Improving the quality and appropriateness of inpatient ophthalmology referrals: a retrospective analysis

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Introduction:

- Efficient and accurate triaging of ophthalmology referrals are dependent on the quality of referral received.
- With a decline in clinical confidence among junior doctors in assessing ophthalmic presentations, inpatient referrals may lack sufficient clinical information for on call doctors to respond appropriately.
- Constraints in the ward environment such as lack of access to Snellen charts or ophthalmoscope can further exacerbate the issue.

Objectives:

This study seeks to improve the quality of inpatient referrals to ophthalmology by:

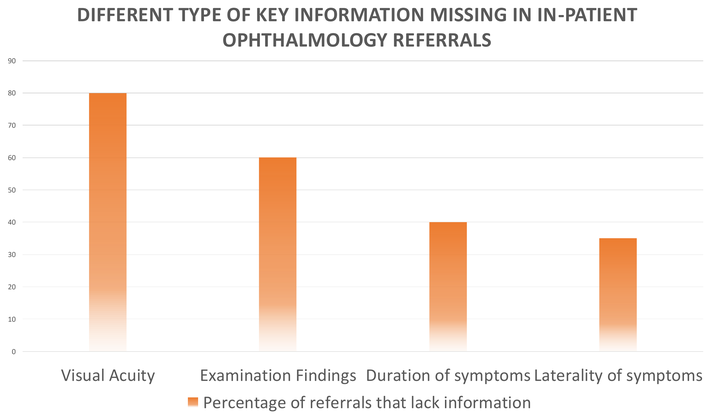
1. Assessing whether essential clinical information is provided in referral to emergency eye clinic
   - This included symptoms, laterality, duration, past ocular history (POHx), visual acuity (VA), past medical history and examination findings
2. Identifying inappropriate referrals
   - These included those not requiring Hospital Eye Service (HES) review (e.g. gradual vision loss) and those managed through alternative pathways (e.g. orthoptist-led stroke pathways)

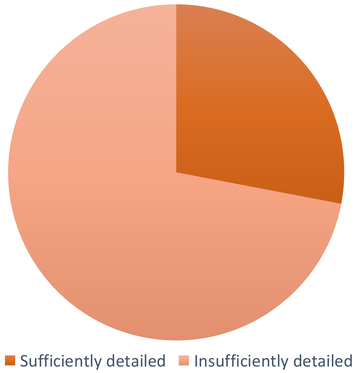
Methods:

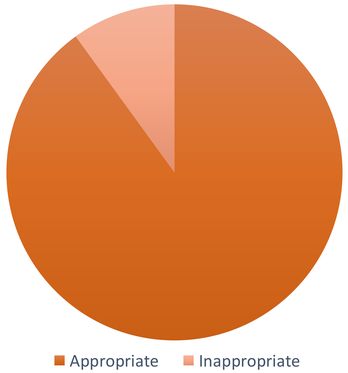
- A retrospective analysis was conducted on all ophthalmology referrals submitted via the ICE system over a four-week period.
- Data extracted includes the presence of key clinical information and appropriateness of referral based on clinical context.
- Referrals were classified as ‘sufficiently detailed’ if they included all relevant components.
- Descriptive statistics were used to report findings, including the proportion of inappropriate referrals.

Results:

- A total of 65 referrals were analysed.
- Only 28% of referrals were deemed sufficiently detailed.
- The majority of missing information consisted of:
  - ❖ Laterality and duration of symptoms
  - ❖ Examination findings
  - ❖ Visual acuity
- Only 10% of the referrals were deemed inappropriate
  - ❖ These included patients with chronic eye conditions that opticians would better manage post-discharge.







Discussion and Recommendations

- The findings highlight significant gaps in the referral pathway submitted via the ICE system.
- Currently, the referral form consists of a free-text box format, which is clearly insufficient in capturing essential information needed by an on-call ophthalmologist to triage it appropriately.
- The following is recommended:

- Prompts directing referrers to alternative pathways where appropriate (such as orthoptist-led stroke pathway)
- Mandatory fields for clinicians to fill, which includes details like symptom laterality/duration/description, POHx, relevant PMHx, VA and examination findings
- Question on logistical details, such as patient fitness to attend outpatient clinics
- Providing clinicians with a link in the referral form to access printable snellen charts or smartphone-based visual acuity tools (e.g. Peek Acuity)
- Education initiatives directed towards trainees in mandatory teaching sessions on common mistakes in ophthalmology referrals