

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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Introduction: Paediatric Dermatology Service Demand











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)



 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, P2and 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

廖柏燊 - 兒童皮膚科新症輪侯病人

Tim Liu <liuseungwing@sino-sec

Level Two Triage: Referral letters were screened by Paediatric Dermatology doctors for triage purposes

收件者: Paediatric Dermatology, UCH; 副本; 'tim0825tim@gmail.com';

⋒ 13 佣附件





















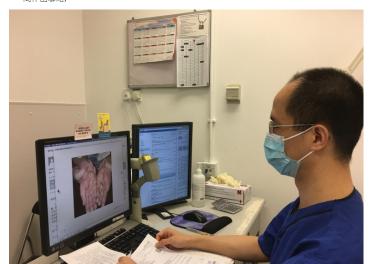


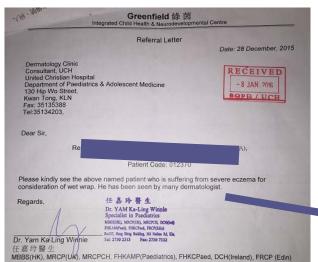


敬啟者:

小兒廖柏桑今年5歲就讀幼稚園K2, 因長期受到濕疹問題困擾引致經常向校園申請病假無法正常享受學習, 及因外觀、傷口發炎引起之體味問題嚇怕 其他家長和小朋友作正常社交,除此之外因小兒難忍皮膚痕癢,經常用手抓破傷患處令到皮膚出現大量傷口並引致長期皮膚發炎致使傷處無法埋口,令到 淋巴受細菌感染時常發燒和引致中耳炎、頭皮因經常被抓破發炎引致局部脫髮和因雙手有大量傷口、發炎,除外觀問題外亦不能正常握筆和自行進食。 |最令本人夫婦難受的是因其皮膚病情嚴重,在晚上我們包括小兒根本無法正常入睡,小兒需長期由成人陪同監視下生活,因一旦無人陪同或到晚上深夜入 睡時間, 小兒便會不自覺地用力抓破患處, 令到床鋪、衣服和身體大量染血及亦因傷口痛楚而哭醒

本人謹將小兒(廖柏桑)之情況如實呈報,以便閣下能在百忙中作出評估和協助跟進,如需本人提供更進一步資料或閣下有任何相關安排,煩請第一時 間作出聯絡;







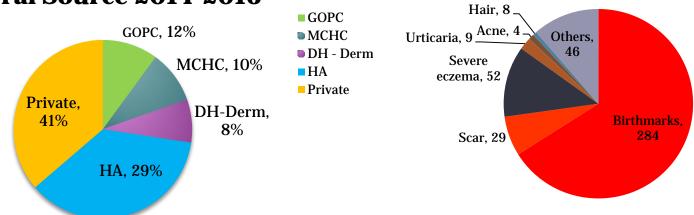


Seen by many dermatologists already

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.









Conclusions

- A PICTURE is worth a thousand words
- Implementation of INFORMATION TECHONOLOGY in Paediatric Dermatology provides TIMELY and SAFE diagnosis and treatment to patients with more severe conditions













