WHEN IS A ‘ONE-STOP’ CATARACT SERVICE NOT A ‘ONE-STOP’ SERVICE?

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Background:

Confusingly, most academic literature describes ‘one-stop cataract’, as surgery on the same day, i.e., a single visit for assessment by ophthalmologist, surgical pre-assessment, and surgery. However, many NHS services have taken to adopt ‘one-stop’ cataract to mean one appointment for both assessment by ophthalmologist and pre-assessment, with a second visit for surgery.

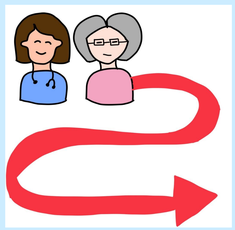
Aim

To assess patients’ understanding of the one-stop cataract service through surveys and patient shadowing to aid quality improvement (QI) at King’s College Hospital NHS Foundation Trust.

Methods:



PATIENT SURVEY



PATIENT SHADOWING

Results: From survey of 50 patients during ‘one-stop’ cataract appointment

- 68% did not know what to expect from their appointment
- 26% thought they may be having surgery on the day of their appointment
- 70% said they would have liked more information about their one-stop’ appointment
- 82% said they would have wanted information about surgery
- 78% did not know that their ‘one-stop’ appointment could last between 2-3 hours
- Around 30% said they would find a video useful

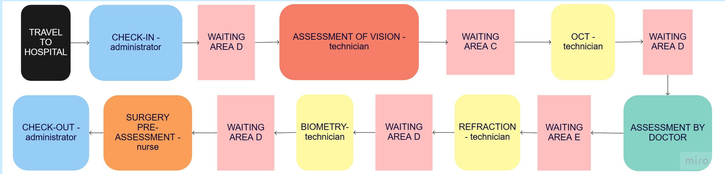


Figure1. Care flow map of patient's journey through the one-stop cataract clinic appointment. Each coloured box represents a touchpoint on the patient journey and details of their interaction with healthcare professionals.

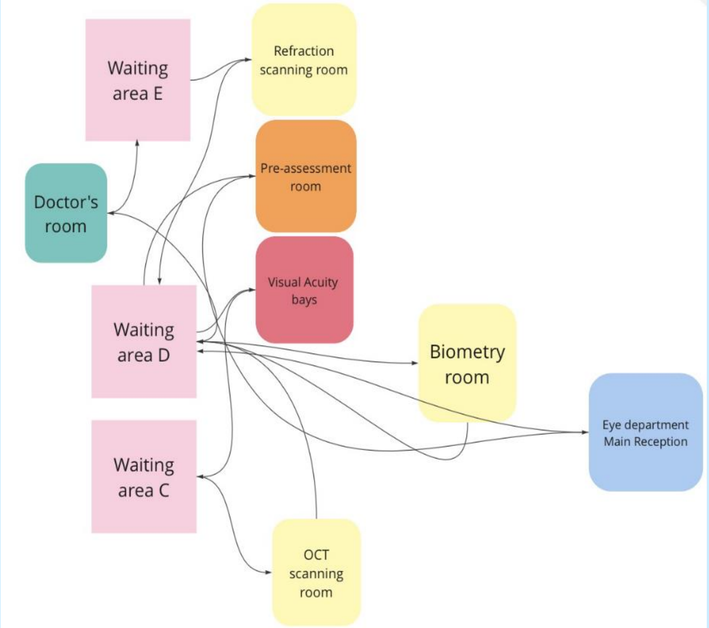


Figure 1: Spaghetti diagram depicting the patients’ movements in the one-stop cataract clinic. Layout of rooms and locations represents orientation in real-life.

Why is the one-stop service confusing for patients?

- Navigating through the complex service in numerous waiting rooms and diagnostic/examination rooms.
- Previous use of the term ‘one-stop’ cataract to mean surgery on the same day
- Anxiety around surgery
- Reduced vision and mobility issues

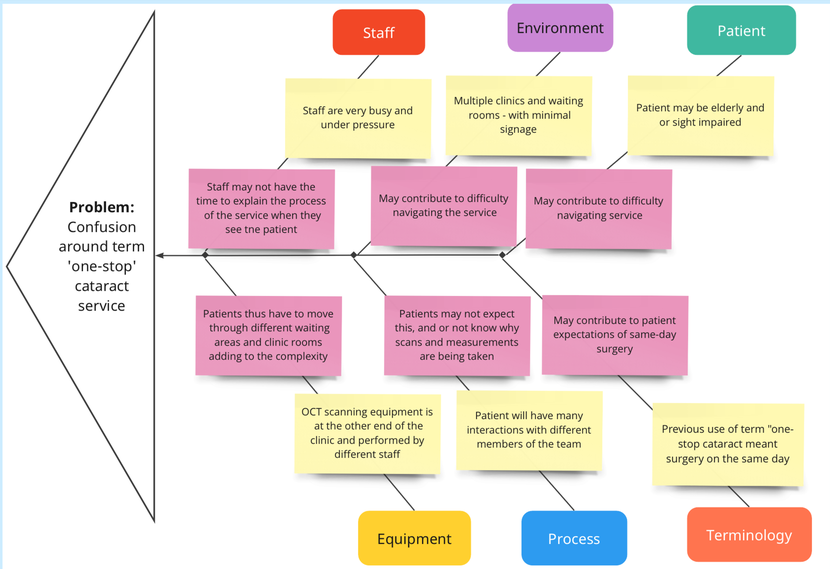


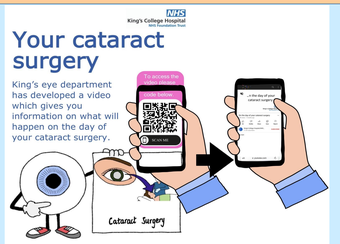
Figure 3. Fishbone diagram summarising contributing factors for the confusion around ‘one-stop cataract’ service.

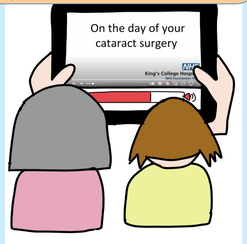
Recommendations:

- Improve navigation through the service with simple floor markings.
- Create and disseminate QR code posters to access patient education videos.

Scan the QR codes above to access our patient education videos

QR CODE POSTERS CREATED FOR ACCESS TO PATIENT EDUCATION VIDEOS





Conclusion: Patient shadowing and PEVs are useful techniques which should be considered in all services regularly for Quality Improvement.

Refernces:

1. Zenka J, Macháček J, Michna P, Kořízek P. Navigational Needs and Preferences of Hospital Patients and Visitors: What Prospects for Smart Technologies? Int J Environ Res Public Health. 2021 Jan 22;18(3):974. doi: 10.3390/ijerph18030974. PMID: 33499322; PMCID: PMC7908200.
2. Hughes, E., Forrest, F. & Diamond, J. ‘One-stop’ cataract surgery: The Bristol Eye Hospital experience 1997-1999. Eye 15, 306–308 (2001). https://doi.org/10.1038/eye.2001.100
3. Evans, S., Saunders, D. & Haslett, R. One-stop cataract clinics: feasible but flawed?. Eye 18, 226–227 (2004). https://doi.org/10.1038/sj.eye.6700611