



## Service Priorities and Programmes Electronic Presentations

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### **How Can Clinical Calculators in an Intranet Website Aid Family Physicians to Practise Evidence-based Medicine during Consultations?**

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#### **Introduction**

Practising evidence-based medicine can help arrive at better clinical decision and enhance quality of patient care in primary care. Despite the fact that there are many evidence-based clinical guidelines available in our department's intranet website, frontline family medicine doctors may find them difficult to follow due to time constraints. Although links to clinical calculators through e-knowledge gateway (eKG) are available in the Clinical Management System (CMS), they are not designed for specific specialty and are not user-friendly. As a result, most doctors seldom use them in the busy primary care clinic setting. An easily accessible and user-friendly platform incorporating those clinical calculators that are most relevant to primary practice will be very useful.

#### **Objectives**

To aid our family physicians to practise evidence-based medicine during consultations by means of clinical calculators in the department intranet website.

#### **Methodology**

Evidence-based clinical guidelines for primary care practice were regularly prepared and updated by department senior family medicine specialists and then uploaded to the department intranet website to guide and align clinical practice in our primary care clinics. Essential clinical calculators based on the clinical guidelines were set up in an easily accessible webpage in the website. New calculators would be added whenever there were new clinical guidelines which require more complex calculations to assist clinical diagnosis and management.

#### **Result**

Results:

Since 2010, there were 15 clinical calculators added to the "Clinical calculators"

webpage in the department website. The clinical calculators covered a wide range of clinical conditions managed in primary care which included obesity, cardiovascular risk levels, asthma, diabetes mellitus, chronic kidney disease, pregnancy, alcohol misuse, atrial fibrillation, hepatitis B, benign prostatic hypertrophy, etc. Together with corresponding evidence-based practicing guidelines in our website, these clinical calculators helped frontline family medicine doctors to make evidence-based clinical decisions more accurately and efficiently. Besides being used by department doctors, the clinical calculators were also used by our nurses in clinical assessment and patient education in the multidisciplinary chronic disease management programmes and some family and medical doctors from other hospitals. Most of our department doctors found the clinical calculators very useful and used them frequently in their daily practice. This could be evidenced by the more than 160,000 access counts of our department website in just 6 years.

Conclusion:

A well maintained clinical calculators platform in a Family Medicine intranet website can assist frontline doctors to practise evidence-based medicine more efficiently and effectively.