



Service Priorities and Programmes
Electronic Presentations

Convention ID: 1153

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Introduction of Oncology Nurse Clinic Using Integrated Model of Specialist Outpatient Service for Head and Neck Cancer Patients Receiving Radical Radiotherapy

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Keywords:

Integrated model

Nurse clinic

Head and neck cancers

Radiotherapy

Oncology

Introduction

Curative treatments for head and neck cancers often involve radiotherapy (RT). Common acute toxicities of RT include mucositis and dermatitis. These acute toxicities are associated with a list of secondary complications such as malnutrition, weight loss, dysphagia, pain and infections. Studies have shown nursing input, being an integral part of the multidisciplinary team, would be beneficial to this group of patients in terms of improvement in symptom control as well as prevention of the secondary complications.

The Integrated Model of specialist outpatient service is a new service model developed by the Hospital Authority (HA). The model focuses on service delivery through a longitudinal system along a predefined clinical pathway tailored to specific disease condition. Distinctive features of this model include clear intake and exit criteria, clear delineation of the roles and responsibility of different healthcare disciplines, and a predefined follow up arrangement according to the clinical needs.

Objectives

Introduce the nursing application of the Integrated Model into the caring process of head and neck cancer patients undergoing radical RT in the Department of Oncology, Princess Margaret Hospital, Kowloon West Cluster of Hong Kong.

Methodology

Based on the Integrated Model, a clinical pathway for patients with head and neck cancers undergoing radical dose RT with or without concomitant chemotherapy treatment is developed among six HA oncology centres of Hong Kong. Patients receiving RT for head and neck cancers with a total dose 50 Gray or above will be eligible for entry into the service. Oncologist referral would be required.

Result

Continuous nursing assessments and interventions will be carried out at pre-RT, during RT and post-RT phases. Educational support with face-to-face counselling will

be given at pre-RT phase, whereas RT related toxicities will be closely monitored during and shortly after RT in a weekly to bi-weekly basis and could be fine-tuned according to individual clinical needs. Nursing care such as radiation dermatitis wound management, nutritional status assessment and monitoring, pain control, drug advices and psychosocial supports will be provided during each follow-up. Service coordination with other disciplines especially oncologist is pre-specified. Clinical conditions that required medical support or advance medical appointment will be clearly outlined. Outcome measurements defined include clinical outcomes such as symptoms score, client outcomes and satisfaction, and health service utilisation parameters.