

# THE POSITIVE IMPACT OF THE HOSPITAL EYE SERVICE (HES) RECALL INITIATIVE ON PATIENT CARE

## AUTHORS

Benedict Symon - Failsafe Officer, Carrie Hinton - Senior Failsafe Officer, Gillian Slingerland - Failsafe Officer, Amy Austin - Failsafe Team Leader, Sallyann Matthews - Failsafe Officer, Carmel Japel - Failsafe Officer, Roger Brint - Dorset Programme Manager

## INTRODUCTION

This poster explores the collaboration of the Dorset Diabetic Eye Screening Programme (DDESP) and United Hospitals Dorset (UHD) to reduce waiting times in the hospital eye service (HES). The HES recall process is crucial in maintaining efficient operations and ensuring high standards of patient care.

### Identifying Issues

Regular communications between DESP and HES highlighted that waiting lists were extensive, the reasons were:

- Recovery struggles following Covid-19 delays.
- Staffing issues at HES leading to a shortage of clinic availability.
- Cautious retention of low-risk patients

### Proposed solution

- HES completed a validation of their waiting lists
- Low-risk, delayed patients were recalled to DDESP

## METHODOLOGY

### 1. HES validation:

HES validated their lists before sharing with DESP.

### 2. DESP Validation/ Initial Contact:

Following DESP validation, patients were contacted by phone on two separate occasions to schedule their appointments and explain the collaboration between sites. If patients did not attend (DNA) or cancelled their appointments, an additional attempt was made to reach them.

### 3. Closed Appointment Issuance:

If direct contact could not be established after multiple attempts, a closed appointment was issued and sent to the patient.

### 4. Attendance Tracking:

Attendance was tracked using a dedicated system and recorded:

- Whether the patient remained in the DDESP.
- The specific pathway for the patient, Routine Digital Screening (RDS), Digital Surveillance (DS), or Slit Lamp Biomicroscopy (SLB).

If the patient was referred back to the HES a dedicated coordinator corresponded with UHD to provide details of patients being re-referred, ensuring they were urgently seen in the HES clinic.

## Key outcomes:

### • Increased Retention in DESP:

73% retention within DESP by minimizing missed appointments and facilitating follow-up.

### • Efficient Pathway Management:

Assignment to specific pathways (RDS, DS, SLBM) ensured that patients received appropriate and timely care.

### • Timely Referrals to HES:

Effective communication with UHD facilitated the urgent referral of patients back to HES when necessary, optimizing resource utilization and patient care.

## DISCUSSION

- A significant number of patients have been successfully retained within the DESP, facilitating the reallocation of appointment slots at the HES.
- This initiative has significantly expanded the capacity to accommodate more patients and urgent referrals, maximising the overall effectiveness of HES.
- It has reassured HES and given ophthalmologists the confidence to avoid overly cautious patient retention, highlighting the strain it places on resources and the risk of scheduling unnecessary appointments.
- In addition, it has allowed for clearer communication between HES/DDESP and the strengthening of relationships.
- These findings underscore the impact of effective patient management within DDESP on hospital resource utilization, highlighting the potential for significant improvements in service delivery and patient care.

## CONCLUSIONS

The audit process led to significant improvement in:

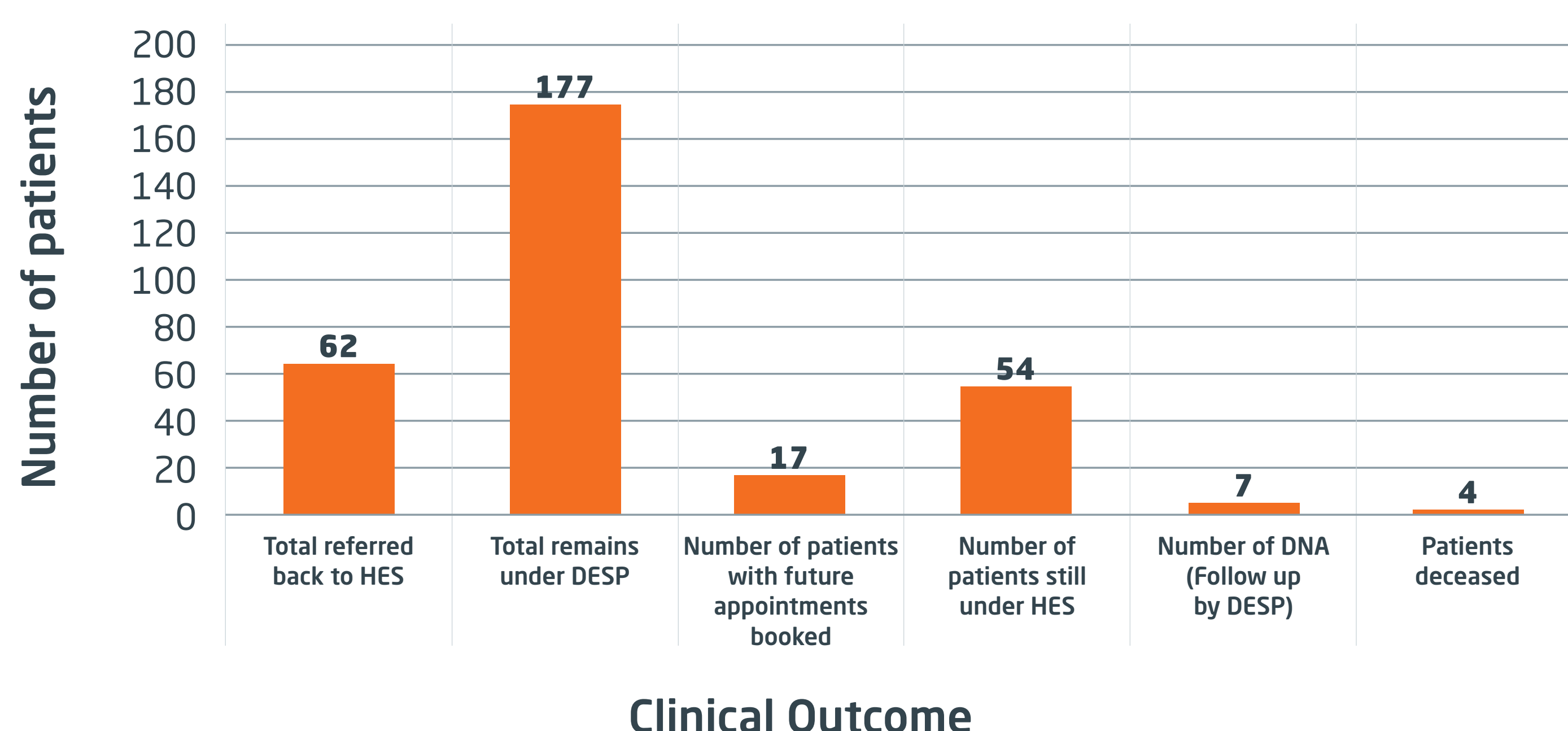
- Patient backlog reduction
- Resource utilisation
- Operational efficiency
- Capacity management
- Timely care

The expanded audit has dramatically transformed operational efficiency, patient management, and timely access to urgent care, directly advancing HES's strategic objectives. It lays a robust foundation for a sustainable, collaborative future in DR healthcare, ensuring excellence and resilience in service delivery.

Challenges included, improving patient attendance and operational efficiency, with key issues such as patients being unaware of their discharge status or remaining under HES for screening/ treatment. To address this we implemented direct patient contact to clarify the process.

Building on the successful implementation at UHD, the audit process was extended to Epsom St Hellier and Dorset County Hospital, where effective methods from the initial audit were adopted. Other hospitals have also shown interest in this approach.

## Outcome After Recall



From December 2023 to July 2024 the initiative saved:

- **194** HES slots
  - **97** hours HES clinic time
  - **3** weeks of clinic time
- 73% Patients retained in DDESP**

**“The patients are being monitored within the correct timeframes therefore freeing up some crucial capacity and helping with our backlog of appointments”**

Beverley, UHD Business Manager

