

‘Out-of-stock’: An initiative to impede Dermatology in-patient topical treatment delays

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Dear Editor,

The Dermatology department provides same-day consultations for hospital in-patients assisting in diagnosis and management of a range of medical presentations across numerous specialties. Barriers exist impeding administration of high-quality dermatological care including poor compliance with advised treatment, failure to initiate advised treatment and recommended medications being in limited hospital supply. Our quality improvement project assessed delay in topical corticosteroid administration to identify gaps in delivering optimal inpatient care. We planned to re-visit our audit with a re-audit cycle whereby we would implement a ‘Dermatology Urgent Care Supply’ on-site which would be re-stocked daily with most commonly prescribed topical corticosteroid/emollient treatments. This supply could be accessed when topical corticosteroids were not available on a ward secondary to limited supply/pharmacy closure. We recorded in-patient consultations within a single site Tertiary hospital over 3-months. We reviewed consultations daily to assess whether or not advised treatment plan had been implemented. In-patient Drug charts were audited daily to assess whether advised treatments were being provided. This was verified with patients to ensure medications were being applied.

There were 49 consultations seen by Dermatology over 3 months. 31 consultations (63.3%) advised topical corticosteroid administration. Most common indications for topical corticosteroid administration included Drug Eruptions: 51.6% (13/61), Eczematous flares 25.8% (8/31), Psoriasis 9.7% (3/31), Radiation dermatitis 6.5% (2/31) and Nodular Prurigo 3.2% (1/31). Topical corticosteroids were applied same day as prescription in 45.2% (14/31) cases, delayed by 1 day in 45.2% (14/31) of cases and delayed by 2 days in 9.68% (3/31) cases. Mean time from primary team prescription to nurse application was 0.65 days. Betnovate 0.1% ointment was most commonly delayed in application secondary to limited supply with just 47% (8/17) administered same day as prescription. Just 54.8% (17/31) of topical corticosteroids were applied same day as doctor prescription impeding high quality care. The predominant reason for this was listed as ‘drug out-of-stock’ in 82.4% (14/17) of cases. In no instance whereby topical corticosteroids were unavailable, was the Dermatology team re-contacted for alternative treatment advice highlighting a communication insufficiency.

Our Department created a 'Dermatology Urgent Care Supply' containing commonly prescribed topical corticosteroid. Inpatient consults were reviewed daily and if prescribed topical treatment was not administered secondary to limited supply a Dermatology Doctor accessed the Urgent Care Supply located in the Dermatology Office and provided the treatment to the ward. The doctor was subsequently tasked with re-stocking the supply. We re-audited over 2-weeks during which there were 14 inpatient Consultations with topical corticosteroid treatment indicated in 8 cases. On 3 occasions, treatment was not applied secondary to supply shortage, the Urgent Care Supply was successfully accessed in the Dermatology Office which resulted in 100% (8/8) same day application of topical corticosteroid treatment for inpatients over this period. This demonstrates a role for our 'Dermatology Urgent Care Supply' to be used in Tertiary Care settings, an initiative we will continue to ensure high quality patient-centered care.

Declarations of Conflicts of Interest:

None declared.

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