

**2018 HA Convention**  
**F3.3 Clinical Safety and Quality Services I**

**Fostering Patient's Need Outside Hospital –  
The Extended Breast Care Nurse Role**



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7<sup>th</sup> May 2018

# Background

- **Hong Kong** situation:
  - Resources relocate to urgent needs: complex medical illness with complex treatment modalities, winter surge, summer surge, major redevelopment program of hospitals, .....
  - Evidence proven specialist nurses can function well in a variety of clinical settings and improve patient management.
- In the Breast Centre of Kwong Wah Hospital, there is a well-established integrated nurse clinic to take care of patients suffering from breast disease to minimize the hospital stay.
- An innovative extended service is developed to take care of patients' uncertainty condition outside hospital
  - look after patients' health need
  - take care of patients' daily physical problem
  - reduce the anxiety related to the disease
  - reduce the rate of unnecessary admission

# History of breast care nursing

- United Kingdom is the first country to have a ***defined role of breast care nurse at national level***: breast care nurse, clinical nurse specialist, nurse consultant (RCN, 2007)
- **Role of specialty nurses** is often described as a combination of 4 elements: ***clinical, educational, research & consultation*** (Ball, 2005 as cited in Hardie, 2010)
- Breast care nurse is well positioned to provide the ***informational and supportive care needs*** required by women living with breast cancer (Ahern et al, 2016)
- They performed ***other hidden complex work*** (Leary et al, 2009 as cited in Hardie, 2010)

# Objectives

- Facilitate early discharge program in hospital
- Reduce unplanned hospitalization
- Patient have timely access to specialist care
- Educate and correct uncertain health issue
- Improve patients' confidence - feeling to be in control of their illness
- Improve patients' satisfaction of care



# Methods

- Designated site in integrated nurse clinic to serve this specialty patient group.
- Assigned primary nurse with name card and contact number is given to patients in the stage of diagnosis.
- Patient enquiry is allowed to walk in or give call to her primary breast care nurse for her concern.
- A brief memo record is designed for documentation.

## Patient enquiry record

Name:

Date:

ID no:

Phone no:

Walk in / phone call

Duration \_\_\_\_\_ min

Concerns / problems:

Counselling / pre-op education /

Wound & drain care /

Rehabilitation / Adjuvant  
treatment management /

Lymphoedema / BBD /  
others\_\_\_\_\_

Outcome:

Admission: Yes / No

Advanced nurse FU: Yes / No

# Results

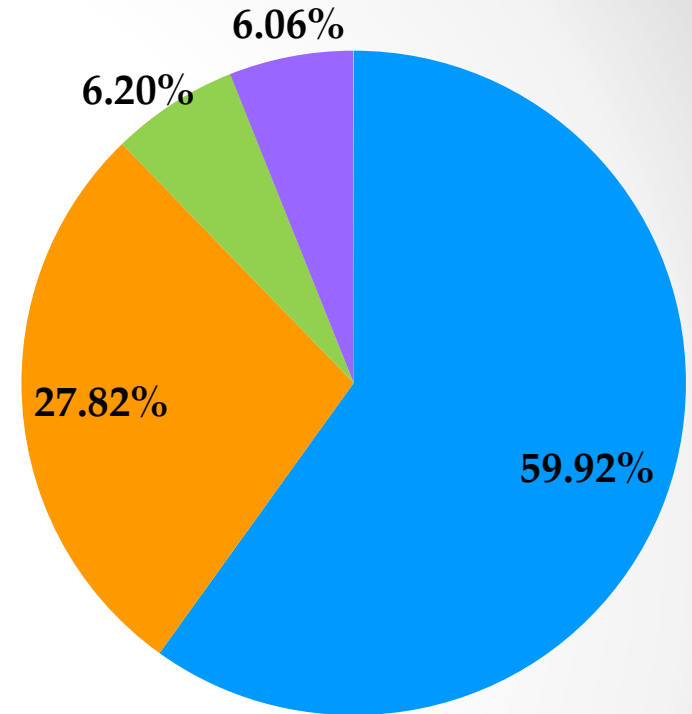
- Period: January 2017 to December 2017
- Number of enquiries: 726
- Time used:
  - Range: 1 - 90 minutes
  - Mean: 7.388 minutes
  - Standard deviation: 7.043
- Modality of consultation:
  - Phone call: 632/726 (87.05%)
  - Walk-in: 94/726 (12.95%)



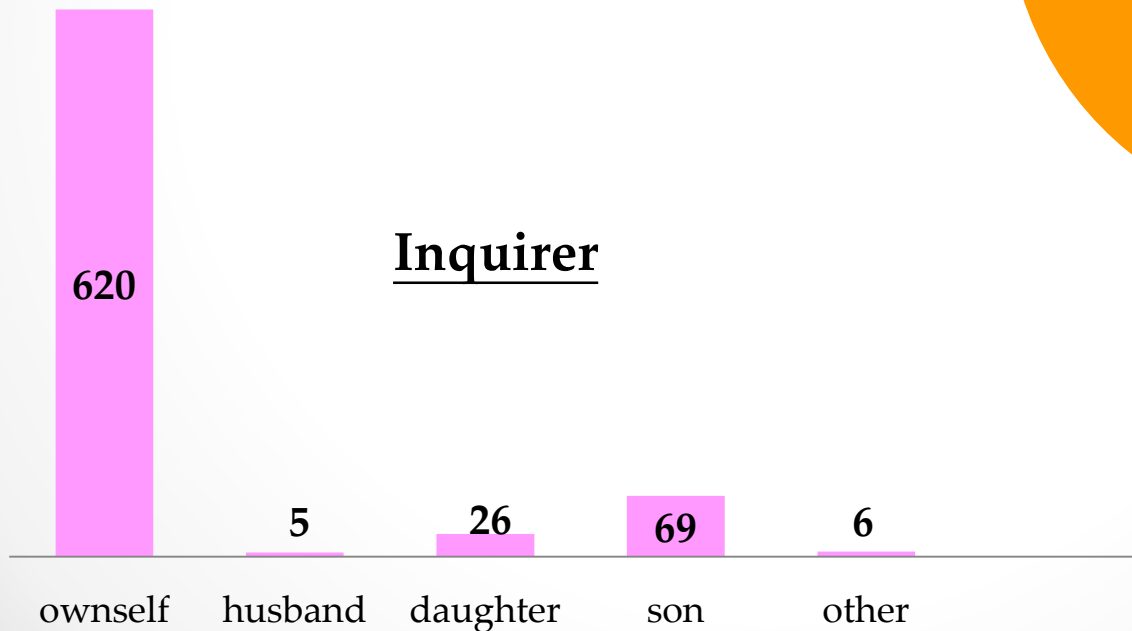
# Results

## The duration used for enquiry

- 1-5 mins
- 6-10 mins
- 11-15 mins
- > 15 mins

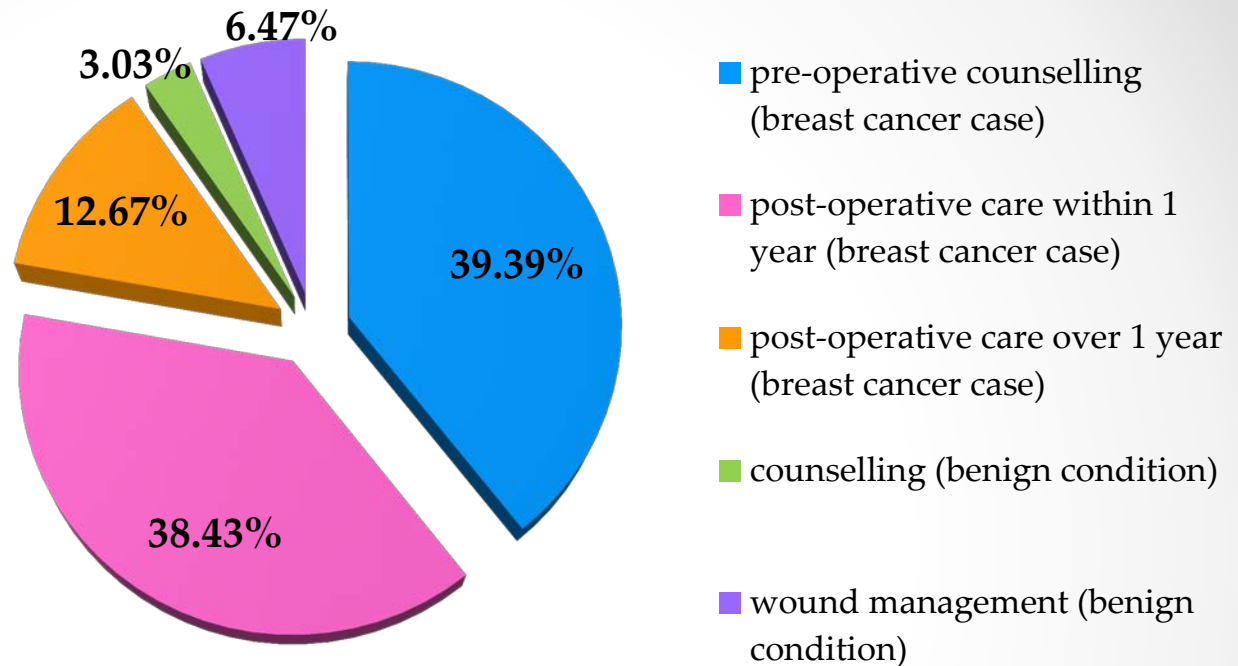


## Inquirer

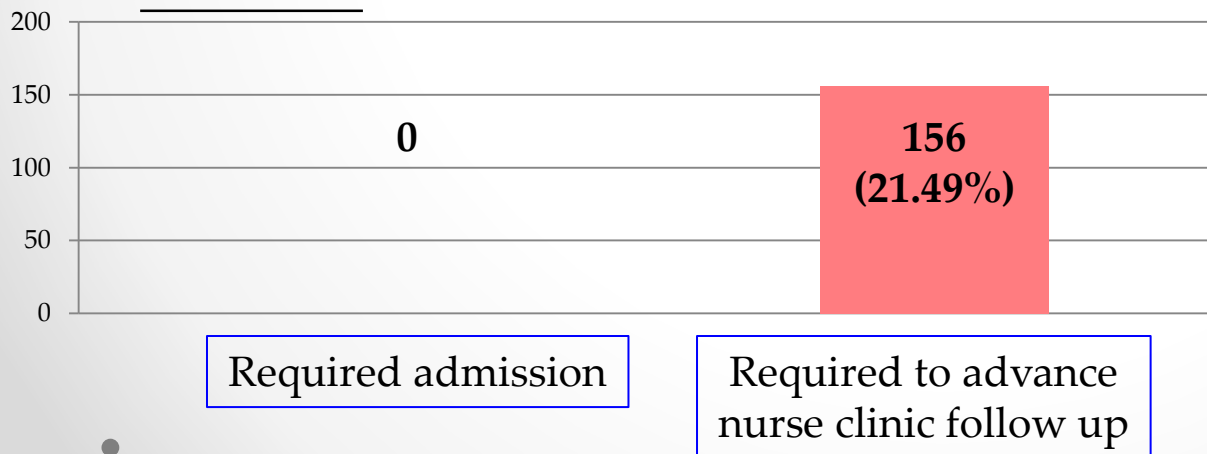


# Results

## Major concerns and problems



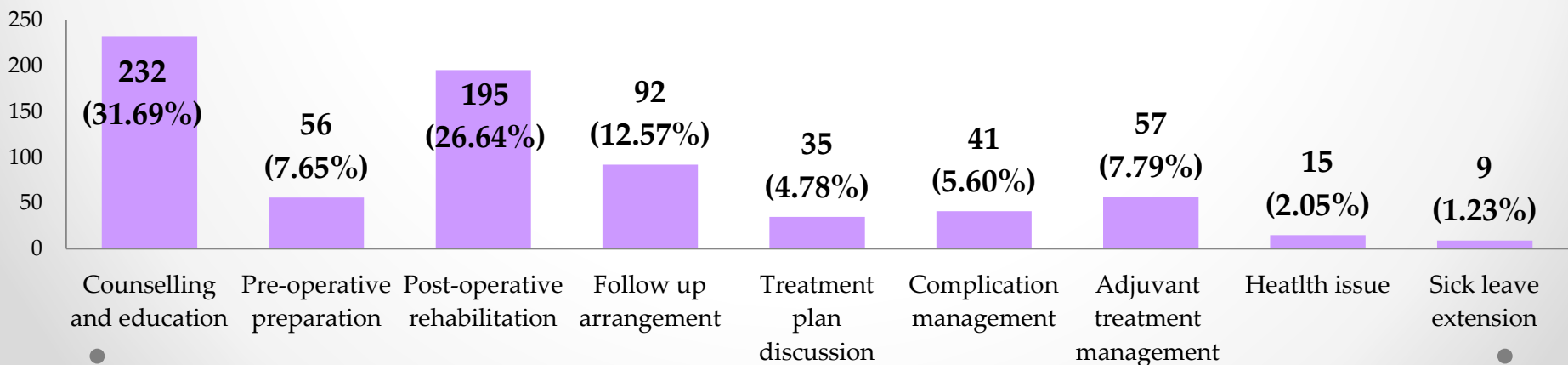
## Outcome





# Discussion

- Patient initiative service
- Counselling & education: psychosocial support, enhance self care, genetic issue, knowledge transfer
- Pre-operative preparation: explain the procedure of investigation and the arrangement, report clarification
- Post-operative rehabilitation: wound and drain care, exercise, body image, self care
- Follow up arrangement: schedule both doctor and nurse clinic appointment, confusion about the follow up plan
- Treatment plan discussion: surgery options, neo-adjuvant treatment, adjuvant treatment plan, natural therapy, Traditional Chinese Medicine, informed decision making
- Adjuvant treatment management: chemotherapy S/E, post radiotherapy skin problem, hormonal therapy S/E, switch therapy
- Complication management: breast oedema, new mass, chest wall pain, long-term complication such as frozen shoulder, cording, lymphoedema
- Health issue: general breast care, diet, constipation, lipoma



# Conclusions

## For patients

- ✓ Increase continuity of care
- ✓ Have better information about the disease and treatment process
- ✓ Have timely access to specialist care for management
- ✓ Build up nurse-patient rapport
- ✓ Decrease the anxiety level
- ✓ Enhance patient empowerment
- ✓ Improve quality of care and clinical outcomes

## For hospital

- ✓ Decrease re-admission rate
- ✓ Decrease A&E attendance
- ✓ Facilitate early discharge program
- ✓ Shorten the length of hospital stay

## For breast care nurses

- ✓ Incorporated risk stratification for triage
- ✓ Enhance nurse-patient relationship
- ✓ Act as resource and contact person
- ✓ Strengthen nurse clinical leadership
- ✓ Increase job satisfaction

# Conclusions

- Psychological distress of patients suffered from breast disease is likely to be heightened especially during breast cancer treatment.
- Competent and qualified breast care nurse can manage the enquiries and fix their concerns.
- Breast care nurse is a good resource person to provide the psychological care and patient education on life-style, self-care and alongside symptom management.
- Smoothen the patient's pathway.
- Integrated nurse clinic is effective, safe and acceptable by patients.

# References

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# Acknowledgement

- The Breast team of Department of Surgery, Kwong Wah Hospital, Hong Kong

