



Service Priorities and Programmes Electronic Presentations

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Call Back Audit of Cheung Sha Wan Jockey Club General Outpatient Clinic

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Introduction

Doctors in general outpatient clinics (GOPC) will call back cases with abnormal results for further management sometimes. If used properly, this can facilitate early diagnosis and management. On the contrary, it can also cause great patient anxiety, wastage of extra manpower and quotas for the call back process. Frequent changes and rotation of doctors are common in GOPC, if they can share a common ground to decide who to call back, this can help to maintain the standard of practice

Objectives

To study the common indications for call back cases

To study the appropriateness of call back cases

To identify areas for potential improvement for call back cases

To educate and share with colleagues to align the practice

Methodology

All cases that were call back for early consultation from late April to late July 2016 at our clinic were reviewed by using CMS retrospectively. Reasons of call back cases were recorded and categorized. The findings were shared in the clinic meeting and trainees received feedback individually by senior colleague.

Definition of Inappropriateness to call back for early consultation:

1. The condition does not warrant further actions
2. Appropriate follow-up appointment is already available for the reports
3. The condition cannot be safely managed in outpatient setting and should direct patient to emergency department directly instead
4. Further work up can be done before call back for consultation.

Result

25 cases were called back for review across the 75 working days. 87.1 % (197 cases) of the call back cases were regarded as appropriate. The most common indication for

call back was urinary tract infection (12.4%). Other common indications were pneumonia, newly diagnosed diabetes , abnormal electrolytes and etc. 29 cases (12.9%) were regarded as inappropriate.

Discussion

1. This audit shows the appropriateness of call back in our clinic is satisfactory.
2. As 12.4 % of cases are urinary tract infection, further audit can be done to review if the management of uncomplicated urinary tract infection is appropriate
3. No definite guideline is available for staff to call back so there may be disagreement in defining "appropriateness".
4. Indication of referral to emergency department could be discussed among clinic in order to avoid delaying management of urgent cases.