



Service Priorities and Programmes
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Submitting author: Dr KIT YAN LEE

Post title: Resident Specialist, Caritas Medical Centre, KWC

How well is the “ABC” of our newly diagnosed diabetic patients? A review on the quality of care at CSW JC GOPC

Lee KY, Tsui HY, Luk W, Yiu YK

Cheung Sha Wan Jockey Club General Outpatient Clinic, Department of Family Medicine and Primary Health Care, Kowloon West Cluster

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Introduction

Diabetes Mellitus (DM) is a highly prevalent chronic disease associated with significant morbidity and mortality. And doctors at General Outpatient Clinics (GOPC) often encounter patients with newly diagnosed DM, either presenting with hyperglycaemic symptoms or incidental finding during blood test for other health problems. With the implementation of Risk Assessment and Management Program (RAMP) in Kowloon West Cluster since 2009, the assessment and management of our diabetic patients become more structural and multidisciplinary. If intensive management and empowerment of patients' self-management could be started early since disease is diagnosed, it could improve disease control and outcomes, which would be beneficial for both the patients and the health care system in long run.

Objectives

To review the quality of care of newly diagnosed diabetic patients in Cheung Sha Wan Jockey Club (CSW JC) GOPC.

Methodology

This was a retrospective review of patients with DM newly diagnosed from October 2011 to March 2012, with subsequent active follow up in CSW JC GOPC. Nine process indicators and three outcome indicators were defined based on international and local guidelines and audit studies. The patient list was drawn by Clinical Data Analysis and Reporting System (CDARS) and the required information was retrieved from electronic patient record (ePR).

Result

111 eligible patients were identified. The mean age of patients was 60.3 years, male to female ratio was 1:1.01 (54:57). For the process indicators, the achievement rates for annual assessment of lifestyle, smoking status, body mass index (BMI), BP, HbA1c, lipid profile, nephropathy screening, retinopathy screening and neuropathy screening were 85.6%, 70.3%, 93.7%, 98.2%, 100%, 98.2%, 95.5%, 94.6% and 92.8% respectively. 64.9% of patients had been referred to at least 1 intervention program [including DM individual counseling by nurse, dietician or physiotherapy, Patient

Empowerment Program (PEP)]. For the outcome measures, after 1.5-2 years of management at GOPC, proportion of patients with HbA1c <7%, SBP <130mmHg, DBP <80mmHg and LDL <2.6% were 61.3%, 53.2%, 70.3% and 57.7% respectively. The mean HbA1c improved from 7.82 to 6.94; mean BP improved from 136/74 to 130/74, and mean LDL improved from 3.48 to 2.53. This review provides preliminary data about the recent quality of diabetes care in GOPC, and obviously there are still rooms for further improvement, including disease control and utilization of the new intervention program. Regular clinical audits and educational activities could be launched to enhance continuous quality improvement. And further larger scale studies could be run to evaluate the long term outcomes of these diabetic patients and the program impact on diabetic care.