



Service Priorities and Programmes Electronic Presentations

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Rheumatology Nursing Service Demonstrated the Hospital Authority Core Values

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Introduction

Rheumatology Nursing Service (RNS) in United Christian Hospital was started since July 2011. The team comprised of a full-time nursing officer and a part-time registered nurse who had completed the Post-Registration Certificate Course in Rheumatology Nursing and undergone at least six weeks of intensive in-service training with a consultant rheumatologist.

Objectives

The first part used a narrative approach to walk through typical patient journeys to illustrate the work of RNS. The second part reviewed the throughput and results of RNS.

Methodology

Typical patient journeys were described. RNS throughput data were retrieved through OPAS and manual recordings. Results from previous publications on service evaluation were conglomerated.

Result

Typical patient journeys of a rheumatoid arthritis patient were described. When a patient was newly diagnosed with rheumatoid arthritis, the rheumatologist would provide a concise explanation of the disease and agree upon a treatment plan with the patient. The patient (and the care-giver if present) would then see the rheumatology nurse who would provide systematic and tailored education on disease and treatment including the current drug regime and potential adverse effects. Rheumatology nurse would phone up the patient at appropriate intervals to monitor disease progress and detect any adverse effects. A Telephone Advice Line (TAL) would be provided for enquiry. For patients who required biologic therapy, rheumatology nurse would carry out pre-biologic screening; provide education on self-injection or delivery of infusion therapy as appropriate. Stable patients would see rheumatologist and rheumatology nurse on alternate sessions. Guidelines and protocols of various RNS were established. Average monthly throughput data of RNS

by episode in 2013 were as follows: Telephone follow-up (122); TAL (63); out-patient education and counseling (46); Rheumatology Nurse Clinic (17); Biologic Therapy Service (16); in-patient consultation (7). Ninety-two percent of patients expressed satisfaction with the Rheumatology Nurse Follow Up programme. The TAL provided support to patients should they encountered problems in between appointments and 61.8% of patients reported that they would attend AED if TAL service was not available. With Nurse-led Biologic Therapy Service, patients could save 45 minutes on average for each visit and doctors' workload was reduced by 50%. Conclusion The Rheumatology Nursing Service demonstrated people-centred care by providing support throughout the patient journey. It is based on committed staff with high-level professional expertise. The resulting teamwork enhanced patient experience and achieved synergy.