Outcome of the Implementation of a New Referral Pathway for Urgent Medical Retina Referrals at Sunderland Eye Infirmary

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Background

Medical retina services receive a high volume of urgent referrals. These patients often spend unnecessary time in hospital waiting rooms between encounters such as OCT scans, clinician consultation and intravitreal injections. During the COVID-19 pandemic we implemented a new urgent referral pathway to reduce the patients' time spent in hospital. This pathway meant new referrals were offered prompt appointments for OCT imaging followed by a telephone consultation. The purpose of this project is to evaluate the safety and effectiveness of this new urgent referral pathway. We hoped to see at least a 75% reduction in the need for urgent (<2 week) face-to-face appointments.

Aim

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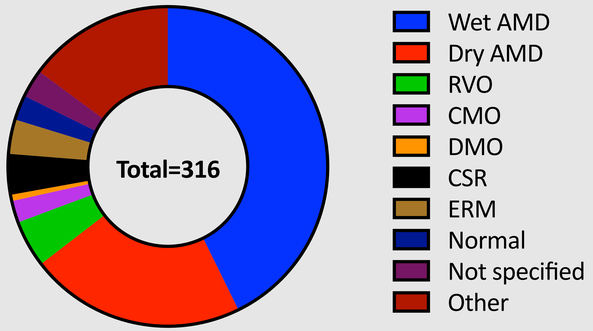
Methods

All consecutive medical retina telephone appointments (n=342) were evaluated for 6 months from September 2020 to February 2021 inclusive. Appointment dates were pulled from the Meditech system along with the patients' hospital number, date of birth and clinician. Each electronic record was then reviewed to record the source of referral, referral diagnosis, diagnoses at telephone and subsequent face to face appointment (if required), the consultation outcome and any safety issues. Patients were excluded if the telephone appointment was not for a new urgent referral or if the patient cancelled or failed to attend.

Results

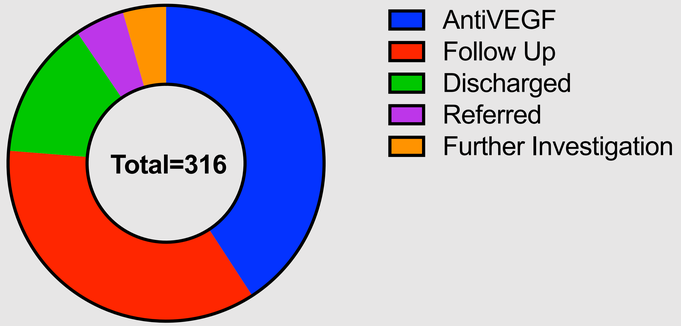
Of the 342 patients 316 were included. The final diagnoses varied and can be seen in Figure 1. As expected, wet AMD was the most common condition followed by dry AMD and retinal vein occlusions.

Figure 1: Final Diagnoses for Patients Presenting via the New Medical Retina Referral Pathway



Of these 316 patients, 41% (n=129) were directly started on anti-VEGF injections, 35% (n=112) were followed up, 14% (n=45) were discharged, 5% (n=16) were referred to another sub-specialty, and 4% (n=14) underwent further investigation (Figure 2). Of the 112 patients that were followed up only 5 (1.6% of the total 316 patients) still required a face-to-face appointment within 2 weeks. Within this cohort there were no incidences that led to patient harm.

Figure 2: Outcomes for Patients Presenting via the New Medical Retina Referral Pathway



Discussion

This pathway demonstrates a reduction in <2 week face-to-face appointments by 98% which far exceeded our expectations of 75%. Most importantly we felt this was done safely. None of the diagnoses made at the telephone appointment significantly changed at follow up and there were no instances of a patient being denied urgent Anti-VEGF treatment when it was indicated. The only issue we did identify were some inappropriate referrals for problems such as diplopia or disc swelling, these need to be filtered and redirected at the initial referral review.

Conclusion

This new pathway significantly reduced the need for urgent (<2week) face-to-face appointments.

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Wong, W.L., et al., Global prevalence of age-related macular degeneration and disease burden projection for 2020 and 2040: a systematic review and meta-analysis. Lancet Glob Health, 2014. 2(2): p. e106-16.
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