Retina #2

- 2 Fellows, 4 Optometrists, 1 Head Optometrist
- Usual mix of optometrists: 1-2 fully-certified, 3-4 trainees
- 3 Examination rooms, 3 Work-up rooms
- Doctor does pre-work for post-op and children because they are more complicated
    - Passes them to optometrist for basic checkup afterward
- Some children are see on the 3rd floor in the Children's Centre, especially if they are being difficult
    - Tries to put all the children appointments together (on Saturday) to avoid travel time between clinics: based there on Saturdays
    - Will accommodate emergency cases for children on Wednesdays
    - Split: 90% children on Saturday, 20% children on Tuesday
    - She is trying to get more of her patients to be children
- Optometrists seem to arbitrarily move folders from the main pile to the right side
    - Head optometrist orders walk-ins on the right, appointments on the left
    - Ordered by check-in time on both piles
    - BUT the administrator who delivers the new files does not follow this system; he places them arbitrarily
- One optometrist is dedicated to walk-in patients until approximately 1:30pm; after they are dilated they all fall into the same queue to see the doctor
    - It is up to the discretion of the counselor whether to continue scheduling walk-in patients after 1:30pm
- Question: how do optometrists decide which patients to call in and which not? What are they looking for when the sort through the folders?
- Optometrists are an end profession – they do not move on to become ophthalmologists. They need to go back to school to become full-fledged doctors
- Doctor tries to fill gaps as needed, but will drop the lower priority task (e.g. reorganizing patient papers) if she is needed elsewhere
    - Tries to look at patient folders before optometrist sees them to do initial diagnosis; writes instructions on what the optometrist should look for
- Doctor spends time with new patients before they go through pre-work
    - Feels it is important to build rapport, and that the optometrists can spend too much time getting lost in the details (seeing them first actually saves time)
- 80 patients are given appointments
    - Many are given 5 minute slots (vs. 10 minutes at RAK's clinic)
    - Doctor doesn't pay attention to the schedule in the end – she sees patients are they come to her and does the best job she can
    - The backlog was cleared by 11am and quickly filled back up by 1pm
- To speed up the process, the doctor will look at the incoming files herself and decide which need pre-work and which can be seen immediately
    - Usually, patients who have been here for pre-work in the last 3 months do not need to do it again

Cornea #1

General Information & Observations

- 1 doctor, 2 senior fellows, 1 junior fellow, 1 head optometrist
- 4 optometrists, 4 vision technicians (checks vision and refraction)
    - Each pre-work room has 1 of each
- Patients are seen by Fellow during pre-work as well as after dilation
- 4 pre-work rooms at one end of the hallway
- 1 post-dilation examination room at opposite end of the hallway
- Hall is shared between Cornea 1 and Cornea 2, with Cornea 2 pre-work rooms in between Cornea 1 pre-work rooms and examination
- Doctor is very structured! (e.g. gave us a recommended schedule for when to ask him questions, 5 minutes every hour or once at noon and once at 4pm)
- New folders are always put on the left side – doctor comes by and re-orders them periodically
- 60 appointments made at start of day, mostly 10 minute slots with 5 minute slots for potential walk-ins, some double-booking
- Paying patients are given priority over non-paying: appointment times are maintained for paying, whereas non-paying may have to wait
    - Non-paying patients are put on the left of the main stack
- Ideal Appointment Structure:
    - Clinic opening time to ~4:00pm: allocates 10 minute appointments for longer appointments & walk-ins, and short follow-ups intermittently
    - After 4:00pm: allocate 5 minute appointments for short follow-ups and post-ops
- Booking staff at walk-in counter aren't trained to understand this structure and priority, so they tend to allocate patients into whatever slots are available, regardless of what type of patient they are
- If the patient needs to be seen specifically by the Dr., they write the room number on the sheet and place the folder on the far left
- The middle corridor connects to all the rooms, and patients enter from the opposite sides
- There is an element of intimidation that helps the doctor maintain order and control over his team
    - Each member knows exactly what they are expected to do and executes
- Dr. integrates training into his flow over the day – "mini lecture" style, where all his team (Junior Fellows, Fellows, Optoms) listens in
- Optometrists take two folders with them to call a patient in, in case one of them does not respond; the remaining folder is put back on top of the pile
- The faculty doctor may not see every patient: he is called into the rooms as deemed necessary by the person seeing the patient at that time
- When the doctor becomes busy, the Head Optometrist takes on the role of sorting incoming patient files and distributing them to his team

Patient Flow

1. Patient checks-in, folder brought to the back
    a. Folders are sorted by check-in time

    b. Folders are separated by walk-in (left) and appointment (right)
2. Patient is taken to be seen by Fellow & Optometrist for pre-work
    a. Patient can be sent for investigation pre-dilation
3. Patient is dilated, time is written on the folder and stacked perpendicular to the patient stack by dilation time (+30 minutes)
    a. Patient can be sent for investigation post-dilation
    b. Folders are ordered by dilation time
4. Patients are taken for examination by Fellow or Doctor post-dilation
    a. Patient can be sent for investigation post-examination

For Patients that are Not in Lounge (NiL)

1. Time of NiL is written on folder
2. NiL folders are stacked against the wall
3. After 30 minutes, t folder is moved to the top of the appointment folder (i.e. NiL time is taken as check-in time)
4. They try to find that patient again
5. If still NiL, second time is written and folder is stacked against the wall
6. After 30 minutes, folder is moved to the top of the appointment folder (i.e. NiL time is taken as check-in time)
7. They try to find that patient again
8. If patient is not found, folder is returned to check-in & left for them to find

For Patients Returning from Investigation

1. Patient folder is stacked against the wall
2. Dr. integrates their folder as necessary into the main stack (e.g. by dilation time)

15.S07 GlobalHealth Lab
Spring 2013