



Service Priorities and Programmes
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Is Group Consultation a Solution to our High Volume Specialist Outpatient (SOPD) Clinic? A Feasibility Study.

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Introduction

Major challenges facing Hepatology SOPD include high volume, long waiting time, long queuing time and inadequate consultation duration resulting in poor patient satisfaction. These problems are amplified by the limited number of hepatologist.

Objectives

To assess the feasibility of introducing the concept of group consultation in order to cope with high volume workload, but at the same time maintain the quality of SOPD consultation, and enhance patient satisfaction.

Methodology

Stable patients with chronic hepatitis B infection were invited to participate. Prior to the consultation, a GI specialist nurse screened laboratory and imaging reports using a pre-determined care protocol. Up to six patients were seen per session, each lasting 1/2 hour. Written consent was obtained. Laboratory and imaging results were given to each patient in a confidential manner. A brief introduction on the natural history of CHB was given by the nurse or medical specialist followed by question time from patients. Follow-up appointments, prescriptions, blood taking forms and before patient satisfaction questionnaires were distributed at the end of the consultation. A separate one to one consultation was offered if sensitive issues needed to be dealt with.

Result

Between 8th January and 6th February 2013, 41 patients were invited by telephone. Twenty-seven (65%) agreed to participate. Nineteen (70%) were male. Median age was 43 years (range 23-60). Two to 5 patients were seen each session. The median queuing time and duration of consultation were 20 minutes (range 5-28) and 25 (10-28) respectively. Ten (37%) patients needed one-to one consultation. Overall, more patients were satisfied or very satisfied with the new group consultation (96% vs 42%) and with the specialist's explanation (96% vs 41%) compared with current SOPD service. Also, more patients (82% vs 15%) were satisfied with the queuing time compared with their last consultation. All respondents agreed to use the group

consultation on the next follow up visit. This preliminary study has shown that group consultation method is a viable option in dealing with our overstretched SOPD clinic while maintaining and improving the quality of service. However, a bigger study is needed to ascertain whether the new method would improve the efficiency of service and free up time for medical specialists to deal with more complex cases.