Would New Case Triage Using Email with Patients Help Avoid Treatment Delay in SOPD with Long Waiting Time? An Experience in a Paediatric Dermatology Clinic

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Complicated and disfiguring birthmarks and severe skin diseases have profound impact on children’s health and their families.
Introduction

- Paediatric skin problems are prevalent and may have significant impacts on the **psychosocial functioning** and **quality of life** of the children and their families

- **High demand** for Paediatric Dermatology services and resourcefulness

- 1 clinic session a week with new case quota at 10, waiting time usually long (routinely in 2-3 years)
Objective of the Study

• Look into how an email system with the use of basic clinical information and digital technology can help streamline the triage of new dermatology cases, so as to ensure a timely and safe arrangement for different referrals on a case-by-case basis.
New Case Triage

**Level One Triage:**
Relative brought the referral letter to SOPD Nurses and received a memo containing the means of communication to provide photos for assessment.

**Flowchart for New Case Referrals for Paediatric Dermatology Cases**

*(1st triage: SOPD Nurse)*

Child/Relative completes interview at the nursing triage station:

Child/Relative makes preliminary appointment at the reception after triage

*(Information Sheet is given to carer/patient on the method to submit clinical photos and information by email)*

*(Level 2 Triage: Doctor)*

Referral letters are paired with corresponding photos from the dermatology team email inbox are then screened by Paediatric nurse and doctors for triage purposes

*(Appointments are advanced that classified P1, P2 and as routine)*

Reception clerk will change the scheduled appointment according to the doctor’s instructions notify the patient by mail or phone.
New Case Triage: Patient’s relatives provide photos

Level Two Triage: Referral letters were screened by Paediatric Dermatology doctors for triage purposes
Results & Referrals to UCH Paediatric Dermatology Clinic

- 432 email submissions, 276 had their appointments advanced.
- 47 high risk haemangiomas appointments (such as periorbital, perinasal) were advanced from routine to within 8 weeks.
- 14 ulcerated haemangiomas appointments were advanced from 8 weeks to within 1 week.
- The remaining cases were advanced from 3 years to within 1 year.
- The case mix is depicted in the following figures.

Referral Source 2014-2016

- GOPC, 12%
- MCHC, 10%
- DH-Derm, 8%
- HA, 29%
- Private, 41%

- Birthmarks, 284
- Hair, 8
- Severe eczema, 52
- Scar, 29
- Acne, 4
- Others, 46
- Urticaria, 9
Conclusions

• A PICTURE is worth a thousand words

• Implementation of INFORMATION TECHNOLOGY in Paediatric Dermatology provides TIMELY and SAFE diagnosis and treatment to patients with more severe conditions