

Optimizing Disease Control of Diabetic Patient and Service Enhancement in General Out-patient Clinic, Hong Kong East Cluster

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Introduction:

Diabetes Mellitus (DM) is a common chronic disease that requires lifelong care. As of 2020/21, there were 30,173 DM patients under the care of General Out-patient Clinics (GOPC) of the Hong Kong East Cluster. This accounted for a 52.2% increase compared with a total of 19,827 DM patients in 2010/11. With the rapid increase in DM prevalence, a well-designed and systematic service enhancement with measurable goals is essential to empower patients to achieve optimal disease control and reduce complications

Objective:

- Improve key performance index (KPI), self-management of DM patients
- Enhance service for DM patient followed up in Sunday clinics to fill in the service gap



Methodology:

A focus group comprising doctors and nurses was formed to discuss the strategies and implementation. Key performance index (KPI) concept was shared in clinic meetings. Comprehensive service enhancement framework was designed for the whole patient care process (before, during and after consultation). Training was provided to nursing staff to conduct more focused patient education. Patient education material was updated and standardized. Pre-consultation patient education by nurse for young DM patients with borderline control since July 2020. In 2021, 2 sessions of lunch seminars were conducted to update nurses on DM management. Extended nurse education and support to DM patients in Sunday clinic was started from May 2021.

KPI Improving strategies in the whole patient care process

Patient education in waiting hall

- Posted up KPI target posters in waiting hall
- Broadcasting, e.g., remind patients to get ready home self-monitoring record before doctor consultation

Before consultation:

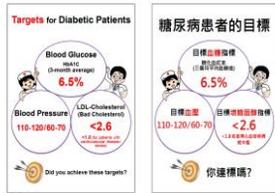
- Pre-doctor consultation nurse education to sub-optimal control patients
- Staff screen the pulling list of patients due for annual blood investigation

During consultation

Encourage home monitoring, lifestyle modification, titrate medication if need

After consultation

- PCAs distribute home monitoring record sheet to patients
- Pharmacist/dispenser: remind patients about the adjusted medications according to doctor's remark on MOE



Posted up department designed KPI target poster in waiting hall



Pre-doctor consultation nurse education to sub-optimal control patients & extended the service to Sunday clinic



Lunch seminars and workshop were conducted to update staff on DM management



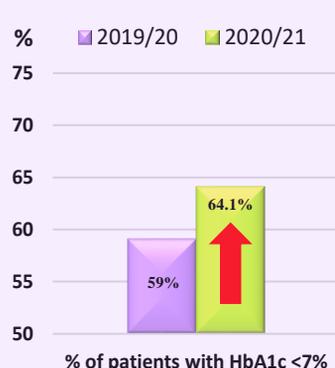
Encourage home monitoring: distribute home monitoring record sheet to patients

Result:

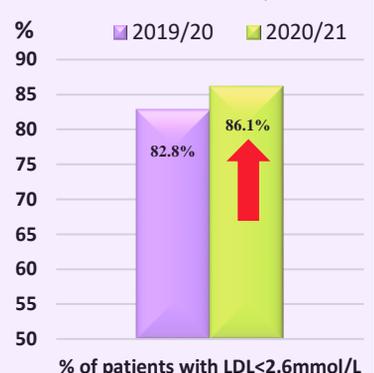
Improving HbA1c & LDL capture rate



Increasing percentage of Patients with HbA1c <7%



Increasing percentage of Patients with LDL <2.6mmol/L



Conclusion:

Structured DM care is essential to improve patient's clinical outcome.