Service Priorities and Programmes

Electronic Presentations

Convention ID: 831
Submitting author: Dr KIN CHUNG MICHAEL YAU
Post title: Resident Specialist, Kwong Wah Hospital, KWC

Review of appropriateness of back referral in Family medicine specialist clinic (surgery) in KWH

Yau KC, Chiang LK, Kam CW, Ng LV
General Outpatient Department

Keywords:
family medicine specialist clinic
surgery
back referral

Introduction

Since the model of family medicine specialist clinic (FMSC) was launched years ago, it was implemented in co-operation with various specialties. Various beneficial outcomes were achieved in terms of cost-effectiveness for care delivery and resources management. Thus, FMSC has been initiated in KWH GOPD in collaboration with Department of Surgery (FMSC- surgery) since August 2013. The logistic of clinical care delivery was modified to suit the specific local setting in KWH. Suitable cases were screened from the new case referrals to KWH Surgery SOPD. They would be directed to attend FMSC-surgery at an earlier appointment. The attending physicians in FMSC- surgery would then provide comprehensive assessment and offer proper investigations and management according to management protocol. Endoscopy including OGD and flexible sigmoidoscopy would be performed by surgical colleagues.

Objectives

To review the outcome of clinical care delivery and appropriateness of back referral cases in KWH FMSC-Surgery.

Methodology

The medical notes of all cases in KWH FMSC –Surgery were traced and reviewed by investigators. Major outcomes included attendance rates, closed case percentage, average number of follow-up, investigation analysis, back referral analysis, total number of cancer cases and number of minor operation performed.

Result

Total of 1642 patient attended KWH FMSC surgery from August 2013 to end of 2014. The presenting symptoms were categorized into per-rectal bleeding (60.4%),

dyspepsia (37.0%), change in bowel habit (0.9%), and mixed (1.8%). For the investigation analysis, OGD was performed for 327 patients (19.9%), flexible sigmoidoscope for 199 patients (12.1%), Ultrasound scan of upper abdomen was done for 73 patients (4.4%) and Barium studies for 46 patients (2.8%). For clinical outcome, the closed case percentage was 37% (602 cases). 6.6% cases (108) were stepped down to general outpatient clinic. The average number of clinic visit was 2.37 sessions per case. 29.7% (488) cases were referred back to surgery SOPC for further management. Among those referred back cases, 86 patients (17.6%) were offered operations including cancer operation, haemorrhoidectomy or stapled haemorrhoidopexy, pile banding or injection, cholecystectomy, and partial gastrectomy; 70 patients (14.3%) were scheduled further investigations including CT scan of abdomen, colon, endoscopy including colonoscopy. For the total number of cancer cases, 5 patients were diagnosed to have malignant neoplasms (4 colorectal cancers, 1 stomach cancer) while 2 patients were diagnosed gastrointestinal stromal tumour by further investigation in surgery SOPD through the back referral pathway; while 4 recto-anal cancers were diagnosed through flexible sigmoidoscopy session ordered in FMSC-surgery. Minor operation (Rubber band ligation of haemorrhoids) were performed for 258 cases in FMSC – surgery with an average of 6 to 8 weeks of waiting time only. Conclusion: The FMSC-surgery provided an effective clinical care delivery in KWH setting with a appropriate back referral outcome.