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Reviewing the quality of in-patient referrals to the emergency Ophthalmology service in a university teaching hospital

Introduction:

The evaluation of referral quality within a hospital setting is critical for optimizing resource allocation, ensuring appropriate patient care, and enhancing the overall efficiency of healthcare delivery (Vahdati et al., 2014).

In the context of emergency ophthalmology, where timely and accurate assessment can be vision-saving, the scrutiny of referral patterns and content becomes paramount (Keel et al., 2017).

This study endeavors to perform a comprehensive audit of in-patient referrals directed towards the emergency ophthalmology service within a tertiary-level university teaching hospital; by employing a mixed-methods approach, incorporating both quantitative and qualitative data analysis, the study aims to identify areas of excellence and potential deficiencies in the referral process, thereby informing targeted interventions to improve the quality of care (Sultan et al., 2022).

Understanding the patterns and outcomes of admissions can significantly influence policy and resource allocation strategies, especially in environments where resources are limited (Agbesanwa et al., 2023).

The rationale behind this research lies in the imperative to ensure that patients receive the most appropriate and timely care, minimizing potential delays in diagnosis and treatment that could lead to adverse outcomes such as permanent vision loss. Furthermore, by assessing the accuracy and completeness of referral information, this study will contribute to a better understanding of the communication gaps that may exist between referring physicians and the ophthalmology team, which is crucial for interdisciplinary collaboration and coordinated patient management. Ultimately, the goal is to provide actionable recommendations that can be implemented to streamline the referral process, enhance the quality of information exchange, and improve patient outcomes within the emergency ophthalmology service.

Methods:

A retrospective review of in-patient referrals to the emergency ophthalmology service was conducted for the periods February-March 2023 and August-December 2023, encompassing a total of 80 patients.

Data collected included:

Patient identification: Date, MRN, Name

Referrer information: Name, Bleep, Ward

Reason for referral and exam findings

Current medical status and documented urgency

Clinical outcomes: location of review, time taken, appropriateness, and any delays

Aim:

To assess current practices for in-patient reviews.
To optimize patient management by identifying gaps and delays in the referral process.

Results:

Patient Details: Date (80/80), Name (74/80), MRN (78/80), Referrer Name (20/80), Bleep (60/80), Ward (80/80)

Reason for referral: Documented in 72/80 cases

Exam findings: Documented in 6/80 cases

Medical status: Documented in 10/80 cases

Urgency: No documentation of urgency in any case

Clinical Outcome: Of 68 patients:
26 seen on the ward
42 phoned (no response from 32)
24 seen in Eye Casualty

Delays: Average delay of 6 hours for out-of-hours referrals; significant cases include SJS referred at 11 am and seen at 8 pm, and Orbital cellulitis referred at 2 pm and seen at 9 pm.

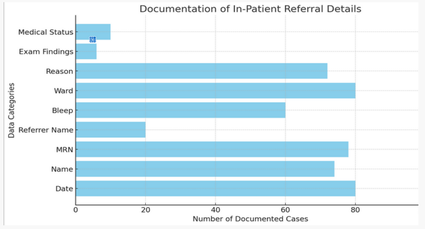
Analysis of Results:

Documentation Quality: Most consistent in recording date and ward information. Significant gaps in recording referrer names, exam findings, and medical status.

Communication Challenges: High number of phone calls without responses (32/42), indicating follow-up issues.

Delays in Care: Average delay of 6 hours OOH, with critical cases (SJS, Orbital cellulitis) experiencing extended waiting times.

Clinical Information Gaps: Exam findings (6/80) and urgency (0/80) were particularly poorly documented.



Conclusion:

The quality of in-patient referrals to the emergency ophthalmology service revealed significant gaps, including lack of urgency documentation and delays, especially in out-of-hours cases.

Streamlining the referral process by involving on-call ophthalmologists directly and revising the triage system may enhance timely patient care.

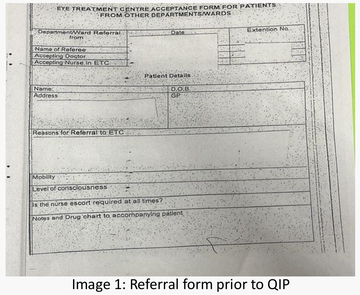


Image 1: Referral form prior to QIP

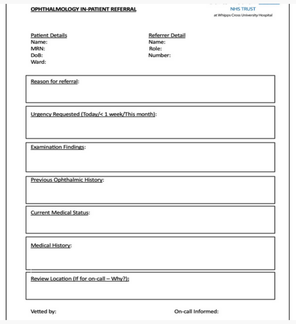


Image 2: Referral form post QIP