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STRATEGIES TO REDUCE MENTAL FATIGUE IN CAREGIVERS.

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Mental fatigue of the caregiver can lead to significantly impaired mood and function. This impairment is not only of consequence to the caregiver but to the care recipient. The caregiver's capacity to respond effectively to many demands of daily caregiving lessens with prolonged use of mental resources. Mental fatigue manifestations are irritability, lack of concentration, impaired memory, and frequent errors. Nursing is in a prime position to reduce mental fatigue in caregivers.

The purpose of this paper is to identify interventions to prevent and reduce mental fatigue in caregivers of cancer patients utilizing the framework of attention restoration theory (ART).

Conservation and restoration of energy are two main strategies to prevent and reduce mental fatigue. Conservation involves teaching the caregiver to reduce the demands of caregiving by seeking the help of others. It also involves prioritizing activities and saving energy for the most important caregiving tasks.

Restoring the capacity to direct attention is a growing interest to the research community. Studies have shown that the restorative effect of nature enhances mental capacity and therefore reduces mental fatigue. Being outdoors creates a natural human response in the brain that allows mental rest and relief from the demands at hand. Simply being outdoors in surroundings with trees and plants provides the resource needed for counteracting mental fatigue. Incorporating the natural environment into the caregiver's daily regimen for a minimum of 30 minutes three times a week will allow the caregiver to restore the effort needed to provide safe care and a decreased level of perceived burden.

The Attentional Function Index will be used to measure the capacity of the caregiver to exert mental effort in common activities of daily living. This instrument was based on ART and is designed to capture perceived effectiveness in directing attention for planning, decision making, following a train of thought, and concentration.

It is important for the oncology advanced practice nurse to assess and help caregivers decrease mental fatigue by using strategies to conserve and restore mental energy. The use of nature is a simple yet overlooked intervention that may reduce care recipient and caregiver sequela.

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INNOVATIONS IN LUNG CANCER MANAGEMENT.

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In 2008, 215,000 new cases of lung cancer were diagnosed. Study has shown that diagnosis is delayed to up to four months due to patients undergoing consecutive procedures before

a diagnosis of cancer is made. It was noted by physicians in Pomona Valley Hospital Medical Center (PVHMC) that some patients' suspicious chest x-rays from ER visits, pre-op testing and other routine tests are often not followed up on a timely manner. Our aim is to expedite lung cancer diagnosis and treatment. The Lung Cancer Program (LCP) at PVHMC was introduced and an advanced practice nurse (APN) was hired to lead this program. The APN has created a process to obtain outpatient chest x-ray and chest CAT scan reports that may be suspicious for lung cancer.

To streamline the process from suspicious chest x-ray findings to a definitive lung cancer diagnosis to less than 25 days and to expedite actual treatment time from diagnosis to less than 25 days.

A report of abnormal CXR and CT scan of the chest from outpatient departments and ER are generated daily. Keywords were identified by LCP physicians including key radiologists. Key words are "nodul" (to include nodule and nodular), "malignan" (to include malignant and malignancy), "suggest", "recommend", "follow-up", "mass", "neoplas" (to include neoplasm and neoplastic), "fullness", and "lesion". The APN determines if the patient requires further work-up based on LCP's protocol or ordering physician's preferences. The APN monitors the results of follow up studies until a diagnosis of lung cancer is ruled in or out.

A tool was developed to measure the time of suspicious finding (CXR or CT scan) to diagnosis. The goal is less than 25 days. Another indicator is a measure of the time from diagnosis to actual treatment (e.g. chemo, surgery) and the goal is also less than 25 days.

Since the start of APN in August of 2008, both measures have been below 20 days.

It is evident that APN has the knowledge and expertise not just in coordinating care but keen clinical decision making, collaboration, education and continuous process improvement. This is a new concept that shows positive results. The concept of this program can definitely be adopted by other institutions.

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ENHANCING END OF LIFE CARE WITH DIGNITY: HOSPICE NURSING IN ROMANIA.

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Hospices of Hope (HOH) is the leading palliative care charity in South East Europe and is dedicated to improving the lives of the terminally ill in Romania and surrounding countries by increasing access to hospice care and training. The nurses at HOH significantly contribute to the ongoing care of patients at the end of life in Romania through support and training of palliative care nurses. The New England Alliance of HOH is composed of a collaborative team of nursing scholars from Simmons College in Boston, Massachusetts, the University of Rhode Island, and nursing professionals from the hospice in Romania. On a quarterly basis, the Alliance organizes a teleconference to address clinical, multidisciplinary and socio-cultural