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A FM-M&G collaborative model for SOPC Patients with Stable Chronic Medical Conditions : Integrated Care Model

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Introduction

With the escalating demand on SOPC services, there is a pressing need for SOPC to discharge stable patients to maintain its service capacity. Without a proper communication platform and well-defined referral pathway, SOPC doctors can hardly know the place, time and which primary care doctors they discharge patients to. Some patients worry about complicated booking logistics or change in management protocol. There is a risk of doctor-patient and primary-secondary care miscommunication, discontinuation of treatment or loss to follow up. The Integrated medical clinic (HKIM clinic) in Ha Kwai Chung General Outpatient Clinic (GOPC) demonstrates collaborative care model between SOPC and GOPC.

Objectives

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Methodology

300 stable patients were identified from the Medical SOPC. They had either inactive hepatitis B carrier, diabetes mellitus on once or twice daily insulin injection, or coronary artery disease, post complete revascularization. HKIM appointments were arranged in SOPC. Regular meetings and educational sessions between the two departments enhanced consistency in management protocol and provided the channel for feedback. 100 patients were randomly selected to participate in self-administered questionnaire survey. We enquired about patients' views on the logistics and satisfaction on the referral process.

Result

300 patients were successfully referred in this one-off programme. 12 unfit cases were rescheduled in SOPC. 31 men and 28 women returned the questionnaires in Aug 2015 (response rate 59%). 61% of patients were 61-80 of age. Half of them received primary education or below. Satisfaction to Logistics of HKIM Clinic: (satisfied % listed in blanket) Most of the patients were satisfied with the referral

logistics from SOPC to GOPC including the date of consultation at HKIM (85.7%), referral arrangement (87%), instruction and assistance by staff (87.5%), examinations, explanations and treatments by GOPC doctors (90.6%), explanation, investigations and treatments by GOPC nurses (91.7%), arrangement next GOPC follow up (83.3%) and workflow of drug prescription (90.6%). Satisfaction to Staff: Patients were satisfied with our doctors (96.4%), nurses (89.5%), patient care assistants (89.3%), pharmacy staff (92.6%), shroff clerks (91.2%) and workman (88.9%). Conclusion: SOPC patients had high satisfaction to the primary care clinic service in GOPC after discharge. We shall further explore how this model of care can be sustained and to be implemented in a greater extent.