



## Service Priorities and Programmes Electronic Presentations

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### **Audit specially target on poor controlled diabetic patients in Sai Ying Pun General Outpatient Clinic**

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#### **Keywords:**

Poor DM control

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#### **Introduction**

This audit focused on patients with poor controlled DM in SYP GOPC (Sai Ying Pun General Outpatient Clinic - the largest GOPC in Hong Kong West Cluster) to find out our current performance and identify the deficiencies, therefore to make improvement in our practice.

The audit specially target on patients with poor DM control because they have higher risks of diabetic complications. It was different from previous audit in SYP GOPC which target all DM patients.

#### **Objectives**

1. To audit the process and outcome of diabetic care of patients with poor controlled DM in SYP GOPC.
2. To identify areas of the deficiencies and obstacles in management of patients with poor controlled diabetes.
3. To implement changes to improve the standard of care.
4. To compare the practice before and after the implementation.

#### **Methodology**

Type 2 diabetic patients with latest HbA1c  $\geq$  8.5% were retrieved from SYP GOPC by Clinical Data Analysis & Reporting System. Patients who have their diabetes being followed up in other clinic or by medical team of hospital were excluded. There were 302 patients retrieved in 1st data collection (May 2014) , and 348 patients retrieved in 2nd data collection (July 2015).

Criteria for process of care and outcome were set.

Some important evidence based criteria including

- check HbA1c every 3 months in patients with persistent poor DM control
- refer to at least 1 family medicine specialist clinic/DM joint clinic
- refer to Patient Empowerment Program
- initiate insulin or new oral antidiabetic agents

There were interventions on clinical staff level (enhance education, setting checklist

etc) and patients education (poster, pamphlets, insulin needle sample in consultation room) target on the deficiencies identified.

Results of the two audit cycles were compared.

### **Result**

After the intervention, there was large portion of patients (89%) had improvement of HbA1c, in which (73.8%) had HbA1c < 8.5%. By comparing phase 1 and 2, there was significant decrease in proportion of patients with persistent HbA1c > or = 8.5% in past 1 year.

Conclusion:

Patients with poor DM control can be improved by regular checking of HbA1c, refer to FM specialist or Patient Empowerment Program/dietitian, and adjustment of treatment regimen.