



## Service Priorities and Programmes Electronic Presentations

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**Nurse-led Diabetes complication Screening and Triage Clinic (DMST) for diabetic patients newly referred to Medical OPD at United Christian Hospital**  
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**Keywords:**

DM

Triage

**Introduction**

The new case waiting time for Medical SOPD at UCH is 52 weeks. Senior medical officers triage new cases based on the limited information provided on the referral letters. Nurse-led Diabetes complication Screening and Triage Clinic (DMST) was established in 4Q 2012.

**Objectives**

1) shorten the first patient contact with Health Care Professionals 2) provide comprehensive assessment 3) provide appropriate care and management

**Methodology**

Newly referred diabetic patients were reviewed at DMST within 4 weeks from referral. They returned in 4 weeks for diabetes education based on the assessment report. According to a structured protocol, patients were triaged to DM clinic or medical SOPD.

**Result**

260 patients attended DMST during 9/2012-12/2013, including 146 male (56.1%) and 114 female (43.9%) with mean age of  $56.4 \pm 10.1$  yrs. They have mean DM duration of  $5.08 \pm 5.48$  years, and mean baseline HbA1c of  $8.73 \pm 1.79\%$ . 138 (49%) patients had diabetes diagnosed within 1 year, with mean age of  $53.6 \pm 9.5$  years and mean HbA1c of  $9.09 \pm 2.08\%$ . Among 69 (26.6%) patients triaged to DM clinic, 44 have completed baseline and follow up HbA1c of  $10.39 \pm 1.93\%$  vs  $7.68 \pm 1.26\%$  ( $p < 0.001$ , paired t-test) respectively. Among 180 (69.2%) patients seen at medical SOPD, 84 have completed baseline and follow-up HbA1c of  $8.17 \pm 1.44\%$  vs  $7.20 \pm 0.99\%$  ( $p < 0.001$ , paired t-test) respectively. 11 (4.2%) patients defaulted follow up in DM clinic or medical SOPD. 44 (17%) patients were found to have diabetic retinopathy, and 2 received urgent treatment by ophthalmologists. Among 96 (37%) patients detected to have the potential or diabetic foot problems, 7 were referred for podiatrist management and all received education on foot care from DM nurse. 15 (6%) patients were referred to dietitian. 41 (16%) patients required additional DM nurse clinic sessions for further education and management. Conclusions: Nurse-led DMST clinic,

with support from endocrinologists, is efficient and effective in providing comprehensive assessment, stabilization of glycemic control, and triage to various clinics according to disease complexity. Patients triaged to both DM clinic and medical SOPD had significant improvement in glycemic control, and received appropriate multi-disciplinary care and management.