Public Hospitals under Hospital Authority (HA) in Hong Kong

- 42 public hospitals and institutions in HK
- Organized into 7 hospital clusters based on locations (HKEC HKWC KEC KWC KCC NTEC NTWC)
HA Nurse Clinics

- Integral part of the out-patient services

- A structured healthcare service run by nurse who possesses the clinical competence and ability to make care decisions, provide advance nursing therapeutics, and make appropriate referrals

- The provision of patient education, empowerment, counseling and psychological support greatly improves patient’s knowledge and confidence in self-care and satisfaction
Development of HA Nurse Clinics

- **90th century** – Patient Care Clinics run by nurses in specific areas

- **2000** – Implementation of Nurse Clinics and operational guidelines

- **2003** – Conducted a consultancy study on HA Nurse Clinics; Endorsed a standardized definition of nurse clinics by COC(N)

- **2008** – First batch of HA Nurse Clinics received 5-year Accreditation

- **2016** – Reviewed nurse clinics’ service and explored the implementation of a new service delivery model in HA’s outpatient clinics
Overview of HA Nurse Clinics

Total nos. of Nurse Clinics

- HKEC 33
- HKWC 22
- New KCC 35
- KEC 30
- New KWC 33
- NTEC 40
- NTWC 36
- Total 229

2016/17 Attendance
~414,000
Nurse Clinic
an Integral Part of Out-patient Services

In-patient Service

Out-patient Service

Out-patient Service

Specialist Out-patient Clinic

General Out-patient Clinic

Doctors

Nurses

Allied Health
Objectives of HA Nurse Clinics

• To improve patient’s access to care through advanced health assessment and service triage

• To provide continuity of care by close monitoring of patient’s health progress and appropriate care management

• To improve quality of care and clinical outcomes through health education and counseling and compliance monitoring

• To strength nurse clinical leadership
### Sources of Referral

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Nurse</th>
<th>Other Healthcare Professionals</th>
<th>Patient self-referral</th>
<th>External bodies</th>
</tr>
</thead>
</table>
| Example source:  
- Ward  
- SOPD/GOPD  
- A&E  
- Private sector | Example source:  
- Ward  
- SOPD/GOPD  
- Community nurse  
(CNS/CPNS)  
- Other nurse clinic | Example source:  
- MSW  
- Dietitian  
- Podiatrist  
- OT  
- PT  
- ST  
- CP | Example source:  
- Old case revisit | Example source:  
- MCHC  
- Family Planning Association  
- Stoma Association |
Nurse Clinic
A Formalized & Structured Health Care Delivery Mode

- Independent role – care planning, therapeutic intervention
- Interdependent role – collaborative approach to planning and implementing care
- Dependent role – implementation of medical order
Advanced Nursing Competence is an important element in providing complex care to the clients. Nurses in the nurse clinic should provide a higher quality of care which includes:

- Advanced assessment
- Therapeutic skills and comprehensive health/illness management
- Outcome measures include symptoms control, prevention of complications, and satisfaction of care
- Provide holistic care in addressing the needs of the clients/families

Demonstrate Advanced Nursing Competence:

- To make care decisions, admit and discharge clients from the nurse clinic
- To refer clients to other disciplines according to prescription
- Clinical protocol and guidelines endorsed by the clinical team

Working with the Clinical Team:
Nurse Work in Nurse Clinic

- **Advanced Practice Nurse with advanced clinical experience**
  - A recognizable specialty training in related areas of nursing specialty
  - At least 5 years post-registration experience in healthcare including 2 years of post-specialty training experience in that specific specialty
  - The nurse demonstrates advanced nursing competence to practice in the specific health area

- **Work independently or interdependently as part of the health care team**
  - Provides independent consultation, and if appropriate, at least 80% of his/her time
  - Works inter-dependently with other members of the health care team
  - Involve dependent practice, such as providing service according to prescription, but this part should not occupy more than 20% of his/her involvement
Function of Nurse Clinic

- Health assessment
- Patient education and counselling
- Treatment compliance and symptoms control monitoring
- Nursing consultation to in-patients and out-patients
- Appropriate advanced nursing interventions
- Patients and carers training
- Appropriate referrals and care coordination
Mechanisms to Safeguard Service Quality

- **Alignment of Measurable Outcomes**
  - To facilitate overall standard and quality benchmarking of accredited nurse clinics

- **Annual Application Assessment Exercise**
  - To assure service quality through assessment on application documents and clinical operation

- **Governance Structure**
  - To ensure that establishment, service and operation is properly governed

- **Establishment of Central Registry**
  - To better monitor established nurse clinics
Governance Structure

**Hospital Level**
- HCE
- GM(N)
- Consultant/ COS
- DOM
- +/- NC
- Clinic In-charge

**Corporate Level**
- COC-G(N)
- Task Force on HA Nurse Clinics
- Assessment Panel
- Assessment & Site Visit WG

**Management supervision**
**Clinical supervision**

**Service development**

**Quality assurance**
This exercise can effectively assure the Service Quality & Standard of nurse clinic.
Assessment Criteria

• Manpower
  – Clinic in-charge should be an APN or above
  – Relieving staff
• Qualification/specialty training/experience
• Caseload
• Clinic session
• Physical setting
• Protocols/guidelines with proper endorsement
• Service model
• Multidisciplinary support
• To facilitate overall standard and quality benchmarking of established nurse clinics

• Standardized measurable outcomes by 5 domains:
  – Clinical outcomes
  – Client outcomes
  – Health service utilization
  – Client satisfaction
  – Administrative data

| ✓ Breast Care     | ✓ Palliative |
| ✓ Cardiology     | ✓ Psychiatry |
| ✓ Clinical Oncology | ✓ Primary Healthcare |
| ✓ Continence     | ✓ Renal |
| ✓ Diabetes       | ✓ Respiratory |
| ✓ ET & Wound     | ✓ Rheumatology |
| ✓ Gynaecology    | ✓ Stroke |
| ✓ Midwifery      | ✓ Urology |
| ✓ O&T            |            |
2016 Review
Current Types of Nurse Clinics in HA

- **Type 1 - Health Maintenance**
  - Cardiology; Clinical Oncology;
  - DM; O&T; Palliative
  - Psychiatry; Stroke; Renal
  - Respiratory; Urology

- **Type 2 - Nurse-led Services**
  - Continence;
  - ET & Wound;
  - Midwifery

- **Type 3 - Procedural-driven Services**
  - Peri-op;
  - CTS

(Figures based on the returns from clusters on Central Registry dated 31 August 2016)
### Type 1: Health Maintenance Model

<table>
<thead>
<tr>
<th>New case attending doctor clinic</th>
<th>Consultation Process</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Follow up in doctor clinic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Formulate care plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Regular medical follow up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Evaluation on patient’s health condition and care plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Follow up in nurse clinic**   |                      |           |
| • Health assessment             |                      |           |
| • Carry out care plan           |                      |           |
| • Health education & compliance monitoring | | |

Eg. Cardiology; Clinical Oncology; DM; O&T; Palliative; Psychiatry; Stroke; Renal; Respiratory; Urology
### Type 2: Nurse-Led Services Model

<table>
<thead>
<tr>
<th>New case referring to Nurse Clinic from multiple discipline &amp; sources</th>
<th>Consultation Process</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td><img src="image1" alt="Diagram" /></td>
<td>Nurse clinic</td>
</tr>
<tr>
<td>Nurse</td>
<td><img src="image2" alt="Diagram" /></td>
<td>_discharge patient when treatment plan is completed (e.g. wound healed)</td>
</tr>
<tr>
<td>Allied Health</td>
<td><img src="image3" alt="Diagram" /></td>
<td>Patient discharge from nurse clinic +/- to original clinic or other services</td>
</tr>
</tbody>
</table>

- Carry out treatment plan
- Provide advance nursing therapeutics
- Monitor progress

**Eg.** Continence; ET & Wound; Midwifery
### Type 3: Procedural-driven Services Model

<table>
<thead>
<tr>
<th>New case referring to Nurse Clinic from multiple discipline &amp; sources</th>
<th>Consultation Process</th>
<th>Discharge</th>
</tr>
</thead>
</table>
| **Doctor clinic** | • Health assessment before operation  
• Pre-operative patient education  
• Provision of physiological & psychological support | **Surgery** | • Post-operative patient care  
• Provision of physiological & psychological support |
| **Nurse clinic** | • Discharge patient when post-operative care plan is completed |
| | Patient discharge from nurse clinic +/- to original clinic or other services |

Eg. Peri-Op; CTS
After 2016 review, a reviewed model is formulated with a modified approach

- **Patient groups are defined and selected by the clinical team** with an agreed integrated pathway
  - Deliver pre-medical consultation: assessment, preliminary workup, investigation, nursing intervention
  - Deliver post-medical consultation: carry out care plan, progress monitoring
  - Refer back to doctor for review of care plan

- Provide timely care to the patients, improving the efficiency of the whole healthcare team e.g. Surgical Nurse Clinic (Urology), Medical Nurse Clinic (Rheumatology)
## New Features of the Reviewed Model

<table>
<thead>
<tr>
<th>New case referral to SOPC &amp; Consultation</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Triage / paper screen</strong></td>
<td><strong>1. Low-risk high-volume selected cases agreed by COCs</strong></td>
</tr>
<tr>
<td><strong>Criteria fit</strong></td>
<td><strong>2. Clinical pathway driven by integrated care plan</strong></td>
</tr>
<tr>
<td><strong>$100</strong></td>
<td><strong>3. Case could be discharged by nurse according to pre-defined criteria set by doctor</strong></td>
</tr>
<tr>
<td><strong>Nurse clinic</strong></td>
<td><strong>Case could be discharged by nurse if patient fulfilled pre-defined criteria set by doctor</strong></td>
</tr>
<tr>
<td>• Initial assessment</td>
<td><strong>Discharge from SOPC</strong></td>
</tr>
<tr>
<td>• Preliminary workup</td>
<td></td>
</tr>
<tr>
<td>• Nursing intervention</td>
<td></td>
</tr>
<tr>
<td><strong>Protocol-driven referral to Allied Health professions when necessary</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor clinic</strong></td>
<td><strong>Doctor clinic</strong></td>
</tr>
<tr>
<td>• Make diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Formulate care plan</td>
<td></td>
</tr>
<tr>
<td><strong>Nurse clinic</strong></td>
<td><strong>Nurse clinic</strong></td>
</tr>
<tr>
<td>• Carry out care plan</td>
<td></td>
</tr>
<tr>
<td>• Advance nursing therapeutics</td>
<td></td>
</tr>
<tr>
<td>• Monitor patient’s progress</td>
<td></td>
</tr>
</tbody>
</table>

1. Low-risk high-volume selected cases agreed by COCs
2. Clinical pathway driven by integrated care plan
3. Case could be discharged by nurse according to pre-defined criteria set by doctor
1. Early access to specialist care
2. Better patient care with timely assessment and intervention
• To continue structuralizing and formalizing established nurse clinics in SOPC and GOPC setting
• To enhance the IT System on nursing documentation to facilitate communication and operation
• To explore the execution of conditional medication prescription in nurse clinic
• To explore the conditional prescription of laboratory / radiological test by nurse
Thank You
Proposed Patient flow of Fast Track Clinic for Possible RA Patients
(updated on 28 Feb 2017)

New case refer to SOPC

Triage or screening by responsible personnel

Criteria fit

Score ≥ 6: RA

Nurse Clinic

- Medical history taking (including onset & duration of joint symptom)
- Physical exam
- Blood test & x-ray
- Classification of RA according to 2010 ACR-EULAR Classification Criteria

Fast Track Doctor Clinic

- Confirm diagnosis
- Formulate care plan
- +/- medication prescription

Score < 6: Not RA

Other Gen Med./Rheuma clinic

Criteria not fit

Inclusion Criteria
- New referral to Medical SOPC for suspected RA;
- Other cases referred by rheumatologists

Protocol-driven referral to AH professions by all parties when necessary

Step up/Step down

Doctor Clinic

- Assessment (Physical, Psychological, knowledge on disease and self care),
- Symptom (e.g. joint pain, stiffness) management
- Disease activity & risk factor control evaluation
- Drug monitoring
- Counselling and education

Doctor decide for subsequent arrangement for patient

Within 3 months

4 weeks

Within 3 months
## The Measurable Outcomes in Different Clinics

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Symptoms Control</th>
<th>Prevention of Complications</th>
<th>Practice Outcome</th>
</tr>
</thead>
</table>
| DM        | • Symptoms of hyper/hypoglycemia (e.g. polyuria, polydipsia, nocturia, weight loss, blurred vision) | • Foot ulcer  
• Insulin injection related complication (e.g. infection, lipodystrophy)           | • Improve HbA1c level  
• Drug and diet adherence  
• Healthy life-style modification |
| ET & Wound | • Signs of infection  
• Affected limb volume reduction  
• Skin condition (e.g. maceration, scaly skin, excoriation, reduced lymphorrhoea) | • Local infection  
• Peri-stomal skin and stoma complications (e.g. stenosis, peri-stomal hernia, allergy) | • Improvement in healing rate  
• Improvement on wound size  
• Episode of pouch leakage  
• Compliance of management regime |
| Renal     | • Fluid control  
• Hyperkalaemia/ hypokalaemia  
• Anaemia | • Peritonitis  
• Exit site infection  
• Haemodialysis access complications | • Dialysis/Diet/Drug/Fluid compliance |

28
**Renal Nurse Clinic**

**Service Need**

- Improve patient’s quality of life

**Workflow**

- Pre-dialysis
  - Health education
  - Introduction of RRT
  - Preparatory work for access creation

- Dialysis & Transplant
  - Monitoring home dialysis progress
  - Dialysis access management
  - Post transplantation care

- Renal Palliative Care
  - Symptom management
  - Diet education
  - Counselling & psychological support

**Areas for Nursing Interventions**

- End stage renal disease
- Peritoneal dialysis
- Haemodialysis
- Kidney Transplant
- Renal Palliative Care

**Outcome:**

- Fluid/diet/drug/dialysis adherence
- Improve the quality of life of patient
- Save cost related to hospitalization
- Decrease chemotherapy related symptom and complications
## Anticoagulant/Warfarin Clinic

**1st visit**
- Assessment of Warfarin dosage
- Assessment of medical problems
- Adjustment of medication according to INR result
- Early detection of complications

**2nd Visit**
- Monitor INR until Stabilized

## Heart Failure Clinic

**1st visit**
- Health assessment:
  - physical examination, history taking
- Health education:
  - etiology of heart failure,
  - self-care management,
  - adherence to treatment,
  - symptom recognition,
  - lifestyle modification

**2nd visit and onwards**
- Symptom monitoring
- Medication titration PRN

## Post PCI Clinic

**1st visit**
- Health assessment:
  - physical examination, wound condition
- Renal function monitoring
- Health education on drug compliance monitoring
- Medication titration PRN
- Lifestyle modification

**2nd visit and onwards**
- Symptom & renal function monitoring
- Risk factor monitoring
- Re-investigation if necessary
- Medication titration PRN

## Outcome Measures
- Reduce further major cardiac events and mortality,
- Significantly decreased of LDL from 3.1 to 1.8 mmol/dL (According to CI from HA, above 70% of patients with LDL < 2.6 mmol/dL should be achieved)
- Significantly lower anginal frequency, more satisfied with the treatment and better quality of life
ET & Wound Nurse Clinic

Service Need

Increase in Service Demand

Complex wound required Advanced Nursing Management

Example:
- Fournier’s Gangrene
  - Before (NPWT)
  - Negative Pressure Wound Therapy (50 – 125 mmHg)
  - Microvascular blood flow increase above baseline values

Nursing Intervention

Example:
- Wound & Stoma Management
- Application of Silver Nitrate
- Topical Skin Adhesive
- Hand Held Doppler Assessment
- Compression Bandaging
- Negative Pressure Therapy
- Abscess Incision and Draining
- Wound Debridement
- Insertion of Drains
- Skin Tear Management
- Bio-engineered Dressing
- Pinch Graft

Outcome:
- Identification of patients requiring early medical interventions
- Improve the quality of life of patient
- Save cost related to hospitalization
- Minimize wound infection
- Promote wound healing
Antenatal

- Maternal assessment (physical, social & psychological)
- Enhance women’s self-care and preparedness of delivery
- Manage minor discomfort
- Ultrasound for abnormality detection
- Universal Down Syndrome Screening

Postnatal

- Comprehensive assessment on mother and baby (e.g. neonatal jaundice)
- Postnatal wound management
- Psychological support & prevention of postnatal depression

Lactation

- Assessment on breastfeeding & infant condition
- Management & nursing intervention on breastfeeding problems

Outcome:

- Higher accuracy of abnormal fetal detection
- Decrease infection rate of mother and baby
- Improve (exclusive) breastfeeding rate
瑪麗改善風濕專科護士門診

瑪麗醫院計劃未來改善風濕專科的支援。

【本報港聞部報道】瑪麗醫院風濕及免疫科的門診輪候時間愈來愈長，新症輪候時間超過一年半，院方為縮短輪候時間，計劃未來改善風濕專科的支援，包括加強超聲波診所和風濕專科護士門診服務，為疑患有關節炎的人士先評估病情，達至分流作用，減少緊急入院的數目。

評估病情再進行分流

風濕病有超過百種，其中系統性風濕病包括類風濕關節炎、強直性脊椎炎等，會影響多個關節的活動，包括手腕和手指等，或對患者關節造成對稱性變形，嚴重更會破壞患者的肌肉、神經器官。由於此病屬於慢性疾病，很多市民因此忽略其重要性。瑪麗醫院為縮短門診輪候時間，先後成立風濕科專科護士診所和超聲波診所，加強不同的專科支援服務，希望達到病人分流的目標。

風濕科專科護士診所2011年成立，去年4月獲醫管局護士診所認證資格，每年為超過1,000個關節炎個案服務。風濕及免疫科資深護士郭雪琪表示，專科護士可評估患者病情及心理狀況，包括進行現病史、關節檢查和抽血等，再根據評估結果進行分流，協助病人得到合適治療，減少緊急入院的數目。

香港大學李嘉誠醫學院內科學系風濕科及臨牀免疫科主管劉澤星表示，專科護士診所的設立，能大大縮短新症輪候時間。他解釋，現時一般新症輪候時間超過12個月以上，但經醫生轉介到分流門診，患者經專科護士確診後，會安排在四周內到專科門診處方，時間大為縮短。他又透露，未來三年會為診所再加10%人手，包括增加一名註冊護士，以加強診所的服務。
Cardiology Nurse Clinic

Cardiology (Anti-coagulant) Nurse Clinic

Comprehensive assessment / education on dietary, lifestyle and drug interaction

- Titrate dose of anticoagulant according to protocol tailor-made for Chinese patients

- Optimize coagulation profile to reduce length of hospital stay for warfarin overdose patients or unnecessary admission for suboptimal clotting profile

- To reduce the time of waiting for lab. result, patients will be informed and followed up by telephone
# Distribution of Nurse Clinics across Specialties

*Figures based on Central Registry dated 31 Aug 2016*
*Figures highlighted in blue refers to the number of accredited nurse clinics*

<table>
<thead>
<tr>
<th>EIS Specialty</th>
<th>Specialty</th>
<th>HKEC</th>
<th>HKWC</th>
<th>New KCC</th>
<th>KEC</th>
<th>New KWC</th>
<th>NTEC</th>
<th>NTWC</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANA</td>
<td>Anaes / Peri-op</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CTS</td>
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<td>ENT</td>
<td>Ear, Nose &amp; Throat</td>
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<tr>
<td>MED-ENDO_DM</td>
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<td>MED-GI_HEP</td>
<td>GI / PEG</td>
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<td>MED-HAEMAT</td>
<td>Haematology</td>
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<td>MED-INFECT_D</td>
<td>Special Service (AIDS)</td>
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<td>2 (2)</td>
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<td>OBS-POST_N</td>
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(Preliminary figures based on the returns from clusters on Central Registry dated 31 August 2016)

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