

EMERGENCY EYE CLINICS (EEC) AT HHFT: ANALYSIS OF DIAGNOSES DATA FOR 1 MONTH AT BASINGSTOKE AND NORTH HAMPSHIRE HOSPITAL EEC AND INTRODUCTION OF NEW PATIENT INFORMATION LEAFLETS

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BACKGROUND:

Patient information leaflets provide valuable information to patients about their Ophthalmological condition, potential causes, treatment modalities, precautions and safety netting advice.

AUDIT OBJECTIVES:

The objectives of the audit were to record:

1. The diagnosis of every patient who were seen in EEC during the month July 2022.
2. Record whether there is a departmental leaflet available for the patient's diagnosis?
3. To introduce new patient information leaflets for the common diagnoses we currently do not have a patient information leaflet for in the department.

Parameters which were audited included:

- Diagnosis.
- Whether we have a patient information leaflet available for this diagnosis in the Ophthalmology department.

Audit standards: Our aim was to achieve 100% recording of the above mentioned data parameters.

MATERIALS AND METHODS:

Retrospective data collection was done from electronic patient records from Eye Emergency Clinics at Basingstoke and North Hampshire Hospital from 1-31st July, 2022. Data was collected in Excel file format. Audit was registered with Audit Department at HHFT. Total of 200 patients were seen in EEC during this time frame 6 patients were excluded from the audit as they were awaiting further investigations required for reaching a formal diagnosis. 1 patient was also excluded as no digital EPR (electronic patient record) notes were available for them. Therefore, 193 patients were included in this audit.

RESULTS:

193 patients were therefore included in this audit and some of the patients had multiple diagnoses after being reviewed in EEC. The total number of diagnoses was 266. Most common diagnoses were: Posterior Vitreous Detachment [PVD] 23 cases (8.6%), Ocular foreign body 21 cases (7.9%), Contact lens related Keratitis/Ulcer 21 cases (7.9%), Viral keratitis /Conjunctivitis /Keratoconjunctivitis 19 cases (7.1%), Acute Anterior Uveitis 15 cases (5.6%), Blepharitis 9 cases (3.3%), Corneal Abrasion 9 cases (3.3%), Dry eyes 5 cases (1.8%), Post Operative Cystoid Macular Oedema 5 cases (1.8%), Chalazion 4 cases (1.5%), HSV Keratitis 4 cases (1.5%), HZO 4 cases (1.5%) and Microbial Keratitis 2 cases (0.7%). This data is shown in Figure 1 as a pie chart.

Leaflets are currently available for PVD, Blepharitis and Chalazion in the Emergency Eye Clinic Unit. These would be applicable for about 13% of diagnoses seen in EEC during July 2022. 11 New leaflets were introduced including for: Ocular foreign body 21 cases (7.9%), Contact lens related Keratitis/Ulcer 21 cases (7.9%), Viral Keratitis /Conjunctivitis/ Keratoconjunctivitis 19 cases (7.1%), Acute Anterior Uveitis 15 cases (5.6%), Corneal abrasion 9 cases (3.3%), Dry eyes 5 cases (1.8%), CMO 5 cases (1.8%), Microbial Keratitis 4 cases (1.5%), HSV Keratitis 4 cases (1.5%), HZO 4 cases (1.5%) and Marginal Keratitis 2 cases (0.7%).

The new leaflets would constitute about 40% of diagnoses seen in EEC, and along with currently available leaflets would cover around 53% of diagnoses seen in EEC (see Figure 2). Furthermore, our Leaflet Count has improved from 3 before the audit to 14 after the audit was completed (see Figure 3).

New leaflets were made under the supervision of Ophthalmology Consultant Dr. Penwarden. Leaflets were designed with relevant information for the specific disease/pathology including causes, treatment, potential complications and safety netting advice. Leaflets were limited to one sheet of A4 paper (printed on both sides). New patient information leaflets are in the final approval process before being introduced in the trust.

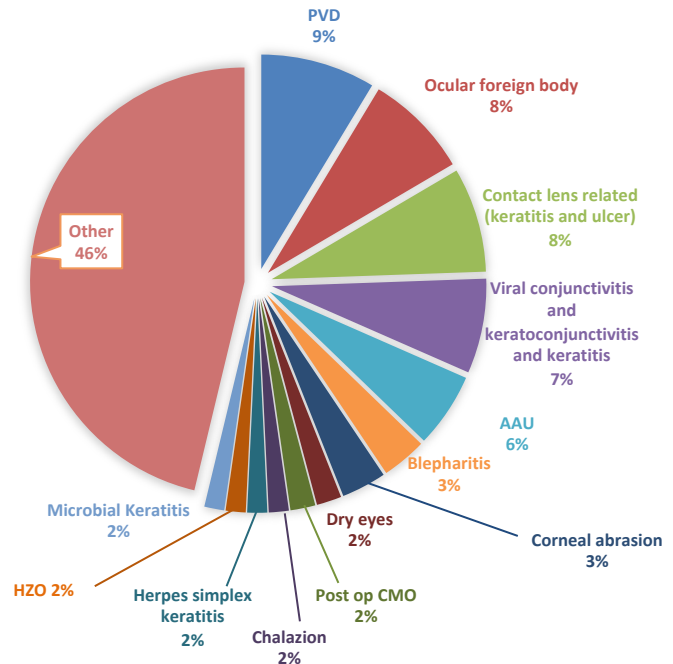


Figure 1. Pie Chart showing the Most Common Diagnoses

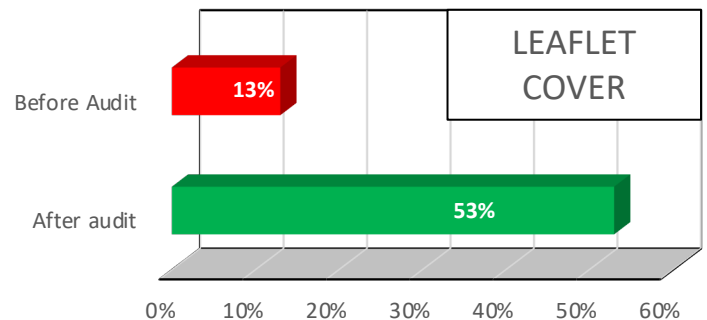


Figure 2. Leaflet Cover Comparison: Before audit and After audit

LEAFLET COUNT

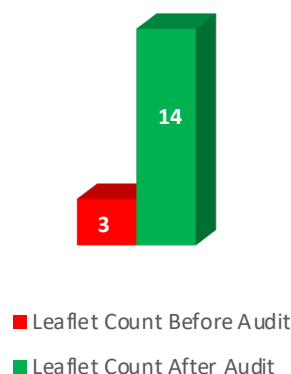


Figure 3. Leaflet Count

Hampshire Hospitals NHS Foundation Trust EYE DAY CARE UNIT Information leaflet for Patients/Careers and Relatives CYSTOID MACULAR OEDEMA	
What is Cystoid Macular Oedema (CMO)? Cystoid macular oedema is a condition where fluid accumulates in the macula, the central part of the retina. This causes swelling and can lead to blurred vision and loss of central vision. What causes Cystoid Macular Oedema? CMO can be caused by a number of factors, including: 1. Retinal vein occlusion 2. Inflammation of the macula (maculitis) 3. Trauma, surgery or infection of the eye 4. Certain medications, such as corticosteroids 5. Certain eye conditions, such as diabetes What are the symptoms of CMO? • You may notice blurred vision • You may notice a central shadow or distortion in your vision • You may notice a loss of central vision • You may notice a loss of contrast • You may notice a loss of detail How is CMO treated? CMO may be treated with a number of different treatments, including: • Corticosteroids • Anti-VEGF injections • Laser treatment • Surgery What should I do if I have CMO? If you have been diagnosed with CMO, you should follow the advice of your ophthalmologist. You should also attend all appointments and follow up with your ophthalmologist.	What is the treatment for CMO? The treatment for CMO depends on the cause of the condition. Your ophthalmologist will discuss the best treatment option for you. What should I expect from treatment? Some treatments may improve your vision, while others may not. It is important to have realistic expectations. Your ophthalmologist will discuss the likely outcome of treatment with you. What should I do if my vision does not improve? If your vision does not improve after treatment, you may need further treatment. Your ophthalmologist will discuss this with you. What should I do if I have any other symptoms? If you have any other symptoms, such as pain or redness in your eye, you should contact your ophthalmologist immediately.

Figure 4. Example of newly introduced leaflet for Cystoid Macular Oedema