Can we achieve a high standard of care in a general outpatient clinic (GOPC) through a series of clinical audits?

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Introduction
Clinical audit is a quality improvement process that seeks to improve patient care and outcomes. From 2009 to 2013, eight evidence-based clinical audits on hypertension, diabetes, hyperlipidaemia, smoking, asthma, chronic obstructive pulmonary disease (COPD), appropriateness of referrals to secondary care and appropriate antibiotic usage have been conducted in Tseung Kwan O Jockey Club GOPC. This review exercise was conducted to see if our performance had been sustainable and comparable with international standard.

Objectives
1. To review the standard of care of the audited clinical conditions against that of the 2013/2014 Quality and Outcomes Framework (QOF) of National Health Services (NHS) of United Kingdom (UK). 2. To review the sustainability of quality improvement of selected chronic diseases.

Methodology
The 2013/2014 quality indicators of NHS QOF were reviewed and matched against the audit criteria of our clinical audits. The results of our audits were compared with the achievement thresholds of the matched quality indicators. The latest quality outcome indicators of major chronic diseases were also reviewed with results compared against other GOPC and Hospital Authority (HA) overall.

Result
Results: There were 6 clinical conditions (hypertension, diabetes, primary prevention of cardiovascular disease, asthma, COPD and smoking) with 14 quality indicators in
the QOF matched with our clinic audit criteria. 11 quality indicators were above while 3 were within the target achievement thresholds of QOF. Only flu vaccination in COPD patients was below the achievement thresholds of QOF. The latest quality outcome results from 1st October 2013 to 30th September 2014 showed that proportion of hypertensive patients with blood pressure (BP) controlled to target (< 140/90mmHg) was improved to 84.8% compared with 80% of HA overall. The BP (< 130/80mmHg) control rate (63.3% vs HA overall 46.4%) of diabetes patients was the third best in all GOPC while the HbA1c (< 7mmol/L) control rate (71.6% vs HA overall 58.4%) and urine albumin-creatinine ratio (ACR) capture rate (91.4% vs HA overall 80.5%) were the best among all GOPC. From 1st April 2013 to 31st March 2014, the admission rate of COPD exacerbation was only 7.2% which was much lower than that of the overall result (21.7%) of all GOPC. Discussion: The results showed that through a series of clinical audits, the standard of care of a GOPC could be significantly improved and the quality outcomes were sustainable and comparable to the highest standard of primary care in the UK.