



Service Priorities and Programmes
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Title: Can We Improve the Management of Type II Diabetic Patients in a General Out-patient Clinic?

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Introduction

Diabetes is prevalent and is one of the commonest reasons of encounter in General Out-patient Clinics (GOPCs). It is one of the major causes of morbidity and mortality, and imposes a huge burden on our health-care system. By enhancing the quality of diabetic care, patients' outcome can be improved and the disease burden can be reduced.

Objectives

To evaluate the processes and outcomes of diabetic management in order to identify areas for improvement in a GOPC.

To implement changes in clinical practice in order to improve the quality of patient care in diabetes.

Methodology

In July 2014, the medical records of a random sample of 361 patients with Type II diabetes were reviewed and assessed for the quality of management based on 17 audit criteria. The criteria were mostly adopted from updated local and international clinical guidelines. Areas for improvement were identified and interventions including clinic meeting with staff for enhancing diabetic management, desktop reminders and consultation template for aiding doctors' consultation, and referring patients to Risk Assessment and Management Programme for complications screening were commenced since July 2015. Another random sample of 373 patients with type II diabetes were then reviewed in August 2016 for any improvement shown in preceding one year.

Result

Performance of all 17 criteria showed improvement in the second phase review, including correctness in diagnosis, HbA1c checking, assessment of symptoms of hypoglycaemia, feet examination, urine checking for albumin, fundi examination, assessment of smoking habit, blood pressure (BP) checking, blood lipid profile checking, home blood glucose monitoring, body mass index checking, regular follow-up, education on diabetes management, diet review, HbA1c <7%, BP

<130/80mmHg and LDL <2.6mmol/L. The number of areas reaching the corresponding target standards rose from 3 to 11. For the outcome measures, LDL control showed statistically significant improvement. Both HbA1c and BP control were also improved and were approaching the target standards.