the center, with a first autologous transplant, in adults, done in June 2016 and 6 more shortly after. In October 2016, the 1st allogeneic transplant was performed in pediatric thalassemia patient. 3 more patients followed and are ongoing. The start-up process has included nurse selection and training. 20 nurses have been selected, through different steps: the group is now made of young nurses, with short working experience; English speakers. Nursing involvement considered the following: 1) dedicated training process: lectures and training on field by Italian experienced BMT nurses; 2) development of clinical expertise together with BMT protocols, operating guides and clinical documentation; 3) definition of a nursing responsibility tree; 4) plan of implementation of nursing work organization (e.g. key nursing role and responsibilities; shifts). A survey has been conducted, among Kurdish nurses, about satisfaction levels: they reported mainly good level of satisfaction about being involved in the project; a number of nursing/challenges emerged: learning needs, nursing workload, pediatric patient management, cultural issues in bedside nursing. Training program and collaboration among nursing teams are still on. Strategies to improve long distance nursing collaboration (Italy - Kurdistan) are under analysis. Conclusion The HCH is the only one center performing auto/allo HSCT in all the Iraqi Nation. The international cooperation has been fruitful and may contribute to improve the capabilities of centers even in critical geographic areas and is therefore a valuable instrument to implement nation-to-nation scientific exchanges. The clinical results obtained so far are excellent. However, further nursing training and long distance
collaboration is needed to assure the Kurdish nursing team to work independently, according to safety and stability criteria. Strategies to overcome cultural issues with influences in nursing practice have to be implemented.

Disclosure of conflict of interest

None