



IMPROVING HEALTH CARE DELIVERY AT THE INTERFACE BETWEEN PRIMARY CARE IN THE COMMUNITY AND SPECIALIST CARE IN THE HOSPITAL - THE SWIFT PROGRAM

Chan CC¹, Fung HT², Yu CC², Too Lc², Tsang HF², Sim TC¹, Ng WL¹, Chu CM¹, Wong TK², Chao DVK², Cheung MY², Kwok R³

¹Department of Medicine and Geriatrics, United Christian Hospital (UCH)

²Department of Family Medicine and Primary Health Care, Kowloon East Cluster (KEC)

³Strategy and Planning, KEC

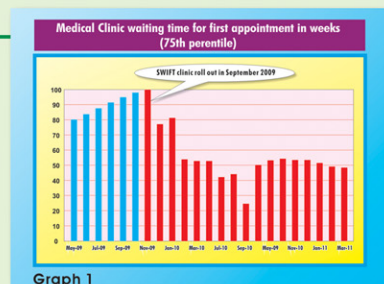
INTRODUCTION

Hospital Authority has established Family Medicine Specialist Clinics to provide specialist consultations in collaboration with other hospital specialists. Such clinics help to meet growing demand for public healthcare services and reduce wait times for specialist clinic appointments. Reducing wait times removes a significant barrier to timely health care and saves hospital resources.

United Christian Hospital (UCH) launched a new programme in November 2009 involving the departments of Medicine & Geriatrics (M&G) and Family Medicine (FM) for this purpose. The strategy is to extend a hospital-based specialist consultation into the primary care clinic in the community, so as to provide more proactive and integrated care. M&G physicians collaborate in joint consultations with FM physicians in a designated General Outpatient Clinic (GOPC). The collaboration also had access to specialized investigations and medical subspecialty referrals in UCH.

The programme targeted patients referred to the Medical specialist outpatient clinic (SOC) and triaged as P3 (routine) priority. Medical SOC referrals triaged as P3 faced increasing wait times (graph 1), unlike urgent priority patients who are seen within two weeks to two months depending on clinical urgency. Patients referred from all five GOPCs in Kwun Tong and the Accident & Emergency Department in UCH were given access to the clinic.

The programme had multiple aims including reduction in waiting time for appointments, increased opportunities for training and skills transfer for FM physicians, increased integration of hospital resources with primary care in the community and increased referrals to medical facilities in the private sector.



Graph 1

OBJECTIVES

To evaluate effectiveness of The Shorten Waiting Interval for First Time Medical Assessment Program (SWIFT clinic)

METHODS

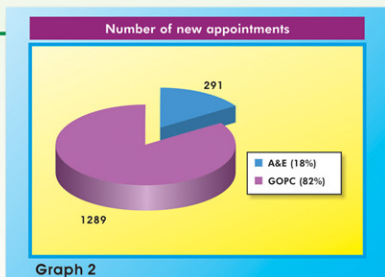
Data on all patients referred to the SWIFT clinic in the 12 months from 1st November 2009 to October 2010 were analysed. Administrative data on attendances and referrals for specialized investigations or sub-specialty consultations were collected prospectively.



RESULTS

SWIFT clinic saw 1,059 first attendances and 772 follow up attendances in 268 doctor half-day clinic sessions with median waiting time of seven weeks for first appointments.

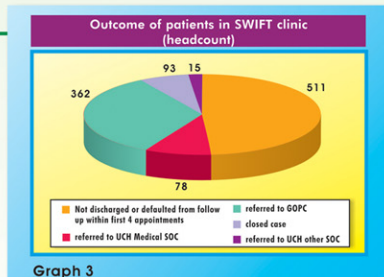
There were 1,289 first appointments referred from GOPC and 291 from A&E (graph 2).



Graph 2

The default rate for first appointments was 12% and that for follow-up appointments was 10%.

548 patients were discharged from follow-up (52% of all new patients) within four attendances at SWIFT clinic. 78 patients were referred onward to the hospital's Medical SOC (7.4% of 1 059 new patients). Of the 548 patients discharged from SWIFT clinic, 66% were referred to GOPC, 14% were referred to the hospital Medical SOC (78 out of 548 discharges) and 17% were closed with no need for further follow-up (graph 3)



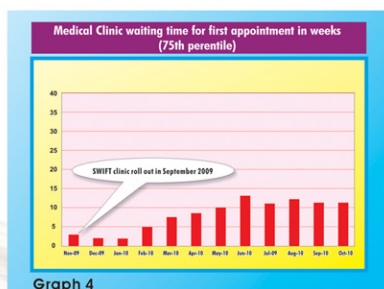
Graph 3

Table 1

Investigation	UCH (number)	Private hospital (number)
OGD	91	0
Exercise treadmill test	63	4
Ambulatory ecg (Holter)	47	2
Echocardiography	17	16
Sleep study	0	11

SWIFT generated 3 517 laboratory investigations and 270 hospital imaging studies that ranged from plain X-rays and CT scans to ultrasound guided fine-needle aspirations for cytology. There were also 111 referrals for diagnostic imaging in private facilities. There were 218 specialized investigations referred to UCH while 33 were referred to private facilities (table 1)

In conjunction with other queue management strategies, the UCH medical specialist clinic reduced its 75th percentile waiting time for first appointments triaged as routine priority from 100 weeks in November 2009 to 52 weeks in October 2010 (graph 1). The respective waiting times for SWIFT clinic are shown in (graph 4).



Graph 4

CONCLUSIONS

SWIFT clinic provides timely and effective management of patients triaged as routine priority for first appointments in medical specialist clinic. On-site collaboration between Family Medicine and Internal Medicine specialists facilitates skills transfer between specialities.

共建民康

