Using Microsoft SharePoint Lists for collaborative electronic waiting lists

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Reason for Project

Previous audits have shown that on the day cancellations can be as high as 15% of all cases. One attributing factor is incomplete waiting list forms. It was also found that within UHL, the coding of surgical cases for complexity and comorbidity was significantly reducing which will lead to inaccurate remuneration, and documentation of prognostic factors.

Project Aims

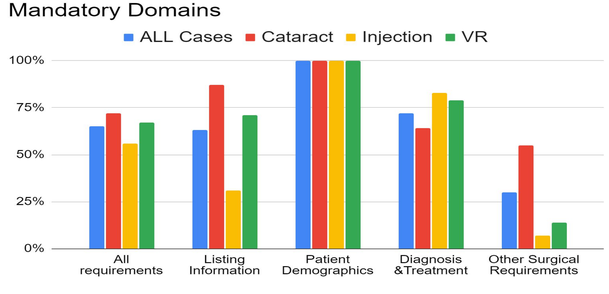
The aim of this project is to assess the paper waiting list forms to check for their completeness. In addition, ensure that the documentation of complexity, comorbidity, and prognostic data for cataract surgery is sufficient to enable communication and transfer of data to the National Ophthalmic Database that will help maximize revenue and improve patient outcomes.

Methodology

The study analyzed 75 paper waiting list forms for cataract surgery, vitreo-retinal surgery, and intravitreal injections. Each list had four mandatory domains including listing information, patient demographics, diagnosis and treatment, and requirements such as urgency, allergies, etc..The cataract cases were analyzed in more detail, covering biometry, patient general health, prognostic factors, and complexity and comorbidity factors. An electronic waiting list form was also introduced and compared with the paper-based form.

Results

Of all 75 cases, none of the waiting lists had all the of the information required stated on the waiting list slip. Overall, the completion rate for all required questions was 65%, and a summary of the core domains is illustrated below. . For safe and effective communication with the waiting team we expect 100% completion of these core requirements in the four domains. This study shows that the patient demographics domain performed best with 100% score in all the paper waiting list forms. The poorest domain was the other surgical requirements with the injection list showing only 7% of these fields were completed by the listing clinician.



Other findings

Subsequent study results of the electronic waiting list forms for 25 cataract cases, 25 VR cases and 25 Injection cases showed 100% completion across all domains.

Conclusion

This study identified that paper-based waiting list forms did not demonstrate good communication of all relevant details about the cases. Using an electronic waiting list system has significantly improved this performance, but also allowed capability to provide more accurate data for clinical coding as well as relay more accurate complexity and prognostic data for the NOD database.
It has also allowed easy recognition of appropriate cases, reducing the risk of on the day cancellations. The integrated comments tool within the electronic system also allows enhanced communication between all members of the care team.

