

Clinical Role for the Professional Nurse in Rheumatology

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Objective: To evaluate the activity of the Nurses Clinic in the Rheumatology Unit of the Hospital San Juan de Alicante, Spain.

Methods: After reaching a consensus, the nurses' functions were defined using a pre-defined scale (supported by medical objectives) and codes were assigned to perform future metrics. Afterwards, 3 roles were assigned to the rheumatology nurse practitioner: 1. Procedures (nursing techniques); 2. Educational Health Related Services; and 3. Osteoporosis Nursery Clinic.

Results: Measurement of the rheumatology nurse activity during 2006: Assignment 1, 1592 procedures; Assignment 2, 2604 services; Assignment 3, 331 visits (95 first visits and 236 revisions).

Conclusions: These metrics support the fact that the activity shown in the Nurses' Clinic is enough to justify a full-time professional and the importance of designating their own specific planning and personal space in the Unit. The structure and roles in our Nurses' Clinic could be a role model to other Rheumatology Departments.

Key words: Rheumatology. Practice nurse. Further education. Rheumatology nurse practitioner.

Implicación clínica del profesional de enfermería en la consulta de reumatología

Objetivo: Valorar la actividad de la consulta de enfermería del Servicio de Reumatología del Hospital San Juan de Alicante.

Métodos: De forma consensuada, se definieron las funciones del profesional de enfermería utilizando una

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escala predefinida (apoyada por objetivos asistenciales) y se asignaron códigos numéricos para calcular métricas. Posteriormente, se diseñaron tres agendas informatizadas, exclusivas para el profesional de enfermería:

1. Procedimientos (técnicas de enfermería),
2. Prestaciones (educación-consultoría) y 3. Consulta monográfica de osteoporosis.

Resultados: Medida de la actividad asistencial realizada durante 2006: Agenda 1, 1.592 procedimientos; Agenda 2, 2.604 prestaciones; Agenda 3, 331 consultas (95 iniciales y 236 revisiones).

Conclusiones: Las métricas obtenidas corroboran que la gestión de esta consulta ocupa la jornada laboral completa del profesional sanitario y la conveniencia de asignarle una planificación y un espacio físico propios. La estructura y el funcionamiento de nuestra consulta de enfermería podría servir de referencia a otros servicios de reumatología.

Palabras clave: Reumatología. Enfermera asistencial. Educación de posgrado. Enfermera especialista en reumatología.

Introduction

The definition of the professional mission of nursing in Spain, within a determined professional system is complex, and the method of work varies according to the place where it takes place.

The Spanish Society of Rheumatology, in the publication *Standards of process times and assistance quality in Rheumatology*, recommends that every Rheumatology unit must have an associated nursing consult. The activities consigned to the nursing professionals are, among others, inject, control secondary effects, inform and teach the patient. In addition, nurses must be trained to perform, at least, the following diagnostic tools: VAS, HAQ, BASFI, BASDAI, SLEDAI, and SLICC.

Following this premise, in the past few years there has been an increase in the number of nursing professionals who develop their activities in rheumatology units. However, there are no unified criteria in the tasks they must perform and there are still different assistance models

and the care provided to patients. In most of the cases, the work of these professionals is based on their own initiative and based on self-learning.

The clinical services that currently have specialized professionals make an important effort for the transmittal of information to the patient regarding their disease and their education, as well as for the follow-up of certain medications. This clinical activity has made their presence a necessity in the centers in which they are available because it represents an important improvement in patient attention and sensibly reduces the assistance pressure on the specialist. But, beyond these tasks, nursing professionals have incorporated new activities into their daily work, such as the application of questionnaires for the evaluation of disease, telephone follow-ups and even techniques such as Schirmer and Mantoux testing or densitometry, to mention only some. On the other hand, it would be foreseeable that the nursing professionals could subspecialize in different areas of rheumatology, such as metabolic bone disease, pediatric rheumatology, lupus, etc. Because the need for these professionals is growing, it would be very interesting to unify criteria and structure their functions in order to facilitate their incorporation into assistance care in a more effective and productive manner.

This article describes the general activity of the nursing consult in the Rheumatology Unit of the Hospital Universitario de San Juan de Alicante, which started its activity in May 2004, as the result of the specific needs related with the demands of the rheumatic patient, and with the objective of complementing assistance activities.

Material and Methods

In the Rheumatology Unit of the Hospital de San Juan we have the collaboration of a specialized nurse. The nurses' activity was planned according to the following activities: promote the well-being and health of the patient through education, improve assistance care, improve the follow-up of certain affections, train the patient for the application of drugs, perform the review of laboratory analysis in order to prevent adverse events, improve treatment compliance and perform metrologic testing as well as functional evaluations.

In order to demonstrate the need for a full-time professional, their functions were defined and coded, with the objective of qualify and quantify by measuring them. In this manner, specific electronic appointment books for the nursing consult in rheumatology were created, which allowed the programming of short, medium, and long term work in an overall or medical consult-independent manner. Each procedure or service has established execution times and an assigned code..

Three appointment books were created which would group the total activity of the nursing consult: 1. Procedures (nursing techniques), 2. Services (consulting and health

education), and 3. Monographic osteoporosis consult. In the procedure appointment book we included the following activities: Mantoux tests and Booster, urgent extraction of laboratory analysis, subcutaneous or intramuscular drug administration, collaboration in the performance of infiltrations and arthrocentesis, determination of morphometric parameters and Schirmer and salivary flow testing.

The services appointment book included 3 areas: *a)* "Overall evaluation of the patient," which includes the necessities of a specific nursing care plan (a special needs unit already is in place to personalize the information provided to the patient with relation to their interests and level of understanding, with nurses providing a clearly added value); *b)* "Health education," which refers to training on posture, muscle strengthening, information on diseases and training on the use of subcutaneous treatment (remission inductors, biologics or PTH); *c)* "Day hospital treatments," which includes the review of laboratory analysis in order to detect toxicity or possible adverse events; and *d)* "Functional evaluation test": HAQ, DAS 28, BASDAI, BASFI, and metrologic assays for SA (modified Schober, thorax expansion, occiput-wall, and lateral flexion).

The monographic consultation of osteoporosis is organized in relation to the type of visit: during the first visit the osteoporotic patient usually is first seen by a hospital specialist and undergoes, after a consensus with the nursing professional, an interview protocol: interrogation, risk factor questionnaires, elaboration of a follow-up plan, recommendations, and health advice. Diagnostic tests are also solicited (densitometry if the patient has not been tested in the past year, blood analysis and 24 hour urine samples). In this way, when the the visit with the rheumatology specialist happens, everything is in place for an adequate evaluation of the patient: there is a basic interrogation and current diagnostic tests, information on osteoporosis and self-care advice has been offered, something that helps considerably with the medical consult. In the osteoporosis review nursing consult, the current clinical situation is evaluated, daily activities, diet habits, weight, compliance and therapeutic tolerance, and the analysis results are revised searching for any important alterations (in which case they are sent to the corresponding rheumatologists). Posture recommendations, fall avoidance, and fracture prevention advice are given.

In order to measure the assistance activity performed in this consult, a retrospective account is performed of the coded data by the admissions department, regarding the activity during the past year.

Results

Ninety-five per cent of nursing professional activity is generated by the unit of rheumatology and 5% are consultations by other medical specialties or primary care centers.

TABLE 1. Results (Year 2006)

	Monthly, No.	Daily, Media	Time of Execution, min	Daily Mean, min
Activities				
Overall evaluation of the patient	76	3.8	20	76
Review of the patient OP	42	2.1	20	42
Health education	41	2.1	20	41
Administration/biologic monitoring	71	3.5	10	35
Test of functional evaluation	28	1.4	20	28
Procedures				
Mantoux	10	0.5	10	5
Urgent drugs	3	0.15	10	1.5
Analysis	10	0.15	10	5
Infiltration with hyaluronic acid	35	1.75	15	26
Infiltration with corticosteroids	35	1.75	15	26
Test sicca syndrome	3	0.15	35	5.3
Vital signs	51	2.5	15	38.5
First consultation OP				
Interrogation, health education, etc	0.9	0.45	25	11.25
Totals				341

Table 1 reflects the assigned time of execution to each one of the coded service and the number of minutes dedicated every day. The service that takes more time is the overall evaluation of the patient and their disease, followed by osteoporosis reviews and health education. Regarding procedures, the aspects that takes more time are the morphometric determinations and the vital signs, followed by collaborating with infiltrations. The monographic appointment book for the first osteoporosis visits in nursing has 2 days a month assigned, which are modifiable on demand.

As shown on Table 2, it is demonstrated that assistance is the fundamental activity, and the administrative, teaching and research activities come in second place. We believe that both the measurements and the benefits purveyed by the management of the rheumatology consult justify the need of having a full time nursing professional with their own consult.

Discussion

Because there is an ever growing number of nursing professionals that develop their activities in rheumatology clinics, we believe it would be interesting to unify criteria

TABLE 2. Summary of a Work Shift, Monthly

	Time, Mean, min
Appointments	341
Telephone consultation	30
Assistance activity	371
Administrative activity	30
Total activity	401
Pause for coffee	20
Total shift	420

and standardize functions, making it necessary to expose our experience which could be a point of reference for other rheumatology departments.

In our daily practice, the development of a new model of attention has supposed saving time and the number of medical visits and a better distribution of assistance pressure. Our patients perceive a larger control in follow up of their diseases and the nurse is the health professional to which they refer in many cases. We would like to point out the importance of coding and computers in the activities

developed, used for documenting numerically the activity of the specialized nursing professional.

The previous analysis indicates that the management of a nursing consult within a rheumatology department can occupy a complete work shift. Therefore, it would be preferable to assign exclusive patient planning and a specific physical space, always in accordance to the total space available and service necessities. The success of this model in our rheumatology unit makes us think that the structure and function of this consult could serve as a reference to other rheumatology units.

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