



Service Priorities and Programmes
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Clinical audit on management of hypertension in primary care clinic--- using reminder in clinical management system (CMS) as a tool to improve patient care

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Introduction

Hypertension is the commonest chronic disease in East Kowloon General Outpatient Clinic (EKGOPC). Over 5,000 patients with hypertension are actively followed up in EKGOPC. Comprehensive assessment, in depth health education and patient empowerment should be arranged when hypertension is diagnosed.

Objectives

This clinical audit aims at assessing the process in managing patients with hypertension diagnosed within 6 months in EKGOPC.

Methodology

A clinical audit was conducted in EKGOPC from January 2013 to December 2013. Audit criteria included clinical assessment, biochemical assessment, patient educations and patient empowerment. During the recruitment period, patients with hypertension diagnosed 6 months prior to the date of consultation were recruited. The first data collection was conducted from January 2013 to June 2013. As a way of quality improvement, a designated medical colleague would enter reminders in CMS for patients with missed management items. Second data collection was conducted in July 2013 onwards to check any improvement in the same group of patients after 6 months of implementation.

Result

In the first data collection cycle, 204 patients were recruited. Measurement of body mass index, assessing smoking status, investigations including biochemical blood tests, urine tests and ECG were optimally performed. (Ranged from 80-100%) However marked deficiency was noted in referring patients to educational activities. Only 42% of patients was referred to patient empowerment program and 62% of patients was referred to hypertension complications screening (a nurse- led educational and assessment session). In the second data collection phase, 21 patients were lost in follow up. Total 183 patients were recruited. Significant improvements were noted in referring for patient education and nurse intervention. 66% of patients was referred to patient empowerment program (42% in the first cycle,

p<0.05), 90% of patients was referred to hypertension complications screening (62% in the first cycle, P<0.05). Conclusions: Through this clinical audit, the management process of patient with recently diagnosed hypertension was improved. Patients had more chances to receive structural health educational program and nursing interventions. Cautious use of reminder in CMS is one useful tool to enhance patient care.