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Older cancer patients’ perceptions of care quality – an international study
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Background: Cancer is considered as chronic condition, especially in the older people. Prevalence of cancer is especially high in the Nordic countries and Mediterranean countries. People with cancer are a common patient group in the healthcare system.

Introduction: User perspective, such as patient assessments of care and care quality are central in developing healthcare services. These assessments have a high value in time when there are reforms in social and healthcare services. One core principle in these reforms is patient-centeredness. Earlier studies have shown that older patients differ from other age-based patient groups in their assessments of care quality elements. They were reported to be more positive in their evaluations.

Aim: The aim of this study was to analyse cancer patients’ perceptions of patient-centered quality and individuality in care and trust in nurses, and to compare these perceptions between patients in the working age and older people. The research questions were: To what extent cancer patients perceive their care is patient-centered quality care, individualised and do they trust in nurses? Are there differences between older cancer patients and those in the working age in their perceptions of person-centered quality of care, individuality in care and trust in nurses?

Materials and methods: The study employed a cross-sectional comparative survey design. Data were collected using questionnaires among hospitalized cancer patients (N = 876, n = 599, 68%) in four countries: Greece, Cyprus, Sweden and Finland. The following instruments were used: The Oncology Patients perceptions of the Quality of Nursing Care Scale (OPPQNSC), The Individualised care Scale (ICS-patient) and Trust in Nurses. The data were divided into two sub-samples based on age (cut point 65 years): Older patients (n = 209) and patients in the working age (n = 387). Data were analysed statistically using cross-tabulation and chi-square statistics, or paired samples t-test.

Results: In this study cancer patients’ perceptions about individualization and coordination of care, support of individuality and perceived individuality in care were only moderate. Proficiency and responsiveness as part of care quality were reported well realized. Trust in nurses was stronger in patients and those patients in the working age did not differ in their perceptions of either patient-centered quality of care, individualised care or trust in nurses.

Conclusions: The results of this study point out topics that need development in order to provide individualised and patient-centered nursing care. Contradictory to many earlier study results, age was not associated with cancer patients’ assessment.

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Experiences with interdisciplinary systematic medication reviews in homecare services in Norway
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Background: Interdisciplinary collaboration is important to ensure the reduction of medication errors and the quality of health care. Among older adults with polypharmacy medication errors are well known. In Norway, 14% of injury reports to the Norwegian Board of Health Supervision (2008–2011) are related to drug errors. Correct drug therapy in homecare requires interdisciplinary collaboration between home nurses, pharmacists and medical doctors, and it is recommended by the Norwegian laws and guidelines. Systematic medication reviews (SMR) is to be considered among all patients with polypharmacy. From experience interdisciplinary collaboration in SMR has proved to be challenging.

Aim: The aim of this study is to investigate how homecare nurses and pharmacist experience the interdisciplinary collaboration between homecare nurses, pharmacists and medical doctors.

Materials and methods: An explorative qualitative design was chosen, with focus-group interviews. Data was collected in 2014. The sample consisted of 8 homecare nurses (4 men) and 2 pharmacists, both women. They had all performed one or more interdisciplinary SMR. Interview guides were used and the responses were audiorecorded, transcribed. Content analyses were performed.

Results: Inadequate knowledge about the other professions roles was reported. The respondents talked about examples where there was failing cooperation between the professions, but they also have examples of good cooperation where all three professions are working well together. SMR is easier when the doctors have a complete medical journal, know why the patient received the drugs, and the homecare nurses are familiar with the patients and reporting new clinical data about the patient’s condition. It is also reported a disagreement about nurse could initiate a SMR. All three professions belong to different organizational affiliation with the municipality and physically not working in the same area. Communication via health-e-mail is usually used.

Conclusion: There are Individual, organizational and educational obstacles for developing a good interdisciplinary SMR. Knowledge about each others competences, roles and new clinical data about the patients are necessary to make a fruitful SMR. SMR is a new working method and need to be given priority by the homecare nurses, pharmacists, medical doctors and the municipality. It is warranted to have joint co-educational programs.