

CHI Learning & Development (CHILD) System

Project Title

Quality improvement project to increase the referral rate to a Weight Management Clinic in Ang Mo Kio Polyclinic

Project Lead and Members

Project lead: Dr Lee Jun Hwee, Benjamin

Project members:

- Dr Kao Chin Yu
- Ms Wu Liqin
- Ms Tan Li Fang
- Mr Muthiah Krishnasamy
- Ms Yap Ai Lin

Organisation(s) Involved

National Healthcare Group Polyclinics (NHGP) - Ang Mo Kio

Healthcare Family Group(s) Involved in this Project

Healthcare Administration, Medicine

Applicable Specialty or Discipline

Weight Management

Project Period

Start date: 01 Dec 2020

Completed date: 31 Dec 2021



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Aims

To increase the referral rate to a hospital-based Weight Management Clinic (WMC) among identified Teamlet D obese patients* in Ang Mo Kio Polyclinic from 0 to 9 percent over 6 months. (July - December 2021).

* Empanelled Teamlet D base patients, aged 18 - 64 years old, who have at least 2 chronic visits in the past 1 year, and whose Body Mass Index (BMI) was last recorded to be ≥32.5kg/m2 in the preceding 12 months

Project Attachment

See poster attached/below

Background

See poster attached/below

Methods

See poster attached/below

Results

See poster attached/below

Conclusion

See poster attached/below

Additional Information

Accorded the NHG Quality Day 2022 (Category F: Junior Medical Doctors) Merit Award

Project Category

Care & Process Redesign

Access to Care, Referral Rate



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Keywords

Weight Management, Obesity

Name and Email of Project Contact Person(s)

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Quality improvement project to increase the referral rate to a Weight Management Clinic in Ang Mo Kio Polyclinic



Adding years of healthy life

Dr Lee Jun Hwee, Benjamin, Dr Kao Chin Yu, Ms Wu Liqin, Ms Tan Li Fang, Mr Muthiah Krishnasamy, Ms Yap Ai Lin

Mission Statement

To increase the referral rate to a hospital-based Weight Management Clinic (WMC) among identified Teamlet D obese patients* in Ang Mo Kio Polyclinic from 0 to 9 percent over 6 months. (July - December 2021).

* Empanelled Teamlet D base patients, aged 18 - 64 years old, who have at least 2 chronic visits in the past 1 year, and whose Body Mass Index (BMI) was last recorded to be $\geq 32.5 \text{kg/m}^2$ in the preceding 12 months.

Team Members					
	Name	Designation	Department		
Team Leader	Dr Lee Jun Hwee, Benjamin	Resident	Medical		
Team	Dr Kao Chin Yu	Senior Resident Physician	Medical		
Members	Ms Wu Liqin	Care Manager (CM)	Nursing		
	Ms Tan Li Fang	Care Coordinator (CC)	Operations		
	Mr Muthiah Krishnasamy	Patient Care Assistant (PCAT)	Operations		
	Ms Yap Ai Lin	Patient Service Associate (PSA)	Operations		
Sponsor	Dr Chong Wern Siew, Christopher	Head, Ang Mo Kio Polyclinic	Medical		
Facilitator	Dr Tan Hue Min	Associate Consultant	Medical		

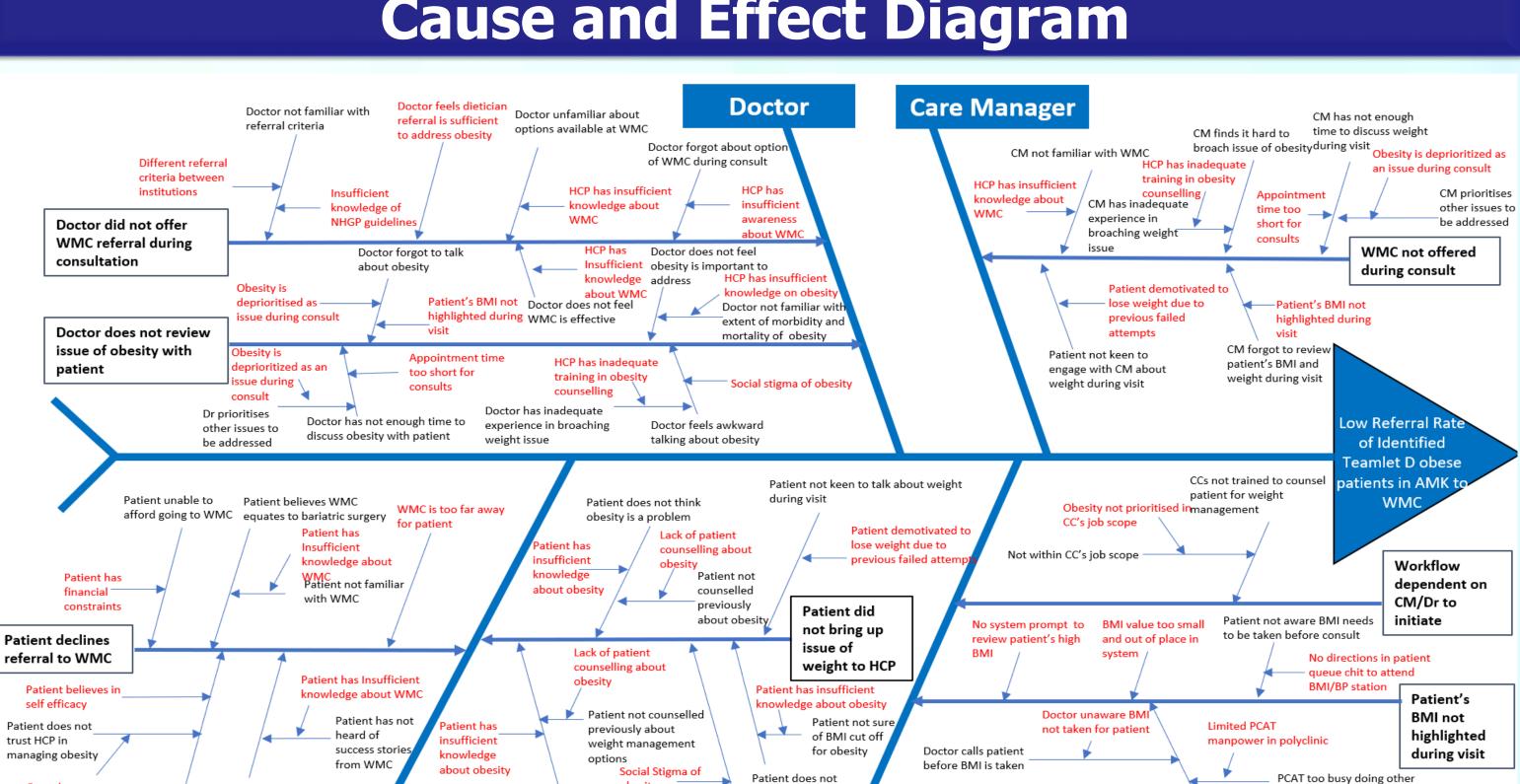
Evidence for a Problem Worth Solving

- The prevalence of obesity in Singapore has risen from 5.5% in 1992 to 10.5% in 2020 and is projected to increase even further in the next few decades.¹
- Lifestyle modification strategies remain the foundation of a long-term weight management plan. However, these interventions alone often only produce modest, short-term weight loss with diminishing returns.^{2,3}
- Intensive behavioural and pharmacotherapy-based interventions have shown to result in both clinically meaningful and sustainable weight loss.
- Hence, clinical practice guidelines by NHGP recommends patients who are BMI ≥32.5kg/m² be referred to a WMC for management of their obesity.⁴

Current Performance of a Process

- The baseline referral rate of AMK Teamlet D to a WMC was persistently low at 0% during the reference period. The mean WMC counselling and obesity counselling rates were 2.4% and 13.2% respectively.
- In comparison, the mean referral rate to WMC of all NHGP teamlets except Geylang was 0.5% with the highest mean referral rate to WMC being 3.1%.

Flow Chart of Process **MICROFLOW MACROFLOW** Patient attends Dr and/or CM consultation Patient registers for appointment in polyclinic Patient has Body Mass Index (BMI) and vital signs (VS) measured by PCAT in waiting area CM reviews vital signs/BMI VS, BMI of patient VS, BMI of patient CM reviews issue of obesity Doctor reviews issue of obesity CM continues with not recorded rest of consultation Patient attends CC consultation Doctor advices on CM advices on CM continues with rest of Doctor advices on lifestyle consultation with rest of Patient attends Dr and/or CM consultation CM advices on Patient proceeds to make payment and obtain Patient not agreeable Patient agreeable for referral appointment if necessary for referral Referral not made, doctor proceeds to CM completes complete consult anagement clinic Patient proceeds to pharmacy for medication collection if necessary Cause and Effect Diagram



know he/she is obes

embarrassed to talk

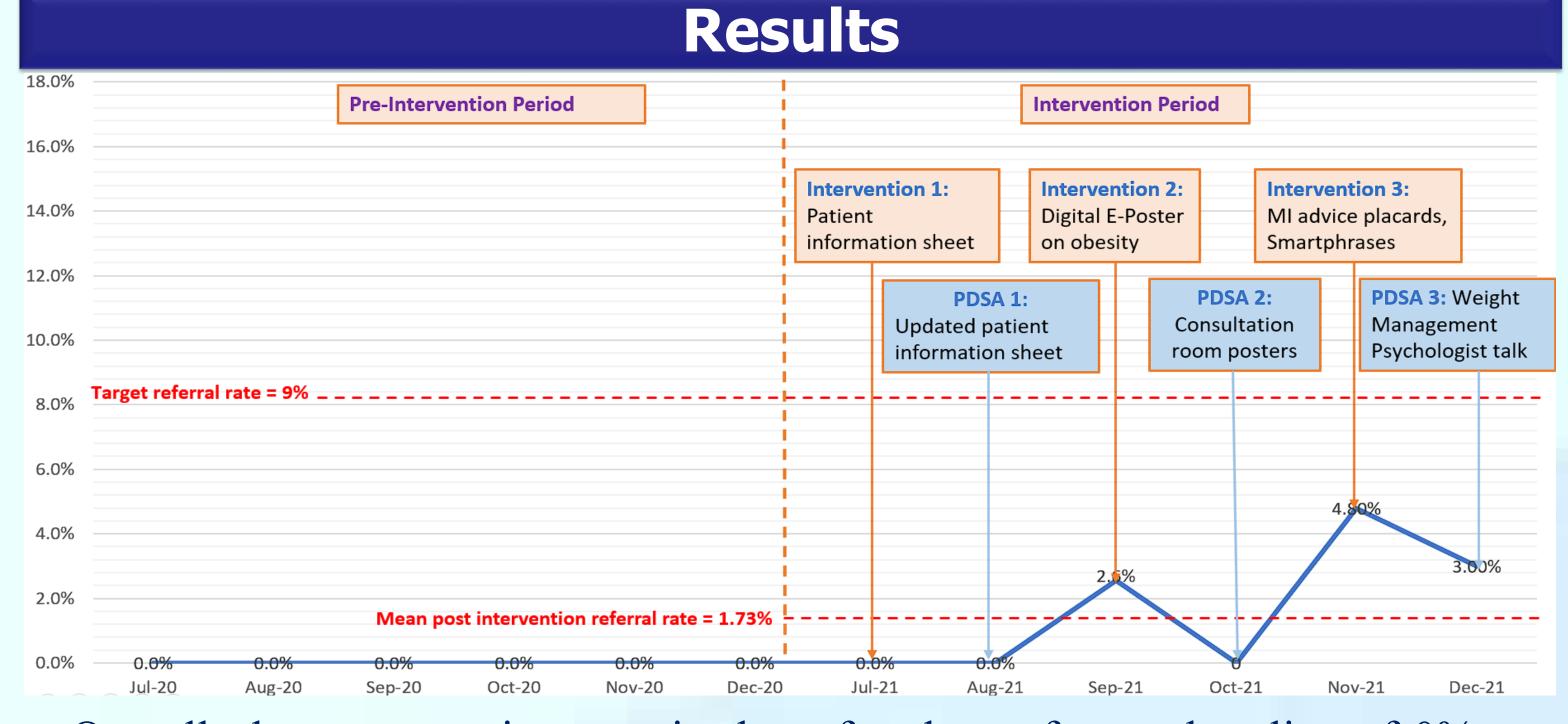
stand for BMI

duties in polyclinic

BMI not taken by PCAT before consultation

Pareto Chart 9 87.50% 91.67% 90.00% 87.50% 6 90.00% 62.50% 6 90.00% 90.

Patient has ins knowledge ab		ause of knowledge of obesity constraints efficacy	lf HCP has insufficient knowledge of WMC		
Implementation					
Root Cause		Intervention	Implementation Date		
		. Patient information pamphlet on WMC placed in Teamlet D Doctor M, CC consultation rooms.	or, July 2021		
		. Digital E-Poster on obesity flashed regularly on television screens Teamlet D patient waiting area.	September 2021		
because of previous failed attempts profe		. Motivational interviewing (MI) advice given to healthcare rofessionals via placards on Teamlet D consultation room computer nonitors and EPIC Smartphrases.	November 2021		
Plan	Do	Study	Act		
1. Patient has insufficient knowledge about WMC	Patient information pamphlet on WMC	 effective in improving knowledge about WMC. Some preferred pamphlets in other languages as they were not proficient in English. (ii) Feedback from HCPs Some felt pamphlets could be more concise and 	Updated pamphlets that were less cluttered, more reader friendly, and translated into 4 languages. Implementation date: 2/8/2021		
2. Patient has insufficient knowledge of obesity	Digital E-Poster or obesity flashed regularly on screens in Teamlet D patien waiting area.	 Reduction in percentage of patients rating their knowledge of obesity as poor from 58.6% to 20% Some patients missed the posters due to shorter transition and waiting time before consultation. (ii) All HCPs felt that the poster was eye catching 	Posters printed in colour and placed in Teamlet D Doctor, CM, and CC consultation rooms in front of the patient. Implementation date: 4/10/2021		
3. Patient demotivated to lose weight because of previous failed attempts	Motivational interviewing (MI) advice via placards consultation room monitors and EPIC smartphrases. Weight Manageme	 80% of HCPs felt that advice given was useful. However, most were not experienced in MI and were not confident in applying the techniques. ent (i) HCP Survey 	HCP talk on Motivation in Weight Management given by a weight management psychologist from KTPH. Implementation date: 29/11/2021 Continued current intervention.		
accompts	Psychologist talk.	• Increase in percentage of HCPs confident in weight management counselling (20% to 80%)	miervention.		



• Overall, there was an increase in the referral rate from a baseline of 0% preintervention to 1.73% at the end of the observation period in December 2021.

Cost Savings

• It is envisioned that integration of measures into current initiatives can augment and streamline weight management efforts, allowing for a reduction in obesity-related costs, which are estimated exceed \$540 million yearly.

Problems Encountered

- The intervention period signalled several significant events in NHGP, including the recent implementation of the Next Generation Electronic Medical Record the relocation of staff from AMKP to Kallang Polyclinic, and the increased community transmission of the COVID-19 Delta and Omicron variants.
- Even though the target referral rate of 9% was not reached, the average obesity counselling rate increased from 13.2% to 52.3%, the offer rate to WMC increased from 2.4% to 23.4% during the intervention period, and there was a decrease in percentage of patients surveyed who had not heard about the WMC and would consider referral to the WMC.

Strategies to Sustain

- Building upon established relationships between AMKP and the hospital based WMC can result in continued collaboration in education and resource-sharing to help patients on their weight loss journey.
- Integrating current interventions into existing NHGP initiatives such as the Tiered-Risk Interventions for Managing Weight (TRIM) programme can augment weight management efforts as well for obese patients.

Patient does not think there is

Patient wants to Patient does not feel

Patient

continue lifestyle WMC is useful