Define Improvement Committee

Kaye Edmonton Clinic – Patch Testing Evaluation
J.F. Elliott, P. Mathura, A. Wong, S. Marini, and S. Holmstrom

DEFINE OPPORTUNITY

Background, Problem, and Goal:
In 2016, 400 patients received patch testing at the Kaye Edmonton Clinic. Patch testing is a costly specialized test used to diagnose allergic contact dermatitis. A variety of substances are applied to the patients’ skin to determine which of these lead to an allergic reaction. In theory, by informing the patient about what substance (or substances) they are allergic to, they should be able to achieve full recovery, provided they are able to avoid the offending agent(s). There remains a need to assess the effectiveness and utility of the patch testing and follow-up education process, which will inform future interventions to improve clinic efficiency.

Problem Statements:
- Currently, there is no mechanism to receive feedback from patients who have completed patch testing. This results in a lack of awareness of patient allergen testing impact (i.e. patch test effectiveness).
- Dermatologist and allergists do not have clear referral guidelines to ensure that only appropriate patients are referred. In 2016, we received >70 inappropriate/incomplete referrals, causing extended wait times.

Goal Statements:
1. To develop a consistent mechanism to obtain feedback from patients post (4 months) patch testing to determine patch test effectiveness.
2. To develop patch test referral guidelines supporting referring dermatologist and allergists to decrease the number of inappropriate/incomplete referrals by 50%.

BUILD UNDERSTANDING

Process Assessment: A referral process map (see bottom centre) was drawn to transparently review the current process. Also, a Pilot project survey was developed and sent to patients who had received patch testing from January 2016 to July 2016. The aim of this survey was to determine patients’ perceptions about the usefulness of patch testing, and whether the testing helped them improve and manage their contact dermatitis. The survey also asked patients to suggest improvements to our clinic process.

Improvement Selection and Implementation Plan: Time frame: Aug-Dec 31, 2017

改善 Plan

SUGGESTED PATIENT OPPORTUNITIES

While they are waiting for patch testing, provide patients with a list of things that are ‘truly hypoallergenic’ (ie. free of all common contact allergens) either directly or via their doctor.

Have patients bring in products that they react to for patch testing—this will make the results more relevant to each patient. Inform patients to do this at the time that their appointment is booked.

Develop a user friendly way to help patients remember what they are allergic to.

ACT TO IMPROVE

Develop a user friendly way to help patients remember what they are allergic to.

Post the safe list on the Alberta Referral Directory (ARD), available to all referring dermatologists and GPS to share with their patients. Also enclose the safe list with each paper questionnaire that is already mailed to all patient at the time their referral is received.

1. Within the ARD, include instructions about what to bring to the first appointment at the Patch Test Clinic, such as products/picture of the product and ingredients that may be causing the allergy.
2. Continue to include with the patient appointment letter specific instructions about what to bring. Start reminding patients 2 weeks before the appointment about what to bring.

Post patch testing (4 months) implement a follow up survey. If patients no better then, implement a dermatologist booking card process. Patch test clinic provides the results, along with informing patients to follow up with the referring dermatologist.

SUSTAIN RESULTS

Reinforce Ownership, Measurement, & Continuous Improvement

The patch test team will review PDSA #1 goals, revise and implement the survey making it part of the clinic routine. They will gather data related to PDSA #2 (number of inappropriate/incomplete referrals) and further revise referral guidelines. Addressing PDSA #2 will improve patient access, quality of care, and clinic efficiency.

SHARE LEARNING

Lessons Learned: The Patient perspective (their ‘voice’) is the best determiner of the effectiveness of patch testing. Only the patient can provide insight about whether having allergen knowledge resulted in a behavioural change which impacted their quality of life.