Combined Dyspepsia / OGD Clinic (CDOC): a quality improvement programme initiative

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Keywords:
Patient Quality
Dyspepsia
Care delivery effectiveness

Introduction
Ten percent of the population complains of dyspepsia. In 2013, 80% of dyspeptic patients without alarm symptoms had to wait for 37 weeks before 1st consultation, 9 weeks for oesophago-gastro-duodenoscopy (OGD) and 17 weeks for follow-up consultation. Forty percent of patients remained in SOPD on long-term follow-up.

Objectives
(1) Reduce waiting time for 1st consultation. (2) Ensure access to GI specialist. (3) Triage patient to appropriate level of care.

Methodology
Dyspeptic patients without alarm symptoms referred from AED, GOPD and GP, age ≤60 years were triaged to the CDOC according to pre-defined protocol. CDOC was a one-stop assessment clinic. The patients were assessed by GI nurse using a pre-defined history taking template in the morning. Blood tests were performed and consents for oesophago-gastro-duodenoscopy (OGD) were obtained. OGD, hepato-biliary ultrasound (USS) and consultation were performed by a GI specialist in the afternoon. Patients were discharged without follow up, referred to GOPD or SOPD. A telephone patient satisfaction survey was conducted in November 2014.

Result
Between May 2013 and September 2014, 153 patients were referred to CDOC. Median age was 42.5 years (18-60). 74% were female. After excluding patients with OGD performed in the previous 6 months, 124 (90%) patients underwent full assessment. Seventy-nine (64%) patients had USS. The median waiting time for 1st
appointment was 5 weeks (range of 2-12). Eight-four (68%) patients had normal OGD examinations and 73% of patients had normal USS respectively. The commonest diagnoses were functional dyspepsia (44%) and gastro-eosophageal reflux disease (30%). Six (5%) patients had peptic ulcer disease. No cancers were detected. Thirty-two (26%) patients were discharged with no follow-up or follow-up in GOPD at initial visit. Ninety-three (74%) continued to be seen in SOPD, but only 22 (16%) needed long term follow-up after 3 visits. Fifty out of 68 patients answered the questionnaire. Forty-nine (98%) responders indicated they were satisfied with the CDOC. Forty-eight (96%) patients were satisfied with the waiting time of the CDOC. Forty-eight (96%) patients considered that they were satisfied with endoscopy service. One-stop CDOC can improve all facets of quality care in dyspeptic patients. Moreover, only 1/6 needed continued SOPD follow-up and thus freeing up valuable SOPD resources. High patient satisfaction was documented.