

DERMATOLOGY SERVICES

The service is based at Liverpool and sees inpatients from other SWSAHS hospitals in the Liverpool outpatient clinics.

The Department of Dermatology undertakes four main processes: health care; teaching; research & development; prevention. The patient streams focused on are: inpatient dermatology; photo physical therapy; skin cancer detection and treatment; hand dermatoses; inflammatory dermatoses & interface dermatology.

Current Services

The number of inpatients directly admitted under a dermatologist to Liverpool Hospital is low (30 – 50 per annum). Reviews of referred inpatients are approximately 200 per annum and referred outpatients in dermatological clinics are the bulk of the cases, with approximately 6,000 occasions of service per annum¹.

A clinical indicator follows in-patients, who are triaged on receipt of a consult:

2003 Triage	Percentage of Consultations
1 - Urgent Dermatological Consult	1.7%
2 - Logistically important eg. Peri-op	15.5%
3 - Prefer as inpatient but could be outpatient	35.1%
4 - Outpatient	42.5%
5 - To be assessed by LMO first	0.6%
ND - Not Triage	4.6%

In 2003, 86% of the consults were from units within Liverpool Health Services: 10% were from Bankstown Hospital and less than 5% are from other SWSAHS hospitals. The 10 most common department sources for inpatient consults were Neurology, Haematology, Aged Care Unit, Cardiology, Gynaecology & Obstetrics, Medical Oncology, Renal, Surgery and Emergency.

Outpatient visits cover over 600 dermatological diagnoses. A simplified classification shows the following distribution of patients:

- Tumour (benign and malignant skin tumours) 38%;
- Special Dermatology (genodermatoses; blistering dermatoses; scleroderma; collagenoses; Vasculitis; sarcoidosis; panniculitis; necrobiosis) 15%;
- Eczema / Allergy (atopic eczema; contact eczema; other forms of eczema; id reactions; photodermatoses; urticaria) 15%;
- Psoriasis (psoriasis; pustulosis palmoplantaris; pityriasis rosea; pityriasis lichenoides; parapsoriasis; lichen ruben) 14%;
- Infections (viral bacterial and fungal infections) 4%;
- Acne (acne rosacea; hydradenitis suppurativa) 4%;
- Leg Ulcer (venous and arterial leg ulcers; lymphoedema; decubitus ulcers; thrombophlebitis) 2%;
- Other (pruritus; excoriation; elastosis; hair & nail disease; hyperhidrosis; parasitosis) 8%.

¹ DRG statistics and projections from NSW Health do not adequately reflect the dermatology caseload and are not described here.

Phototherapy, an important area for treatment of psoriasis, eczema and many other dermatoses, increased to 2,900 occasions service in 2003. Photodynamic Therapy for skin cancer has been established.

Access to the department for patients seeking for early diagnosis of skin cancer has been improved. An emphasis on prevention in the day-to-day contact with patients has been increased.

Research & Education

The Department of Dermatology's Chair in Dermatology is one of only three Professorial Chairs in Australia.

The department has worked to focus on improved quality of care through the development of the Clinical Indicator system. Of the several indicators of process and outcome, developed in the department, three were accepted by the Australian College of Healthcare Standards for national publication for the year 2004. The department has assumed the role of "Clinical Indicator Consortium" for the collating of various efforts within the specialty. Publications of Indicators and relevant discussions thereof are planned within the College of Dermatologists and at the Annual Scientific Meeting of the College of Dermatologists in May 2004.

In basic research, the bioengineering technique Laser Doppler Perfusion Imaging (LDPI) has become a specialty of the department, with the completion to date of three Masters theses using LDPI in the areas of Type 1 allergy, Photodynamic Therapy and Wound Healing. New projects are under way for the study of Raynaud's Phenomenon and the use of bioengineering technique to follow up skin cancer patients. In collaboration with the Department of Dermatology, Linkoping Sweden, a project (Solander Project) has started to address possible use of bioengineering techniques (Laser Doppler Perfusion Imaging and confocal microscopy) in the follow up of skin cancer.

The specialist training rotation has been improved through better and more structured supervision and introduction of further clinics. The rotation is now arguably one of the best rotations in the Sydney training circuit. The department has taken a higher profile in activities directed at personnel within the hospital and contact has been taken with General Practice sector groups. Intensive Care provides many inpatient consultations and a project is underway to produce teaching material around dermatology and intensive care.

For education, research and service development projects, the Dermatology Department networks with a number of groups including: UNSW; Skin & Cancer Foundation; South Sydney Collegium (of Dermatologists); College of Dermatologists; General Practitioners; Other Departments within AHS; Pharmaceutical Companies; Research affiliations; SWS Cancer Service and "Solander Project" (collaboration between Australia and Sweden).

RECOMMENDATIONS

- Dermatology services based at Liverpool Hospital Service to provide inpatient and outpatient consultations for the whole of SWSAHS.
- Services at other Area hospitals be developed in line with the commencement of a training program for the Area.