Creating Covid-19 Positive Change within Belfast Eye Casualty
- Staff Satisfaction Survey During Departmental Changes in a Pandemic -
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**INTRODUCTION/AIM**
- Staff morale in Eye Casualty had been anecdotally low due to late finishes, inappropriate attendances and long patient waiting times
- A plan was developed to change the department from a walk-in service to a triaged system with booked slots
- Initially postponed due to Covid-19 but implemented in April as a priority when other services closed
- The aim of this project was to capture staff satisfaction before, immediately after and once the new changes became established

**METHOD**
Standardised anonymous survey sent to staff before, shortly after and 3 months following the implemented changes. 22 staff completed the survey on rounds one and two with 18 on the final round. Data analysed in Microsoft Excel.

**PATIENT FLOW**

**RESULTS**

**Patient Flow**

**BEFORE**
- Admit
- Review
- Inpatient
- Optom
- WALK INS
- GP
- ED
- NIPEARS
- Discharge
- Clinic

**AFTER**
- Admit
- Review
- NIPEARS
- TRAUGE
- Inpatient
- Optom
- WALK INS
- GP
- ED
- Discharge
- Clinic

**OUTCOMES**
- 100% of staff in survey 3 answered that the changes introduced had improved Eye Casualty as a place to work in
- Changing the system from a walk-in service has resulted in improved patient care where more patients are managed locally in their community and, when required, are then assessed efficiently in Eye Casualty. The changes have been well received by staff with 100% describing an improvement in the department
- Surveying staff has been a useful exercise in order to establish stakeholder buy in to the changes and to help explore future options for improvement to the department

**Figure 1** shows a reduction in attendances by 48.6% (Jan/Feb vs June/July). Cases from triage were directed to the Northern Ireland Primary Eye-care Assessment and Referral Service (NIPEARS) run by community Optometrists. This initiative allows patients to have an NHS funded assessment for acute eye complaints
- Figure 2 highlights that late finishes (discharges after 8pm) reduced from an average of 5.5% of patients in Jan/Feb to 0% in June/July.
- Additionally, a higher proportion of patients were assessed, treated and discharged or admitted within the 4 hour target in June/July
- Figure 4 delineates that the percentage of staff agreed or strongly agreed that they were able to suggest improvements to the team increased by almost 50%. It also shows that a higher percentage of staff felt valued at work scoring 7 or higher out of 10