Striving for High Quality Service: A Four Years Review of Family Medicine Triage Clinics in NTWC

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HA Convention 2008
Paradigm Shift - A NEW SERVICE MODEL

Tertiary / Secondary Care
 Intermediate between Primary and Secondary

Hospital SOPD

3 Lost Situation

Primary Care
 GOPCs, Private, AEDs, Others (e.g. DH Clinics)

Family Triage Clinics
Objectives of FM Triage Clinic

1. Provide timely support for primary care doctors to facilitate the care of patients in the community;
2. Improve Safety in the SOPD triage system;
3. Improve the gate-keeping role of primary care doctors and
4. Improve the aptitude of primary care doctors in management of common medical problems.
Development of FM Triage Clinics in NTWC

POH Pilot Phase

POH Medical Triage

Medical Triage

DM Triage

OG Triage

TMH Medical Triage

Medical Triage

OG Triage

YL CCC Since 2006

TM CCC Since 2005

Sept 2003

Jan 2004

Feb 2004

2005

2006
New Models of Service to facilitate continuity of care in community and reduce referrals to secondary care service

By Dr Cynthia Chan, HA convention 2005

1. FM Triage Clinic was a workable and effective new service model

2. Reasons of Success: Not By Chance
   - Not Relate to Disease Factors
   - Not Relate to Patient Factors

3. Due to the changes of systems:
   - New Models of service:
     i) Bio-Psycho-Social Approach
     ii) Manage common problems within 3 visits
     iii) Improved Communication: between hospital specialists & FM doctors, doctors from referring & receiving Ends
     iv) Staff Factors: Well trained family doctors
From 2003 to 2008

• Results Sustainable?
• Results Reproducible?
• Cost Effective?
• Impact to Local Health Care System?
Outcome Results & Sustainability
Combined TMH & POH Data from 2003 to 2007
Total No. of Patients seen (N=14114)
Total No. of Patients discharged (N=10064)

**TMH FMTC**
- 66%
- Discharged patients (5920)
- Not yet discharged (3068)

**POH FMTC**
- 19%
- Discharged patients (4144)
- Not yet discharged (982)
Discharge Destination
Combined POH & TMH
(2003-2007)

- Primary Care: 52%
- GOPC: 26%
- SOPC: 17%
- Others: 2%
- FMSC: 3%
## Discharge Destination By Referral

### Combined TMH + POH (2003-2007)

<table>
<thead>
<tr>
<th>Discharge Destination</th>
<th>GOPC /DH</th>
<th>GP</th>
<th>AED</th>
<th>SOPD of own hospital</th>
<th>SOPD of other hospital</th>
<th>In patient</th>
<th>Others</th>
<th>Total</th>
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<td>GP</td>
<td>611</td>
<td>577</td>
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</table>

*GOPC: General Outpatient Clinic*  
*AED: Admission and Emergency Department*  
*SOPD: Special Operations and Perioperative Department*
Discharge Destination (Medical Triage)
Combined POH & TMH (2004-2007)
Number of Visits Upon Discharge
Medical Triage (Combined POH & TMH)
2004-2007

*Average no. of visits on discharge
Results Reproducible in Other Clusters?

1. Ching KW et. al. Triage Clinic- A Workable Solution for Hospital Authority and Patients
   *Hospital Authority Convention 2006*

2. Wong KS et. al. A Pilot Project for Family Medicine Specialist Clinic in Pamela Youde Nethersole Eastern Hospital
   *Hospital Authority Convention 2006*

3. Ng CL et. al. Family Medicine Specialist Clinics in Kowloon West Cluster to Reduce Unnecessary Referral to Medical Specialist Outpatient Clinics
   *Hospital Authority Convention 2007*

   *Hospital Authority Convention 2007*

   *Hospital Authority Convention 2007*
Cost?

- Expensive Investigations
- Drug cost
- Consultation time: New Case 20 - 30 mins
  Old Case 10 mins
Bio-Psycho-Social approach of Family Physicians on problem solving helps in discriminative use and reduce unnecessary investigations.
Cost Per Treatment at POH FMTC

Within the allocated drug budgets
Impact To Local Health Care System
Monthly Referral to Medical SOPC from NTWC GOPC (No. of patients) 2003-2007

POH Triage Clinics
TMH Triage Clinic
TM CCC Triage Clinic
YL CCC Triage Clinic
Monthly Referrals to Medical SOPC per 1000 GOPC consultations (2003-2007)

- POH Triage Clinics
- TMH Triage Clinics
- TM CCC
- YL CCC
- Triage clinic
- Triage clinic
% of Monthly Referral to Medical SOPC and Triage Clinics from NTWC GOPCs (2003-2007)
Monthly Referral to Medical SOPC and Triage Clinics per 1000 consultations from NTWC GOPCs (2003-2007)

No. of referrals to Medical per 1000 consultations

No to Triage Clinics (TMH+POH + CCC) per 1000 consultations
Monthly Referral to Medical SOPC and Triage Clinics per 1000 consultations from NTWC GOPCs (2003-2007)
Waiting time for TMH Medical SOPD from ~ 9 months in 2003 to 5 months in 2006
Conclusion

• FM Triage Clinic is a workable and cost effective service model

• The objectives of FM Triage Clinic had been achieved (3 Win situation)

• The results were sustainable and reproducible

• It produced a great impact in local primary health care system in the past few years
Looking Forward

- FM triage clinic will continue to play an important part of primary care service
- Base on the foundation and experience gained, we had the potential to expand our service scope
- Combined data from different clusters will give us a more representative findings
- Long term outcome study for patients post discharge from FMTC will be conducted to further substantiate our findings.
Acknowledgement

• Special thanks to the close collaboration and support from M&G Department, Endocrinologist and NTWC DM Center, O&G Department and triage nurse over the past few years
Tuen Mun Hospital
Pok Oi Hospital
New Look in 2006
Thank You!