



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



Dr L Chan, Dr J Liang, Dr S Y Au

**Department of Family Medicine, Community Care Division,
New Territories West Cluster**

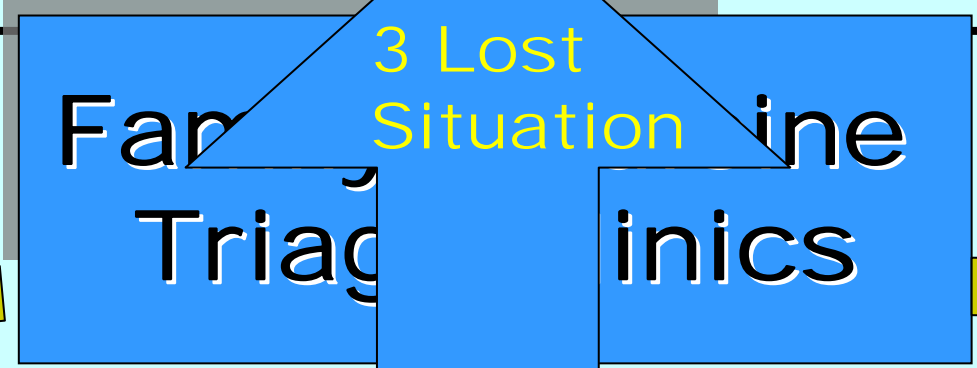
HA Convention 2008

Paradigm Shift- A NEW SERVICE MODEL

**Tertiary/
Secondary
Care**

Hospital SOPD

Intermediate between
Primary and Secondary



**Primary
Care**

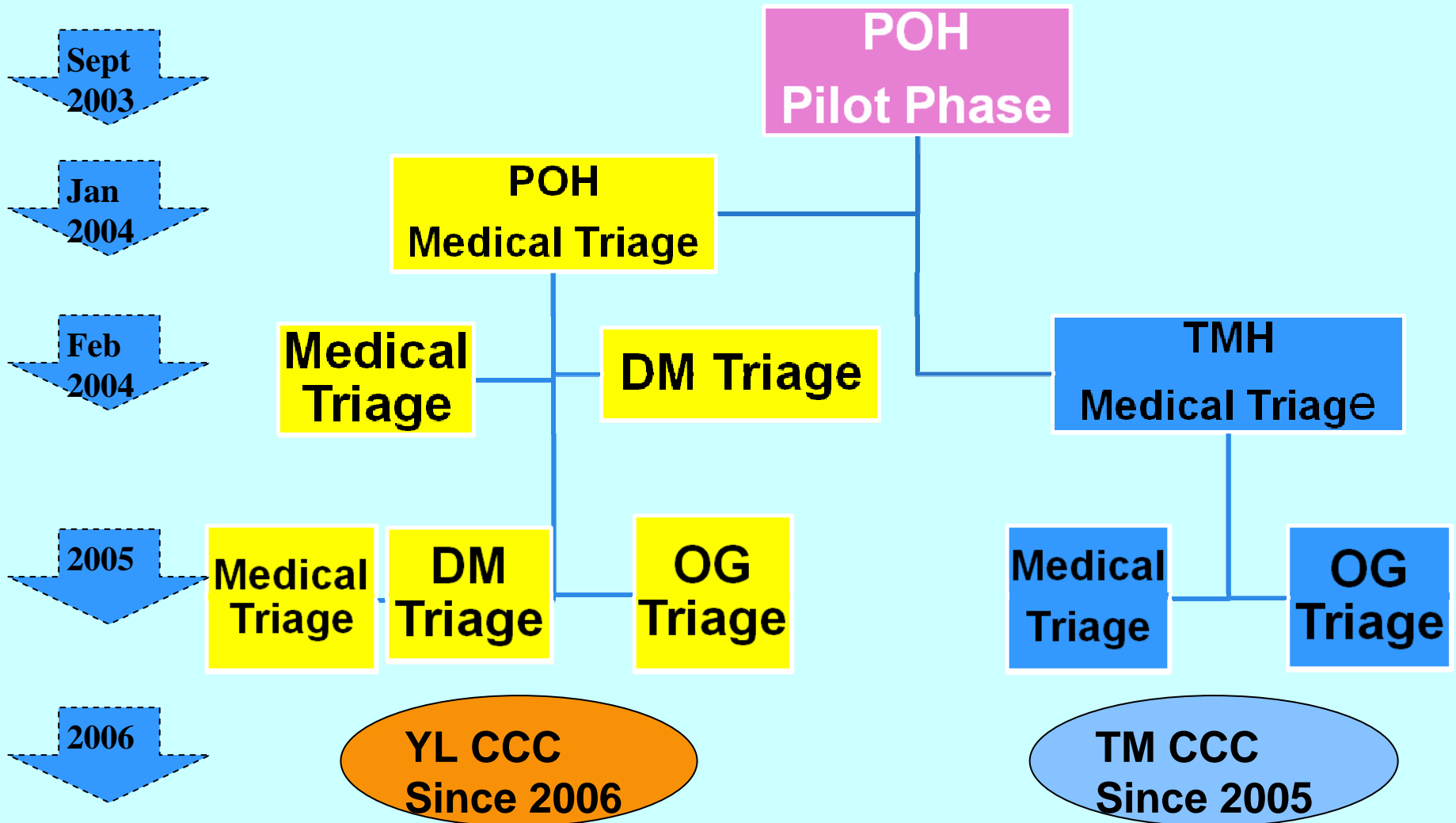
**GOPCs, Private, AEDs,
Others (e.g.DH Clinics)**



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



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

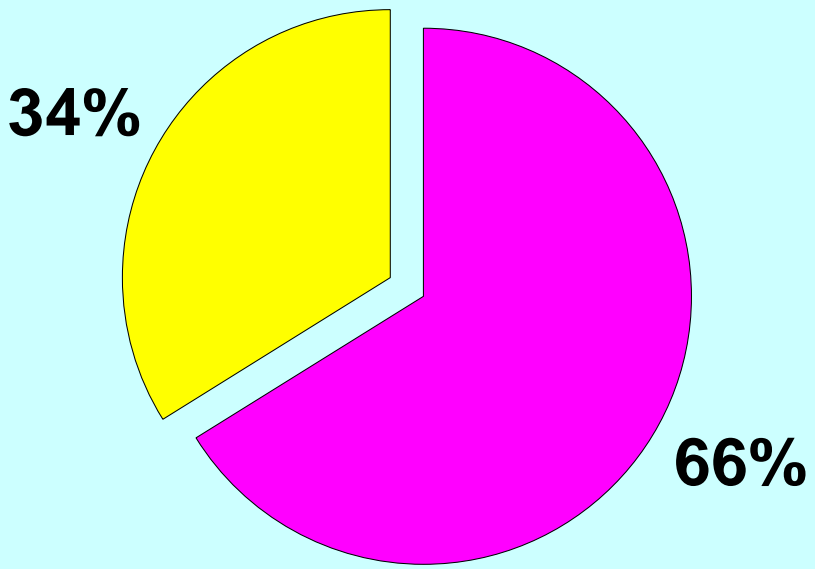


Combined TMH & POH Data from 2003 to 2007

Total No. of Patients seen (N=14114)

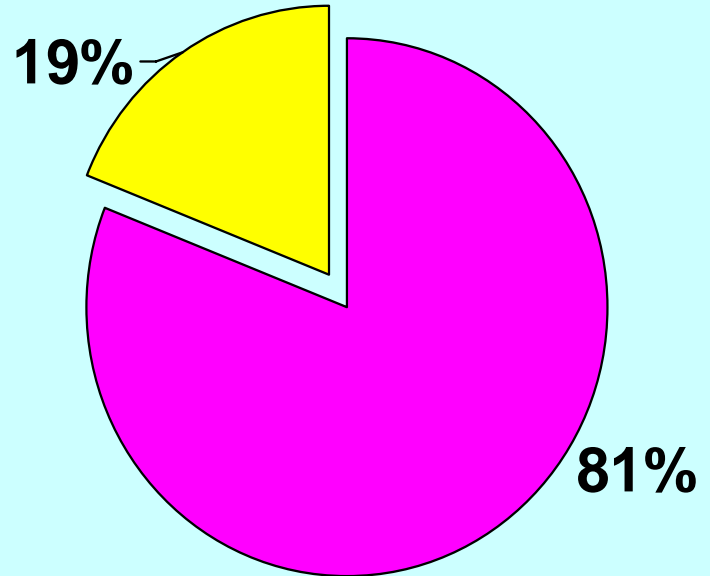
Total No. of Patients discharged (N=10064)

TMH FMTC



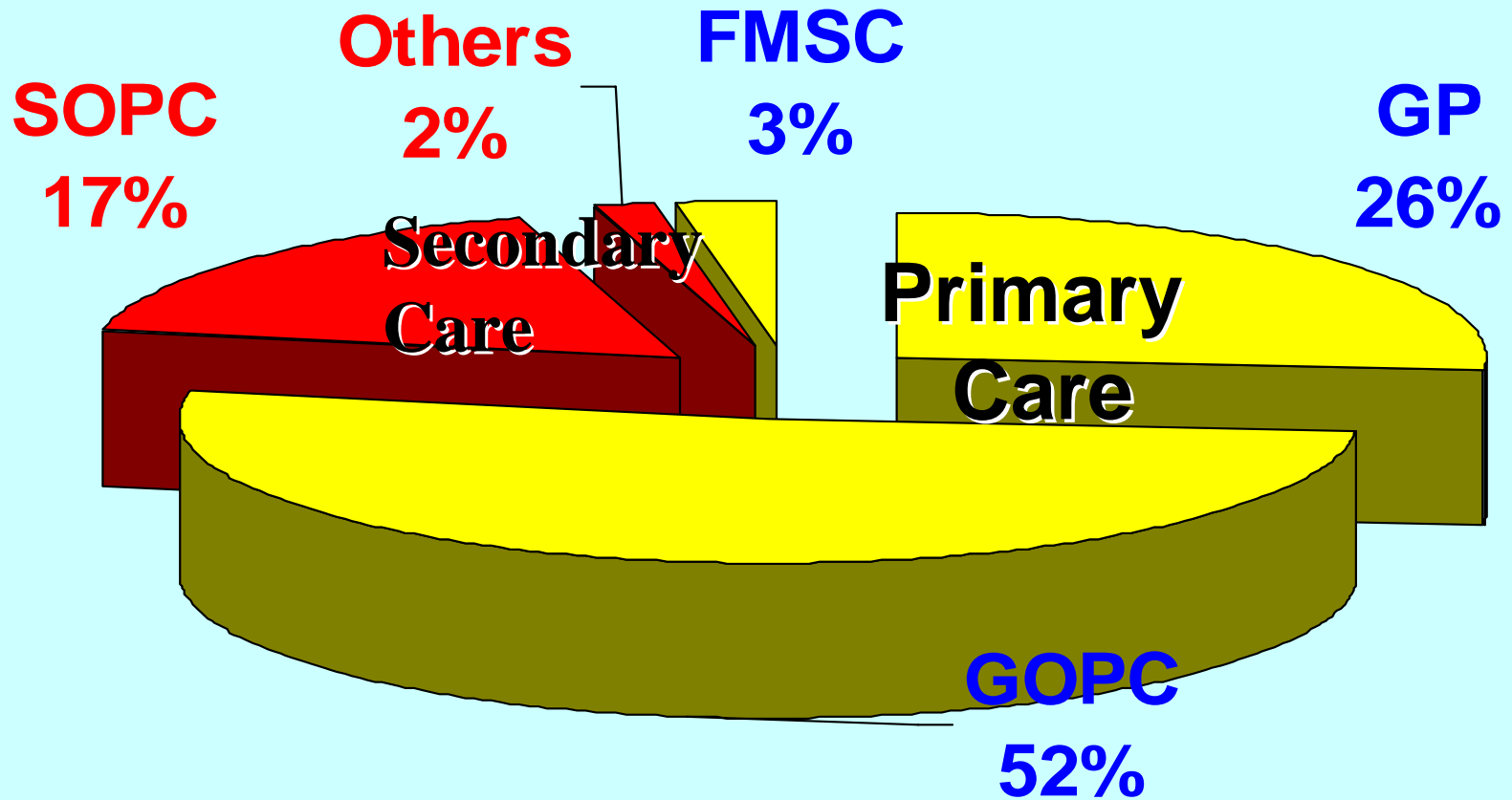
■ Discharged patients (5920)
■ Not yet discharged (3068)

POH FMTC



■ Discharged patients (4144)
■ Not yet discharged (982)

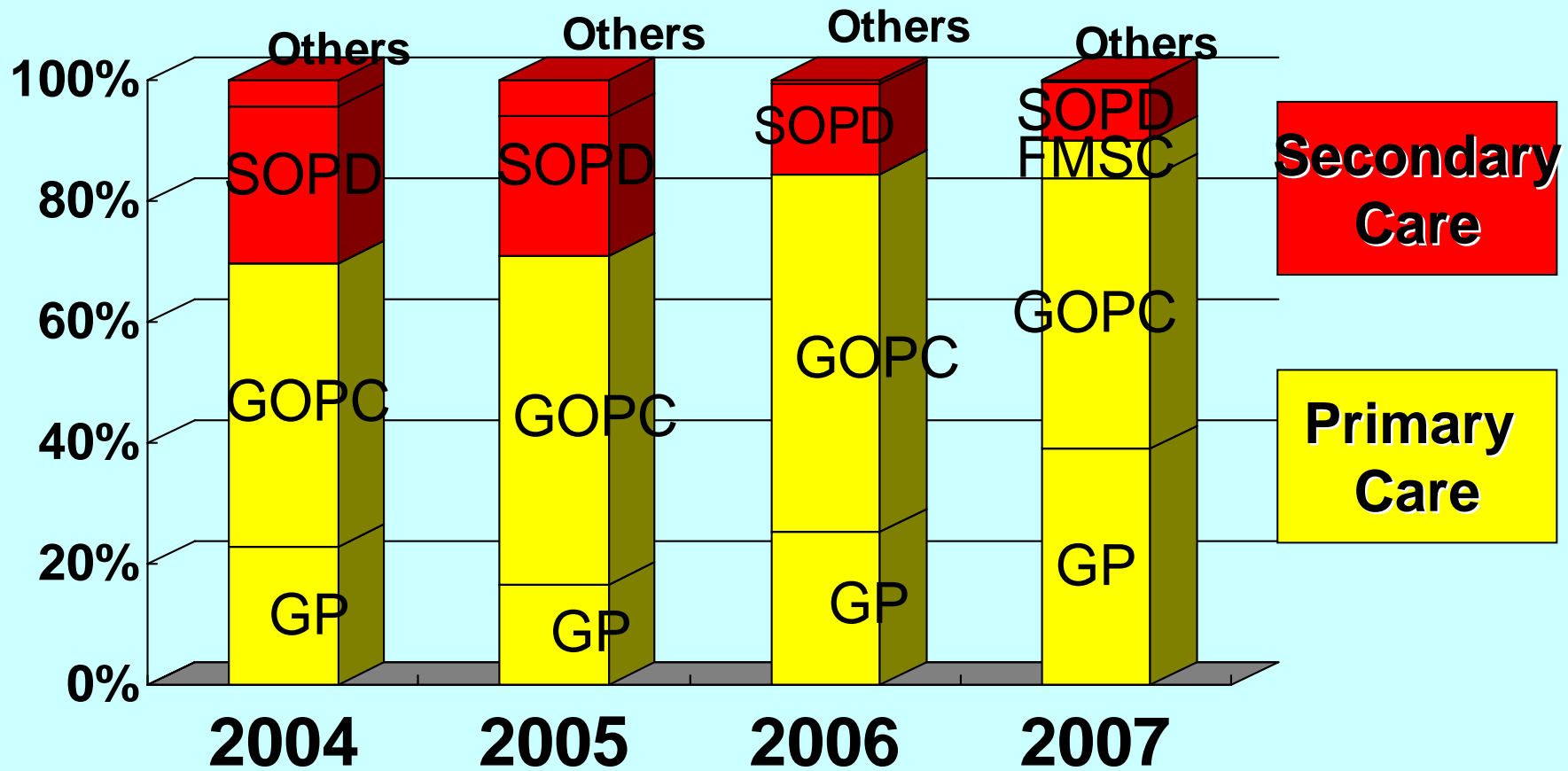
Discharge Destination Combined POH & TMH (2003-2007)



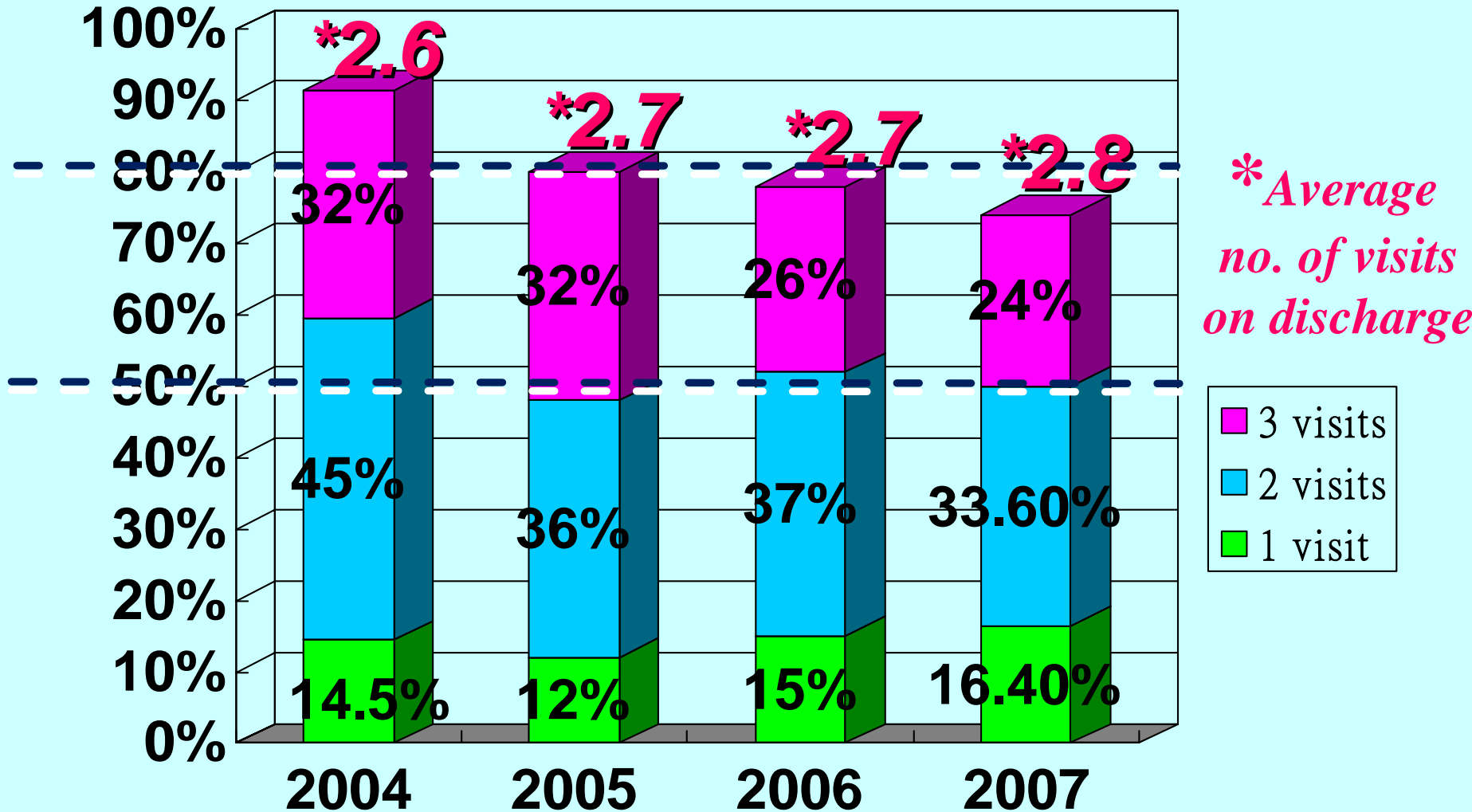
Discharge Destination By Referral Combined TMH + POH (2003-2007)

Discharge Destination	Referral Source							
	GOP C /DH	GP	AED	SOPD of own hospital	SOPD of other hospital	In patient	Others	Total
GP	611	577	972	309	86	4	47	2606
GOPC	2469	303	1287	487	160	5	129	4840
SOPD	1002	116	412	280	87	0	53	1950
Other Cluster	152	9	87	26	2	0	2	278
Default	221	12	41	59	20	0	9	362
No Show	128	7	37	25	3	0	11	211
Total	4462	1017	2819	1162	355	9	240	10064

Discharge Destination(Medical Triage) Combined POH & TMH (2004-2007)



Number of Visits Upon Discharge Medical Triage (Combined POH & TMH) 2004-2007





Results Reproducible in Other Clusters?

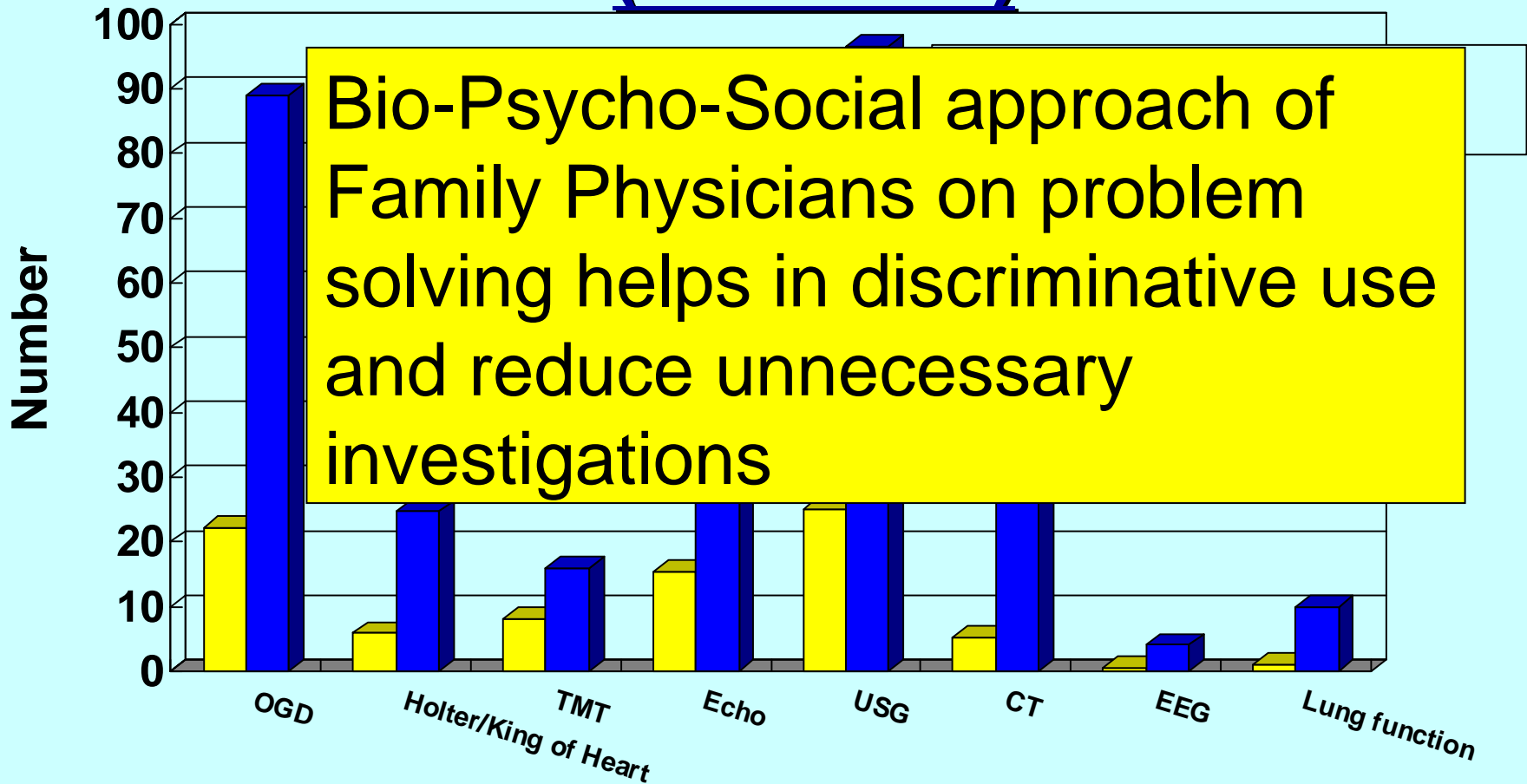
1. Ching KW et. al. Triage Clinic- A Workable Solution for Hospital Authority and Patients *Hospital Authority Convention 2006*
2. Wong KS et. al. A Pilot Project for Family Medicine Specialist Clinic in Pamela Youde Nethersole Eastern Hospital
Hospital Authority Convention 2006
3. Ng CL et. al. Family Medicine Specialist Clinics in Kowloon West Cluster to Reduce Unnecessary Referral to Medical Specialist Outpatient Clinics
Hospital Authority Convention 2007
4. Kung K et. al. Management of Common Conditions by Family Physician in Triage clinic *Hospital Authority Convention 2007*
5. Chan CY et. al. Collaboration between Family Medicine and Internal Medicine- a new model of care for effective primary care
Hospital Authority Convention 2007



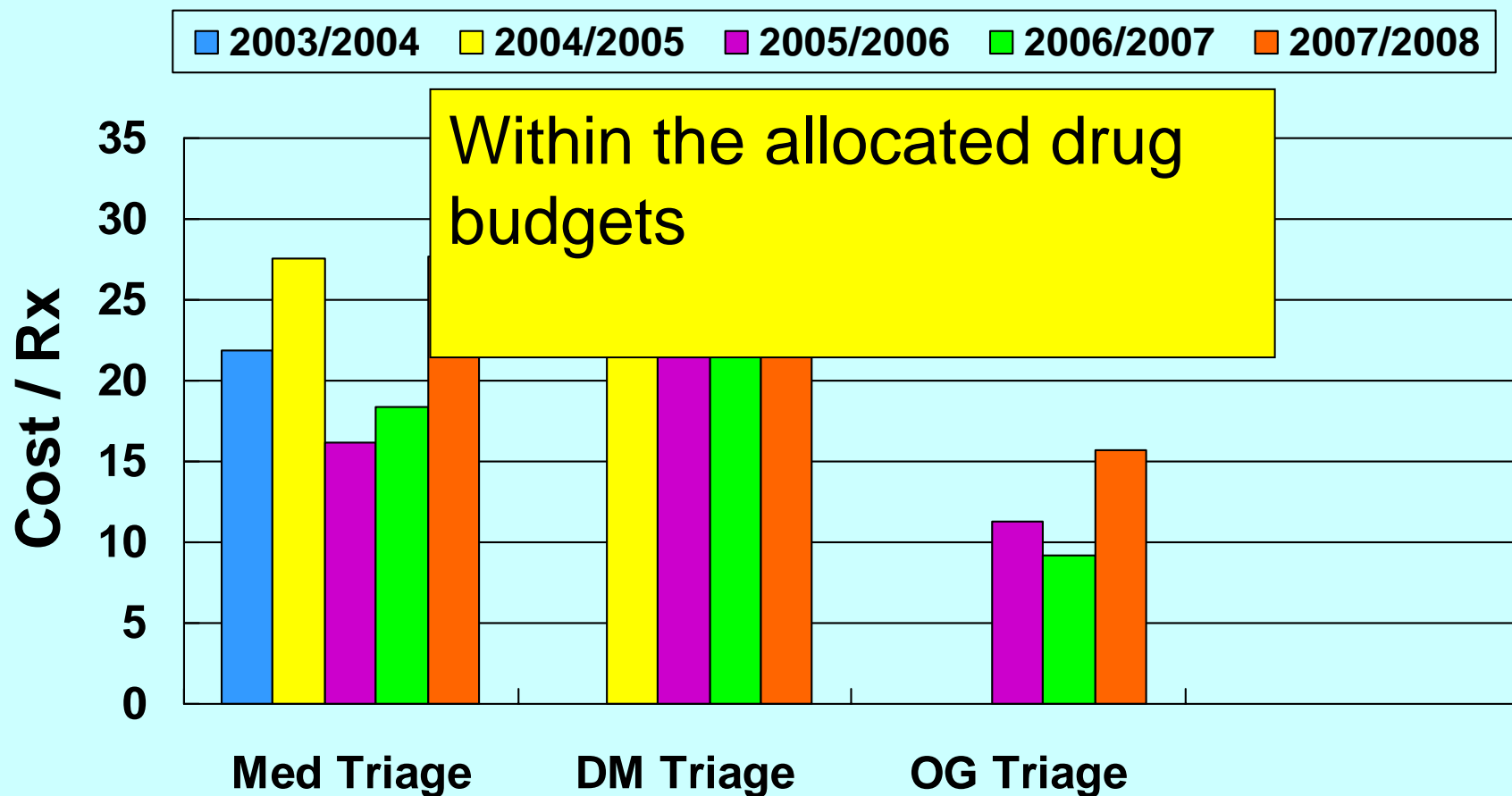
Cost?

- Expensive Investigations
- Drug cost
- Consultation time: New Case 20 - 30 mins
Old Case 10 mins

Special Investigations Ordered / 1000 Consultations in FM Triage Clinic & Specialist Support Session (2006-2007)



Cost Per Treatment at POH FMTC

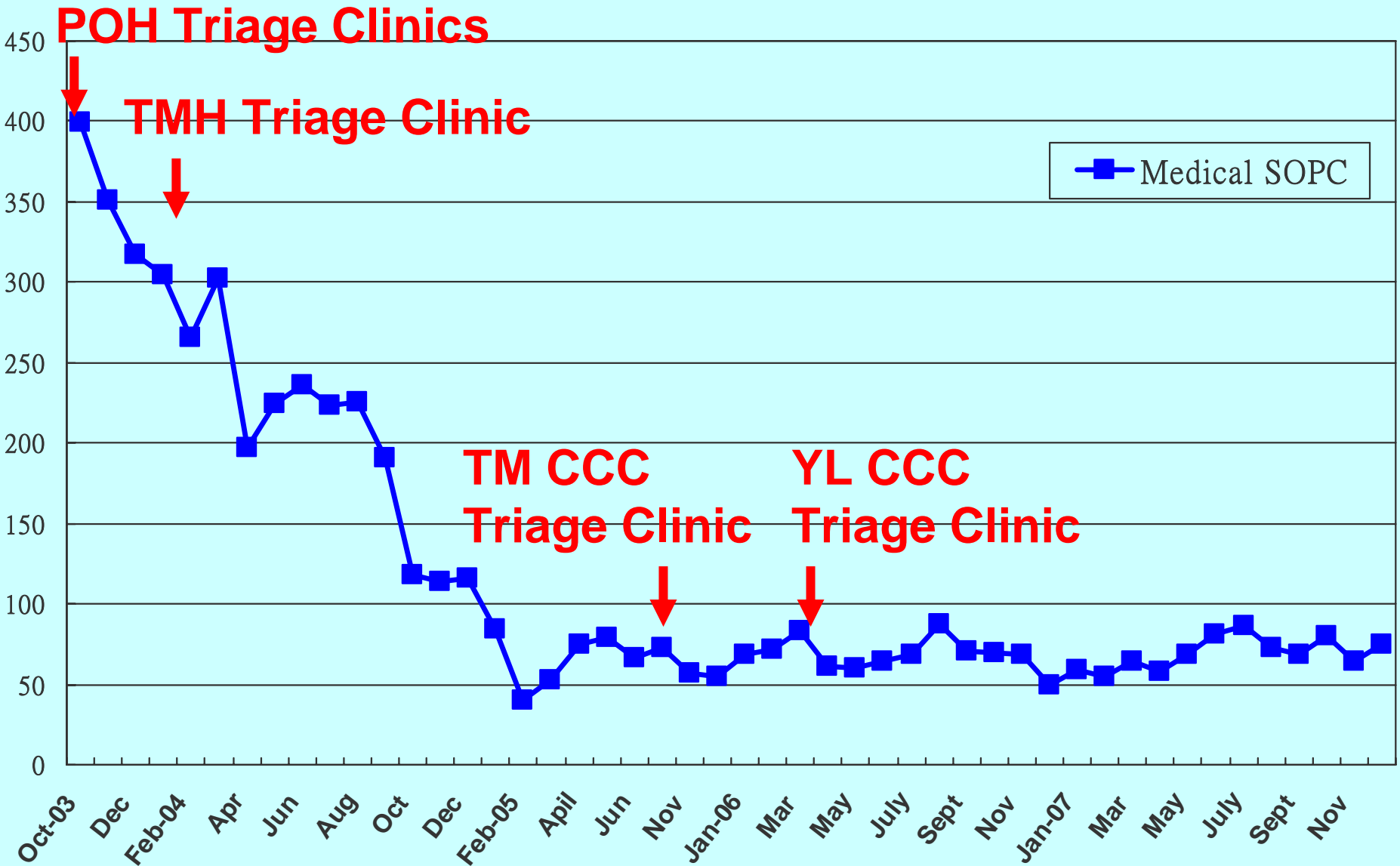




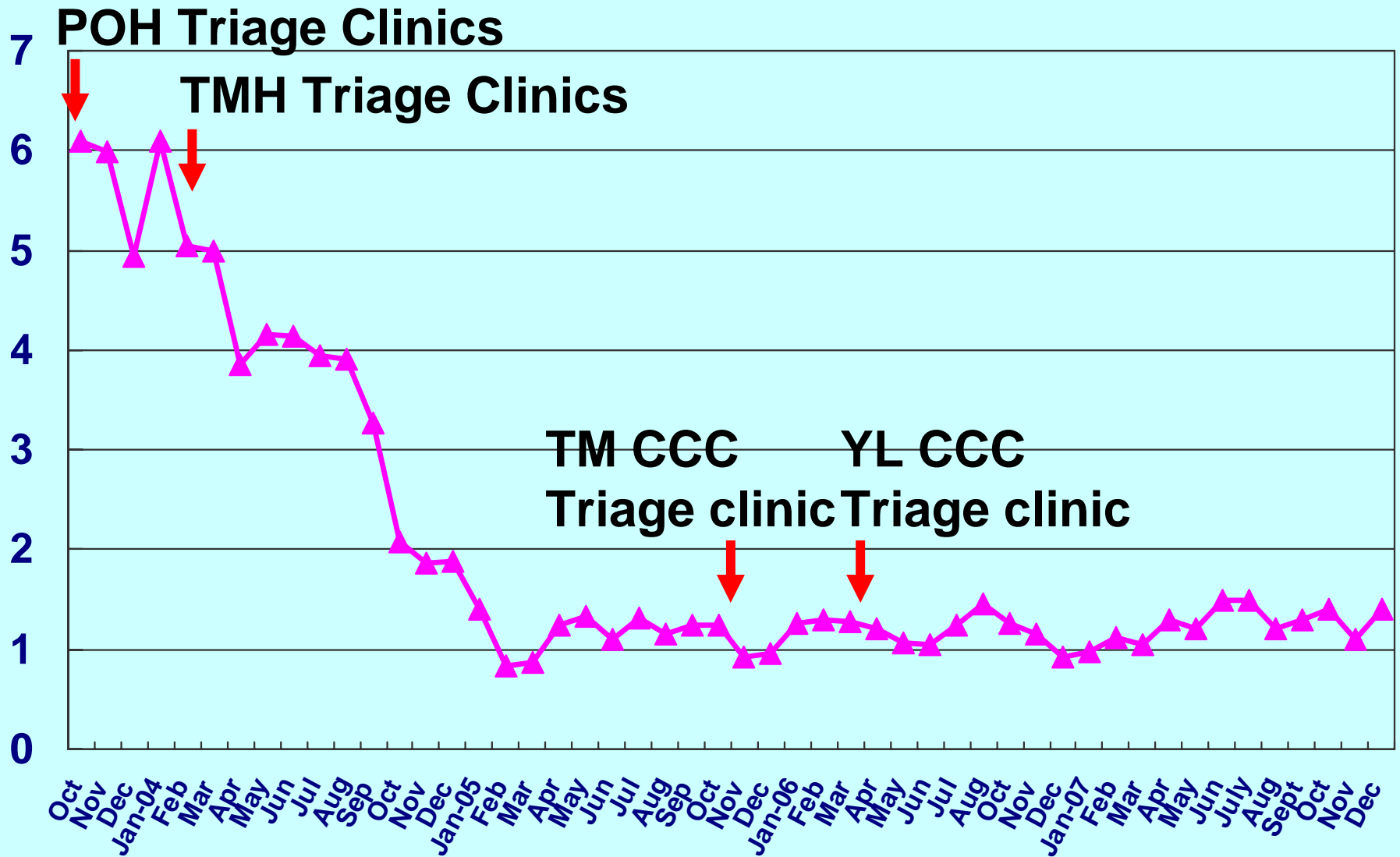
Impact To Local Health Care System



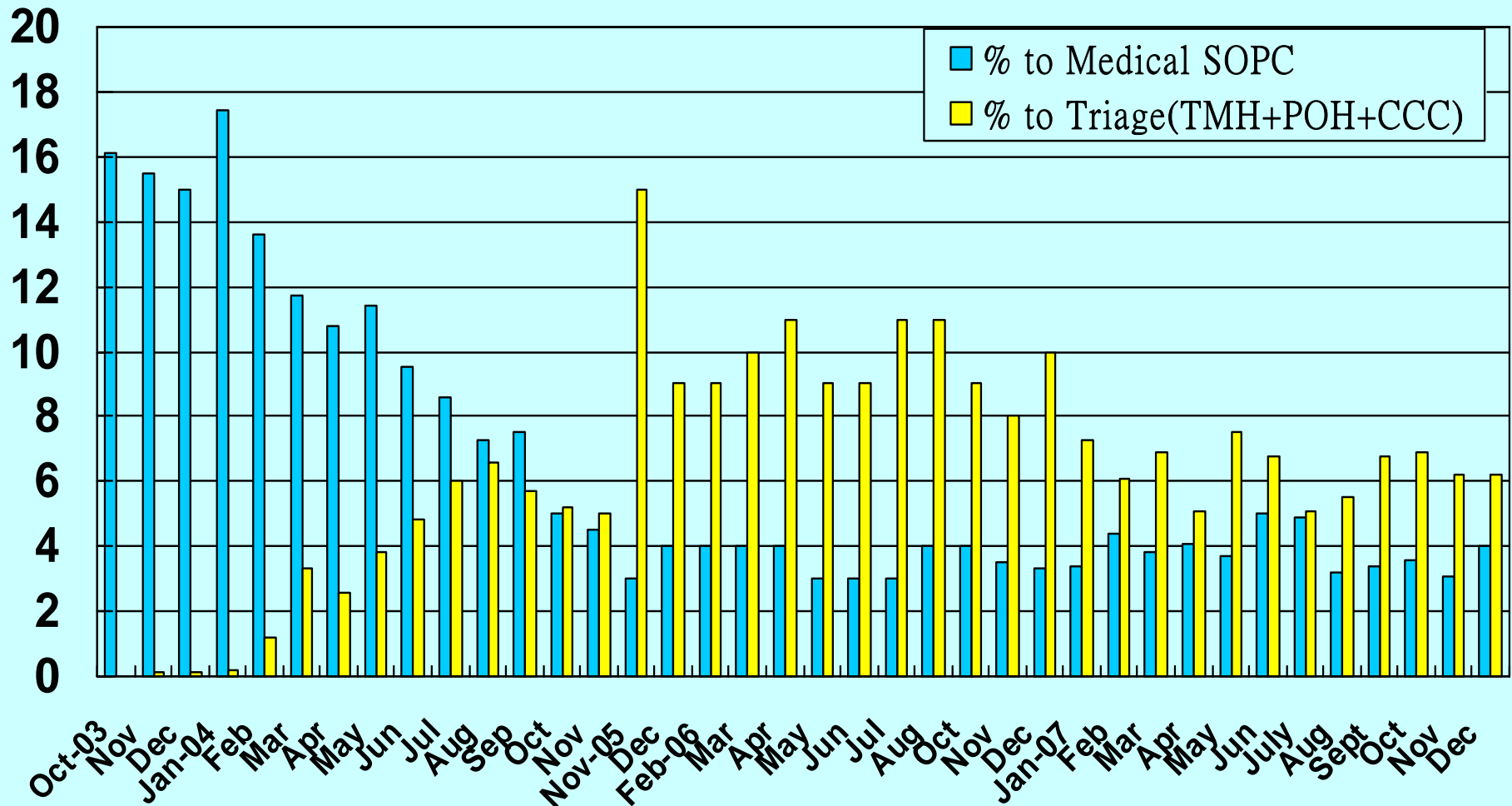
Monthly Referral to Medical SOPC from NTWC GOPC (No. of patients) 2003-2007



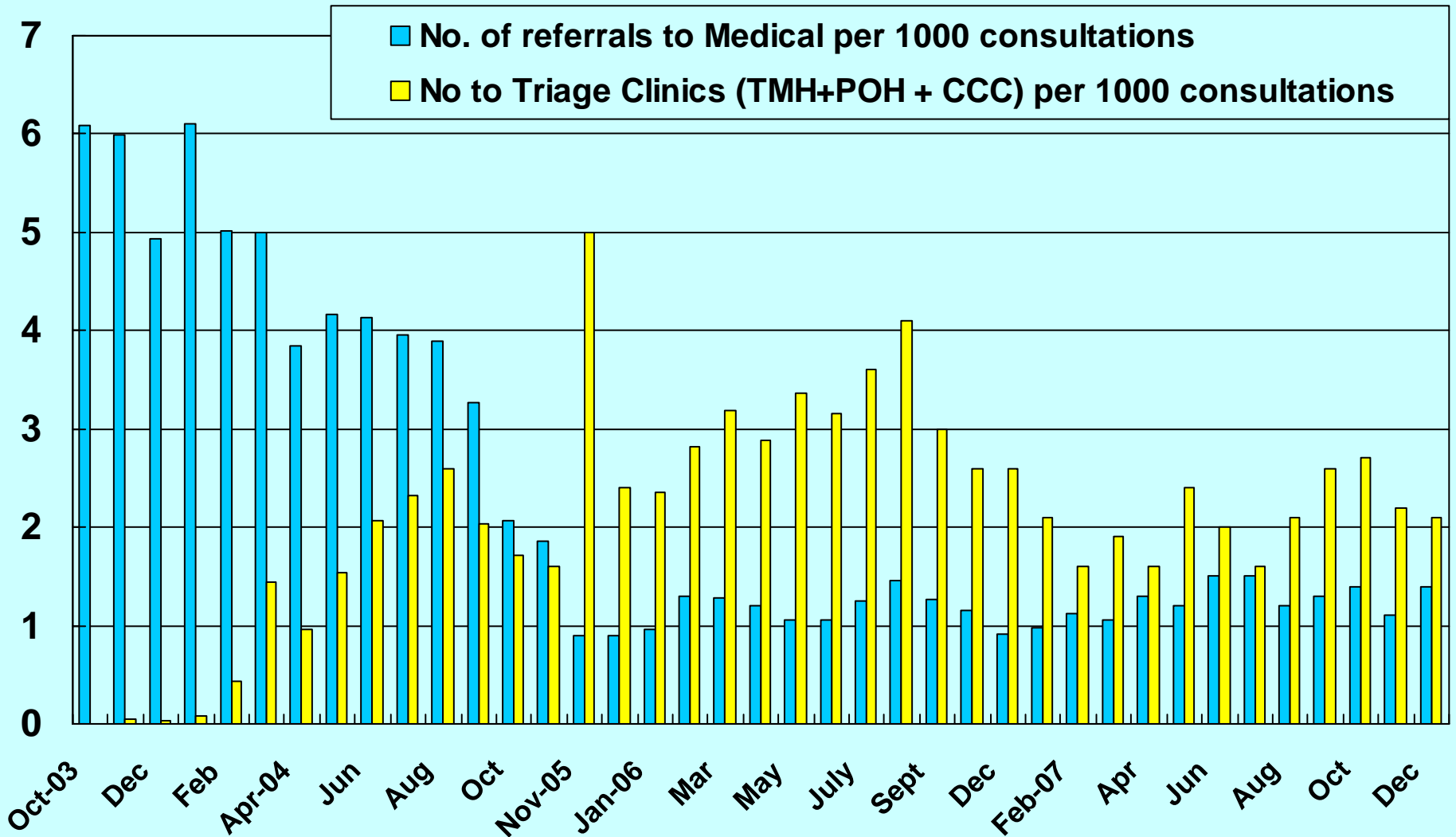
Monthly Referrals to Medical SOPC per 1000 GOPC consultations (2003-2007)



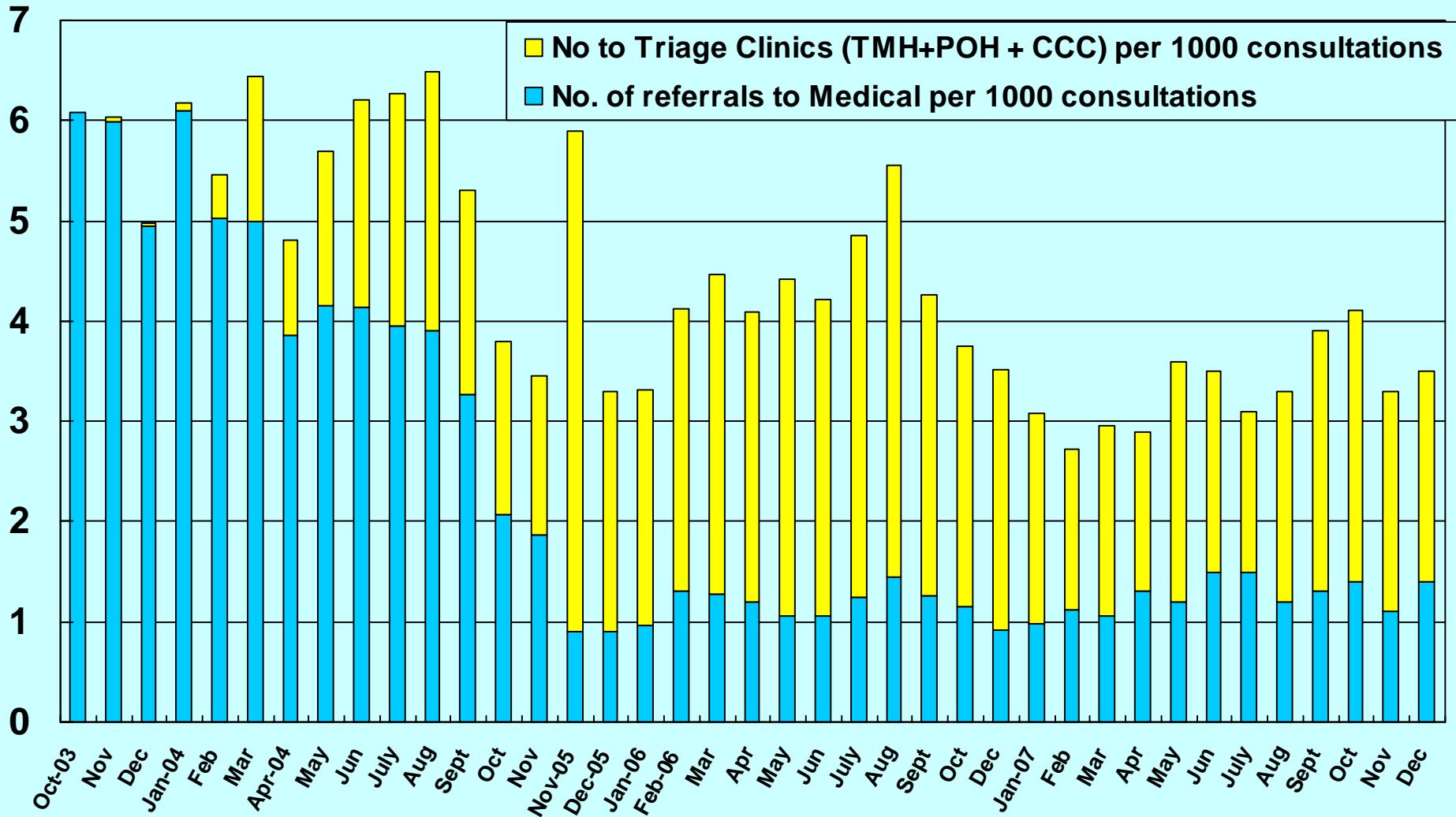
% of Monthly Referral to Medical SOPC and Triage Clinics from NTWC GOPCs (2003-2007)



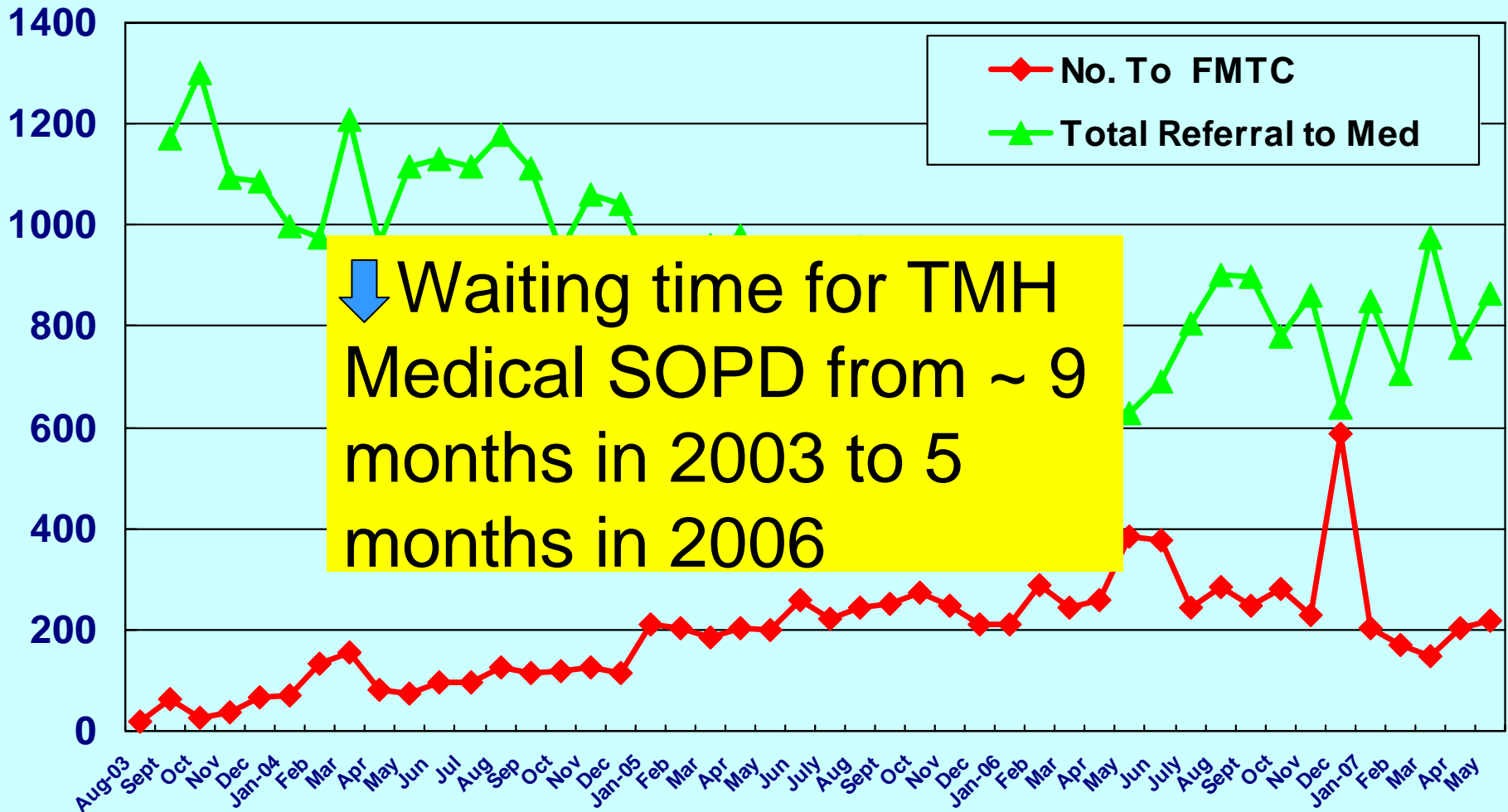
Monthly Referral to Medical SOPC and Triage Clinics per 1000 consultations from NTWC GOPCs (2003-2007)



Monthly Referral to Medical SOPC and Triage Clinics per 1000 consultations from NTWC GOPCs (2003-2007)



Total Number of Referrals to Medical SOPD & FM Triage Clinics (2003-2007)





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



A photograph of the Pok Oi Hospital building, a large, modern, multi-story structure with a white facade and many windows. The building has a distinctive curved section on the left side. In the foreground, there are some green trees and a blue sky. The text "Pok Oi Hospital New Look in 2006" is overlaid on the image in a large, black, sans-serif font. The text "Thank You!" is overlaid in a large, blue, sans-serif font.

Pok Oi Hospital
New Look in 2006

Thank You!