



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 302

**Submitting author:** Ms Maggie Pik Kee LIT

**Post title:** Advanced Practice Nurse, Queen Elizabeth Hospital

### **A New Service Model to enhance Service Demand of Patient Receiving Interventional Bronchoscopy**

*Lit MPK, Lee KH, Chow PS, Chan WMJ*

*Respiratory Division, Department of Medicine, Queen Elizabeth Hospital*

#### **Keywords:**

Interventional Bronchoscopy

Fiberoptic-Bronchoscopy Preparation Nurse Clinic

#### **Introduction**

Interventional Bronchoscopy (FOB) is the most widely used invasive tool for diagnosis and treatment of bronchopulmonary diseases. The care provision was fragmented and an urgent need for improving continuity care is necessary. A new service model – Fiberoptic-Bronchoscopy Preparation Nurse Clinic (FPNC) was established in Queen Elizabeth Hospital since 2013 to coordinate and facilitate the care of patients scheduled for FOB.

#### **Objectives**

To evaluate the efficiency and effectiveness of the new service delivery model of FPNC

#### **Methodology**

It's a retrospective study to evaluate the care provision of FPNC from 1st January 2013 to 30 September 2016. A specific pathway for FPNC was developed with key service improvement priorities.

An individual consultation interview was offered after a group-educational session. The educational session includes 1) Indication, contraindication and benefit of FOB 2) Preparation, assessment and observation before, during and after FOB 3) Possible complication and attention after discharge

During FPNC, we perform respiratory and breathlessness assessment, educate symptom management, offer emotional support by addressing to patient's need. Consent form checking and imaging or blood investigations prior FOB will be arranged and taken. Instruction to withhold certain drugs and a reminder note will be given. A help line was provided for enquiry or procedure refusal. Those defaulted FPNC appointment will be followed and reconfirmed for attendance. Multidisciplinary FOB conference (MDFC) will be attended and discussed to coordinate the further specific care prior or after FOB.

#### **Result**

656 patients attended FPNC and 64 (8.5%) either refused or performed FOB in

private hospitals in which 28 (45%) informed us for FOB refusal. 68(9%) of the scheduled appointment were advanced earlier into the defaulted time slot. 16 (2.1%) eventually agreed for FOB after attending FPNC. 195 (25.8%) and 98 (13%) were admitted or transferred to convalescent hospital shortly prior FOB and nursing staff were contacted for preparation advice. 396 (52%) were instructed to withhold some certain medication. Specific instrument or specimen prior to FOB was channeled with endoscopic nurse after MDFC for 396 patients(52.5%). Helpline enquiry were received from 198 (26.3) and fast track appointment for subsequent care was arranged for 101(13.4%) patients who were diagnosed as lung cancer. FPNC is a new service model to enhance patient-centered focus and lead to improvements in healthcare quality and outcomes.