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CANCER NURSING: SARS-COV-2 AND CANCER NURSING

CN26 Patient-reported experiences of cancer care related to the COVID-19 pandemic in Switzerland: A qualitative study

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Background: Impact of the COVID-19 outbreak on cancer patients may be high in terms of anxiety, fear and psychological distress; however, this topic remains under-addressed. We aim to describe cancer patient experiences related to the COVID-19 pandemic in Switzerland. Information gained through in-depths interviews will be triangulated with the level of distress and resilience.

Methods: Purposive sampling will be used to recruit four patient subgroups diagnosed with melanoma, breast, lung, or colon cancer (i) under adjuvant treatment; (ii) under anti-cancer treatment with palliative intent; (iii) being consulted at institutes for complementary and integrative medicine (ICIM); (iv) being consulted by clinical nurse specialists (CNS). Interview guides were developed based on qualitative analysis of public online cancer patients’ forums from four different countries. We selected main posts related to COVID-19. Semantic and inductive thematic analysis approaches were used to identify meaningful patterns and themes. The level of distress and resilience will be measured by the NCCN Distress Thermometer and the 2-item Connor-Davidson Resilience Scale. We aim to include 120 patients (10 participants per subgroup in each language region). Recruitment will start in September 2020.

Results: The design of the study as well as preliminary data regarding themes and subthemes identified in the patient’s forum analysis will be presented.

Conclusions: To the best of our knowledge, no patient experience study with a qualitative design is conducted or planned with cancer patients during COVID-19 pandemic in Europe. The study will serve to identify concerns, unmet information and clinical needs and potential positive experiences of patients with cancer in relation to the COVID-19 pandemic. Newly developed patient reported measures should be based on qualitative data. The identification of topics considered important to patients will thus support the development of patient reported experience measures for the current or future epidemics/pandemics.

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CN27 Value of nurse navigators (NNs) telemonitoring for cancer patients (pts) tested positive for COVID-19

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Background: The current COVID-19 pandemic has raised a major challenge to healthcare systems. Deployment of telehealth solutions can help maintaining continuous cancer care for pts and healthcare workers’ exposure with the virus. In this context, Gustave Roussy Cancer Institute has implemented a pts reported outcome platform (CAPRI-COVID) to improve monitoring and effective management of COVID-19 positive pts with cancer.

Methods: CAPRI-COVID consists in a mobile application (CAPRI App) and a telephone platform with a dedicated call number, the entire procedure being managed by four NNs. After an initial assessment by the NNs, remote monitoring of 6 COVID-related symptoms were collected daily, either by the patient via the CAPRI App or by NNs during a phone call. In case of worsening or emerging symptoms, an automated alert was sent to the platform; NN assessed the clinical condition and could ask for a medical visit. The monitoring period was 14 days. There were no deaths or admissions to intensive care unit. 7.8% of pts were hospitalized (excluding scheduled hospitalization). NNs conducted an average of 9.9 calls per patient. Of 53 events requiring a medical opinion, 50.9% resulted in a visit to the emergency room. 41.4% of pts downloaded the CAPRI App, and completed the tracking data on average 1.1 times per day.

Conclusions: CAPRI-COVID enabled to keep the majority of pts at home, and helped to ensure secure pts’ pathways during this epidemic. NNs play an essential role in addition with the use of CAPRI App which helped limiting phone calls and focusing on the management of complex pts. Ongoing analyses are exploring actions of NNs and pts’ experience.

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CN29 SARS-CoV-2 and the perspectives of people living with cancer: The AIIAO survey on the Italian lockdown

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Background: On March 9th, the lockdown was enforced in Italy in order to contain the spread of the SARS-CoV-2 pandemic. The request to stay at home particularly applied to cancer patients, who were considered at higher risk for infection and severe events. Patients had to experience substantial psychosocial implications of mass quarantine and they were also faced with special challenges to receive safe cancer care. This study aimed to investigate the perspectives of people living with cancer during mass quarantine.

Methods: The Italian Association of Cancer Nurses (AIIAO) conducted an online survey from March 29th to May 3rd, 2020, which corresponds to “Phase One” of the COVID-19 Italian emergency plan. People living with cancer and self-isolated at home were invited to fill in the survey via social groups. Data about socio-demographic and clinical characteristics, opinion on the impact of SARS-CoV-2, access to cancer care, behavioural measures implemented, and the perception of being isolated (ISOLA scale) were collected.

Results: Participants were 195 adults living with cancer (female=76%, mean age=50.3±11.2 years). They were more often affected by haematological malignancy (51.3%) and staying at home with partner and children (38.5%) for more than 4 weeks (70.8%). Only 54% of them believed to be at higher risk for SARS-CoV-2 infection and 51% for severe complications. Measures to prevent the infection included hand washing (95.2%), social distancing (81.5%), face mask (96.3%), gloves (55.6%), and remedies to boost their immune system (29%). Overall, 62% reported diminished/absent access to cancer care and 29% were afraid that their cancer was not under control. The mean scores of the ISOLA scale (range 1-5) were 2.64 (SD=0.81) for isolation-related suffering, 3.31 (SD=1.13) for problems in the relationship with others, and 3.14 (SD=1.06) for difficulties in the relationship with oneself. Greater social isolation in quarantine was reported by the older patients, with lower education, and living without children.

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Conclusions: In the context of grave threats to their physical and mental health, people living with cancer need help from nurses to prioritise their health, cope with isolation-related suffering, and identify effective preventive behaviours.

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CN30  Quick WBC using POCT to cancer patients in chemotherapy to avoid hospitalization and risk of COVID-19 exposure in the public
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Background: During the complete Corona lockdown of Denmark from March 11 2020 we established a test facility outside — but in a close distance of — the oncological ward making use of the HemoCue devices. The purpose of this was to provide a quick test of the Neutrophil blood counts of the patients, give the possibility of avoiding hospitalization within the oncological ward, and thereby reduce the risk of COVID-19 infection, both among the hospitalized patients and staff.

Methods: Feverish patients received in an area outside of the ward. Vital parameters e.g. blood pressure, pulse, saturation, respiration frequency and temperature measured by the nurse who subsequently extracts blood to the HemoCue apparatus. HemoCue measures the differentiation of white blood cells using a few drops of capillary blood. The doctor analyses the results, evaluates the general condition and decides the need of hospitalization. If admission to the ward is indicated, full blood test is required as well as assessment of COVID19 and isolation. Patients with neutrophils at a minimum of 1.0 and proper general condition are discharged, treated with empiric antibiotics and are monitored by daily phone calls by the caregivers.

Results: Patients with neutrophils at a minimum of 1.0 and proper general condition were discharged, treated with empiric antibiotics and are monitored by daily phone calls by the caregiver — instead of being hospitalized until the results of a traditional blood test was known. This new setup has provided the possibility of avoiding hospitalization within the oncological ward of feverish patients with no need for hospital treatment.

Conclusions: This new setup has provided the possibility of avoiding hospitalization within the oncological ward of feverish patients with no need for hospital treatment. This is thanks to the rapid blood test results by using PoC technology. This setup has facilitated new intra- and extra-hospital communication on current practices.

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CN32  University Hospital Ghent Cancer centre nurse-led e-health support in cancer care during the SARS-CoV-2 pandemic: Results of a single centre observation
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Background: The University Hospital Ghent Cancer Center offers specialised cancer nurse-led support for cancer care services in the hospital to optimise comprehensive care and psychosocial support for patients with cancer and their loved ones. Besides face-to-face consultations this includes telephone and e-mail helpline services answered by specialised cancer nurses. These services offer general and specific cancer care information, education and psychosocial support. For specific questions, this service offers comprehensive triage and referral to other members of the multidisciplinary cancer care team or specific care services. During the SARS-CoV-2 pandemic face-to-face consultations where scaled down to protect all patients.

Methods: The observation period was from March to May 2020 during the SARS-CoV-2 pandemic. A team of specialised cancer nurses are in charge of the nurse-led support in the hospital. The rapid response from the hospital task force supported and made it possible to contact patients by telephone or conference call, in the hospital or through home-based work situation. The observations were evaluated using the registrations in the electronic patient file.

Results: During the observation period nurse-led face-to-face consultations where in total reduced with 28%. The fall backs in contacts was noted in all types of cancer. We observed reduced contacts during hospitalisation (-7%), outpatient clinic (-8%) and consultations (-12%). The lowest fall back was observed in face-to-face support during radiotherapy (-1%). In response of reduced in hospital activities we observed a significant increase in telephone contacts (+26%).

Conclusions: In addition of face to face nurse-led consultations, telemedicine and E-health tools could provide cancer patients a safe way to continue receive nurse-led support providing information, education and psychosocial support, especially during a pandemic. Unfortunately, telemedicine and E-health protocols in cancer care are often absent or under-developed. To provide evidence based, high quality nurse-led telemedicine more research and development is needed to implement comprehensive E-health cancer care protocols for nurses.

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CN33  Level and stress factors among nursing professionals of the units with onco-haematological patients diagnosed of COVID-19
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Background: The difficulties in offering quality nursing care to onco-haematological patients hospitalized by COVID-19 during the pandemic may have generated added stress for the nursing professionals at the Institut Català d’Oncologia, requiring them to pay special attention to their emotional support needs.

Trial design: This study aims to find out the stress level of the professionals from the Institut Català d’Oncologia who have been working in the units with patients infected with COVID-19 and the stress factors that have increased it. Through a validated scale,