

项目详细内容Project Details:

项目名称	基于即时通讯软件创新腹膜透析患者随访模式		主题	腹膜透析患者随访管理
Project Title	Setting up an innovative follow-up system for patients on peritoneal dialysis by using the instant communication software		Theme	Nursing care plan for patients on peritoneal dialysis
项目负责人	曹芳	项目成员	李岚绯, 洪富源	
Project Lead	Cao Fang	Project Team	Li Lanfei, Hong Fuyuan	
经费 Funding	RMB 2500 元			
项目起止日期 Project Period	起始: 2013 年 1 月 7 日 Start January 12, 2013	完成: 2013 年 7 月 8 日 End July 1, 2013		
问题描述 Problem Description	<p>上世纪 70 年代, 我国开始将持续性不卧床腹膜透析应用于临床, 福建省立医院在国内同步开展此项技术, 但受限设备、耗材以及人群观念, 实际开展的例数并不多。近年来, 随着一次性耗材的广泛应用以及经济社会的发展, 接受腹膜透析的慢性肾功能衰竭患者日益增多。我院作为全国卫生部腹膜透析培训示范中心, 目前正在随访腹膜透析患者达 256 名。腹透患者居家治疗, 由于缺少有效的沟通交流平台, 医务人员组织教育难度很高, 跨地域随访跟踪困难, 导致患者规律随访缺如, 各种并发症发生率高, 甚至危及生命, 患者生存质量偏低。2012 年全年腹透患者 165 名, 真正能达到规范随访的低于 50 %, 失访率达 50 % 以上。</p> <p>采用根因分析与头脑风暴法 (见附图一), 发现传统的腹透患者随访模式 (即电话通知、定期讲座培训、问卷调查等) 比较费时、费力, 无法实现患者间同伴教育。电话随访 200 多名患者, 以每人 30 分钟计, 护士需要耗时 100 个工作时, 或组织一次 30 人腹透患者培训, 通知、组织的工作量更大, 加之患者时间难以统一, 常常“费力不讨好”, 收效甚微。我们通过讨论, 认为可以借助当下十分普及的即时通讯软件, 通过建立腹透患者 QQ 群——“肾洁群”的方式, 创新腹透患者的随访模式。</p> <p>Continuous ambulatory peritoneal dialysis (CAPD) for Chronic kidney disease (CKD) was introduced to China and Fujian Provincial Hospital in the 1970's. However, due to the limitation of the equipment, supplies and</p>			

请描述问题起因及存在多久、问题形塑过程中的关键人员及人数。
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	<p>awareness, it was not until recent years that it became a practical and widespread treatment for CKD patients with the rapid development of disposable consumables and the progress of economy. Fujian Provincial Hospital is one of the peritoneal dialysis training and demonstration center accredited by the Ministry of health. Currently, around 256 patients on peritoneal dialysis are being followed up by our center. Most PD patients get the treatment themselves at home. Therefore, It's especially important that the patients work closely with their health care team: nephrologists, dialysis nurse, dialysis technician and dietitian. However, due to the lack of effective platform for communication, patient's education and follow-up, it could be very difficult to establish a reliable follow-up system for our PD patients, especially those patients from rural areas, resulting in a high rate of lost to follow-up, high incidence of complications and mobility, and low quality of life for the PD patients in our center. There are total 165 patients under PD in 2012, and less than 50% of them could actually receive appropriate follow-up care.</p> <p>By using the root cause analysis method, we found that the traditional model of follow-up for PD patients (including telephone, regular lectures and training, questionnaire etc.) was time-consuming, inefficient and lacking of peer education among the patients. For example, the average time for each telephone follow-up is around 30 minutes. The PD nurses should spend more than 100 working hours to perform the telephone follow-up for all the 200 patients. There is also a lot of work to do to organize a training course for 30 PD patients. Therefore, in this project, we aim to establish an innovative model for PD patients follow-up, namely "kidney cleaning group", by using the popular instant messaging software QQ group, through which we can perform the PD patients follow-up care in a more effective and efficient way.</p>
<p>解决方法 Solution 请描述可行的解决方法 和形塑过程。 请以中英文填写。</p>	<p>(一) 预调查。实施新随访模式前, 随机调查 50 例患者, 90%以上患者表示希望医院能够搭建沟通平台, 方便患者与患者之间、患者与医务人员交流。</p> <p>(二) 创建腹透患者 QQ 群——“肾洁群”。由肾内科护士长作为管理员创建 QQ 群, 制定 Q 群随访工作规则、随访方案等。在印发提示卡时列出随访电话及腹膜透析患者 QQ 群号码, 邀请腹膜透析随访者加入该群。个别较重或不熟悉计算机使用的患者, 邀请负责起居的家属</p>

或护理人员加入。

(三) QQ 群随访管理:

1. QQ 腹透技术指导组: 由肾内科主任以及主治医师 1 名负责, 欢迎科内医生作为志愿者参与指导, 要求他们每周至少一次登录 Q 群, 了解患者动向, 为患者解疑释惑。

2. QQ 随访管理组: 由肾内科护士长以及两名专科护士组织, 负责制定培训、随访计划, 根据随访计划及时发布随访信息, 组织腹透患者参加相关健康教育活动, 对于难以参加定期活动的, 管理护士及时发传相关健康教育资料, 通过 QQ 视频、对话、文件上传等多种形式进行沟通交流。

3. QQ 腹透患者管理组: 将入群的腹透患者随机分为 5 组, 每组分别选择文化较高、接受腹透两年以上、操作规范、并发症少、热心公益的患者 1 名, 担任该组负责人, 5 名负责人组成管理组, 负责 QQ 群内活动的组织、腹透心得的交流以及与医护人员的联系、需求反馈等。

4. QQ 群内建立腹透健康教育资料文件库。通过 QQ 群的文件功能, 及时上传、更新腹透健康教育资料。编写《居家腹膜透析指导手册》, 针对居家腹透过程中可能遇到的 100 多个问题, 供 QQ 群腹透患者随时查阅、学习。

5. 鼓励腹透患者借助 QQ 群进行同伴教育, 在 QQ 群里交流腹透的心得、腹透应急事件处置小技巧, 进行同伴心理辅导等。

6. 建立腹透患者随访病历, 将患者随访情况记录随访病历中, 及时通知患者进行换管, 督促换液操作, 观察并发症情况等。

(一) Pre-survey: Before the implementation of the new model of follow-up, we performed a random sample survey among 50 patients. More than 90% patients agreed to build a platform for the communication between patient and patient, patient and medical staff.

(二) The establishment of QQ group "Cleaning kidney in peritoneal dialysis patients ": The head nurse of the Renal Division will establish a QQ group and become the administrator. The head nurse will make working rules for QQ group follow-up. Medical staff will write down number of QQ group

and telephone in a card. Patients on peritoneal dialysis will be invited to join this group. If the patient cannot use the computer or is in serious condition, we will invite their relatives or nursing worker responsible for PD to join.

(三) The follow-up management of QQ group:

1. PD technical guidance group: The director of the Renal Department and one attending physician will be in charge for guidance. And the doctors of the division will be the volunteer who will login in QQ group for the patients and solve questions once a week.

2. Follow-up management group: The head nurse and two specialized nurse will be responsible for making the training and follow-up plan. They will announce the follow-up information in a timely manner according to the follow-up plan, and organize activities related to health education in patients on peritoneal dialysis. If the patient is unable to participate in regular activities, the managers will timely upload the health education information, and communicate with the patient using the QQ video, dialogue, file upload etc.

3. Management groups of peritoneal dialysis patients: The PD patients will be divided into 5 groups. One patient who has been on dialysis for more than two years and knows standard operation well with fewer complications will be responsible for one group. There will be five groups in total. The five patients who are responsible for the management of groups will participate in organizing the education, experience sharing, communicating with medical staff, and demand feedback etc.

4. The establishment of PD health education materials in the file library of QQ group . Medical staff will upload and update the PD health education materials, write "Peritoneal Dialysis Guide" and answer more than 100 questions may occur in the process of peritoneal dialysis. CAPD patients can study themselves at any time.

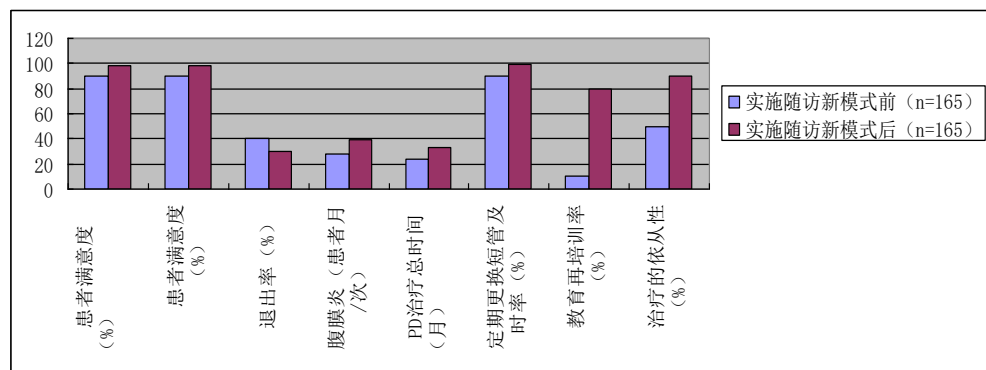
5. Encourage peer education with the help of QQ group among peritoneal dialysis patients. In the QQ group, patients may exchange their experience, small skills for PD emergency incidents, peer counseling etc.

6. We will establish the record of the follow-up for peritoneal dialysis patients. We will record the follow-up status and promptly notify the patients to change transfer set tube, monitor liquid exchange technique and help to

observe complications etc.

本项目主要从患者的满意度、退出率（%）、腹膜炎（患者月/次）、PD 治疗总时间（月）、定期更换短管及时率（%）、教育再培训率（%）、治疗依从性（%）等方面进行评估成交。基于即时通讯软件创新腹膜透析患者随访模式实施前后，上述指标变化见下表：

项目	实施随访新模式前 (n=165)	实施随访新模式后 (n=165)
患者满意度 (%)	90	98
退出率 (%)	40	30
腹膜炎 (患者月/次)	28	39
PD 治疗总时间 (月)	24	33
定期更换短管及时率 (%)	90	99
教育再培训率 (%)	10	80
治疗的依从性 (%)	50	90



成效 / 影响力

Outcome / Impact

请提供方案实施前的基线数据和实施后的成果指标。

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项目	实施随访新模式前 (n=165)	实施随访新模式后 (n=165)
质量汇报例会	无	有
腹透疑难病例讨论	无	有
随访病历建立 (例)	15	165

This project mainly evaluated from the following aspects. Patient satisfaction (%), exit rate (%), peritonitis (patient months /), PD total treatment time (months), regular replacement of transfer set tube rate (%), re education rate (%), treatment compliance (%) etc. Based on before and after the implementation of instant messaging software in peritoneal dialysis patients follow-up model, the changes of above indexes have be showed in the table below:

Project	established the new mode before (n=165)	established the new mode after (n=165)
	The satisfaction degree of patients (%)	90
Exit rate (%)	40	38
The rate of peritonitis (month / time)	28	39
PD treatment time (月)	24	33
The replacement of short tube time rate (%)	90	99
Re education training rate (%)	10	80
The compliance of treatment (%)	50	90

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The compliance of treat...	50	90

Project	established the new mode before (n=165)	established the new mode after (n=165)
Quality report meeting	no	have
Discussion peritoneal difficult cases	no	have
The establishment of follow-up records (cases)	15	165

执行力

Excellence in Execution

请提供评价标准(如时间、预算、人力、干预族群的满意度), 及计划初始估计与成果的比较。例: 规划运行 4 个月, 800 人民币。实际为 4 个月,

基于即时通讯软件创新腹膜透析患者随访模式计划实施 6 个月, 计划初始需要医生 2 名、护士 3 名参与, 费用预算 1500 元 (主要用于健康资料编印)。实际从一开始就实施延续至今, 随着腹透患者自我管理的加强, 目前只需 2 位护士、1 名医生即可完成整个 QQ 群管理及相关活动的组织, 而且腹透患者的依从性、满意度都有较大提高。

由于新模式引入了即时通讯软件、鼓励患者自我管理, 变传统电话 1 对 1 随访, 为网络 1 对 N 交流, 共性的问题可以在 Q 群交流, 从而

<p>花费 680 人民币。</p> <p>请以中英文填写。</p>	<p>减轻了医护人员的工作压力，让医护人员将精力更多地用于解决患者的个性问题。</p> <p>For 6 months of the implementation of the innovative instant messaging software model in peritoneal dialysis patient follow-up, we will need 2 doctors and 3 nurses to participate in this project. The cost budget is around 1500 yuan (mainly for publishing health information). In the initial stage of the plan, because the good self management in patients of peritoneal dialysis from the beginning, at present, we only need 2 nurses and 1 doctors to complete the whole QQ group management and related activities of the education. Compliance and satisfaction of PD patients have increased.</p> <p>Because the instant messaging software has been introduced into this model, which will encourage the patient self management. This model will transfer the traditional telephone follow-up from 1 to 1 to 1 to the N by network communication. Common problems will be discussed and solved in the Q group. Thus, the medical staff can focus on the individual problem of the PD patients.</p>															
<p>发展性</p> <p>Sustainability</p> <p>请描述如何持续项目成果，及在其他区域的可复制性。例：若需在五个社区复制此方案，需要的策略合作伙伴为乙方及丙方，估计需要五千人民币，可能从以下三个单位获取，及资金取得的时间表。</p> <p>请以中英文填写。</p>	<ol style="list-style-type: none"> 1. 该项目需要一间操作室及培训室，这些为县级以下医院和社区医院原已配备的，无需高投入的。 2. QQ 即时通讯工具在国内十分普及，与手机相连后，可以随时参与交流、查阅相关信息，下载健康教育资料。 3. 人力资源可为现有的工作人员。 4. 充分发挥了腹透患者同伴经验交流及自我管理，减少了医护人员中随访的组织人力、精力。 5. 相关费用预算 <table border="1" data-bbox="427 1547 1422 1921"> <thead> <tr> <th data-bbox="427 1547 751 1675">预算支出科目</th> <th data-bbox="751 1547 1023 1675">金 额 (千元)</th> <th data-bbox="1023 1547 1422 1675">计算根据及理由</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 1675 751 1727">1 设备购置费</td> <td data-bbox="751 1675 1023 1727">0.5</td> <td data-bbox="1023 1675 1422 1727">能源材料费（智能手机）</td> </tr> <tr> <td data-bbox="427 1727 751 1778">2 资料印刷费</td> <td data-bbox="751 1727 1023 1778">1</td> <td data-bbox="1023 1727 1422 1778">资料整理</td> </tr> <tr> <td data-bbox="427 1778 751 1830">3 编写材料费</td> <td data-bbox="751 1778 1023 1830">1</td> <td data-bbox="1023 1778 1422 1830">科普手册</td> </tr> <tr> <td data-bbox="427 1830 751 1921">总计</td> <td data-bbox="751 1830 1023 1921">2.5</td> <td data-bbox="1023 1830 1422 1921"></td> </tr> </tbody> </table> <p>1、 We need an operating room and a training room for the project. These have been already equipped in the county level hospitals and community level hospitals. Therefore, high investment will not be required.</p>	预算支出科目	金 额 (千元)	计算根据及理由	1 设备购置费	0.5	能源材料费（智能手机）	2 资料印刷费	1	资料整理	3 编写材料费	1	科普手册	总计	2.5	
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	<p>2、 QQ instant messaging tool is very popular in China. Once logged in with mobile phone, the patient can participate in the discussion, access to relevant information at any time, and download the information on health education section.</p> <p>3、 The medical staff and PD nurses in renal division are existing human resources.</p> <p>4、 Instant messaging software allows the PD patients to exchange their experience and self management, and increases the working efficiency and efficacy of doctors and nurses.</p> <p>5、 budget</p> <table border="1" data-bbox="432 712 1422 1037"> <thead> <tr> <th>Subjects</th> <th>Amount of money (thousand)</th> <th>The reason</th> </tr> </thead> <tbody> <tr> <td>Equipment purchase fees</td> <td>0.5</td> <td>The energy cost of materials (intelligent mobile phone)</td> </tr> <tr> <td>Data printing fee</td> <td>1</td> <td>The arrangement of materials</td> </tr> <tr> <td>The preparation of material cost</td> <td>1</td> <td>Science Handbook</td> </tr> <tr> <td>Total</td> <td>2. 5</td> <td></td> </tr> </tbody> </table>	Subjects	Amount of money (thousand)	The reason	Equipment purchase fees	0.5	The energy cost of materials (intelligent mobile phone)	Data printing fee	1	The arrangement of materials	The preparation of material cost	1	Science Handbook	Total	2. 5	
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<p style="text-align: center;">创新力 Innovation</p> <p>请描述方案执行中遇到的挑战、应对过程及方式。</p> <p>请提供任何项目执行的相关照片、影片。如前后的比较、干预对象、宣教范本等。</p> <p><u>请以中英文填写。</u></p>	<p>1、 在随访过程中个别患者因年龄、网络问题无法加入 QQ 群，管理员邀请该腹膜透析操作执行者或照顾者加入 QQ 群。无法加入 QQ 群的患者使用电话进行随访管理，以弥补新随访模式的不足。</p> <p>2、 本项目借助即时通讯软件，实现了 1（医护人员）对 N（患者）之间的随访、健康教育。</p> <p>3、 借助即时通讯软件，有效实现患者同伴教育。</p> <p>1、 During follow-up, some patients cannot join the QQ group because of age, network problems, the administrator invites the peritoneal dialysis operating executives or caregivers to join the QQ group. Patients who are unable to join the QQ group are using the telephone follow-up system, to compensate for the lack of new model of follow-up.</p> <p>2、 This project establish 1 (staff) to N (patients) follow-up and health education model by using instant messaging software.</p> <p>3、 With the help of instant messaging software, we will effectively achieve peer education among patients</p>															

图表 1

原因分析：因果图（鱼骨图）

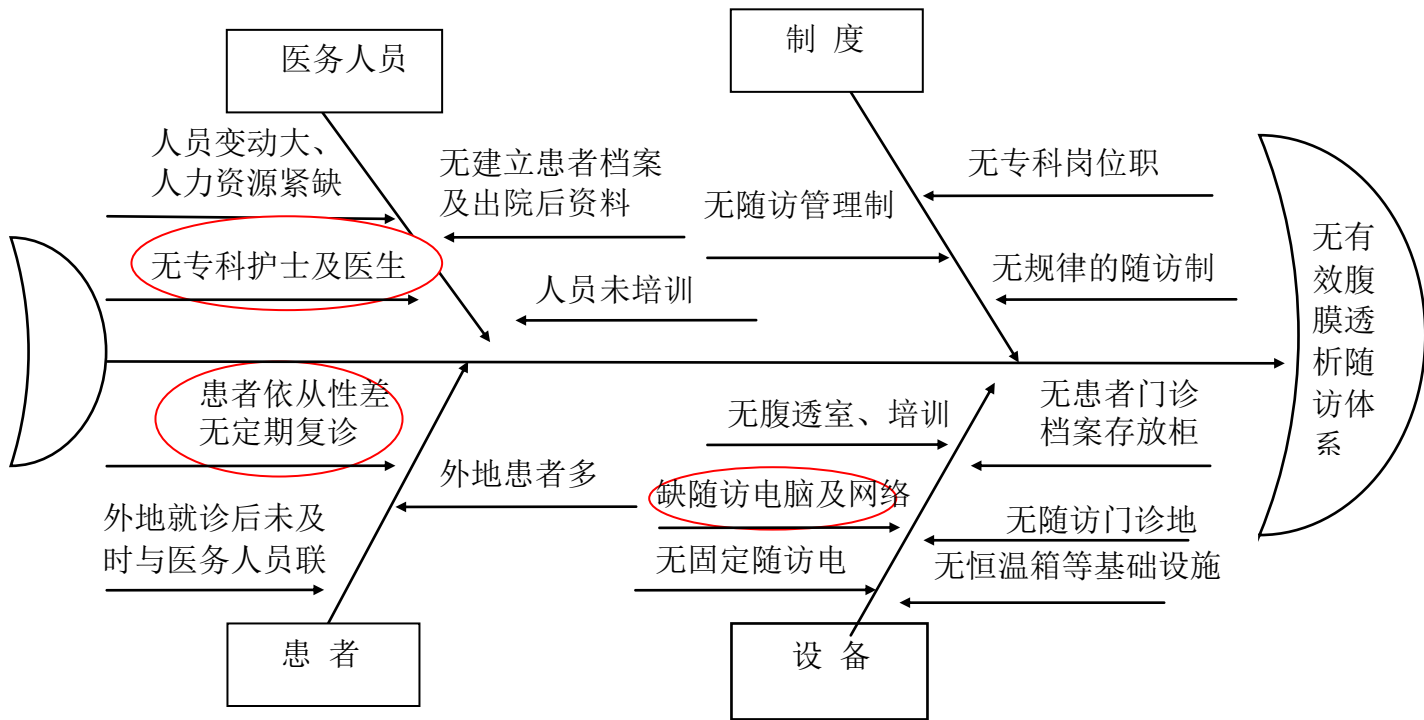


Chart 1

Cause analysis: cause and effect diagram (fishbone diagram)

