

Eczema Models within the RCH and beyond

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The Staff of the Dermatology Department

- 1 EFT Nurse Practitioner
- 0.2 EFT Director
- 0.5 EFT Sessional Dermatologists
- 1.5 EFT Nurse Consultants
- 0.8 EFT OPD clerk
- 2 EFT Dermatology Registrars



Dermatology Clinics at the RCH

- Monday
 - Specialised clinics; epidermolysis bullosa, genetics, eczema, severe eczema, mastocytosis, ichthyosis
- Wednesday
 - General dermatology
- Thursday
 - General Dermatology
- Eczema Workshops (Nurse admission clinic)

The Current Position of the Dermatology Department at the RCH

- 3 Outpatient clinics per week
 - 30 new appointment slots available
 - 2557 patients were seen from March 10- Feb 11
 - 1200 were new presentations
- 2 Eczema Workshops per week
 - 12 new appointment slots available
- Approximately 100 new referrals per week
 - About 60% of these are for eczema
 - There is a 12 month waiting list for a non urgent new patient
 - The Derm OP failure to attend rate is approximately 20%

Eczema Presentations at the RCH

- At the RCH Eczema accounted for 898 Emergency Department presentations with 463 inpatient admissions (665 bed days) from November 2006 to October 2007.
- Of all admitted patients with a primary diagnosis of eczema (inpatient or ED presentation).
- Approximately 10% of patients that presented were admitted more than once.
- *Over the last decade the number of patients attending the dermatology outpatient clinics has increased by over 300%.*


WE HAVE A PROBLEM!!

- Not enough new appointments available for the amount of new referrals
- No space to increase the number of new clinics
- What have we done to improve this problem...




Measures put in place

- Nurse Practitioner/Consultant role
- Eczema Workshops
- Nurse review clinics
- Monthly group eczema education clinics
- RCH at home admissions
- HARP Eczema project/Clinics
- General Practitioner Eczema Education Program
- OPD Family centred bookings





The evolution of the Dermatology Nurse Practitioner (NP)

- 1996, Dermatology Nurse Consultant role was established in response to an identified need for improved eczema management.
- 1999, Victorian State Government initiated and development of the NP role
- 2000, \$100,000 granted from Department of Human Services (DHS) for the Paediatric Eczema NP Project
- 2003, 40,000 granted from DHS to develop NP clinical practice guidelines







The NP role is still evolving and still improving

- May 2008, Emma King and Liz Leins endorsed as the first paediatric eczema nurse practitioners in Australia
- 2008, Successful in obtaining ongoing \$140,000/year for the HARP Eczema Project
- 2008, GP Eczema Education Project
- 2011, Sustainability of the role – 15 years and increased funding to develop programs and educated more nursing staff.
- RCT and audits have shown high parental satisfaction and an improvement in eczema severity and quality of life

Eczema Workshops


- Instituted to provide improved eczema treatment that cannot be given in the outpatient setting
- First of its kind in Australia and Globally
- 2006, Victorian Public Healthcare awards "Innovation in workforce design"
- 2/week
- 6 patients per workshop
- 1 NP and 1 nurse consultant
- Shown to improve quality of life and severity
- High parent satisfaction of the service

Eczema Workshop WIES Revenue: Mar 2010 - Feb 2011 (inclusive)





Green Desk and Yellow Desk

DRG	Description	Same day WIES	One day WIES	Mar 2010-Feb 2011 Seps	WIES	
J64B	Cellulitis W/O Catastrophic or Severe CC	0.2354	0.2354	1	0.2	
J67B	Minor skin disorders, Same-day	0.2523	0.2523	5	1.3	
J68B	Major Skin Disorders W/O Catastrophic or Severe CC	0.445	0.8899	2	1.8	
J8C	Major Skin Disorders, Same-day	0.4546	0.4546	256	112.9	
	Unknown			33	13.4	
					297	129.6
WIES funding (assuming public rate of \$3,725 per WIES)						462.94



Monthly Group Education Eczema Clinics


- Instituted to manage eczema more effectively
- 40 Families divided into 2 timeslots
- Group education given by NP
- Patient seen individually with dermatology registrar and dermatologist
- Average relevance and education scored as "excellent" 4.5/5 (1-5 points) (n=115)
- 113/115 said they would recommend to others
- Parents generally liked the practical presentation of treatments and wet dressings the most








Dermatology Outpatient Activity Mar 2010 - Feb 2011 (inclusive)


Clinic Type	Outpatient Attendances	VACS Weight	VACS*
Dermatology	2,390	2,408.81	\$431,176
Dermatology Nurse Practitioner	167	168.72	\$30,200
Total	2,557	2,577.52	\$461,376

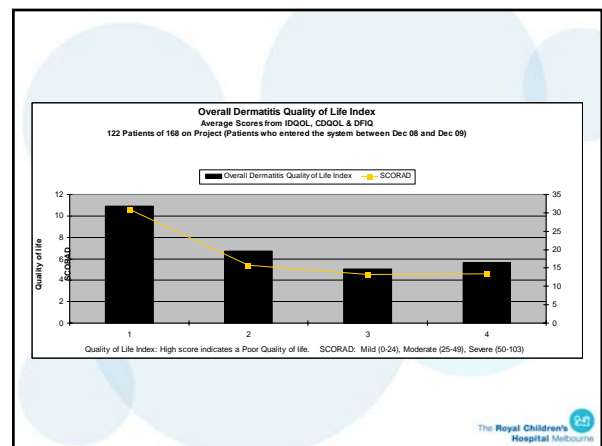
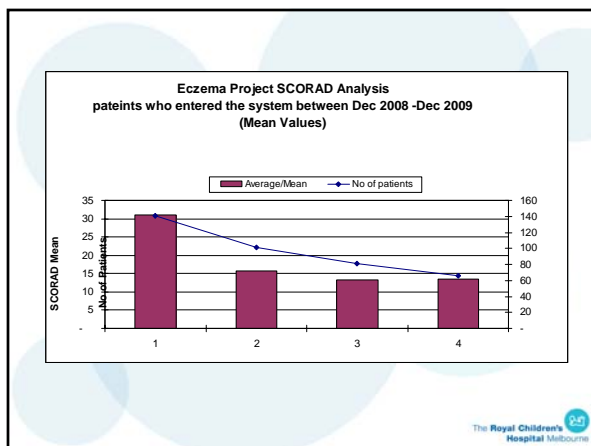
* VACS (assuming \$179 per VACS)



- ### RCH at Home and Short Stay Unit
- Began to provide a better way to manage eczema a chronic disease
 - Also the medical ward changed and there was no longer nursing expertise for these patients on 1 ward.
 - Nursing staff educated and continue to be educated
 - More insight into patient's home
 - 15 years ago 5 – 7/week patients admitted, now 1-2/week
 - Some patients may go to Short Stay Unit and then transferred into RCH at Home
 - More cost effective
 - Patient reviewed in Dermatology OPD in 2 weeks
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- ### HARP Eczema Project
- The objective of this project was to trial a HARP-CDM model of care for complex eczema patients to determine its effectiveness in:
- Reducing the number of eczema related multiple presentations to the RCH Emergency Department.
 - Reducing the number of eczema related inpatient admissions at RCH.
 - Improving the management of eczema by patients and their families as indicated by decreased SCORAD result.
 - Improving the quality of life of patients and their families as indicated by the IDQOL, CDLQI and DFI Quality of life measures (Beattie & Lewis-Jones 2006).
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- ### Scope
- The proposed model of care involves the provision of satellite nurse led eczema clinics in selected Community Health Centres in the northern and western metropolitan areas of Melbourne.
 - These clinics provide comprehensive assessment, education and care coordination for patients with complex eczema and their families.
 - Medical support is provided by the GP staff located at the Community Health Centres with additional support from the Dermatology Department at the RCH.
 - Patients and their families are linked into additional community supports as necessary which could include dietician, social worker, psychologist etc.
 - Where necessary additional education and support will be provided to agencies with which the patient is involved such as kindergartens, child care centres and schools.
 - Inclusion and exclusion criteria
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GP Eczema Education program

- Initiated to reduce the amount of eczema referrals to the RCH
- By;
 - Educating General Practitioners on mild and moderate eczema and the treatments
 - Increase confidence in treating their patients
- Education given by Dermatologist and NP
- 4 GP Divisions involved (most referring)
- 46 GP attended
- GP Liaison Officer

How it worked!

- Pre activity
- 2 hour interactive lecture given by Dermatologist and NP
- 4 hour clinical attachment at 1 Dermatology RCH Clinic

Results

- Effectiveness assessed pre, immediately after attachment and 6 months later
 - Knowledge, confidence and skills
 - Increased knowledge and confidence
 - Satisfaction
 - High of program and objectives being met
 - RCH Emergency admissions
 - Reduction from the suburbs of the Divisions that attended
 - RCH Derm waiting list
 - No change
 - No significant change in the number of new patients referred to the RCH

And the future...

- Many more satellite nurse led eczema clinics
- More GP and maternal child health education programs
- Better management of eczema in the community

Thankyou for listening

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