# Quality Improvement Conference

Direct Accident & Emergency to Ophthalmology and Visual Science (OVS) Specialist Outpatient Clinic (SOC) Referral

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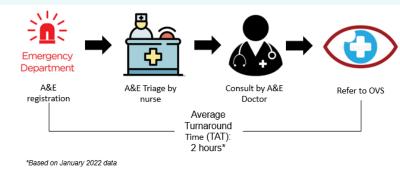
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### **Problem Statement**

• Acute & Emergency (A&E) ambulatory patients with eye conditions would be referred to Ophthalmology and Visual Science (OVS) specialists after seen by A&E doctors. Patients are required to wait at A&E for doctors to complete assessment for a same day referral to a OVS specialist at subsidised rate.

As-is workflow:



- Based on January 2022 statistics, the average Turnaround Time (TAT) from A&E registration to OVS referral was approximately 2 hours.
- Direct A&E to OVS Specialist Outpatient Clinic (SOC) Referral workflow aims to shorten patient's journey in A&E and patients can be seen by OVS specialists in a timelier manner.

### **Project Aim**

• To reduce the Turn-around-time (TAT) of 49 minutes (50<sup>th</sup> percentile) and 156 minutes (95<sup>th</sup> percentile) of ambulatory patients referred to OVS SOC.

### **Lessons Learnt**

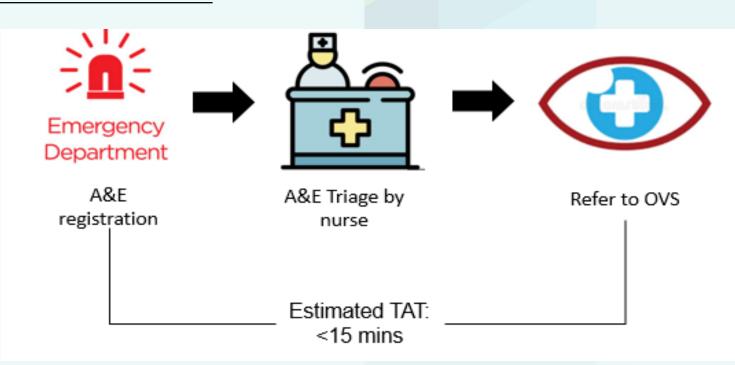
# What did we wish we knew and what could have been done differently?

• Share the top 2 challenges faced and the strategies employed to overcome them. Provide practical tips and recommendations for initiating and executing QI initiatives, if any.

### **Potential Solutions**

- Stakeholders from A&E, OVS, SOC and Finance came together to review the feasibility of direct A&E to OVS SOC referral workflow.
- Team agreed on the referral inclusion/exclusion criteria, timeframe and documentation from A&E triage to OVS SOC directly, with no additional cost incurred to patients as compared to as-is workflow.

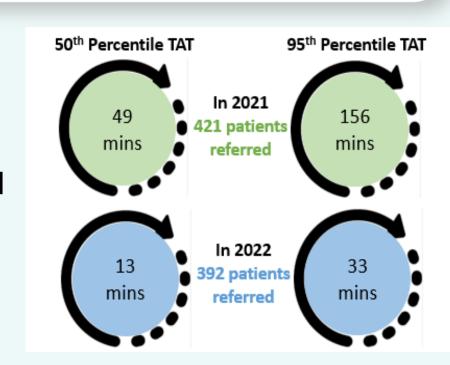
### To-be workflow:



• With direct A&E to OVS SOC referral workflow, it is estimated to reduce 80% of A&E waiting time for patients with eye conditions.

## Outcomes & Impacts

- Direct A&E to OVS SOC referral workflow was implemented on 13 May 2022.
- TAT of ambulatory patients referred to OVS SOC was compared for same period (June to October) in 2021 and 2022, with referral timing defined as between 0900–1100 & 1400–1600 hours.



• After the implementation of direct A&E to OVS SOC referral, there was a 73% reduction in both 50<sup>th</sup> and 95<sup>th</sup> percentile TAT, resulting in shorter waiting time for patients and increasing faster access to OVS specialist.

#### **Project Impact**

- 1. Better patient experience With the reduced waiting time in A&E, this would improve patient's overall experience and potentially reduce the number of feedback on A&E waiting time.
- 2. Alleviate P3 workload in A&E From June to October 2022, there was a total of 7,840 mins (131hrs) time savings\* for A&E doctors and nurses due to bypassing the need of A&E consultation. This is equivalent to 0.07 FTE saving for nurses and doctors. This time saved allows the team to focus their attention on other acute patients.

\*With an average of 10mins per consult per patient for both doctors and nurses