POSTER ABSTRACT

The Development of a Respiratory Nurse Led Clinic in St Michael’s Hospital

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Introduction: Patients referred by their GP with a suspected respiratory problem have a long wait for a specialist respiratory review which can have a detrimental effect on morbidity and mortality 1.

Description of practice change implemented: In 2013 we developed an integrated nurse led respiratory clinic for patients referred by their general practitioner (GP) with new respiratory problems.

A respiratory consultant screens all referrals for suitability. The assessment includes history taking, examination and education by the nurse. In one visit, the patient will have investigations such as spirometry with reversibility, alpha 1 antitrypsin testing, BNP, oxygen assessment (and ABG if appropriate), walking test, CXR and ECG. Subsequently, the nurse discusses findings with a respiratory consultant and develops a plan of care. A report is then sent to the GP.

Aim and theory of change/ Targeted population and stakeholders: The aims and objectives were to provide a high standard nursing service to patients that encompassed their physical, psychological and social needs. The service aimed to integrate primary and secondary care by providing rapid assessment for patients referred by their general practitioners with new respiratory symptoms. As a result this service was predicted to reduce the nine month waiting list for the physician led respiratory clinic.

Highlights: (innovation, Impact and outcomes) Of the patients (320) reviewed, 57% had COPD, 21% had Asthma and the large majority of the remaining patients had no significant respiratory problem. There were two cases of idiopathic pulmonary fibrosis and three cases of lung cancer. 73% of patients were discharged back to their GP, 5% were referred to the physician-led clinic and the remaining 22% are still attending the clinic. Savings are generated through avoidance of multiple outpatient attendances, less dependence on physicians and optimisation of medication prescription and delivery. Patients benefitted through early diagnosis and treatment in a single visit to a clinic. Waiting times for physician review have now reduced from nine months in 2013 to two months in 2016).

This service is transferable to all hospitals that provide specialist respiratory care. To ensure safety and quality it is recommended that the clinical nurse specialist that carries out the
clinic be academically qualified up to masters level and have training in advanced health assessment skills.

We conclude that integrated nurse led clinics are associated with high levels of patient satisfaction.

References:

Keywords: nurse; integrated; respiratory