

Kaye Edmonton Clinic – Patch Testing Evaluation

J.F. Elliott, P. Mathura, A. Wong, S. Marini, and S. Holmstrom

DEFINE OPPORTUNITY

Partnerships in Action

BUILD UNDERSTANDING

ACT TO IMPROVE

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:

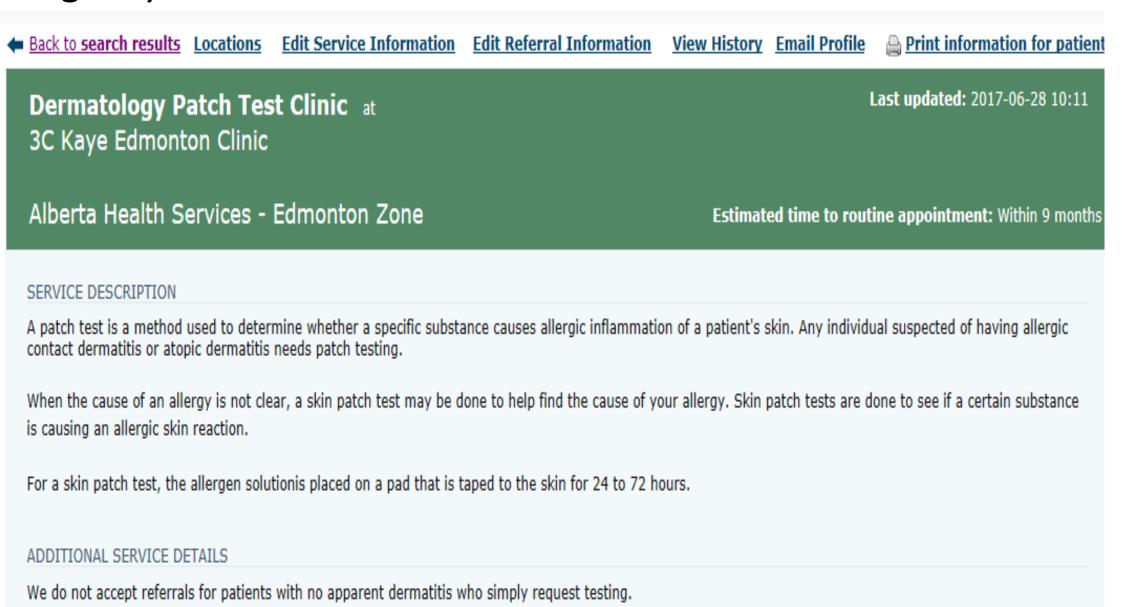
- 1. To develop a consistent mechanism to obtain feedback from patients post (4 months) patch testing to determine patch test effectiveness.
- 2. To develop patch test referral guidelines supporting referring dermatologist and allergists to decrease the number of inappropriate/incomplete referrals by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

MANAGE CHANGE

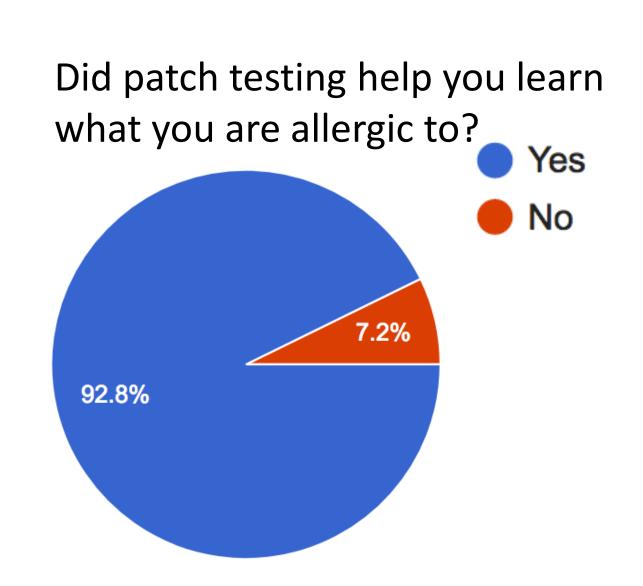
Collaboration & Communication Strategies:

The project team included the patch test physician and the booking coordinator, plus a research assistant, medical student, path to care consultant, and quality improvement consultant.

The collected patient feedback will be used to help identify opportunities to improve the usefulness of patch testing for patients. Suggested interventions will require action by all members of the patch testing team, including physicians, nurses, and administrative staff. As the suggestions will be directly from patient feedback, this will create buy-in and urgency from the care team.



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.

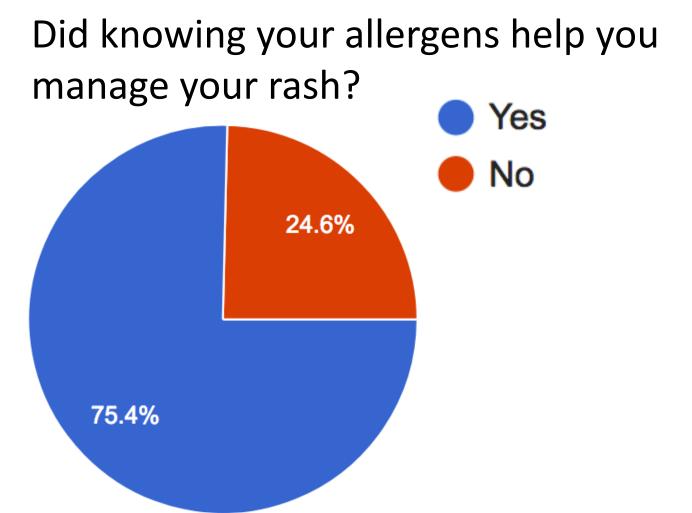


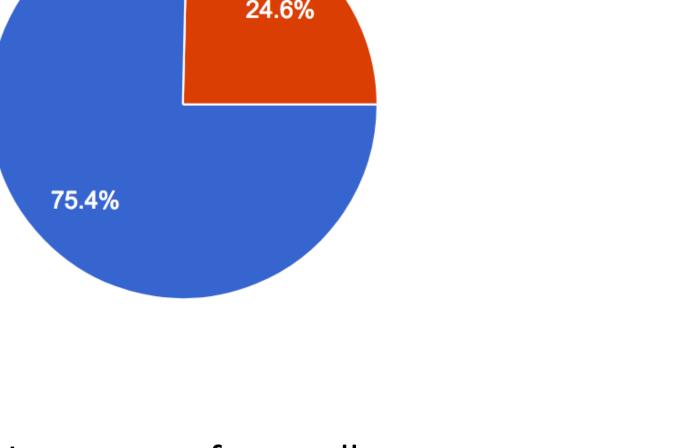
Would you recommend patch testing to

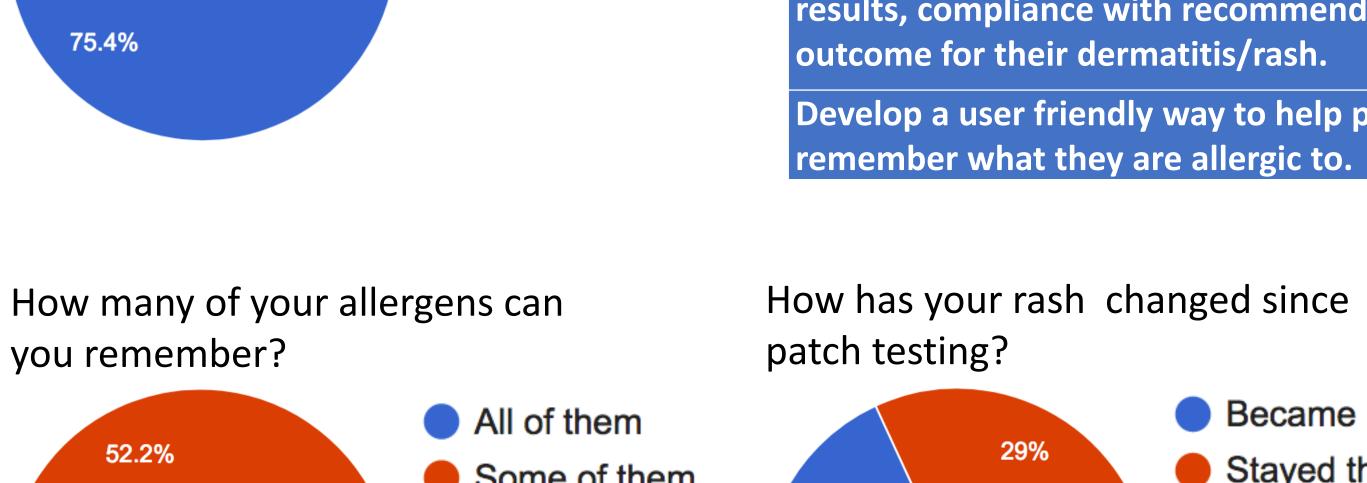
No

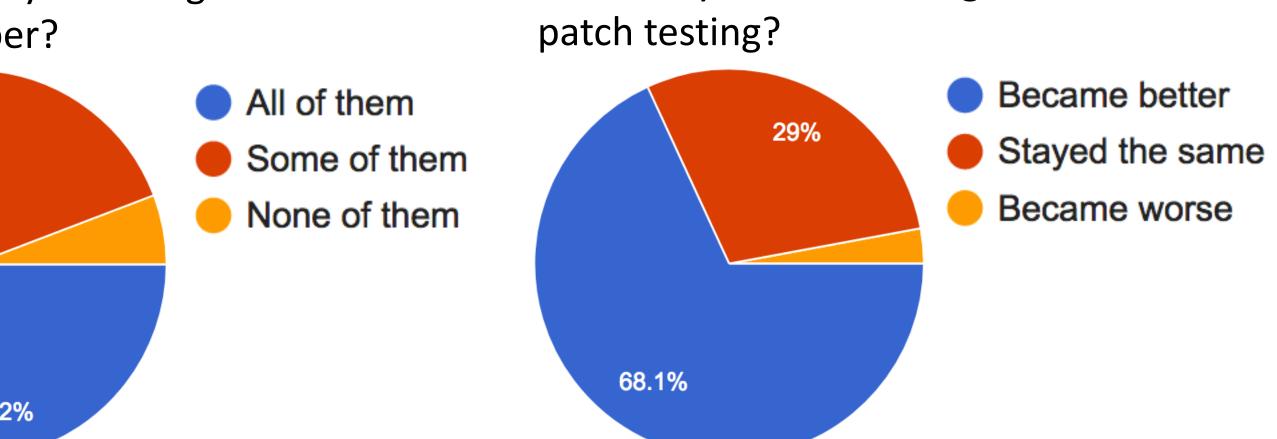
friends or family with a similar rash?

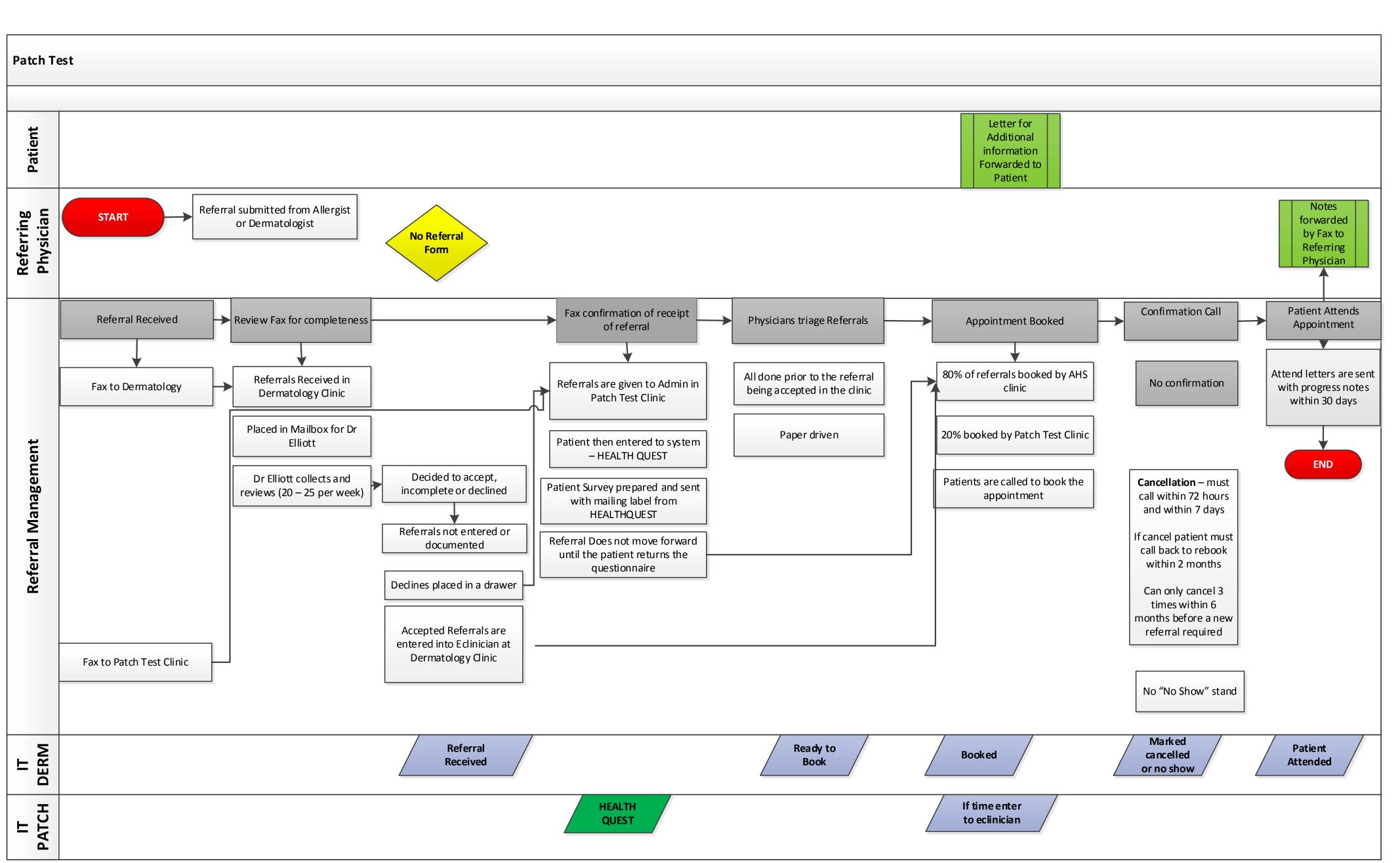
88.4%











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

before the appointment about what to bring.

SUGGESTED PATIENT OPPORTUNITIES

While they are waiting for patch testing, provide Post the safe list on the Alberta Referral Directory (ARD), available 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 of the product and ingredients that may be causing the allergy. to do this at the time that their appointment is 2. Continue to include with the patient appointment letter specific booked.

Establish patch test follow up survey to be sent Post patch testing (4 months) implement a follow up survey. If to all patients to probe patient's recall of test patients no better then, implement a dermatologist booking card results, compliance with recommendations, and process. Patch test clinic provides the results, along with informing outcome for their dermatitis/rash. patients to follow up with the referring dermatologist.

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

Develop a patient allergen tracking tool.

PDSA #2

PDSA #1

to all referring dermatologists and GP's to share with their patients.

already mailed to all patient's 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

instructions about what to bring. Start reminding patients 2 weeks

Also enclose the safe list with each paper questionnaire that is

- 1. Define referral guidelines.
- 2. Updated and finalize referral guidelines within the Alberta Referral Directory.
- 3. Process map the referral management process.
- 4. Integrate the EPIC eCLINCIAN and Path to Care process.
- 5. Develop a process to identify inappropriate/incomplete referrals: initially post-intervention, and subsequently preintervention.
- 6. Review results and make improvements to referral guidelines, integrated with a transparent referral management process.

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.



Allergy Patch Testing Many patients come to our Patch Test Clinic both frustrated by their

persistent rash and a bit nervous about having to undergo such an nvolved test. They describe the redness, swelling, and itching of

their skin, and the detrimental effect this has on their daily lives

"Can you please just tell me what I'm allergic to doc?" the patient asks, "It's been driving me crazy! I need to know what to avoid." We attach adhesive patches filled with an array of different pure substances onto the patient's back, remove all of these after two days, and then wait two more days before concluding which allergens are positive. In some patients we find they are allergic to just one or a few things; in others, a longer list of allergens is found. Now they know what to avoid. However, sometimes we find nothing; the rash is not caused by contact allergy.

One day, I ran into one of my patch test patients, who greeted me smiling and enthusiastically pointed to where her rash used to be. Where there were once red, raised, scabbed-over oozing circular lesions, now there were only faintly colored spots.

We want all patients to have a similar result. By letting them know what things to avoid, they can cure their own rash by simply switching to products that do not contain their allergens. As my former patient walks away smiling, I am reminded of the positive impact that patch testing can have, allowing these patients to get back to their lives rash free!