PROTOCOL DRIVEN ASSESSMENT PROGRAMME EFFECTIVELY SHORTENS NEW CASE WAITING TIME

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BACKGROUND

Increasing number of referrals to endocrine clinic

… was 12-14 weeks…

… now 26 weeks!

We just have too many incidentalomas and hypokalaemic hypertension to deal with!

SOLUTIONS

1. See more, work hard, leave late…

2. …

3. Ask for more…

4. …

WAY OUTS

Designated person-in-charge

Avoid duplication of work

Categorize cases according to urgency as well as case complexity

Maximize input from specialist nurse

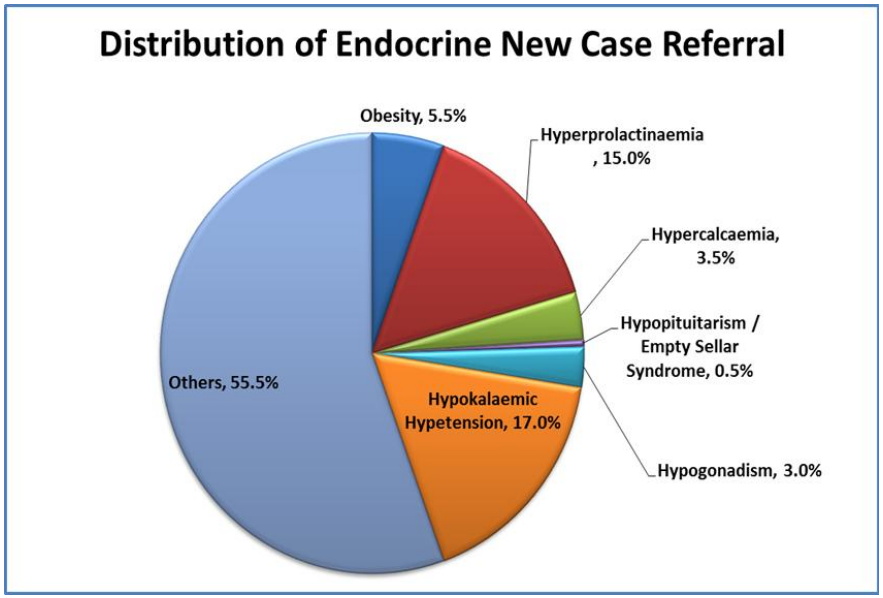
Protocol driven assessment programme

Streamline logistics of patient flow in clinic

PROTOCOL DRIVEN ASSESSMENT PROGRAMME

Urgent endocrine referrals will be deal with through urgent pathway

Analyze the case mix of referrals



May 2012 – Dec 2012

Design assessment protocols for selected disease categories

THE PILOT PROTOCOLS

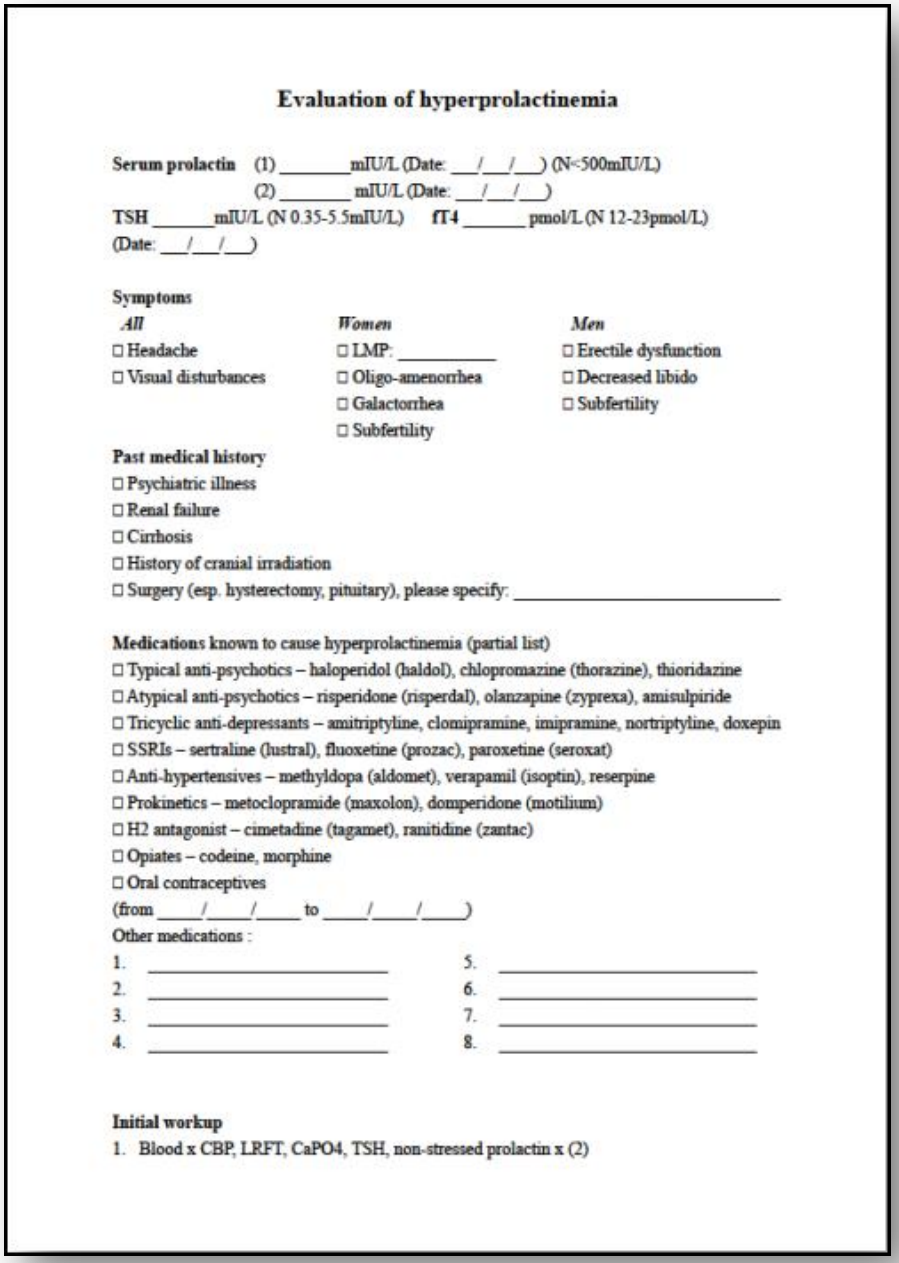
Hyperprolactinaemia

Hypercalcemia

Hypopituitarism

Hypogonadism

Obesity



Evaluation of hyperprolactinemia

Serum prolactin (1) _____mIU/L (Date: __/__/__) (N<500mIU/L)
(2) _____ mIU/L (Date: __/__/__)
TSH _____mIU/L (N 0.35-5.5mIU/L) **fT4** _____ pmol/L (N 12-23pmol/L)
(Date: __/__/__)

Symptoms

All	*Women*	*Men*
☐ Headache	☐ LMP: _____	☐ Erectile dysfunction
☐ Visual disturbances	☐ Oligo-amenorrhea	☐ Decreased libido
	☐ Galactorrhea	☐ Subfertility
	☐ Subfertility	

Past medical history
☐ Psychiatric illness
☐ Renal failure
☐ Cirrhosis
☐ History of cranial irradiation
☐ Surgery (esp. hysterectomy, pituitary), please specify: _____

Medications known to cause hyperprolactinemia (partial list)
☐ Typical anti-psychotics – haloperidol (haldol), chlopromazine (thorazine), thioridazine
☐ Atypical anti-psychotics – risperidone (risperdal), olanzapine (zyprexa), amisulpiride
☐ Tricyclic anti-depressants – amitriptyline, clomipramine, imipramine, nortriptyline, doxepin
☐ SSRIs – sertraline (lustral), fluoxetine (prozac), paroxetine (seroxat)
☐ Anti-hypertensives – methyldopa (aldomet), verapamil (isoptin), reserpine
☐ Prokinetics – metoclopramide (maxolon), domperidone (motilium)
☐ H2 antagonist – cimetadine (tagamet), ranitidine (zantac)
☐ Opiates – codeine, morphine
☐ Oral contraceptives
(from ____/____/____ to ____/____/____)
Other medications :

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Initial workup
1. Blood x CBP, LRFT, CaPO4, TSH, non-stressed prolactin x (2)

WE CAN WORK IT OUT

Triaging

Report to physician in case of urgent issues

Nurse Pre-assessment
- **Follow the preset protocols**
- **History taking**
- **Baseline investigations**

Early interventions

- **Seen in endocrine clinic**
- **Already clerked with work-up done**
- **Normal New case quota spared for non-programme patients**

OBJECTIVES

To shorten endocrine clinic new case waiting time

To enhance efficient flow of triage system

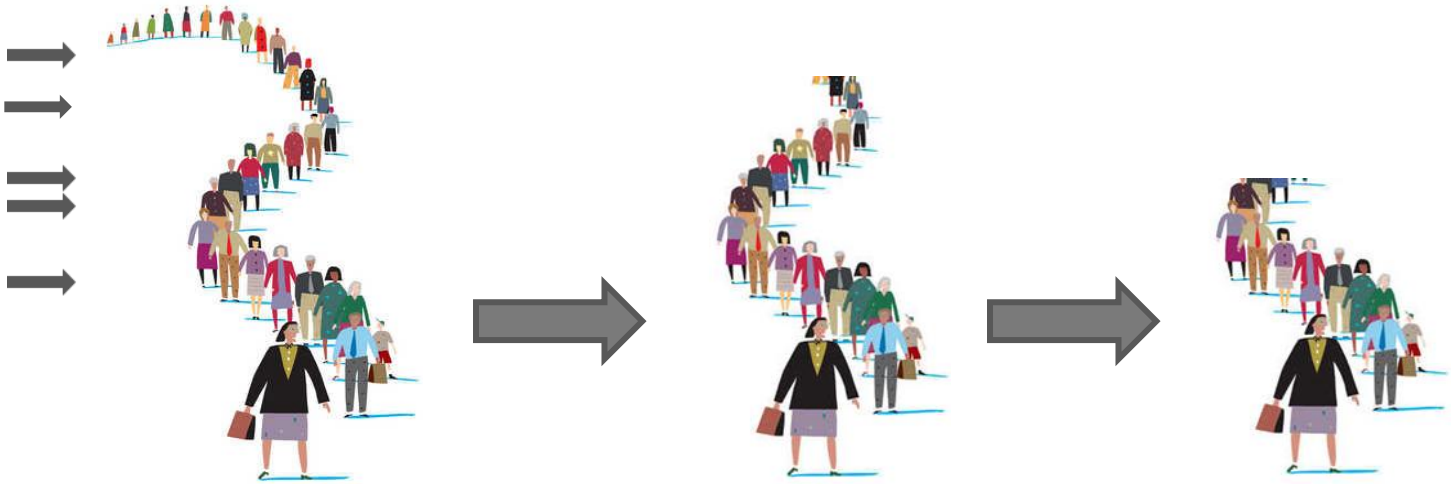
To improve patient care

RESULTS AND OUTCOMES

Period: May 2012 to Dec 2012

Number of referrals: 225

Number of patients recruited into programme: 64



PATIENT WAITING TIME

Programme patients

Time to see nurse:

5.9 ± 4.9 weeks

Time to see physician:

9.8 ± 5.3 weeks

Non-programme patients

Time to see physicians:
10.3 ± 9.0 weeks

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<u>Programme patients</u>

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<u>Non-programme patients</u>

Time to see physicians:
10.3 ± 9.0 weeks

EARLY INTERVENTION

Early intervention initiated during assessment by nurse

- Comprehensive education given
- Referral to relevant allied health disciplines
- Referral to smoking cessation programme

Early detection of unexpected conditions

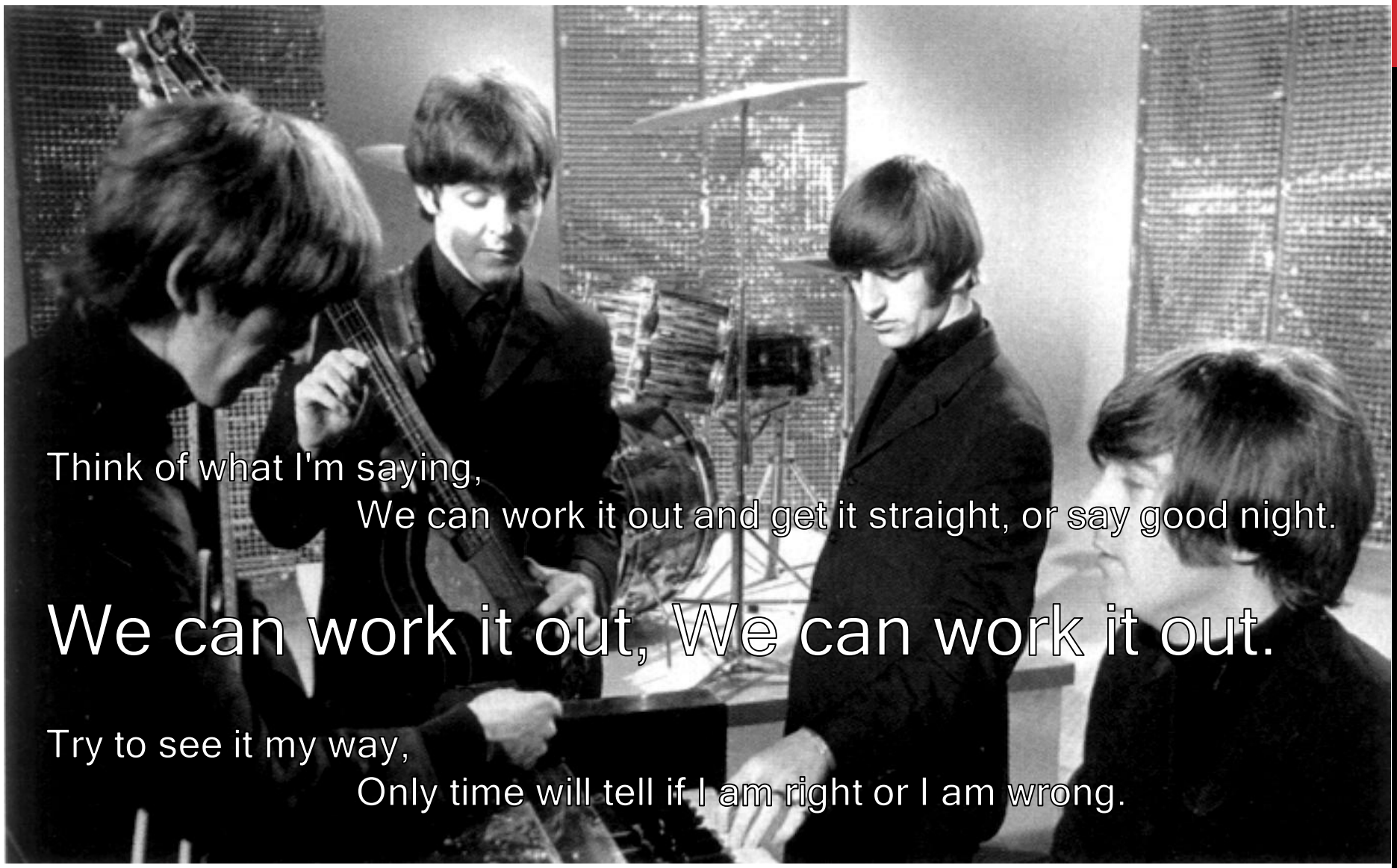
- Visual field defect
- Poorly controlled blood pressure
- Undiagnosed diabetes mellitus with poor glycaemic control

CONCLUSION

1. New streamlined triage system and nurse assessment program activate the potential of a busy well-established specialist clinic
2. It effectively shortens new case waiting time
3. Early pick-up of unexpected abnormalities by experienced nurses
4. Improve staffs morale

5. Development of protocols on other disease categories possible and practical

Only time will tell…



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