

**THE JAYEX BOARD  
IMPACT OR NO IMPACT  
ON PATIENTS WHO ATTEND WITH MULTIPLE PROBLEMS**

Several years ago the practice invested in an electronic display board to improve communication with the practice and patients in the waiting room. The device made by Jayex displays a series of scrolling messages, which patients can read whilst waiting to be seen. The practice has 6330 registered patients.

At practice meetings partners had formed a subjective view that patients were frequently presenting with multiple problems in a standard consultation, i.e. a consultation of sufficient length to deal with one problem.

The audit was therefore selected to see if a message displayed on the Jayex Board could change the number of patients attending with multiple problems in a single consultation slot, thus helping surgeries run more to time, reduce stress for the partners and waiting times for other patients.

Patients would be encouraged to book the appropriate length of appointment, rather than try to fit all their multiple problems into one ten-minute consultation slot. Previous research has shown that patients can predict the likely amount of time that they will need to deal with their problems in surgery. [1] Also the quality of the consultation is improved if the length of time is appropriate to the patients need. [2]

We elected to audit the number of patients presenting to all practicing doctors over two comparable periods, these being 30<sup>th</sup> May to 5<sup>th</sup> June 2006 inclusive and 6<sup>th</sup> to 12<sup>th</sup> June 2006 inclusive. The data was collected by each practitioner using a tally chart on a spreadsheet, a copy of which is attached.

Baseline data was collected from the 30<sup>th</sup> May when no message was displayed on the Board. However, on June 6<sup>th</sup> a message was incorporated into the display board that read:

“One problems per ten minute appointment please, longer appointments available on request”.

The proposed audit was discussed with the partners, the practice manager and the receptionists prior to commencement.

It was agreed by the partners that a 5% reduction in patients presenting with multiple problems would be sufficient to warrant regular inclusion of a message advising about consultation length in addition to the other messages, which are regularly displayed.

Spreadsheets were drawn up for data collection and distributed; those collecting data were advised where to return the audit sheets to.

The baseline data established that 17.97% of all the consultations were for multiple problems.

Data collected during the second week, after the introduction of the display board message showed that 20% of patients presented with multiple problems.

## **CONCLUSIONS**

Based on the periods over which data was collected it can be concluded that the message displayed does not have any impact the number of patients who present with multiple problems in one consultation.

The period of the audit was short and may be affected by unforeseen variations in the types of patients presenting. Also during the audit period different doctors performed different surgeries due to annual leave and other commitments. Their different consulting styles may have biased the results. The study may need to be repeated over longer periods to see if these results are replicated.

If this is the case, further audits need to be done to establish what is the maximum impact the board can achieve. The type of message and the number of messages may need to be considered further.

The practice intends to re-audit the message board and the impact it has on patients in six months' time.

Reference: [1] A Wilson (editorial) Update 15 June 1992 pp1103-6  
[2] J Howie et al BJGP 1991;41: 48-54

