



## Service Priorities and Programmes Electronic Presentations

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### **Pilot Study of “Named Nurse “to improve the continuity of Wound Care in General Outpatient Clinic Setting**

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#### **Keywords:**

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individualized treatment

quality of care

#### **Introduction**

Currently, general outpatient clinic (GOPC) nurses attended the clients caring for wound care by their queue number. Besides, clients themselves may visit different clinics depending on their convenience. These factors jeopardize the quality and continuity of wound care. Nurses are unable to address the individual needs. A pilot study of ‘named nurse’ to improve the continuity of wound care is therefore conducted for chronic or complicated wound in order to achieve the following objectives:

#### **Objectives**

- Improve the continuity and quality of wound care    - Promote the nurse-patient trust relationship  
- Increase nurses’ competency and accountability on wound care

#### **Methodology**

A named nurse is required to have 2 years working experience and was attended an e-learning wound care training with passing test result. Patients with chronic or complicated wounds who came to Tseung Kwan O (TKO) GOPCs were assigned to a “named nurse”. The nurse provided a treatment plan, a follow-up date and reviewed treatment plan according to wound condition of the patient. Patients and named nurses were required to complete a satisfaction survey and an evaluation form respectively upon completion of treatment.

#### **Result**

This pilot study was conducted from February to May 2015 in three GOPCs of TKOH. A total 173 subjects were recruited but only 75(43.4%) subjects returned the completed questionnaires. Among the respondents, 99% (74) were satisfied with the “named nurse” practice. 87% (65) agreed the study could enhance nurse-patient relationship. 93% (70) felt nurses were confident and knowledgeable for providing wound care. 73% (55) preferred named nurse to manage their wounds because of

consistent treatment plan with designated follow-up date which could promote their wound healing. Only 27% (20) did not prefer the “named nurse” practice because they were not willing to wait longer and they believed there was no difference. Overall, 92% (69) of the respondents would recommend this practice of wound care. For participating nurses, 56% reflected that the study could increase the nurses’ accountability on wound management. Half of the named nurses expressed better job satisfaction achieved that have promoted their further interest and development of wound care knowledge. 75% of nurses believed that the study could enhance nurse-patient trust relationship and improved the continuity of wound management. Conclusion: The findings from both patients and nurses showed that “named nurse” practice could enhance nurse-patient trust relationship and improved the continuity of wound management by individualized treatment plan for those patients with chronic or complicated wounds.