

METHODOLOGY

A cross-sectional audit was conducted among healthcare staff in a district hospital. A structured, modified questionnaire based on the Malaysian MEMS Inpatient Glycemic Guidelines was used. The 10-item questionnaire assessed definition, initial and subsequent management, reassessment, escalation, and documentation, yielding scores from 0 to 10. Descriptive statistics were used for analysis.

RESULTS

A total of 100 healthcare staff participated, comprising 6% doctors, 73% nurses, 14% MAs, and 7% pharmacists. Of these, 46% were from medical departments and 54% from non-medical departments; 71% were inpatient staff and 29% outpatient staff. Participants had a median working experience of 14 years. Overall knowledge levels were high, with pharmacists achieving the highest median score of 10 (interquartile range [IQR] 1), followed by doctors, nurses, and MAs, all scoring a median of 9 (IQR 0–1). Knowledge scores were similar between diabetic-trained and non-diabetic-trained staff, both recording a median score of 9 (IQR 1). The lowest performance was observed in key domains related to reassessment of blood glucose (41% wrong), drug-related considerations (17%), and subsequent management (15%). Median scores were comparable between inpatient and outpatient staff (9 [IQR 2] vs 9 [IQR 1]), and across staff with varying years of working experience. Staff from medical departments achieved slightly higher scores than those from non-medical departments (10 [IQR 1] vs 9 [IQR 1]).

CONCLUSION

Despite high overall knowledge, critical gaps remain in reassessment, drug-related risks, and stepwise management, warranting targeted education, protocol reinforcement, and re-audit to enhance patient safety.

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AUDIT ON HbA1c TEST UTILIZATION AT HOSPITAL TELUK INTAN IN 2025

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INTRODUCTION

Hemoglobin A1c (HbA1c) is fundamental in the diagnosis and longitudinal monitoring of diabetes mellitus. Appropriate utilization is essential to ensure optimal glycemic control, cost-effectiveness, and laboratory efficiency. Regular audits are crucial for assessing adherence to testing intervals and for identifying gaps in diabetes management. The aim was to evaluate the utilization pattern and glycemic outcomes of HbA1c testing at Hospital Teluk Intan in 2025.

METHODOLOGY

A retrospective descriptive audit was conducted using Laboratory Information System data from 1 January to 31 December 2025. All HbA1c tests performed during the study period were included. Rejected samples and duplicate tests within 3 months for the same patient were excluded. Data were analyzed for test volume, inpatient versus outpatient distribution, age group, and glycemic control categories.

RESULTS

A total of 10,208 HbA1c tests were performed, with 987 (9.7%) rejected samples. Among valid requests, 3,561 (34.9%) were inpatient and 5,660 (55.4%) were outpatient. Adults accounted for 9,196 tests (90.1%), while paediatric requests were minimal ($n = 25$).

Regarding glycemic status, 4,502 (44.1%) had HbA1c <6.5%, and 828 (8.1%) were between 6.5 and 7.0%. Suboptimal control (7.0–10.0%) was observed in 2,443 patients (23.9%), while 1,448 (14.2%) demonstrated poor control (>10.0%). Overall, 38.1% of patients had HbA1c ≥7.0%, indicating inadequate glycemic control.

CONCLUSION

HbA1c testing at Hospital Teluk Intan is predominantly utilized in adult and outpatient settings. Despite substantial testing volume, over one-third of patients demonstrated suboptimal or poor glycemic control, underscoring persistent therapeutic gaps. These findings highlight the need for strengthened diabetes management strategies and targeted quality improvement initiatives to enhance glycemic outcomes and optimize resource utilization.

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GLOBAL DIAGNOSTIC CRITERIA FOR GESTATIONAL DIABETES MELLITUS: A SCOPING REVIEW PROTOCOL TO INFORM POLICY IN MALAYSIA

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INTRODUCTION

Gestational diabetes mellitus (GDM) is a common pregnancy complication associated with adverse maternal and neonatal outcomes, including hypertensive disorders, caesarean delivery, macrosomia, and increased lifetime risk of type 2 diabetes. Despite its clinical importance, considerable international variation exists in GDM screening and diagnostic criteria. Multiple frameworks