Evaluating telephone triage for Eye Casualty in the coronavirus-era:

An analysis of service utilization, waiting times, diagnostic accuracy and safety

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INTRODUCTION

During the coronavirus (COVID19) pandemic, we transformed our District General Hospital Eye Casualty from a walk-in department into a telephone triage-based service.

Patient Registration → **Triage** → **Risk Stratification**

METHODS

A retrospective analysis of electronic patient records where complete data was available from the month of September in 2019, 2020 and 2021, thereby including periods before and after the implementation of telephone triage. We analysed the impact on:

- total attendances,
- mean telephone and in department waiting times,
- triage referral outcomes, and
- telephone repeat attendances.

For samples of fifty triage calls from each of 2020 and from 2021, we further analysed:

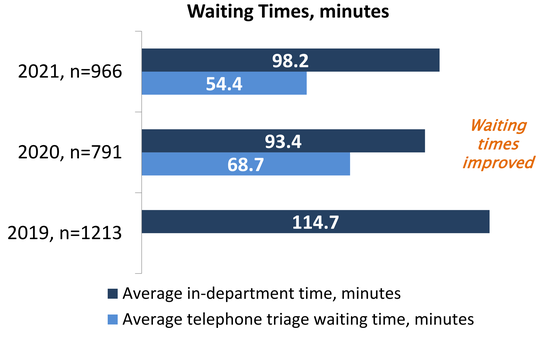
- telephone provisional diagnosis accuracy compared to in-person final diagnosis, and
- referral appropriateness

RESULTS

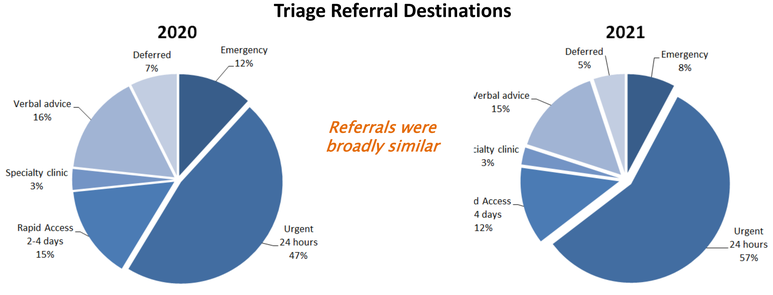
From 2019 to 2021, in-department attendances and time spent in-department reduced overall, although there was a slight increase in both measures from 2020 to 2021.

Average telephone triage waiting time **reduced** over the same time period. Telephone re-attendances after verbal advice alone were **9 out of 115** (7.8%) in 2020 and **13 out of 153** (8.5%) in 2021.

RESULTS

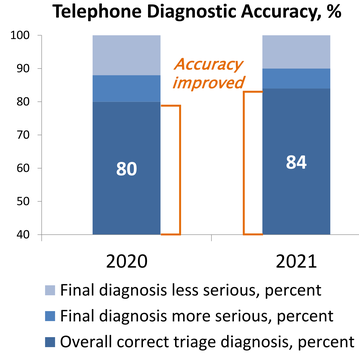


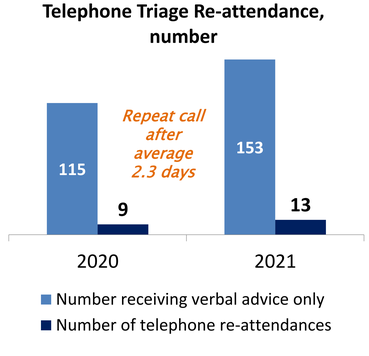
In 2021 more patients were referred to Urgent Care (an appointment within 24 hours).



Based on fifty cases studied in-depth from each of 2020 and 2021, regardless of referral decision:

- there were **no identified cases** of delayed treatment,
- there was an **80% to 84%** rise in telephone **diagnostic accuracy**
- there were **no identified cases** of harm to patients.





DISCUSSION

Our analysis shows that telephone triage can be implemented **safely and effectively** in the Eye Casualty, while ensuring appropriate in-person appointments and reducing waiting times. Telephone diagnostic accuracy improved with increased experience.

Such triage enables **efficient** use of limited resources, helps maintain a COVID-safe work environment for patients and clinicians and, through training of allied healthcare professionals, allows **all team members** to take part in the delivery of care as outlined in the Royal College of Ophthalmologists The Way Forward[1] (2015) project.

REFERENCES

1. The Way Forward – Emergency Eye Care Report. Royal College of Ophthalmologists, 2015; https://www.rcophth.ac.uk/wp-content/uploads/2015/10/RCOphth-The-Way-Forward-Emergency-Eye-Care-300117.pdf [Accessed 14.11.21]