

Identifying Quality Improvement Opportunities in a Vulvar Dermatology Clinic

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Keywords

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Quality improvement (QI) has been defined as “the unceasing efforts to make changes that will lead to better patient outcomes, system performance, and professional development.”¹ We performed a retrospective review of our local vulvar dermatology clinic to identify quality improvement opportunities to further meet the needs of our patients and referring physicians.

A retrospective review of electronic medical records was performed of all new patient consultations seen in our vulvar dermatology clinic in Edmonton, Alberta, Canada from May 2019 to May 2020. A total of 187 charts met inclusion criteria and were reviewed. This study was approved by our local Research Ethics Board.

The average wait time for an appointment was 70 days. The average symptom duration was 3.5 years (Supplemental Table S1) and 76% of patients tried treating their condition with an average of 1.8 treatments (Supplemental Table S2). Our planned intervention includes sending patient information regarding general vulvar skin care measures with the appointment information and creating symptom directed patient information handouts accessible online for referring providers and patients to provide guidance during the wait time.

Most referrals were from Family Medicine (76%), followed by other specialties (Supplemental Table S1). Approximately half of referrals included requests for assessment of unspecified vulvar lesions, symptoms, or rash (Supplemental Figure S1A), which can make triaging challenging. Ensuring there are accessible and informative educational opportunities for family physicians in vulvar dermatology is a priority. A QI opportunity is the development of online modules for general practitioners regarding common vulvar dermatoses and red flags for malignant lesions. In addition, based on the chart review we were able to identify the most common diagnoses (Supplemental Figures S1B and S2) and treatments prescribed in the vulvar dermatology clinic (Supplemental Table S2). Patient education materials for the clinic will

be developed based on this data and tailored to our local practices.

Lichen sclerosus (LS) was the primary reason for referral (27%). Fifty-two percent of referrals from Gynecology was for LS (majority were biopsy confirmed), 43% of which were from rural gynecologists. A QI opportunity is the option of direct physician-to-physician consultation to review management of LS. Patients could then be referred for treatment refractory cases or those with diagnostic uncertainty.

The clinic serves patients from a wide catchment area, with 15% of patients seen for initial consult living in rural locations (Supplemental Table S1). Telemedicine is an accessible and cost-effective option to expand access to care.² A long-term plan for access to virtual assessments would be beneficial for patients living in rural areas, as patients with chronic dermatologic conditions unable to access dermatology care may have worse outcomes and quality of life.³

The impact of the patient’s disease on their quality of life or sexual function was seldom documented. Patients who were asked about impact on sexual function reported significant impairment. We have added specific questions regarding sexual health to our standardized history template to open this dialogue.

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To fully understand the gaps in our clinic, patient interviews and surveys would provide further understanding of patient needs in our subspecialty clinic.


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Supplemental Material

Supplemental material for this article is available online.

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