"HA Chat” – Make a Difference in Tele- Wound Consultation Service
Tong MH(1), Lee HKA(1), Chim CK(1), Lai SY(1), Fung KY(1), Leung HY(2), Choi SWC(3) Chui YPM(1), Li PKT(1)

1) Community Outreach Services Team, North District Hospital, New Territories East Cluster, Hospital Authority, Hong Kong
2) Department of Medicine, North District Hospital, New Territories East Cluster, Hospital Authority, Hong Kong
3) Information Techn

Keywords: Tele- Wound Consultation
Community Outreach Services Team
Hospital Authority Chat

Introduction
To cope with increased demand of complicated wounds, a 2-tier wound care consultation service has been set up in Community Outreach Service Team (COST) of North District Hospital (NDH) since 2012. Timely response to urgent consultations for wound deterioration with real time image is still not often feasible. Therefore, a pilot focus on using “Hospital Authority (HA) Chat” to promote real time image is implemented in the COST since March 2016.

Objectives
1. To review the effectiveness of using “HA Chat" for tele wound consultation
2. To evaluate the satisfaction of CNS colleagues in using HA Chat to enhance wound care support.

Methodology
A working group was formed and consisted of community nurses, wound care nurses, nurse consultant and geriatrician to explore the feasibility of using “HA Chat” for wound consultation. Then a “wound care team” chat group was created to identify the possible area for enhancement of tele-wound consultation through using apps. Nineteen nurses’ I-phone were installed with “HA Chat” Apps. The complicated wound images were stored and sent to wound nurse for real time consultation. After the pilot, number of wound consultations, the response time by wound nurses, and the wound progress and staff satisfaction were evaluated.
Result
From 1 March 2016 to 31 December 2016, 343 patient episodes with 723 complicated wounds were consulted through “HA Chat”. The common types of wound included Stage 4 pressure ulcer with necrotic base (37.5%); non-healed leg ulcer with PVD or DM (35%); surgical wound with infection and gap (11%). 1,371 bi-directional, in real-time tele-wound communication between wound nurse and community nurses were recorded in the chat group. The outcome showed that 40% of wounds were healed within the pilot study period. The response time of wound nurses via HA Chat was within 15 minutes. The satisfaction survey showed that 100% (N= 20) of community nurses agreed the “HA Chat” was user-friendly and give them well clinical support. Overall, the total wound consultations had been increased by 3.5 times, from 99 in 2015 to 343 in 2016.

Conclusion:
Tele-wound care via HA Chat Apps is feasible to provide real time, fast response, ongoing wound assessment to facilitate the review of therapy and care plan. Community nurses agreed this is an effective and convenient way to access wound specialist support.