Service Priorities and Programmes

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Submitting author: Dr MAN CHI DAO
Post title: Resident, Princess Margaret Hospital, KWC

Building Community COPD Clinic Based on SWOT Analysis of Frequent Attenders to GOPCs

Dao MCT(1), Fu SN(1), Kwan CM (1), Chan CWI(1), Chan KW(1), Luk W(1)
(1) Department of Family Medicine and Primary Health Care, Kowloon West Cluster

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Introduction
Patients with chronic obstructive pulmonary disease (COPD), especially those poorly-controlled, have frequently utilized both primary and secondary health care services. They often have long hospital stay because of COPD exacerbation, which resulted in significant functional impairment or even mortality.

Objectives
1. To identify areas and priorities for improving care of COPD patients frequently attending GOPCs. 2. To build a new service model of chronic disease clinic to reduce hospital admissions.

Methodology
We reviewed all COPD patients who attended Ha Kwai Chung GOPC for 4 times or more during the period of 12/2014 - 11/2015. Patient demographics, medical history, use of spirometry, attendance or admission to hospitals were collected. SWOT analysis was performed.

Result
61 patients (M:F ratio = 53:8, mean age 75 years) were identified. Two patients (3.3%) excluded as they succumbed due to malignancy. Majority of them (N=46; 78.0%) had 3 or more comorbidities and were on two or more inhalation medications (N=42; 71.2%). Less than half (N=24; 40.7%) had spirometry done before. 18 patients (30.5%) had one or more exacerbations during the study period. Six of them had admission to hospital while others were managed in GOPC. SWOT Analysis of GOPC COPD care: (a) Strength: Patients had regular GOPC attendance for other comorbidities (e.g. DM, HT, ischemic heart disease). Patients had easy access to GOPC during exacerbations. Multi-disciplinary service model for HT and DM is well in place at GOPCs. (b) Weakness: Time constraint, training of primary care clinicians, suboptimal medication, lack of spirometry support. (c) Opportunities: Multi-disciplinary care including office spirometry, basic pulmonary rehabilitation and vaccinations provided by nurses and allied health professionals. Collaboration with

hospital respiratory physicians to reduce hospital admissions especially during winter surge. (d) Threats: Low patients' and clinicians' awareness of the importance of COPD management; loss focus of COPD management because of other comorbidities. Priorities of service improvement include: (1) Early and accurate COPD diagnosis (2) Staff training on COPD and multiple chronic illness care (3) Appropriate management plan to make sure patients receive high standard of care. To build a new model of chronic disease clinic, we propose to recruit suitable patients with COPD who had follow-up in GOPC. Designated doctors and nurses will provide continuity of care. Comprehensive services including spirometry, vaccination, smoking cessation counselling, inhalation technique counselling, and medication adjustments will be provided.