

Complaint case study for publication on Trust website March 2016:

Mrs P contacted the Trust to complain about a delay in diagnosing an eye problem when she presented to the Emergency Department (ED)

Mrs P became aware of a lump in her eyelid in 2015 and a routine visit to her optician established the possibility of a cyst. In early January, Mrs P saw her GP who gave her a copy of an electronic appointment request and advised her to call the hospital to make an appointment. When Mrs P called the hospital, she was told no appointment could be made over the telephone and she should call again if she had not received an appointment in the next 14 days. Mrs P called again in 15 days' time and was told that the GP referral had been lost. She was asked to request her GP to fax the appointment request.

Two days later, Mrs P attended the ED as her eye was very swollen and sore and she could not open it properly. Mrs P was seen by a nurse and described the nurse as having trouble using the equipment. The nurse concluded that she could not see anything other than a 'line' and that Mrs P was not urgent.

The following day Mrs P was very distressed and attended her GP who provided a handwritten referral and directed her to the ED. Mrs P was seen by a doctor in the ED who identified that the lump had caused pressure on the cornea and an infection had occurred. There were no ophthalmologists available, but an ophthalmology nurse was able to lift the eyelid revealing a stone. The doctor prescribed antibiotics and sent Mrs P home to await a call from the hospital.

Mrs P was recalled to hospital that evening and diagnosed with a calcified stone in her eyelid which had caused an infection and definitive treatment was initiated.

Mrs P raised concern about the length of time taken to diagnose and treat her condition.

Our findings

This complaint was investigated by the Lead Emergency Nurse Practitioner and following investigation, the complaint was upheld.

Investigation revealed that the GP had made the initial referral to the community service rather than the hospital Trust. As an action from this complaint, feedback was given to the local Clinical Commissioning Group to ensure that GPs were aware of the correct referral pathways.

When Mrs P attended the ED on the first occasion, the Emergency Nurse Practitioner who saw her diagnosed a cyst to the upper eyelid and a corneal abrasion. However, she did not examine the eye with a slit lamp. As a result of this complaint, training is being provided to all ENP's on the use of slit lamps.

The ENP discussed her clinical findings with the ophthalmology department and checked on the GP referral. She was advised to discharge Mrs P with lubricants and advised to return to the ED if the pain increased or her vision deteriorated. It was recognised that this advice was based on an incomplete assessment. The Lead ENP has discussed the management of the case with the ENP concerned for individual learning.