

A study on turn around time in treatment of eye injury patients in emergency ward at one of the ophthalmic eye hospital in south zone of Tamilnadu

¹R.Dhivya, ²Mrs. U. Suji

¹Student, ²Assistant Professor

¹Dr.N.G.P. Arts and Science College, Coimbatore, India,

²Dr.N.G.P. Arts and Science College, Coimbatore, India

Abstract - Ophthalmology is a branch of medicine and surgery which deals with the diagnosis and treatment of eye disorders. In a Hospital, emergency is unplanned by definition and patients are schedule for surgery with minimal preparation, some patients who have sustained ocular emergency in chemical burn or Other conditions must be exercised immediately or within a few hours, while others can wait until the hospital's resources permit and the patient's health status is improved as needed. This may affect the prioritization procedures for both emergency and elective surgery and might result in waiting lists, so this study helps to overcome difficulties and delay in inevitable situation.

keywords - Diagnosis and treatment, Ocular Emergency, Prioritization procedures, overcome difficulties, hospital.

INTRODUCTION

1.DEFINITION

A chemical injury to the eye is a real ocular emergency. Coming into contact with a gas or liquid is a common way by which an eye is exposed to the chemical. After chemical exposure, patients often complain of moderate to severe pain, photophobia, blurred vision, and sensation of a foreign body

1.2 ABOUT THE STUDY

The approach to healthcare has improved in recent decades but delayed diagnosis is still occurring. This study aimed to analyze the prevalence and consequences of delayed diagnoses and how to overcome it.

The objective of the study includes,

- To study the turnaround time of treating an eye injured patient
- To identify the factors causing delay in the treatment of eye injured patient
- To suggest measures to reduce the delay in treatment of eye injured patient

2. LITERATURE REVIEW

According to EA Ayeni, CO Bekibele, says that patients attending the eye emergency in hospital, they spent waiting for the various services at the eye clinic and reasons for any perceived delays in receiving the services. For under aged children, their guardians were interviewed. Delay was believed to be due to the large number of patients relative to the small number of doctors. Delay include: insufficient number of doctors. There is a need to employ more eye doctors to provide functioning equipment to re-educate/re-orientate all staff in the eye clinic. To provide more patient friendly environment through an attitudinal change and to ensure accessible, affordable and acceptable healthcare.

According to David A Thompson, Stephen LAdams to determine the effects of actual delay, perception of delay, information delivery and expressive quality on patient satisfaction. Perceptions regarding delay, information delivery, and expressive quality predict overall patient satisfaction, but actual delay do not. Providing information, projecting expressive quality, and managing waiting time perceptions and expectations may be a more effective strategy to achieve improved patient satisfaction in the emergency department than decreasing actual delay.

According to Khaled Falah Alrasheedi, Mohammed AL-Mohitief it is no doubt that longer wait times can affect patient care and patients willingness to seek health care services. Not only does this disrupt the continuity of treatment and care, but it also negatively impacts patient outcomes. The study advocated the need for recent technology, sufficient staffing, and patient-centered friendly methods to reduce delay.

3. METHODOLOGY

The method used to collect the data was through checklist. The department from which data was collected was from cornea and retina. According to Morgan's table 250 data was collected. In check list the date, patient no, type of injury, in and out time of cornea department, in and out time of retina department and finally reasons for delay were considered. These tools may help to identify the root cause of the problem and reduce the errors in the ophthalmic hospitals.

4. ANALYSIS

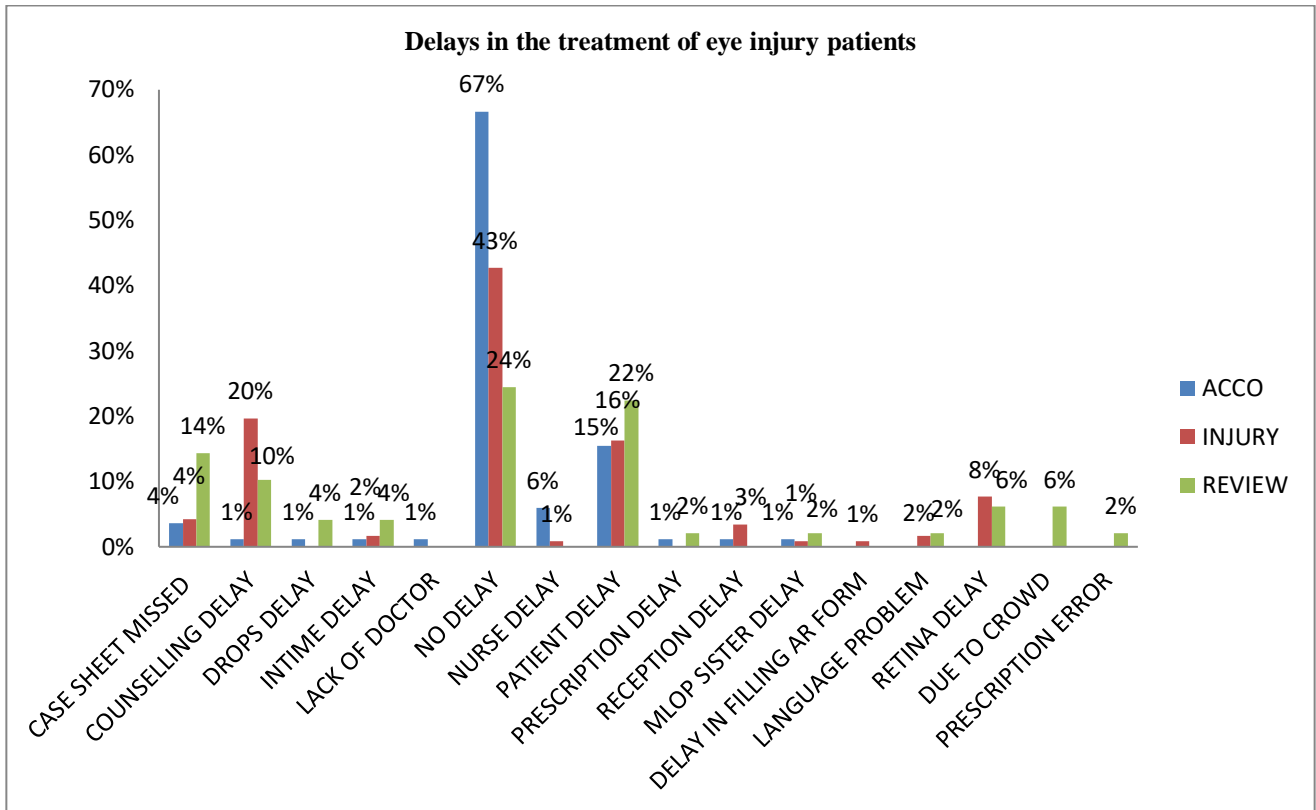


CHART 1.1 –IN THIS CHART SHOWS THAT ALL DELAYS IN THE TREATMENT EYE INJURY PATIENTS
 The above chart shows that two departments that include retina and cornea has participated in the study. This graph represents non delay in and out time moreover the highest delay are caused because of case sheet missed, counseling delay, patient delay, Retina delay.

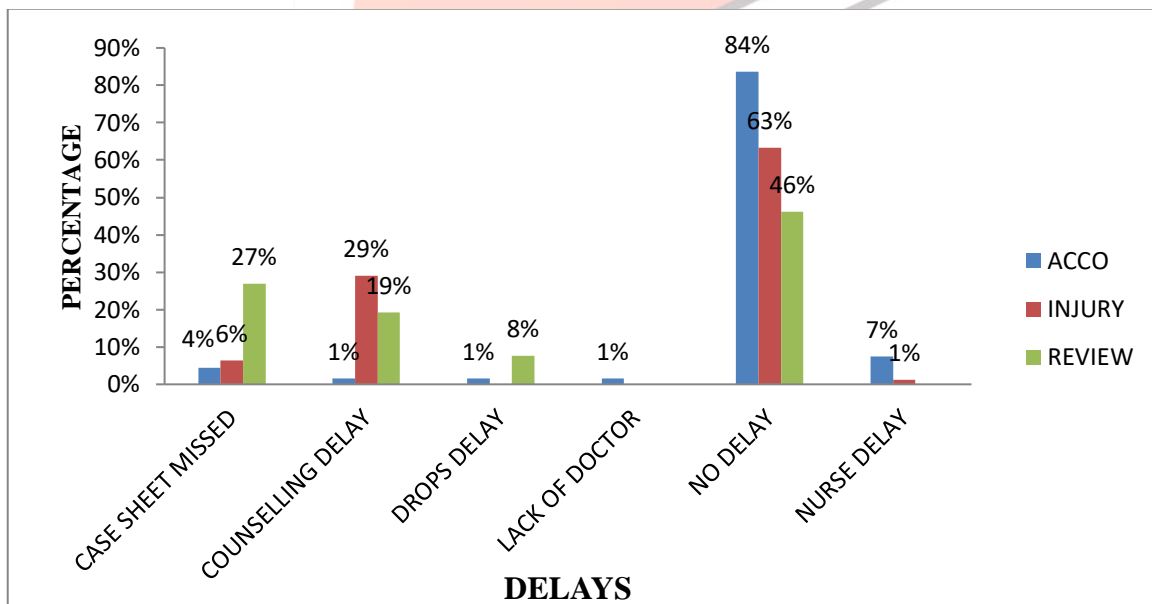


CHART 1.2 –CHART SHOWING THAT DELAYS IN THE TREATMENT OF EYE INJURY PATIENTS:
 The above chart shows that delay in cornea and retina department. In this chart shows (84%) no delay is higher while handling the patients when compared to all delays

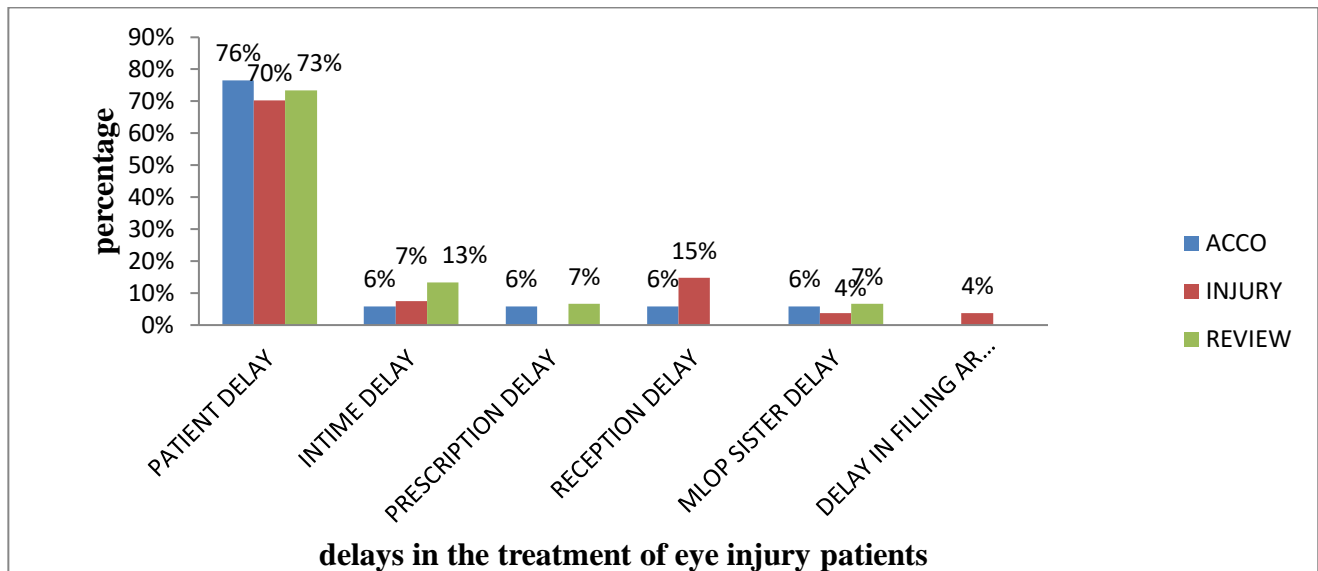


CHART 1.3 –CHART SHOWING THAT DELAYS IN THE TREATMENT OF EYE INJURY PATIENTS

The above chart shows that patient delay (76%) is the highest delay when compared to delay in filling AR form (4%).

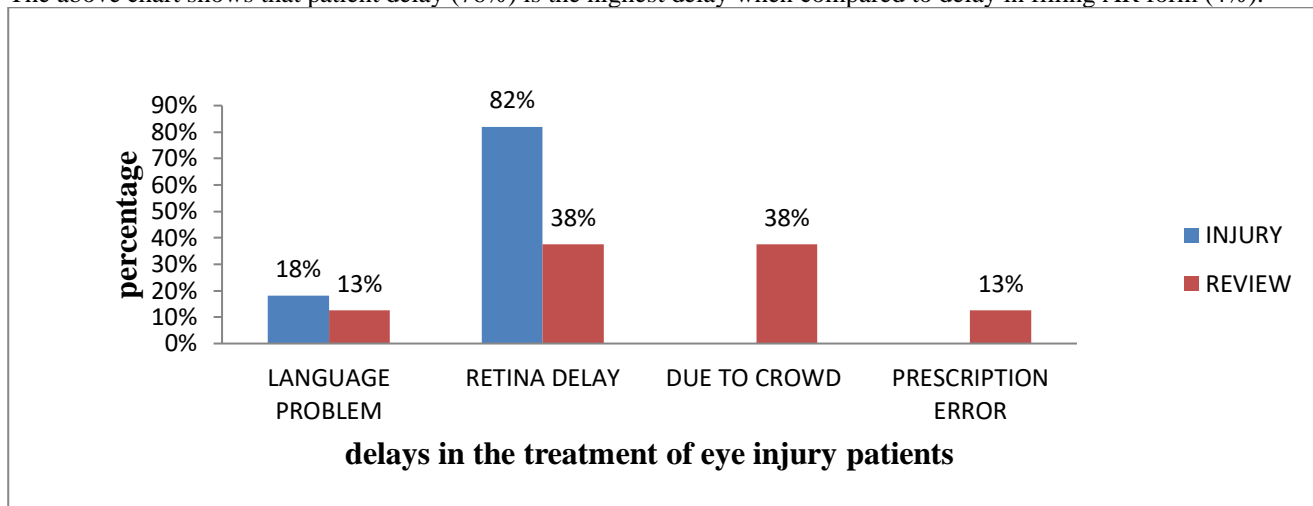


CHART 1.4 –CHART SHOWING THAT DELAYS IN THE TREATMENT OF EYE INJURY PATIENTS

In this chart shows that retina delay (82%) is the highest delay when compared to prescription error (13%).

5. MAJOR FINDINGS & RECOMMENDATIONS

1. Students don't know the procedure followed when they are in different department
2. Counseling sisters are interrupted in between their duties
3. Medication is delayed when it is over crowded
4. Bill entry mistake when it is overcrowded
5. Consulting a doctor is delay due to non native speakers
6. In time is delayed because of overcrowding during particular days
7. Name is changed mistakenly in prescription during particular days
8. Accident registration cannot be done in the absence of doctors during certain days.

The recommendations include,

1. Students should be trained properly
2. EMR can be implemented to complete the work on time
3. Insufficient manpower on particular days
4. Common billing section for patients to avoid inconvenience and delay
5. Multi- linguistic person can be appointed

CONCLUSION

By using this study delay causing factors can be reduced in treatment of an eye injured patient and in addition inconvenience for patient will come down to a maximal extent.

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