FR0729-HPR  RHEUMATOLOGY ADVANCED NURSE PRACTITIONERS TREAT TO TARGET PERSON CENTERED CARE: IRELAND’S POLICY FRAMEWORK.

P. Minnick, A.-M. Ryan on behalf of Irish Rheumatology Nursing Forum.

1Rheumatic Musculoskeletal Health Unit, Our Lady’s Hospice and Care Services; 2Deputy Chief Nurse & Officer, Department of Health, Dublin, Ireland.

Background: Advanced practice refers to a registered nurse, educated to master’s degree level, with the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice beyond that of the first level nurse. Advanced practice characteristics are shaped by the specialty, local context and/or country of practice. Countries, as well as specialty areas are at different stages in the development of legislation, scope of practice, roles, responsibilities, education and clinical preparation. Rheumatology nursing development continues apace internationally.

Objectives: To bring rheumatology advanced nurse practitioners (ANPs) to the forefront in the delivery of quality person-centered care, working to enhance patient outcomes and reduce the personal and societal burden of rheumatic musculoskeletal diseases.

Methods: The Irish Rheumatology Nursing Forum proposed a business case for the development of advanced nurse practitioner posts to implement, as a standardized approach to care nationally, the therapeutic strategy of treat to target for patients with inflammatory arthritis. This was endorsed by the Irish Society for Rheumatology and approved by the Rheumatology National Clinical Programme in 2015. Subsequently this proposal was chosen by the Chief Nursing Office as a demonstrator project for the Department of Health (DOH) draft policy to raise the critical mass of ANPs in healthcare delivery.

Results: In late 2017, the DOH allocated 22 new ANP posts to rheumatology services countywide, aligned to the national integrated care programme for the prevention and management of chronic disease. These 22 candidate ANPs are now completing advanced practice education at MSc level run by a consortium of Irish universities (University College Dublin, Cork, Galway, and Trinity College Dublin). Supervision of the requisite 500 clinical hours at advanced practice level is being provided by local consultant rheumatologist in partnership with the universities. Local teams of key service, nursing, medical, and academic personnel have been established across all centres to oversee project development; implementation; utilisation of robust evaluation criteria to capture clinical impact and cost-effectiveness. Initial evaluation will focus on key performance indicators related to patient outcomes as i) ratio of new patients seen to ANPs, ii) new return attendance ratio, iii) percentage of referrals seen within three months, iv) percentage of non-attended appointments. Intermediate-long-term evaluation will encompasses patient care and health care outcome through evaluation of all nursing interventions such as health assessments; medication prescribing and optimisation; patient education; health promotion; comorbidity screening; referral to other professionals; ordering of investigations; patient and staff satisfaction surveys. Quality of care will be evaluated guided by published quality care indicators. Patient outcome will be evaluated using appropriate nursing sensitive and validated disease activity scores and patient reported outcome measures. Real-time data collection using a specifically commissioned epr will ensure cANPs are supported by the appropriate technology to treat to target.

Conclusions: ANP-led care underpinned by evidence based practice and guidelines, continues to grow as a model of care delivery in rheumatology.

Disclosure of Interest: None declared.


FR0730-HPR  THE CONCEPT OF PATIENT CENTERED CARE IN SPONDYLOARTHRITIS BASED ON A MULTIDISCIPLINARY MODEL

P. Santos-Moreno1, L. Villarrasa2, D. Bultrago-Garcia2, M. Cabrera2.

1Rheumatology, Health Services; 2Epidemiology, Biomab, Center For Rheumatoid Arthritis, Bogota, Bogota, Colombia.

Background: Spondyloarthritis (SpA) is one the most prevalent musculoskeletal disease in the Americas, with an estimated prevalence of 0.5%. This group of patients presents a number of unmet needs that are critical for accessibility to the consultation, diagnosis and adequate treatments. That for this reason is necessary to develop a program of Centers of Excellence (CoE), which allows answer to these needs and at the same time to add values for our health systems.

Objectives: The aim was to create a program with pilot SpA centers initially in some countries that operate under the scheme of CoE, as they are already delineated in projects like REAL-PANLAR for rheumatoid arthritis. In a second phase and under the auspices of PANLAR (Panamerican league of associations for rheumatology) create a Pan American Network of Centers of Excellence in SpA (CESPA).

Methods: We performed a systematic review of the literature in global and regional databases (PubMed, Medline, Scopus, Lilacs), in order to search information on this research question-hypothesis. Subsequently and under a Delphi-modified methodology and consensus of involved rheumatologists lay the conceptual bases on this particular subject – the Centers of Excellence in SpA (CESPA). As a result of the above was defined as should be a CESPA.

Results: In accordance with the principles of creation and operation of the CoE in particular, specific themes were developed by a coordinator who, after a review of the literature, presented a specific proposal on every particular topic that was discussed and then voted on and implemented within the CESPA concepts. A CoE-SPA must have: 1. Screening Clinic and Early Diagnosis of SpA: the purpose is to rule out false positives of disease and to diagnose early SpA; 2. Model of patient-centered care: a model of frequencies of care should be implemented for SpA patients from the perspective of the different specialties involved in the multidisciplinary team; 3. Laboratories and images: conventional laboratory tests as having a minimum of 3–4 times a year and each patient will have conventional X-ray images of cervical and lumbarosacral column at the beginning and then once a year. Ultrasound of entheses: upon admission to the program and then with a certain periodicity (annual) or depending of sensitivity to change (OMERACT). The same applies to the subject of MRI of sacroiliac joints and column for both diagnosis and follow-up; 4. Clinical guideline on SpA should be adapted and customized to the particular realities of some of our countries; 5. There must be a management (disease management) program that must include Structure, Process and Result Indicators to define CESPA as Standard, Optimal and Model; 6. There must be standardized education and research programs for patients and physicians at the center.

Conclusions: There is a global need to develop CESPAs, in order to define treatment targets type T2T-SPA, which would improve clinical outcomes and avoid so much disability and health economic costs.

REFERENCES:

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FR0731-HPR  SWITCH MANAGEMENT BETWEEN SIMILAR BIOLOGICAL MEDICINES, A COMMUNICATION INFORMATION GUIDE FOR NURSES

J.E. Voorneveld-Nieuwenhuis1, L. Moortgat2, M. Pavic Nikolic3, P. Crombez4, B. Oomen4 on behalf of European Specialist Nurses Organisations (ESNO): representatives of five organisations: Oncology, Diabetes, Dermatology, Rheumatology and Inflammatory Bowel Diseases are involved..1Rheumatology, Maasstad Hospital Rotterdam, Rotterdam, Netherlands; 2Gastroenterology, AZ Delta, Roeselare, Belgium; 3Rheumatology, University Medical Centre, Ljubljana, Slovenia; 4Hematology, Jules Bordet Institute; 5ESNO, Brussels, Belgium.

Background: Biologics are used in the field of rheumatology but are also important in other fields such as oncology and gastroenterology. Over the last few years, biosimilar versions of many biologicals have been launched. Patients may be switched depending on local rules and appointments. To provide support and information for nurses working with patients who are switching between similar biological medicines ESNO has taken the initiative to develop an information guide for nurses.

Nurses can take the lead in implementing the transition between branded and biosimilar biologic medicines. This includes managing the process before, during and after the switch.

Objectives: The guide was developed to provide support and information for nurses working with patients who are switching between similar biological medicines

The guide provides examples of projects and best practices based on different specialties to increase trust in biological medicines including biosimilars. Its aim is to contribute to the safe use of and trust in biologic medicines, and give nurses the tools to implement switching decisions in a clinical context and deal with patient concerns, drawing on the learnings from real-life experiences.

Methods: We collected previous experiences from nurses with switching biologic medicines. We also developed a roadmap for how to inform patients, a set of frequently asked questions (FAQ) and points to consider when switching.