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A Collaborative Approach on Enhancing PTBD Care based on Tele-consultation and Shared Protocols in Hong Kong East Cluster

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Introduction

Percutaneous transhepatic biliary drainage (PTBD) is one of the approaches for management of biliary obstruction in selected patients. However, PTBD has its specific complications. An appropriate monitoring and care program can improve patients' quality of life and acceptance. In order to reduce unnecessary Accident and Emergency (A&E) attendances and deliver quality continuous care, a pilot Joint Enhanced PTBD Care Program between Community Nursing Services (CNS), and Surgical unit using a shared agreed protocol was started in January 2015.

Objectives

(1) To examine the effectiveness of the joint program retrospectively in reducing unnecessary A&E attendance and delivering continuous patient care in the community (2) To test the feasibility and logistics of the shared protocols

Methodology

Patients with temporary or permanent PTBD were referred CNS upon discharged. Care plan was jointly elaborated by surgeons and community nurses (CN). Apart from routine PTBD care, CN would also monitor for any complications of PTBD (such as bile leakage, catheter blockage/displacement, catheter exit site infection/abscess, loosened anchoring stitches or symptoms of biliary sepsis). For conditions that could be temporary managed by CN, CN would follow designated protocol and arrange patients to attend surgical consultation within 1 week. For conditions that need urgent assessment, CN would initiate tele-consultation to surgical unit and arrange clinical admission for patients on same day.

Result

From January 2015 to December 2015, 51 patients (M:F, 21:30) were analyzed. Mean age was 80 (range 56 to 95). 17 patients (33.3%) with tube displacement (n=5), gross

bile leakage (n=8), or symptoms and signs of infection (n=4) were referred for clinical admission on same day and received immediate management by surgeons. 33 patients (64.7%) with loosened anchoring stitches were temporarily fixed by CN and arranged to attend surgical day ward for re-suturing by surgeons within 1-week. Only one patient (1.9%) was found to have unplanned admission via A&E for significant bile leakage during non-working hours. Date back 6-month to program implementation, there were 5 unplanned admissions via A & E for PTBD problems. In conclusion, this Joint Enhanced PTBD Care Program can improve the quality of continuous patient care, and reduce unnecessary A & E attendances.