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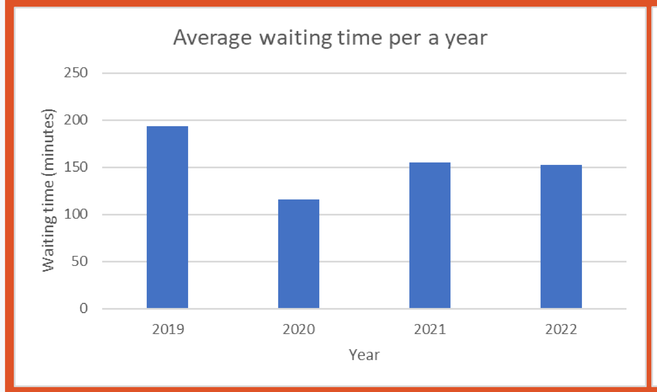
A Novel Triage Pathway for Urgent Eye Care at a Tertiary Eye Hospital

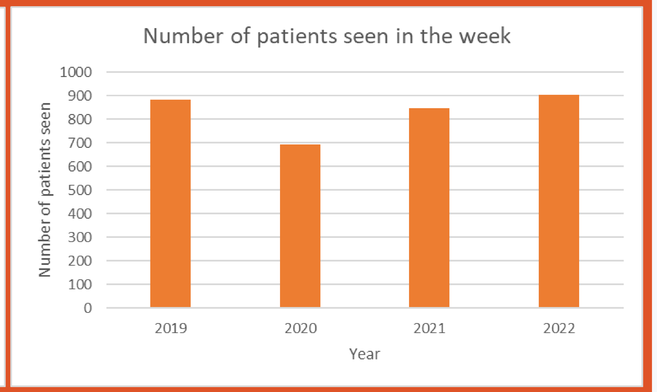
1. Introduction

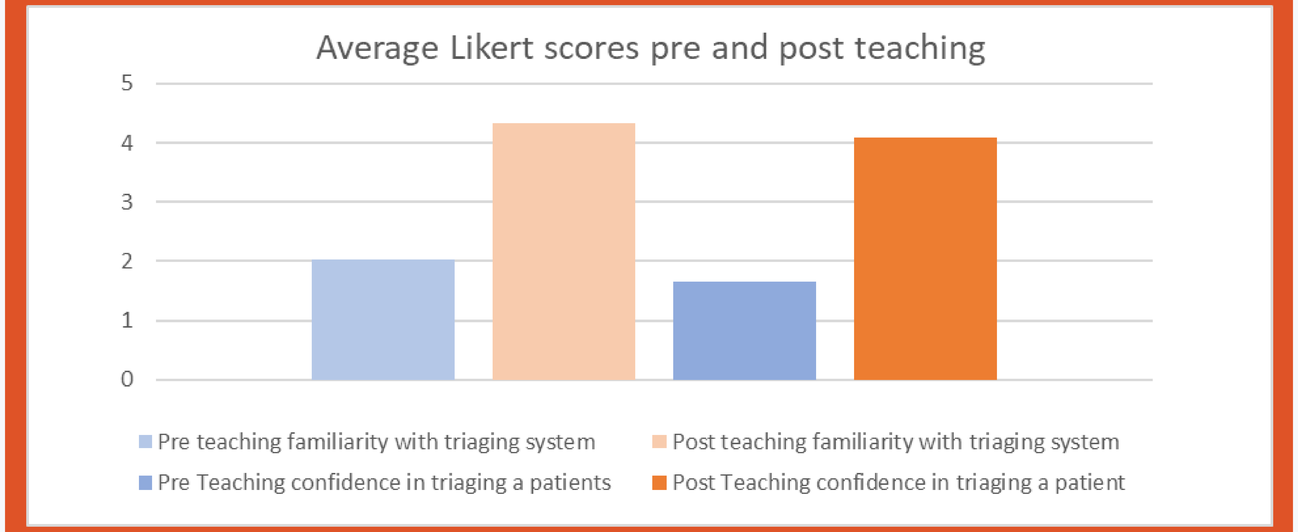
Eye casualties are witnessing unsustainable demand causing them to run routinely above their intended capacity. Many referrals are self referrals which makes it increasingly difficult to identify and address specific sight threatening conditions in a timely manner. We conducted an audit investigating the initial accuracy of referrals and introduced a new triage tool improving patient flow.

2. Methods

The records of 3325 patients presenting over a 1-week period in 4 different years (2019, 2020, 2021, 2022) were reviewed, assessing the presenting complaint. Based on the results, a new triage system was developed to help prioritise patients with genuine sight threatening conditions. Patients that did not need to be seen the same day were asked to either attend their GP, optician or were given an Emergency hot clinic appointment.
Teaching was conducted to train clinicians and nursing staff in the new triage system at WEH. In addition, partner clinicians referring to the hospital including optometrists and GPs were made aware of new referral criteria and were encouraged to review independently where appropriate.







3. Results

Despite an increase in the number of patients seen in the post COVID era (2022) compared to the pre COVID era (2019), the mean time in the department decreased by nearly 25%. We attribute this partially to the increase ability and confidence of clinicians in triaging.

Likert scoring pre and post teaching displayed a mean 2.3 increase in the familiarity with triaging system and mean 3.4-point increase in the confidence in triaging. This has correlated with the decrease in mean time spent in the department.

4. Discussion

A&Es throughout the country including eye casualties are facing increasing pressure due a population that is larger and older than before. Additionally, the overwhelmed primary healthcare system is leading to overflow of patients to A&E further exacerbating the current crisis. In the face of constrained resources, A&Es including eye casualty must find ways to increase efficiency. Training of staff to enable more effective triage has been shown here to be an effective modality of coping with increased patient inflow.
We understand that this alone will not be effective for the future predicted patient flow, and we hope that other initiative including additional investment in primary care partners and computerised triage/treatment platforms will help further reduce the expected patient burden.

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