

Moorfields Eye Hospital (SGH) Urgent Care Inpatient waiting times

Quality Improvement Project

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O1 Introduction

An ophthalmology consultation is one of the most requested inpatient services in tertiary hospitals [1]. When inpatients are well enough, they attend their ophthalmology urgent care appointments in clinic. This means they are transferred to a public waiting room and are subject to waiting the same length of time as a person attending an outpatient appointment. During this time, they miss important elements of their care such as administration of medication, therapy sessions and consultant lead ward rounds. They are also susceptible to an increased risk of infections in a waiting room, which is not appropriate care for patients who are vulnerable and isolating [2].

O2 Aim

- To evaluate the length of time inpatients wait for urgent eye care reviews.
- To highlight rate limiting steps and to initiate measures to reduce the time patients are waiting for urgent care reviews.

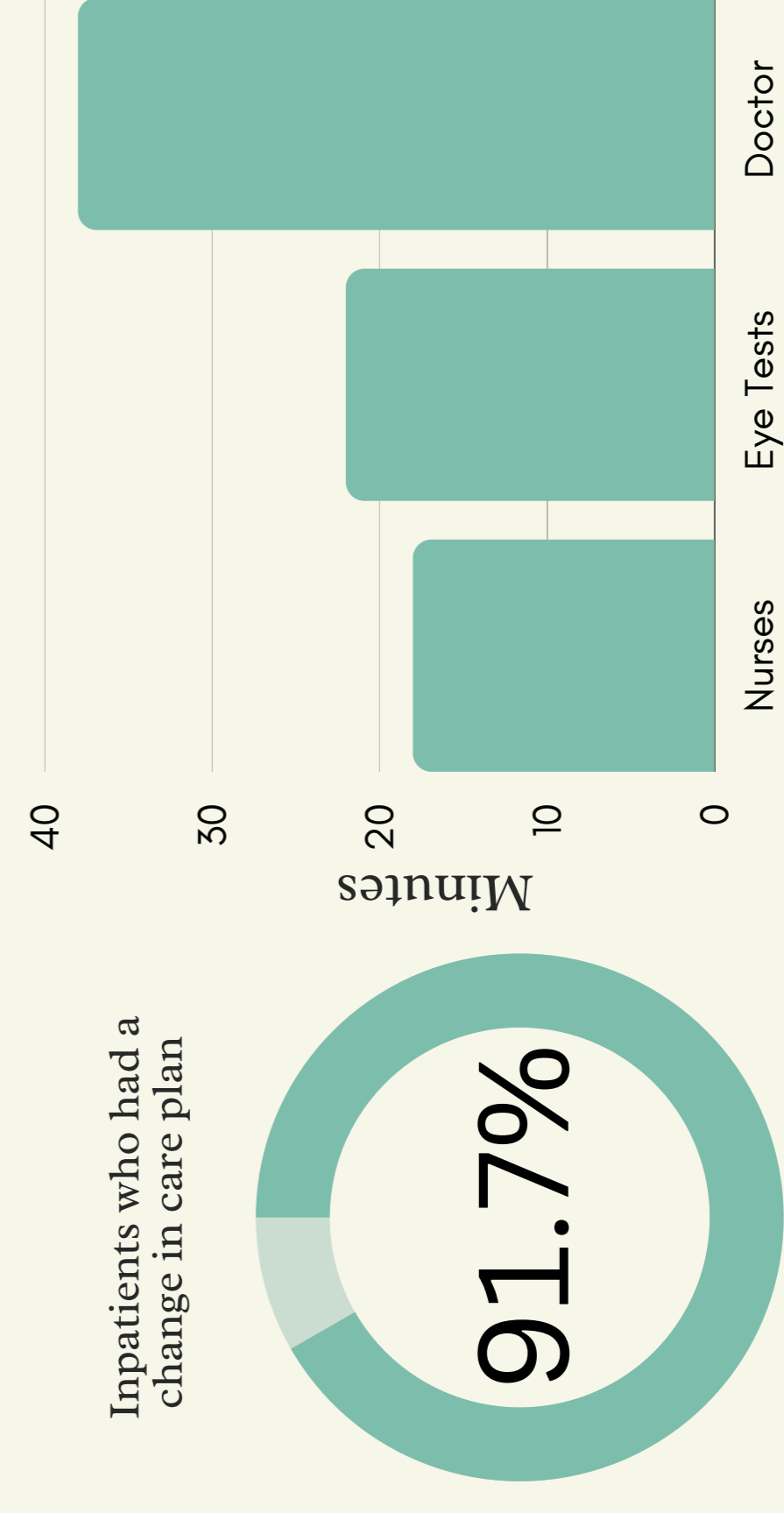
O3 Methodology

- A prospective study to audit inpatient waiting times in a busy Moorfields urgent care department.
- Data was collected over one week in March 2023
- The statistical tests used within the audit were the average, range, and mode.

O4 Results

- The average total waiting time was 1 hour 53 minutes
- This ranged from thirteen minutes to one hour fourteen minutes.
- The average length the doctors review was forty minutes. Ranging from seven minutes to one hour fifty-three minutes.
- Each patient spent an average time of fifty-six minutes in the waiting room during their appointment. This ranged from twenty-two minutes to two hours two minutes.
- Overall, a total of 91.7% of these patients had change in their care plan or medications because of their urgent care appointment.

Length of time (minutes) waiting for:



O5 Conclusion

- For inpatients one hour 49 minutes is a long wait time to be off the wards missing important elements of their care, as well as being exposed to infection risks in the waiting room for extended amounts of time [3].
- The doctor element of the appointment is the most likely time limiting step within their urgent care appointment.
- At present the patients folders get stacked in a file according to patients time of arrival. The doctor cannot differentiate clearly between the different types of patient in the pile.
- Locally measures have been taken to help doctors identify inpatient notes by placing them in red folders. This will allow the doctor to triage from the colour of their folder and location in note stack how urgently they should be processed.
- On a larger scale we hope to use the results from this study to develop a “Virtual Bundle” where for certain pathologies doctors can virtually review patients from their test results.