Development of future practice – multidisciplinary

HP0036 MULTIDISCIPLINARY CARE IN OUTPATIENT CLINICS: THE CLINICAL NURSE SPECIALIST'S INPUT

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Rationale In The Netherlands multidisciplinary care for inpatients with rheumatic diseases is quite common. It is generally recognised that this kind of care is necessary to fulfil the treatment goals. Within the University Medical Centre Nijmegen the multidisciplinary meetings are not only scheduled for inpatients, but also for outpatients. This way the continuity of treatment and care will be positively influenced.

Objective In order to propagate and let more patients benefit from this kind of care, we will describe the role and input of the nurse practitioner in the multidisciplinary team.

Patients and methods At our outpatient clinic the multidisciplinary meetings are scheduled once a month. The team consists of rheumatologists, social workers, occupational therapists, and the clinical nurse specialists. All team members have the possibility to add their case (s) to the agenda for discussion. Generally these are patients with more complex problems, necessitating optimal co-ordination of treatment and care.

The discussion and decision making process take place on the 'base of equality'. In our team, each member's knowledge and experience are respected and applied. This equality of disciplines is required to guarantee optimal quality of the multidisciplinary care.

The role of the clinical nurse specialist consists of:

- representing the patients by clearly explaining their questions and problems
- input of her expert opinion to the multidisciplinary treatment approach
- advising the colleagues in the clinic as well as the primary health care
- making a working schedule and point out priorities, based on the planned treatment approach.

Conclusion The clinical nurse specialist is more and more an expert with a crucial role in patient care. Within the multidisciplinary team, an open relationship between physicians and health professionals is an important condition for good quality of the decision making process.

Plan Training of the rheumatology nurse specialist (RNS) in intra-articular and soft tissue injection using corticosteroids took place prior to notifying general practitioners of the rapid access clinic. Local general practices were informed of the service and guidelines for referral were developed outlining the appropriate patients to refer.

Action Twelve months consecutive referrals were seen at a specialist joint injection clinic. 8 patients were appointed for each clinic, allowing adequate time for assessment, education and, if required, injection. Patients were sent the Arthritis and Rheumatism Council information leaflet on intra-articular injection with their appointment and are encouraged to ask questions regarding their treatment.

269 consecutive patients were seen, assessed and treated. All were sent a questionnaire 3 months after their appointment.

Referring general practitioners were also questioned to assess their impressions of the service.

Results Of the 269 questionnaires sent to patients, 189 (71%) were returned. 253 (94%) patients felt that they received sufficient information prior to their appointment. Response duration (as determined by patient) was as follows;

- three months: 61 patients (32.2%)
- 172 (91%) patients stated that they would be willing to receive a further injection if required and 185 (98%) patients rated the service overall as good or very good.

The survey of general practitioners, carried out six months after the clinic had commenced, returned 65 of 80 questionnaires (81%). 59 (90.8%) stated that they were aware of the clinic, 35 (53.8%) stated that they referred patients directly to the joint injection clinic, 21 (32.3%) had not required to refer patients and 9 (13.8%) continued to refer to the General Rheumatology clinic. 62 (95.4%) thought it was a valuable resource and were satisfied with the service provided.

Conclusions It can be concluded from the results of the patient questionnaire that overall the joint injection clinic is a well-accepted effective method of organising joint injections, both for patients and referring doctors. This has been achieved through no need for additional funds. Importantly, it reduces pressures on the standard rheumatology clinic and provides an additional educational role, which has proved a valuable resource to health care professionals. Maximum waiting time is two weeks from referral.

We are planning to introduce an electronic appointment system, whereby general practitioners can book patients appointments directly via the GPASS desktop system, with emailing of the referral letter to the clinic.

SP0145 DEVELOPMENT AND PRESENT STATE OF THE CZECH LEAGUE AGAINST RHEUMATISM

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The Czech League against Rheumatism (CLAR) was founded in 1991 and accepted as a member of EULAR in 1999. Since 2000 CLAR participates in activities within the framework of Bone and Joint Decade 2000–2010 and of European Manifesto for People with Arthritis/Rheumatism for the third Millennium as well. The central CLAR branch is located in Prague and the second one was instituted recently in Moravia.

Patient centred health care

HP0037 ESTABLISHING A ONE-STOP DIRECT-ACCESS JOINT INJECTION CLINIC

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Background All intra-articular and soft tissue injections were previously carried out at the general rheumatology clinic however due to the increasing patient referrals we developed a direct access, one-stop intra-articular and soft tissue injection clinic.