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A project of decreasing port-A infection rate for cancer patient

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Cancer patients need to pay more attention on infection control due to the undergo chemotherapy. From January to December 2012, the infection rate was 3.2 ‰ in our ward, higher than the hospital threshold 2.0 ‰. Analyzed the current situation found that the reasons were: (1) insufficient care knowledge among nurses; (2) lacked of in-service education and effective tools for health education; (3) did not have standardized procedure and monitoring sheet; (4) the rigid monitoring system; (5) lacked of Port-A technical teaching aids and standardized procedure video; and (6) inadequate home care knowledge of Port-A among patients. The improvement strategies included: (1) established the Port-A injection standard procedure; (2) produced a Port-A injection model; (3) created the injection technique educational films; (4) organized in-service training; (5) developed promotional posters and imaged health education leaflets; and (6) established port-A placement techniques OSCE assessment system. After the project, the Port-A infection rate was reduced from 3.2 ‰ to 1.2 ‰. The result indicated that the implementation of the project can effectively reduce port-A infection rate, thus, improve the patient safety and clinical care quality.

Biography

Mei-Hua Huang has completed her master degree from Fooyin University School of Nursing in Taiwan (R.O.C).

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Evaluation of the feasibility and acceptability of a nursing intervention program to facilitate the transition of adult SCI patients and their family from ICU to a trauma unit

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Background: ICU transfer towards a general ward is recognized as a high-risk episode of care especially for patients with SCI.

Objective: To evaluate the feasibility and acceptability of a nursing intervention program developed to optimize the transition of SCI patients and their family from ICU to a trauma unit.

Methods: A participative constructivism design was used for the co-construction and preliminary evaluation of interventions by researchers, patients, families and healthcare professionals.

Results: Nine tetraplegic patients, 8 families and 8 health professionals participated to the study. Interventions pertaining to provision of information with regard to the functioning of the trauma unit and gradual decrease of ICU monitoring and nursing surveillance were found feasible. Other interventions, such as patients and families introduction to the receiving team and the use of a written report form were more difficult to apply. Patients and families considered the program highly acceptable and both greatly appreciated being informed on differences in the intensity of care between the two units. Healthcare professionals also identified the provision of such information as facilitating for the transition of care. Potential improvements identified were visits standardization to the receiving team before ICU discharge, introduction of bedside report to tackle the lack of continuity of care, and education to the nursing personnel of the trauma unit on specific care required by recently ICU transferred SCI patients.

Conclusion: The nursing intervention program proposed in this study was found for the most part feasible and acceptable. Need for refinements were identified which will be considered before further evaluation.

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