Improving Safety and Efficiency in Eye Casualty

Shi Pei Loo[1], Kaleena Michael[2]
1. Foundation Year Doctor 2. Consultant Ophthalmologist
University Hospital Ayr, NHS Ayshire and Arran

Introduction and Aim

- In recent years, there has been an increasing demand for emergency eye care services due to an ageing population and increased health seeking behaviour. It is vital to streamline acute services to maximise the use of resources and to ensure safe patient care (1).
- We audited the referral patterns, diagnoses and patient outcomes of our Eye Casualty service with the aim to improve patient safety and the efficiency of the service.

Standards

- Eye casualty slots should only be reserved for new cases.
- Referrals should be from an appropriate source (Not self-referred or review cases).
- All referrals should be accompanied by a referral letter.

Methods

- Prospective data collection was carried out over 2 weeks between October and November 2023.
- Clinicians and nurses running Eye Casualty were asked to fill in pre- designed forms on the referral patterns, diagnoses and management outcomes. The data was presented at the ophthalmology departmental meeting.

Results

- A total of 120 forms were filled in (96.0% response rate) with 113 completed forms.
  - **Types of Cases (New/Review)**
  - 74.2% were new patients and 25.0% were review patients (Figure 1). 1% of forms were not filled in for this section.

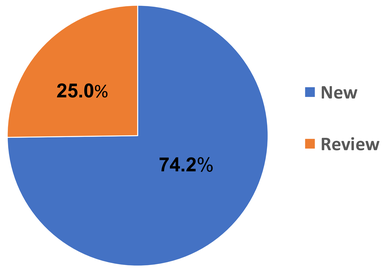


Figure 1: Types of Cases (New/Review)

- **Referral sources**
- 47.5% of referrals were from optometrists, 18.3% from A&E, and the remaining from Other Specialties and General Practitioners. 9.2% cases were self-referrals. Of the self-referrals, 4.5% of the total were new cases. 5.8% of forms were not filled in for this section.

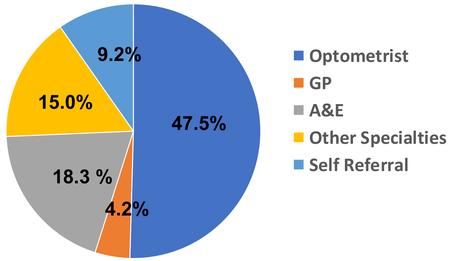


Figure 2: Referral Sources

Results

- **Presence of Referral Letters**
- Referral letters were not present for 29.2% of new patients.

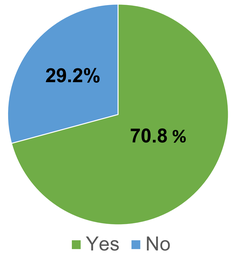


Figure 3: Presence of Referral Letters

- **Diagnoses**
- The most common diagnosis was under the category Cornea (36.7%), followed by Neurology (15.0%) and Other diagnoses (14.2%).

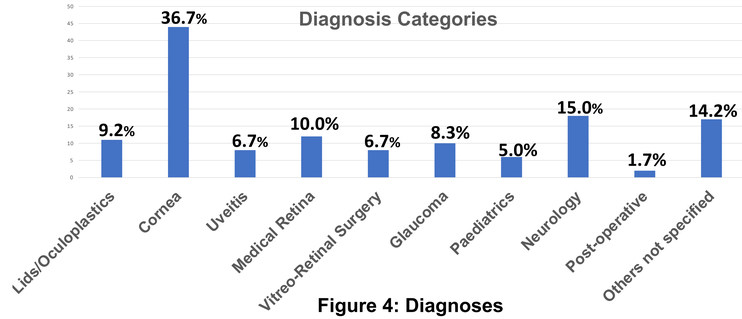


Figure 4: Diagnoses

- **Management Outcomes**
- 28.3% of patients were discharged. The most common outcome was Others (Follow up clinic) (45.8%) and 3.3% were listed for urgent surgery.

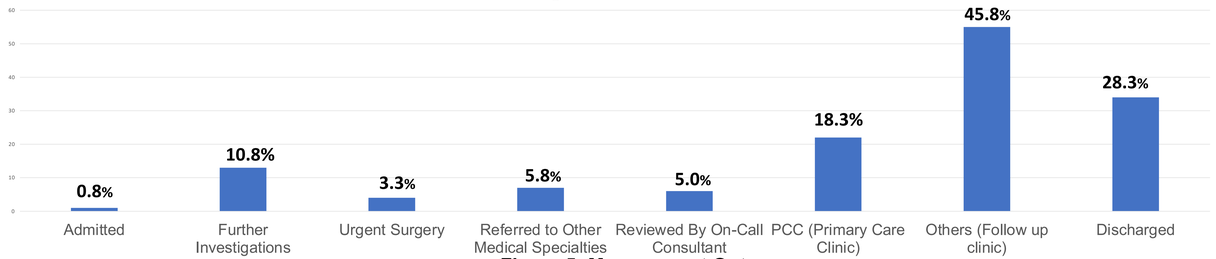


Figure 5: Management Outcomes

Conclusions

- Approximately a third (29.5%) of the patients seen in the casualty service were inappropriately booked into casualty slots and should be seen in a non-casualty service. Post-operative patients form most of the self-referrals and should be considered as part of a separate pathway for urgent care.
- The absence of referral letters also suggests poor communication between the referrer and the clinic and should be improved as part of patient care. Of note, most optometry referrals (87.8%) did have referral letters although referrals letters were only present for 63.6% for A&E, 40% for GP and 33.3% for Other Specialties.
- In order to improve the efficiency of casualty slots, all members of staff should be regularly made aware of the primary purpose of valuable clinic slots, in order to prevent clogging up the service with review patients.

Reference

1. MacEwen, C., Buchan, J., Barnes, B., Bembridge, T., Cassels-Brown, A., Chang, B., Shickle, D., Evans, K., Harcourt, J., Spencer, F. & Vernon, S. (2017). *The Way Forward: Emergency Eye Care.* The Royal College of Ophthalmologists. https://www.rcophth.ac.uk/wp-content/uploads/2017/01/RCOphth-The-Way-Forward-Emergency-Eye-Care-300117.pdf.