



Accident and Emergency Department (AED) referral review: a reflection of primary care doctors' competency as gatekeepers

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INTRODUCTION:

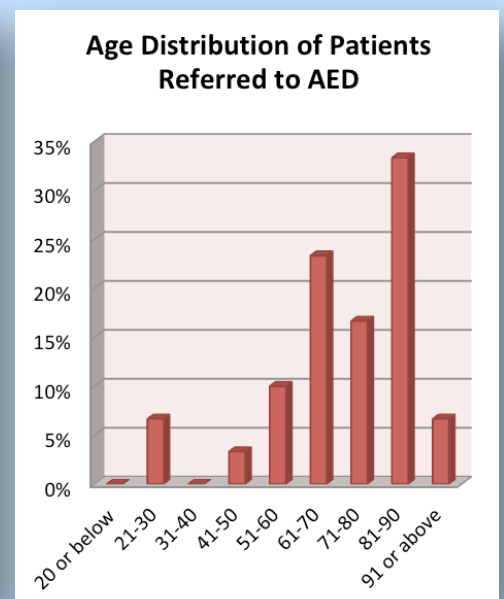
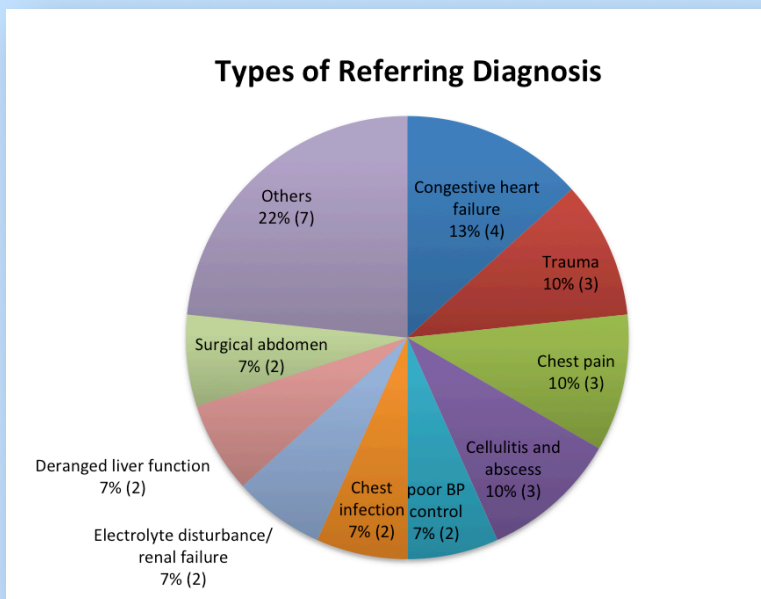
It is the role of primary care doctors in the public sector to act as gatekeepers in health care system for effective patient management and better allocation of secondary healthcare resources. A review on AED referrals by primary care doctors reveals the pattern of emergency conditions and complexity of cases in our General Practice Clinic (GPC). There was similar review conducted by our clinic in 2007 showing the top referring diagnoses at that time were poor blood pressure control and poor diabetic control.

METHOD:

Patients referred to the AED from Yan Chai Hospital GPC during the period from 2nd to 26th Jan 2021 were sampled and analyzed to find out: (1) patient demographics, (2) the spectrum of referring diagnoses, (3) patient outcome, and (4) the appropriateness of referrals. In this review, a referral is deemed appropriate if: (1) hospital admission was required (including specialty ward and emergency medical ward), (2) observation and reassessment in an observation ward were required, or (3) patient was provided urgent investigation or treatment which was not readily available within GPC setting.

RESULTS:

Among the 30 AED referrals reviewed, the age of patients ranged from 25 to 106 years old. Male-to-female ratio is 13:17. The top four types of referring diagnoses were congestive heart failure (13%), trauma (10%), chest pain (10%), and soft tissue infections (10%). 93% of the referral is deemed appropriate (in which 79% with hospital admissions or stayed in observation ward). In 83% of the referrals, our referring diagnosis matched with the final diagnosis.



CONCLUSION:

This review showed the wide spectra of emergency conditions and disease complexity encountered in GPC. The top referring diagnoses are more complex cases compared to poor HT or DM as in the previous review. This reflects our better competency in handling emergency conditions and making appropriate referral of selected cases to AED. This review can be a pilot in the future audits to further enhance the appropriateness of AED referral of our colleagues.

