Pilot on CNS-Care Pathway for CHF Patient from Hospital to Community

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New Territories West Cluster People First
Introduction & Objectives

Introduction:
- Poor Control of CHF → ↑ A&E Attendance

Patient
- ↓ physical & psychological aspect
- ↓ Quality of Life (QoL)

Family/carer
- ↑ Stress due to ↑ casualty attendance and ↓ QoL

Objectives
- Establish CHF clinical pathway
- Avoid unplanned admission (ad-hoc FU/clinical admission)
- Early intervention (medication adjustment)
- ↑ Patient & Carer empowerment
Methodology

**Sampling:**
- Diagnosed with Congestive Heart Failure
- Lives at home
- Agree for CNS service
- Patient or Carer communicable
- Follow up POH M&G SOPC and discharged from TMH/POH

**Workflow**
- Medical Team/Cardiac Nurse identified suitable case in POH
- Pre-discharge assessment by CNS
- Post-discharge CN home visits 6-8 times (empowerment, medications supervision, disease monitoring) ± Phone visit
- Case conference/Phone consultation/Consultation via HA Chat
- Ad-hoc follow up/clinical admission/medication adjustment
ABC Journey of patient

AED & Acute ward
Diagnosis
Identify symptom for early

Identify suitable pts
Cardiac Nurse
+ CNS

Pre-discharge
Evidence based medication
Dietitian
Risk factors control
Intervention

Case Review
CNS + Cardiac Team (Dr. nurse, AH)

Community rehabilitation
Disease Monitoring
Medication Supervision
Patient/Carer Empowerment (Cardiac Rehabilitation)
Collaborate with Cardiac Team

Collaboration
CNS + Cardiac Team

New Territories West Cluster
People First
Results & Outcomes

AED Attendance: NO pt. ↑ AED Attendance; 5 pts. ↓; 9 pts kept “0”
Total Attendance: Pre-62, post-14, ↓ 77.4%

Pre & Post 6 months AED Attendance

N=15

Pt 1  Pt 2  Pt 3  Pt 4  Pt 5  Pt 6  Pt 7  Pt 8  Pt 9  Pt 10  Pt 11  Pt 12  Pt 13  Pt 14  Pt 15
0  2  2  4  4  4  12  8  8  8  8  8  8  8  8
Pre  Post
Results & Outcomes

In average $\uparrow 5.8$ (41.4%) of Patient /Carer Empowerment Score ($8.2 \Rightarrow 14$)

Pre & Post 6-month Empowerment Score

$N=15$
6/15 patients successfully to have Pre & Post-6-min. Walk Test
In average ↑80 m. (53%) in 6-min. Walk Test (150 m. to 230m.)

Pre & Post 6-min. Walk Test

N=6

![Bar chart showing the comparison between Pre and Post for each patient (Pt 1 to Pt 15), with an increase in distance walked in Post compared to Pre.](image)
Limitation & Conclusion

Limitation
• Further review is needed for limited sample size ➔ extend pilot study
• One hosp. only ➔ extend to other hospitals

Conclusion
• Trial case on the “CNS- Care Pathway for CHF Patient from Hospital to Community”
• Coordinated services is crucial for CHF patient’s rehabilitation:
  ➢ In-patient support
  ➢ Pre-discharge planning
  ➢ CNS (home visit on education & nursing care)

Thank You

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