



## Service Priorities and Programmes Electronic Presentations

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### **Triage ad hoc referral by rheumatology nurse-An alternative Path to clinic visit**

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#### **Introduction**

Rheumatic diseases are chronic conditions characterized by periods of remission and disease flares. Patients are often referred back from other healthcare providers in between follow-up visits when they seek attention for disease flares or adverse effects from treatment. While prompt attention and assessment is important, the busy rheumatology clinic may not have the coping capacity for these ad hoc needs. Rheumatology nurse (RhN) can play a pivotal role in triaging these referrals.

#### **Objectives**

- 1) To describe the profile of ad hoc rheumatology referral
- 2) To evaluate the safety and effectiveness of triage by rheumatology nurse and the impact on workload

#### **Methodology**

This was a retrospective study. Data were retrieved from November 2016 till December 2017. Referrals were obtained from the rheumatology out-patient clinic. Referrals were screened by rheumatologists and suitable cases were directed to RhN for further handling. The triage process included phone contact or RhN clinic assessment with subsequent phone follow-up. Investigations including laboratory and radiography were arranged accordingly. Patient assessment was subsequently discussed with rheumatologists to confirm the management plan.

#### **Result**

63 referrals were triaged by rheumatology nurse; diagnoses included arthritis (27), systemic lupus erythematosus (19), vasculitis (7), undifferentiated connective tissue disease (5) and others (5). Age ranged from 25 to 84 years and 81% were female. Source of referral included GOPD (14.3%), family medicine (30.2%), emergency department (25.4%), other specialists and general practitioners (30.1%). Reasons for referral included disease flare-up (54%), drug-related problems (20.6%), abnormal blood results (19%) and alarming clinical features (6.4%). Mean time interval from referral to first phone contact was 3.6 days. Of the 63 cases, 13 patients had follow up advanced; 1 patient was admitted before phone triage and 49 patients can follow old appointment. 2 of the 49 patients' symptoms subsided spontaneously and no

intervention was required. No record of emergency attendance or admission for the 49 patients who keep the old appointment. Nursing interventions included drug education and advice (42 episodes), disease education (10 episodes), investigation arrangement (18 episodes), counselling and emotional support (10 episodes). 2 patients attend RhN clinic for assessment and drug education. The other 47 patients were managed through phone communication and majority of cases (68.3%) had phone follow up once.

Our study showed that triage by rheumatology nurse is effective in handling the majority of ad hoc referral requests. The service can promptly address patient needs and reduce clinic visit burden of rheumatology clinic.