documentation is important considering the increasing complexity of care, patient safety, high staff turnover rates and accountability towards reimbursement and quality of care institutions. Therefore, accurate nursing documentation is important from a clinical, organizational and policy point of view.
Background: The nursing process model is generally accepted as a theoretical basis to structure nursing documentation. Limited research has been executed to examine nursing documentation in long-term institutional care. Audit instruments were mainly developed to evaluate local practices using local standards. Information about the piloting and validation of instruments was scant.
Aim: To examine the accuracy of nursing documentation in residents' care plans in long-term institutional care.
Materials and methods: Purposive sampling consisted of four residential care units, three somatic and six psycho-geriatric units in five Dutch long-term care facilities. In 2011–2012, 197 care plans were assessed using the D-Catch instrument. The D-Catch is based on the nursing process models' steps and quantifies the accuracy of: 1) record structure; 2) admission data; 3) nursing diagnosis; 4) nursing interventions; 5) progress and outcome evaluations; and 6) legibility of nursing reports. Items are measured on a 4-point Likert scale. Items 2–5 are measured with quantity and quality criteria, items 1 and 6 address only quality criteria. The accuracy of nursing documentation per D-Catch item was calculated using descriptive statistics.
Results: Examined care plans are largely structured according to the nursing process model. Lowest accuracy scores were found for the quality of the admission documentation (54%), and the quantity of the nursing diagnoses (59%) and progress and outcome documentation (64%). Relevant aspects of the assessment notes from which the nursing diagnoses should logically follow lacked and, as a result, information about the cause (etiology) and/or symptoms (signs) of a diagnosis missed. The progress and outcome notes did not describe the health condition in relation to residents' diagnoses and performed interventions. Fifty-six percent of the interventions followed logically from described diagnoses. About 50% of the interventions were not clearly formulated and lacked relevant information to perform the intervention.
Conclusions: This study's results correspond with previous studies in Scandinavia and the USA in various care settings. More attention is needed from nursing schools and nursing leaders to develop, implement and use documentation guidelines. Our study findings are relevant to support the development of universal criteria for accurate nursing documentation.

A-P-220

Older cancer patients' perceptions of care guality - 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 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 hospitalised 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 (OPPQNCS), 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 realised. Trust in nurses was strong. Older 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.

A-P-239

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 audiotaped, transcribed. Content analyzes 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

