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PACED- Patient-centered And Cardiac-nursing Engaged Device service
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Introduction
Doubling population of newly-implanted pacemaker and meeting with the quality-pursuing and technology-advancing decade, a Cardiac Nurse Pacemaker clinic was established in United Christian Hospital in 2010 and achieved HA nurse clinic accreditation last year, has reengineered in 2013 to meet with highest patient needs. "PACED" is a one-stop comprehensive nursing service for device patient from pre-implantation; early post-implantation phase; until adaptation to usual life.

Objectives
1) To cope with the increasing demand without compromising safety 2) To enhance quality of device patient care 3) To empower patient in retaining the "PACE of life"

Methodology
Elective patient and family are assessed in pre-operative clinic by cardiac nurse and ambulatory ward nurse prior implantation. Besides tackling high risk area for early intervention; pre-implantation counselling is delivered to minimize stress and worry. Post-implantation 2 weeks to first year are followed-up by cardiac nurse intermittently with physician. Protocol was developed for trained cardiac nurse to 1) monitor & optimize pacemaker setting; 2) perform wound care; 3) early detection and management of complications; and 4) education and reinforcement counselling on living with device. In 3-6 months post-implantation, knowledge learnt will be consolidated in a patient supporting workshop deliver by multi-disciplinary.
Result
1) Cases managed In last 12 months, there were over 600 nurse clinic attendances. 174 patients with newly-implanted cardiac devices were monitored and optimized according to unique patient physiological needs. No adverse effect is noticed. ~50% doctor’s workload was alleviated consequently. 2) Quality of device patient care - Early complications detected and managed: 26% device wound with mild complication (e.g. hematoma; gapping); 10% with unstable pacing lead parameter; 40% have over-avoidance in daily and social-activity. Most of them showed improvement after nursing management. - Multidisciplinary collaboration: 4% cases were referred to Cardiologist for management, e.g. symptomatic arrhythmia for treatment; lead-repositioning. Besides collaboration on multi-disciplinary workshop, allied-health referrals are made when indicated, e.g. occupational-therapist for hypertrophic scar management; physiotherapist for frozen shoulder. 3) Patient empowerment Patient obtained education and counseling retained confidence in living with device. Their self-care competence (using 5-points scale) average scored at 4.75 with overall satisfaction at 4.94. Knowledge score (using 10-point scale) improved from average 4.74 to 8.67 and sustained at 7.85 in two-month evaluation. Cardiac nurse has shown capability in providing quality device care. Delivering device care with engagement of experienced and trained nurse shall be future trend but requires further promulgation.