OPHTHALMIC DAYCARE AND INPATIENT FACILITIES

1. Introduction

Recent years have seen a major switch from inpatient care to day care for ophthalmic surgical procedures. This change has found favour with most patients and clinicians and has been greatly facilitated by the advent of small incision cataract surgery. The trend towards more day-case surgery is likely to increase. Many ophthalmic facilities in the UK are now 100% daycase. Bed numbers in the NHS have fallen over recent decades and according to the Organisation for Economic Co-operation and Development the UK had one of the lowest number of hospital beds per capita in Western Europe. Day care is increasingly being used for other ophthalmic procedures including vitreo-retinal surgery. As many eye diseases are age related, demographic changes are also likely to be responsible for increased activity in eye departments -as the proportion of elderly people in the general UK population increases-, as new techniques are being developed for such patients and as the threshold for surgery reduces. All these pressures are leading to greater demands on ophthalmic facilities and greater throughput of ophthalmic patients. Furthermore there is an increasing trend to reclassify or reconfigure ophthalmic units –or Eye Hospitals- as ‘5 day’ or day care facilities. While this modernisation is welcomed as resources may be freed up to care for more patients, patient safety and appropriate planning are vital.

2. Day-Care Unit

It is essential to understand that satisfactory, safe day surgery care requires very careful organisation and planning. The following points are particularly important:

(i) Patient Perspective

When planning to design a new unit or re-design existing facilities, consider canvassing the opinions of patients, carers and relevant local organisations. Opinions obtained by questionnaire survey can help to inform the architectural brief.

(ii) Patient Care Pathway

Much of the design and lay of the building, rooms and equipment will flow from a careful consideration of the patient care pathway. Staff meetings and rapid improvement events can inform the redesign of facilities and care pathways. The extent to which the patient care pathway is performed completely in the Day Care Unit, or in the Outpatient area, will also determine the facilities needed. For example, will pre-operative assessment and supporting investigations such as biometry or optical coherent tomography imaging occur in the Day Care Unit or be undertaken elsewhere? Will patient education facilities be needed such as a video room and a room for nursing education of the patient? Patients must be fully...
assessed and briefed well in advance of all surgery, but especially in advance of
day care. As informed consent is also best taken on a day in advance of surgery -
rather than on the day of admission - consideration of where this should take place
is appropriate as such discussions should be undertaken in a private area. If
consent is taken on the day of surgery, rather than on a previous date, the need for
a private area on the Day Care facility where this can be undertaken sensitively and
confidentially is self-evident. This is the case where pure ‘one stop’ surgery is
undertaken.

Patients must also have appropriate transport arrangements made so they arrive
promptly and can return home expeditiously. Staggered admissions and discharge
improves flow through the Day Care Unit and are used in some organisations,
including in mobile surgical units, to make the footprint size of the unit more
compact. However, where such staggered arrangements are in use, there should
be adequate space to accommodate the occasional day care patient who may
require more time either pre or post operatively for a variety of clinical or social
reasons.

Day care patients should be made fully aware of potentially serious post-operative
symptoms and know how to obtain prompt advice if they have a problem following
discharge from the unit at any time of day or week. Telephone help lines including
NHS Direct are useful in this regard. The option to keep patients in hospital
overnight must be kept open, lest there should be significant surgical or anaesthetic
complications. This may have to be on a non-ophthalmic ward in the same hospital
or may require transfer to another hospital if the unit is purely a day care facility as
is increasingly the case in Treatment Centres. Robust arrangements for such
foreseeable matters must be agreed in advance and not just when an issue arises.

(iii) Level and Type of Activity

It is important when planning an ophthalmic Day Care Unit to have accurate data on
the present level of day surgery activity, population demographics and projections
of future demand. Also consider the range of surgical activity envisaged and
implications for facilities of the Day Care Unit, e.g.: will general anaesthetic patients
use the unit; will there be post operative adjustment of sutures on the Day Care
Unit; will the unit also treat children? The College is of the view that dedicated
ophthalmic facilities for ophthalmic daycare treatment is the most effective and
efficient use of NHS resources rather than when shared with other clinical
specialities.

(iv) Physical Buildings/Rooms Design

Detailed guidance concerning the specifications of clinical rooms and buildings was
provided by the Department of Health (DoH) in the NHS Estates Buildings notes
(see bibliography).
The DoH announced at the Institute of Healthcare Engineering and Estates (Conference on 5 October 2010), that it will no longer produce guidance on the built environment for providers of services. In future, the DoH stated it will be up to an autonomous NHS, its professional advisers and industry to work together to co-produce the design and technical guidance that has previously been relied upon. The DoH stated in a letter to the College in December 2010 that the NHS will need to ensure that the Health Technical Memorandum (HTM) and Health Building Note (HBN) documents focus on essential standards for the built environment that will support regulators in ensuring premises are both safe and suitable.

Site visits to other ophthalmic units to see how they are laid out are very valuable to those designing new units or to those re-designing existing facilities. The College may be able to suggest locations to visit and would welcome comments from departments who have recently re-designed their facilities or constructed new facilities.

To avoid delays and improve efficiency the ophthalmic Day Care Unit must be in close proximity to the ophthalmic Theatre. Most ophthalmic day case patients can walk to theatre, if close by, with an escort.

(v) Equipment

Appropriate ophthalmic equipment including slit lamps and visual acuity testing facilities must be available on the ward / day unit. Equipment for general health assessment and resuscitation of patients must also be readily available and there must be sufficient space to provide this care, including wheelchair access where necessary. The NHS Hospital Building Notes provide detailed guidance on room layout and space allocation for ward and day care facilities. It is prudent for the daycare ophthalmic facility to be located close to ophthalmic imaging equipment. This is especially relevant for patients attending with retinal conditions where retinal imaging is often undertaken to inform a decision for day care intravitreal injection treatment or ophthalmic laser treatment.

Access to appropriate networked workstations to view such images should be available. Monitor quality should be appropriate for clinical diagnostic requirements. The College provides inter alia guidance on ophthalmic out-patient facilities, imaging and informatics in the Ophthalmic Services Guidance and which should be read in conjunction with this guidance. For further information see http://www.rcophth.ac.uk/page.asp?section=293&sectionTitle=Ophthalmic+Services+Guidance
(vi) Staffing the ophthalmic ward/day unit

Staffing levels must be adequate to cope with high volume ophthalmic surgery and clinical demand. Staff mix should be such that appropriate care can be reliably delivered within the competency and skill mix of such staff. Staff training must be such that staff can deal appropriately with ophthalmic and general health problems experienced by their patients. Nursing staffing levels are usually lower on ophthalmic wards than on general medical or surgical wards and overspills of relatively high-dependency non-ophthalmic patients on to ophthalmic wards or Day Care Units may compromise safety by making it difficult to deliver optimal nursing care and may be wasteful of skilled ophthalmic nursing staff resources. When ‘non-ophthalmic’ patients are housed on ophthalmic wards due to emergency pressures strict local protocols and risk assessments must be in place to prevent inappropriate patients being nursed on the ophthalmic unit. Any breaches to such locally agreed protocols should be reported as patient safety incidents.

3. Inpatient Facilities

Notwithstanding the widespread use of ophthalmic day-case care, many ophthalmic units, especially regional units, require some inpatient facility, which should be adequately staffed by nurses fully trained in ophthalmic care.

It is recommended that ophthalmic patients should be nursed on dedicated ophthalmic wards rather than mixed surgical or medical wards in order to minimise the risks of hospital acquired infection of ophthalmic patients. Similarly, ophthalmic day care patients should be segregated from other surgical day care patients where a potential for infection exists.

Ophthalmic patients who may benefit from or may require inpatient care include:

- Planned day-cases who run into problems.
- Emergency admissions requiring intensive medical and nursing treatment and/or urgent surgery.
- Patients who for social or geographical reasons need to stay in hospital.
- Complex medical ophthalmology cases, patients undergoing complex corneal, vitreo-retinal or adnexal surgery involving prolonged general anaesthesia or where close monitoring in the early postoperative period is required.

The six aspects of the layout of the Day Care Unit considered above (2.i- 2.vi) should also be used as a guide to considering the layout of the inpatient ward facility.
Additional points which should be considered:

(i) Medical Cover
It is important also to ensure that there is adequate medical cover for inpatients overnight. This includes the need for urgent medical treatment such as resuscitation and management of significant systemic illness. The hospital at night programme is relevant in this matter.

(ii) Infection control
One or more separate/single rooms should be available for care of ophthalmic patients with infections, such as endophthalmitis or keratitis.

(iii) Layout
The layout of the inpatient ward requires flexibility to accommodate fluctuating male/female patient ratios, and to provide cubicle nursing of infected cases. Given the low requirement for ophthalmic inpatient beds in modern ophthalmic practice consideration should be given to a preponderance of single rooms with en-suite facilities which overcomes many of the problems of mixed sex wards and facilitates the nursing care of patients with infections (see 3 ii) as well as of children. Depending on the size of the ward, one or more fully equipped ophthalmic examination rooms are required. See NHS Estates Building Notes for further guidance.

(iv) Size
The size of the inpatient facility will depend on a variety of local factors, in particular:
• The population served (its size, age distribution and social characteristics)
• The case-mix of the unit
• The nature of the emergency workload
• The timetable of theatre lists (which may require more beds on certain days of the week)

(v) Urgent Care
As the timing of emergency workload cannot be accurately predicted, the inpatient unit should be large enough to cope with peaks in demand without the need to cancel elective work. Some spare capacity or headroom is therefore prudent. It is often possible to estimate the emergency ophthalmic workload per annum from historical and epidemiological data.

(vi) Paediatric Cases
Paediatric care requires special and usually separate facilities and appropriately qualified nursing staff. If separate accommodation for children and parents cannot be provided in the eye department, then it will be necessary to reach agreement with the paediatric department to ensure that children requiring elective day case or inpatient ophthalmic surgery and paediatric ocular emergencies can be correctly accommodated.
Responsibility for the ophthalmic care of children must remain with the consultant ophthalmologist and the nursing staff must have adequate training in ophthalmic care. Children with concurrent systemic illness or disability may be best managed jointly with a Consultant Paediatrician. Cooperation between paediatric and specialist ophthalmic nurses may also be beneficial in planning the nursing care of children. Provision must always exist for the admission of a parent with a child. (For more details please refer to the chapter on Ophthalmic Services for Children).

(vii) Patient Safety

The College is concerned to hear reports from units where non-ophthalmic patients have 'overflowed' onto ophthalmic wards as a result of various pressures -often described as 'winter pressures'. This has led to the problems of wrong patients on wrong wards issues, safari ward rounds for medical staff in other disciplines with resultant potential for poor communication and multiple patient moves. Such issues are a reflection of poor local organisational issues and any problems encountered should be documented in patient safety incident reports as well as being brought to the attention of external visitors.

Where only day care or 5 day ward facilities exist due to ward reconfigurations appropriate and robust arrangements must exist to allow safe care of the ophthalmic patient on another ward at all times. It may be prudent for neighbouring units to agree protocols for inter-hospital transfers. Where independent sector facilities are contracted to undertake surgery locally it is vital that service level agreements for such possibilities are agreed well in advance.

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Further resources

- Space for Health website [http://www.spaceforhealth.nhs.uk](http://www.spaceforhealth.nhs.uk) By registering on the website, NHS employee can get access to the Archived 1996 HBN 12 Ophthalmology supplement and to Recommended Ophthalmic room requirements through the Health activity database.

Further Reading