



Eye Clinic Nurse Led Pre-Operative Assessment Improves Cataract Surgery Lead Time, Reduces Anaesthesia Clinic Workload & Improves Satisfaction

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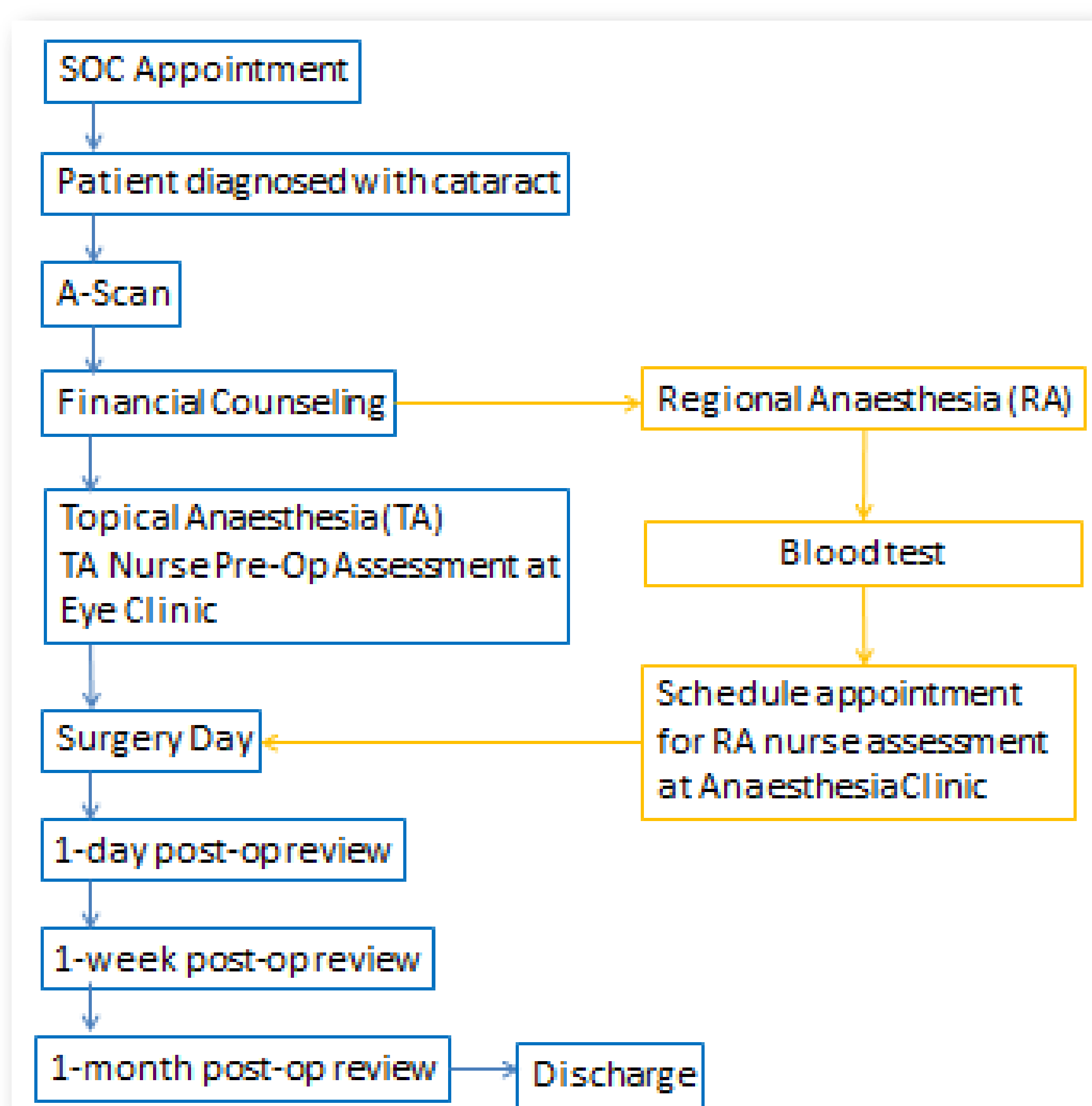
Background

Cataract surgery (CS) is the most frequent procedure listed in the Eye Clinic. The patient conventionally will get a *separate day* Anesthesia Clinic (AC) appointment (often with a long lead time) for **Pre-Operative Assessment (POA)** by the doctor & diagnostic testing.

We transformed a care model for selective patients to do **Cataract Surgery under Topical Anesthesia (CSUTA)**. It involves a trained nurse to do **same-day POA in Eye Clinic** upon listing & **negating all diagnostic testing**.

Methodology

Brainstorming by all 3 departments to derive at the workflow, inclusion & exclusion criteria for suitable CSUTA cases.



Inclusion criteria

- ASA physical status 1-3
- Pain threshold
- Cooperation
- Able to obey commands to fix eye gaze
- Patient who has received full explanation
- Understand risks and benefits of various eye anesthesia

Exclusion criteria

- ASA physical status 4
- Any heart condition
- Recent AMI, CVA or TIA (< 3months)
- Severe chronic obstructive lung disease
- Uncontrolled hypertension (> 170/90mmHg)
- Uncontrolled Diabetes (> 16mmol/L random BSL)
- Warfarin therapy
- Anxious patient
- Severe hearing or mental impairment

Results

- Total number of CSUTA cases in Day Surgery Centre from FY 2013 to January 2016: **804 cases**

Surgery Lead Time:

Cases Type	TA cases	RA cases
Pre-op Assessment	Same-day	0-14 days
Cataract Surgery	2 weeks	From 1 month

Pre-op Assessment Patient Cost Savings:

Tests	TA cases	RA cases
Consultation	S\$ 6 (Nurse consultation)	S\$ 37 (Doctor consultation)
ECG	-	S\$ 17
Blood test	-	S\$ 29
Patient Cost Savings	S\$ 77	

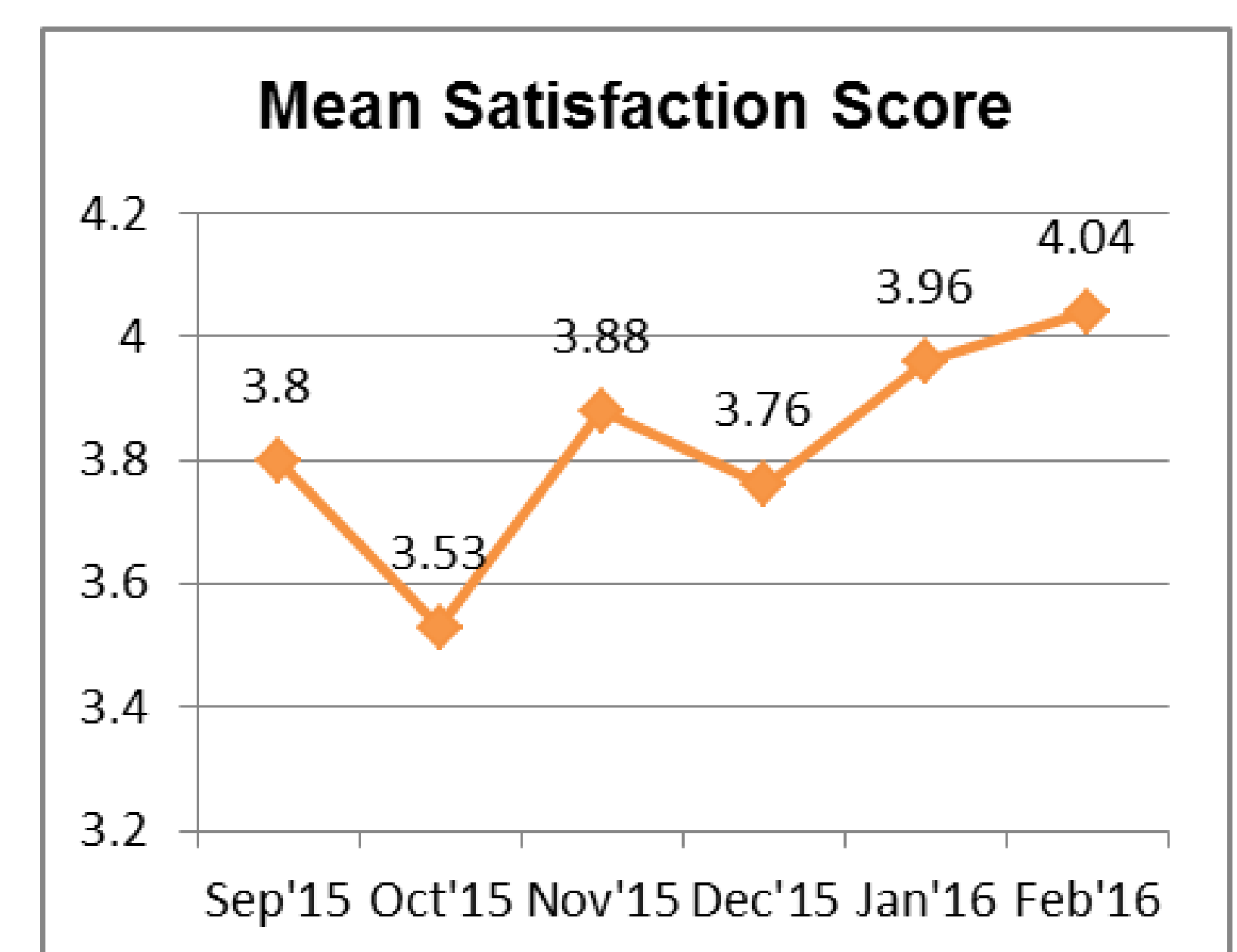
- Total patients' savings (2013 until Jan 2016) = \$77 x 804 = **\$61,908**
- Workload reduction for AC (FY 13 – FY 16 of Jan): **11.1%**



Patient Satisfaction:

6-question survey

- Care Model, Clinic Service, Nurse Service, Waiting Time & POA Bill Size
- Likert score 1-5; 1: dissatisfied, 5: very satisfied



- **OVS Department:** increase total CS volume & revenue, OT utilisation, reduce CS lead time & less cancellations, elevates nursing profile.
- **Patient:** lower POA & CS bill size, 1 visit less, faster surgery, obviates regional anesthesia risks.

Conclusion

- ❖ **Eye Clinic Nurse-Led POA** shortens CS lead time, lowers POA cost, negates additional AC visits & improves satisfaction in patients for CSUTA.