

**Background:** Aseptic technique historically is an under researched area; the literature describes variable practice, confused theory and an absent language paradigm. Standardisation has been shown to improve compliance with practice competencies. ANTT is a widely used example of a standard approach to aseptic technique education and practice.

**Objectives:** The primary aim of this study is to determine whether standardising aseptic technique for invasive intravenous (IV) therapy procedures or IV cannulation, using the ANTT clinical practice standard, increases staff compliance with the essential infection prevention and control measures that are pre-requisite to safe and effective aseptic technique.

**Methods:** This study describes a before and after evaluation of Aseptic Non Touch Technique (ANTT) using a two group unpaired sample of *registered* healthcare professionals competent in intravenous therapy or intravenous cannulation (n=98). A mixed methods approach utilising: a observational audit, a participant self-report questionnaire and structured recorded interviews with key-stakeholders.

**Results:** Mean compliance with competencies was 93.7%; each component of practice was improved over baseline: hand hygiene 63% improvement ( $p < 0.001$ ), glove use by 14% ( $p < 0.037$ ), Key-Part protection improved by 54% ( $p < 0.001$ ), a non-touch technique improved by 45% ( $p < 0.001$ ), improved Key-Part cleaning by 82% ( $p < 0.001$ ), and aseptic field management was improved by 80% ( $p < 0.001$ ). The majority of participants thought that their practice had 'definitely' improved (37, 76%) and the majority of staff agreed that ANTT had helped to standardise practice in aseptic technique (48, 98%).

**Conclusions:** The results show improved compliance with the essential infection prevention and control measures pre-requisite for safe and effective aseptic technique. Reported improvements in clinical practice suggest that practice improvements have led to a reduction in failures of aseptic technique.

**Background:** Advanced cancer patients have significant health needs and will be severely affected by inappropriate service provision and barriers to accessing palliative care. Factors influencing patients' access to health services need to be understood to enable nurses to facilitate care appropriate to their needs.

**Objective:** To track and quantify patients' movements through health services over their last 6 months of life and to describe factors which are associated with use of emergency services and inpatient admissions.

**Methods:** This prospective, longitudinal study recruited 50 patients from two cancer services. Patients' health service utilisation data were collected from recruitment until death from patient-held diaries and from clinical and administrative health records. Two oncologists reviewed each case of emergency service use and inpatient admission to assess whether it was potentially preventable. Data reported here relate to 38 patients for whom complete health administrative data were available.

**Results:** Patients recorded 40 emergency department presentations (EDP), 22 events of ambulance use, and 79 inpatient admissions. The main uncontrolled symptoms associated with these service events were fever and infection, pain, nausea and vomiting, and cardiac issues. Three EDP and 4 admissions were rated as 'preventable'. In these cases, patients lived alone or in difficult social circumstances and/or had uncontrolled symptoms.

**Implications:** With improved social and community supports, preventable EDP and in-patient admissions may have been avoided. Nurses are well placed to identify patients at risk of inappropriate service use and to develop preventive interventions to address identified health and social care needs. Improved linkages between specialist cancer services and community and social care services are required. Future research to improve needs based assessment and to evaluate interventions to improve service linkages are required.

## 0-92

### A Prospective, Longitudinal Study of the Use of Health Services by Advanced Cancer Patients: Implications for Cancer Nurses

Patsy Yates<sup>1,5</sup> • Shirley Chambers (Connell)<sup>1</sup> • Geoffrey Mitchell<sup>2</sup> • Helen Skerman<sup>1</sup> • Andrew Wilson<sup>3</sup> • Shoni Colquist<sup>4</sup> • Carol Douglas<sup>5</sup> • Frederick Burge<sup>6</sup> • Louise Gordon<sup>7</sup> • James Stephenson<sup>8</sup> • Louise Welch<sup>9</sup> • David Wyld<sup>5</sup> • Brett Hughes<sup>5</sup>,  
<sup>1</sup>Queensland University of Technology, Kelvin Grove, Queensland, Australia, <sup>2</sup>University of Queensland, St Lucia, Queensland, Australia, <sup>3</sup>University of Sydney, Sydney, New South Wales, Australia, <sup>4</sup>Queensland Health, Brisbane, Queensland, Australia, <sup>5</sup>Royal Brisbane and Women's Hospital, Brisbane, Queensland, Australia, <sup>6</sup>Dalhousie University, Halifax, Nova Scotia, Canada, <sup>7</sup>Griffith University, Brisbane, Queensland, Australia, <sup>8</sup>Prince Charles Hospital, Chermside, Queensland, Australia, <sup>9</sup>Sunshine Coast Hospital and Health Services, Nambour, Queensland, Australia

## 0-93

### The Effect of Specific Home-Based Exercise Program on Cancer Related Fatigue and Symptoms Disturbance in Late Staged Lung Cancer Patients

Shih-Hsin Hung • Hsin-Lin Huang • Fong-Shia Kou • Chun-I Fan • Shu-Chen Liao • Sheau-Giun Liou • Jan-Rony Chang • Shu-He Tsai, Department of Nursing, Taipei Veterans General Hospital, Taipei, Taiwan

**Purpose:** Cancer related fatigue (CRF) has significant adverse impact to cancer patients. Exercise is the most effective non-pharmacological intervention to manage CRF and symptoms disturbance, but few studies done for lung cancer. Lung cancer had been the first cause of cancer mortality in Taiwan. This study aimed to well design home-based exercise program in late stage lung cancer patients for evaluating CRF.