

alkali and we always double evert the upper lid and remove all particulate matter with a forceps. Secondly, we recommended that the pH of the conjunctiva should be tested before and after irrigation with these lenses. In our experience more than a litre of saline or Ringer's lactate is frequently required with alkali burns before the pH returns to normal and occasionally several litres are required.

The use of these irrigating lenses in A&E departments should be encouraged and I congratulate Dr Fernandes for bringing these lenses to our attention.

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#### REFERENCE

Fernandes C. M. B. (1991) Eye irrigating lenses. *Archives of Emergency Medicine* 8, 274–276.

### **Waiting times and patient satisfaction in the accident and emergency department**

Sir

We read with interest the paper by Booth *et al.* (1992). We have carried out two studies on patient satisfaction using short, structured questionnaires at 2-yearly intervals. The data of the first study will be published shortly. We thought it would be of interest to your readers to know the findings of our study.

We obtained data from patients during a 7-day period, but this was spread over 2-weeks to include each day of the week to minimize variation. The response rate was just over 50% out of 850 attenders. The main conclusion arrived at was that the patients satisfaction was correlated directly not only with the waiting time to see the doctor ( $P = 0.003$ ) and total waiting time ( $P = 0.01$ ), but also with the doctors explanation about management ( $P = 0.02$ ). Of patients, 27.8% noted that they did not receive any explanation from the nurse about what was going to happen and 61.1% received no information about possible delay, although these factors had no positive correlation with patient satisfaction.

The last two findings came as a surprise to the staff which was probably due to: lack of staff awareness of the importance of imparting information; lack of training in information provision; and lack of established procedure for giving information to the patient.

The second study was conducted after the information provision was improved but the patient satisfaction rate remained fairly static i.e. changing only from 95 to 93.5%. This may however be explained by the fact that still only 85% of patients are seen within an hour of registration by the doctor. Any further improvements to satisfy the Patients Charter are unlikely to be attainable within the present financial constraints.

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## REFERENCE

Booth A. J., Harrison C. J., Gardner G. J. & Gray A. J. (1992) Waiting times and patient satisfaction. *Archives of Emergency Medicine* **9**, 162–168.