

Telephone Consultations Audit during Covid-19 Pandemic

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INTRODUCTION

The Covid-19 pandemic saw Ophthalmology centres across the country switch to remote provision of services to reduce the spread of the virus, and for the occupational safety of Ophthalmologists who are at particular risk of exposure to Covid-19 through ocular examination^{[1][2]}. The Royal College of Ophthalmologists issued guidance to postpone face-to-face follow-up unless patients are at risk of immediate loss of vision or life^[3]. At NHS Ayrshire & Arran, patients who had active disease continued to attend face-to-face consultations during this period.

AIMS

This audit aimed to investigate the following:

- Patient outcomes of telephone consultations
- Instances of harm or serious incidents
- Whether telephone consultations are a safe and viable method of follow-up

METHODS

All telephone consultations for the first 2 weeks of each month from April to July 2020 were reviewed. If patients had more than one telephone consultation, only the first was audited. Patients without a dictated letter were discounted.

The following outcome measures were collected:

- Age
- Diagnosis
- Subspecialty
- Follow-up
- Number of consecutive telephone appointments

The clinical letters of the patients' first face-to-face follow-up appointment were also audited with the following outcome measures, in order to determine "adverse outcomes"

Adverse outcomes

- **New or worsening diagnosis**
- **Earlier appointment than planned**
- **New treatment excluding lubricants**
- **New investigation excluding OCT and visual fields**
- **Raised intraocular pressure**
- **Reduced visual acuity (logMAR change > 0.1)**

RESULTS

- 740 telephone consultations
- 399 unique patients with dictated letters
- 155 patients had subsequent face-to-face follow up at the time of audit
- Mean age 64.4 median age 72
- Mean number of telephone consultations 1.2, with range 1-4.

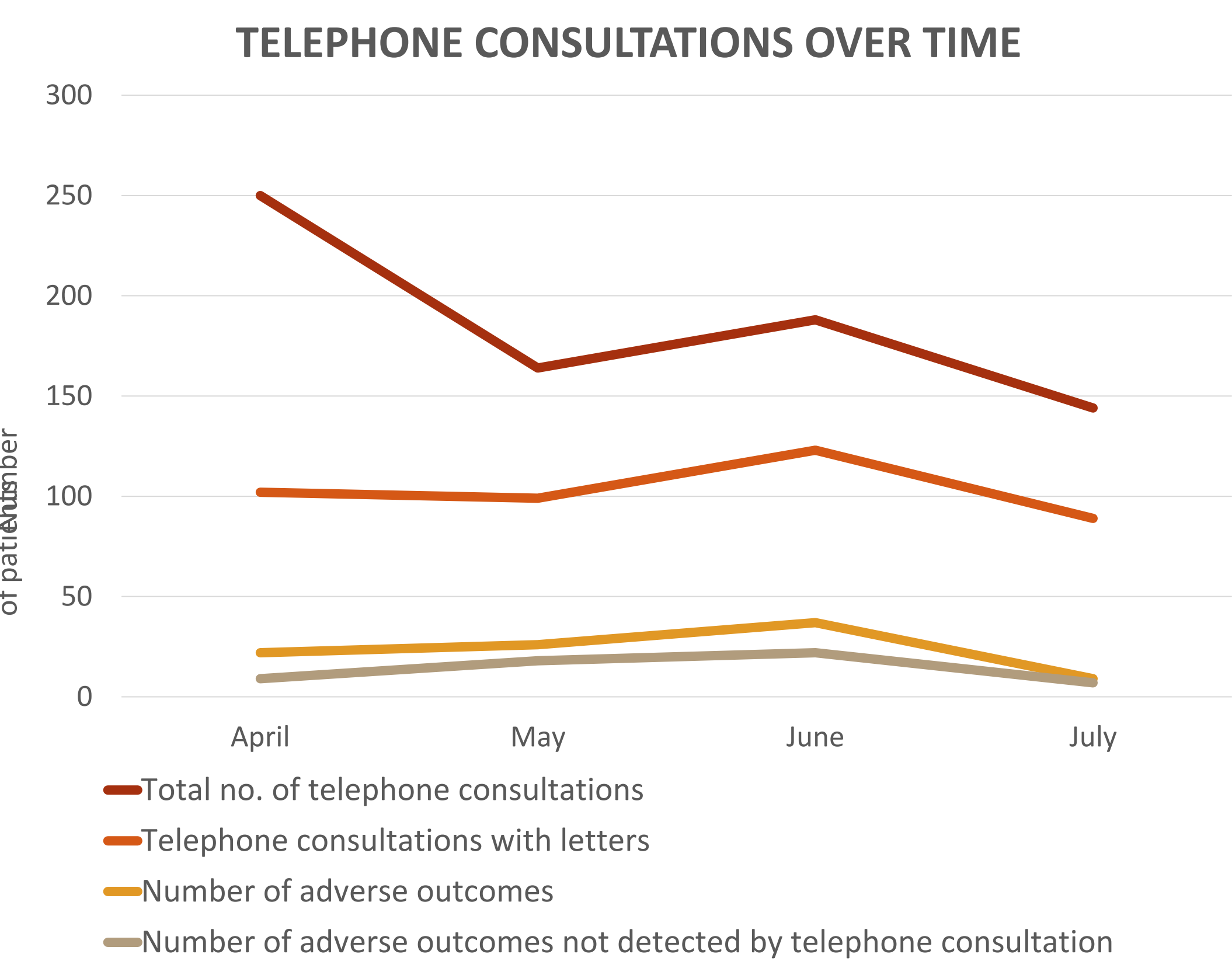


Figure 1.1: The highest number of telephone consultations were carried out in April, with a slight decrease in July. The proportion of letters recorded for these telephone consultations was lowest in April and the number of adverse outcomes correlated with the number of telephone consultations.

THE PROPORTION OF PATIENTS WITHIN EACH SUBSPECIALTY

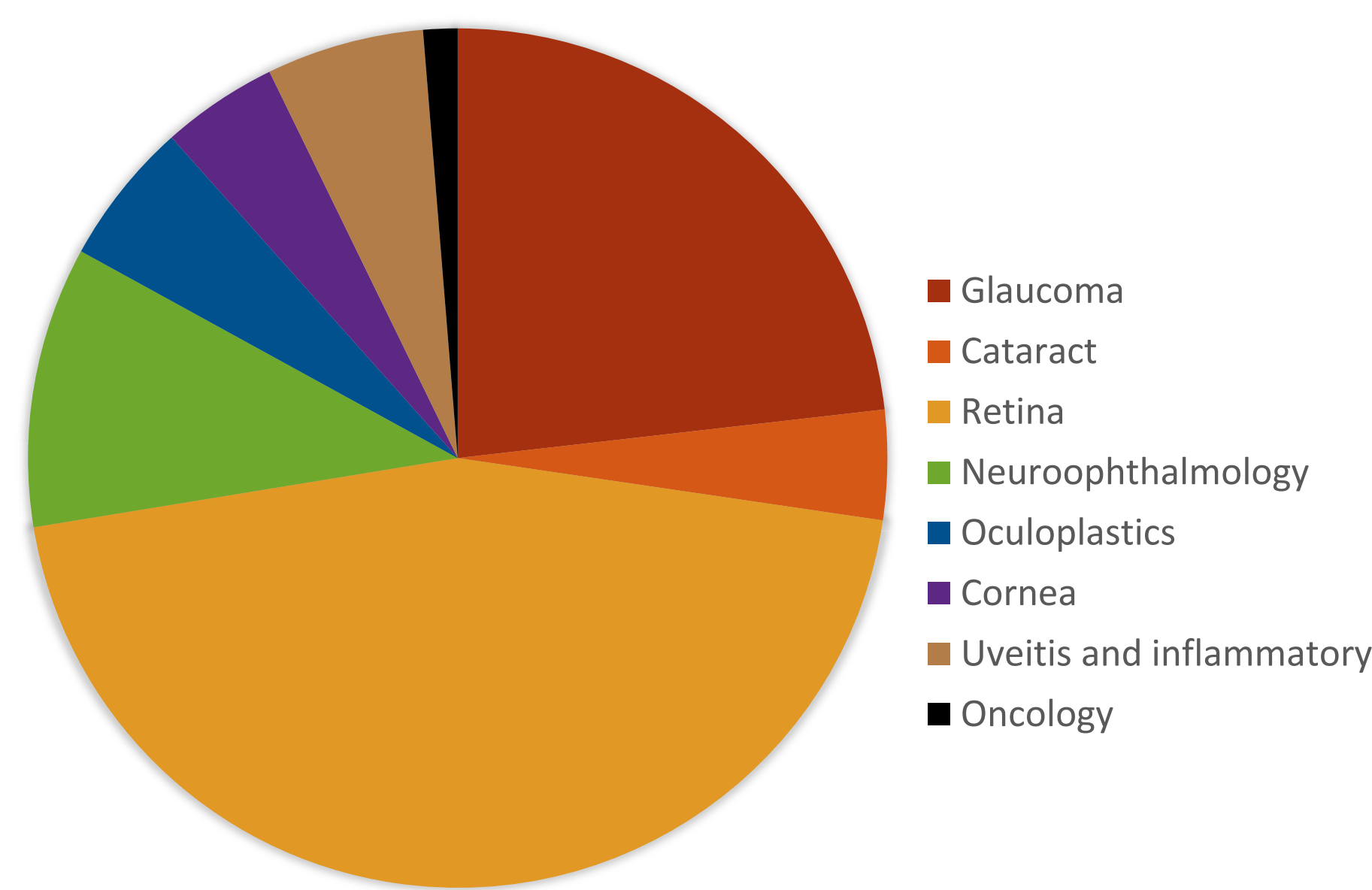


Figure 1.2: The highest number of patients being followed-up were retina and glaucoma patients, in line with our usual patient population.

FOLLOW UP AFTER TELEPHONE CONSULTATIONS

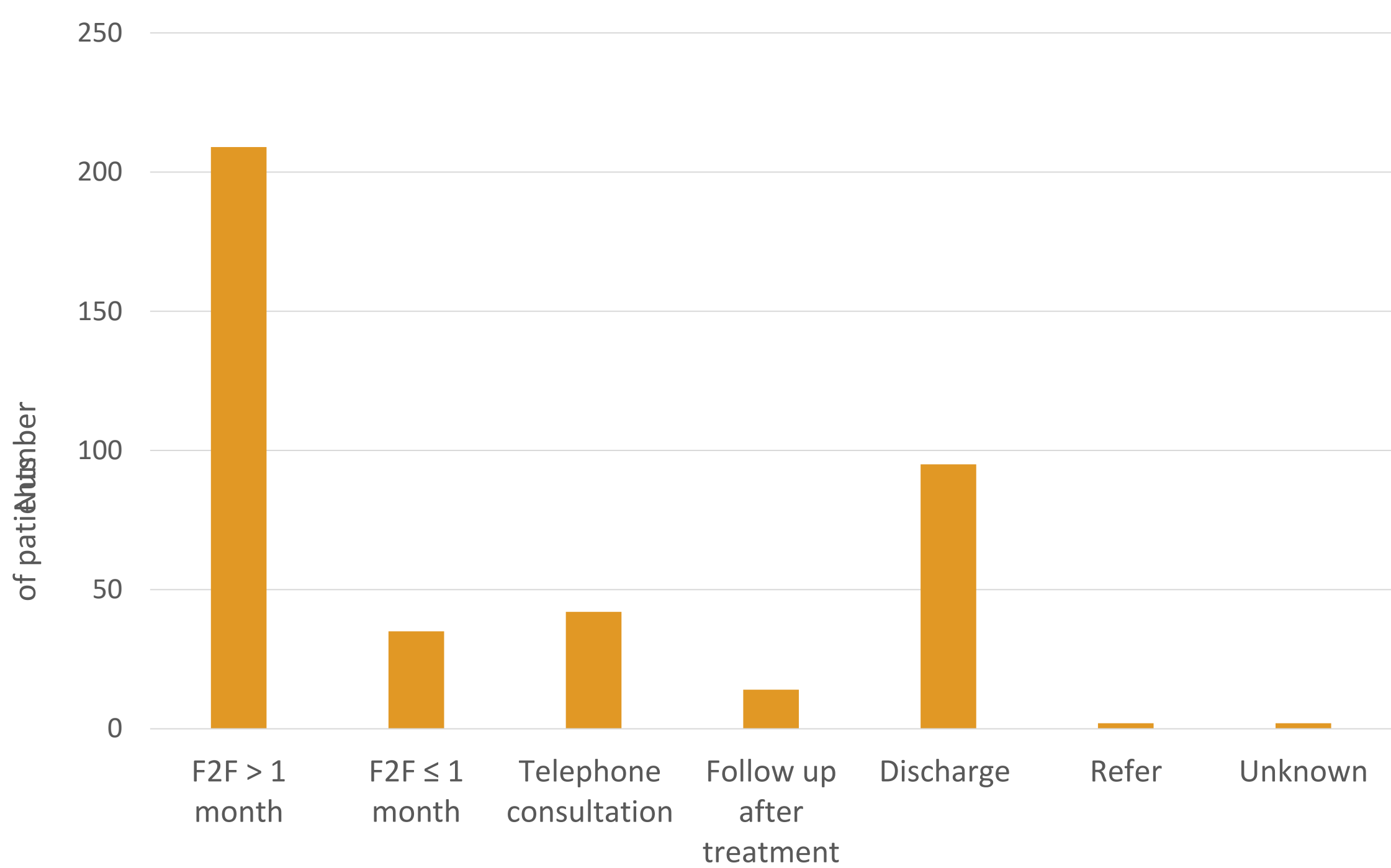


Figure 2.1: 95 patients (24%) were discharged via telephone consultation. Of the 22 new patients reviewed by telephone consult, 5 were discharged (23%). The largest proportion of patients had routine face-to-face follow-up scheduled several months after the telephone consult. 42 patients (10.5%) were followed up by telephone consultation. The majority of patients in this category opted for this.

RATE OF ADVERSE OUTCOME DETECTION AT TELEPHONE CONSULTATION

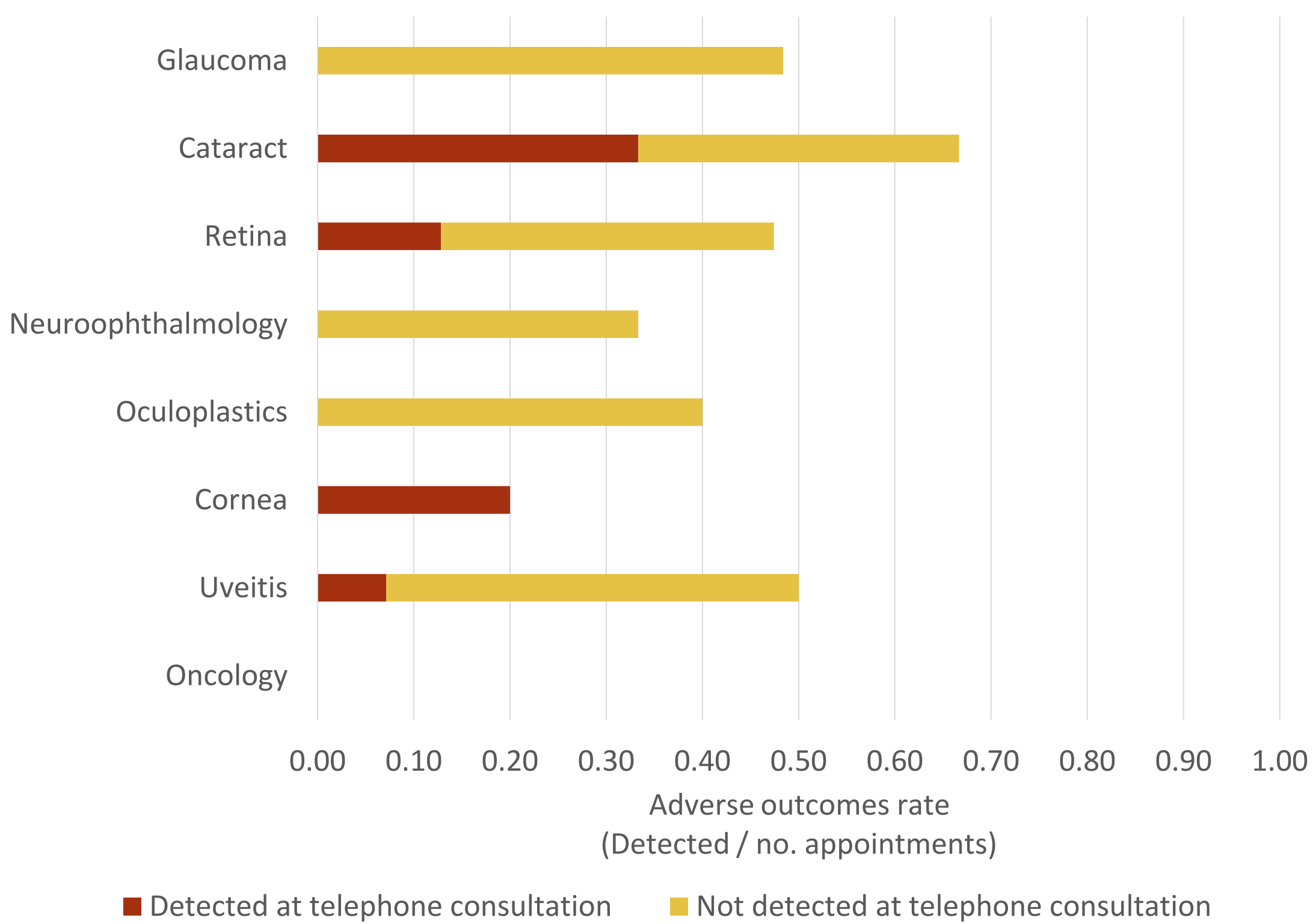


Figure 2.2: Glaucoma had the highest proportion of patients with adverse outcomes that were not detected by telephone consultation. None of the adverse outcomes within glaucoma, neuroophthalmology or oculoplastics were detected by telephone consultation. Oncology had no adverse outcomes.

DISCUSSION

Telephone consultations were utilised more during the April peak of the pandemic than in later months. We hypothesise that patients without clinical letters represent our clinically stable patients with few changes in management. By the time of audit 39% of patients with a dictated letter for the telephone consultation had received face-to-face follow-up. This suggests that the majority of patients under our care are clinically stable, and the percentage of adverse outcomes may decrease when all face-to-face follow-up appointments can be audited.

Glaucoma patients had the highest proportion of adverse outcomes not detected by telephone consultation, followed by uveitis patients. We believe this is because of the asymptomatic nature of chronic glaucoma and some forms of uveitis. Many of the uveitis patients were also shielding due to immunosuppression.

By comparison, cornea and cataract patients were the most likely to have adverse outcomes detected by telephone consultation. While these were comparatively small patient groups, this data supports the notion that telephone consultations are better at detecting adverse outcomes in patients with symptomatic disease such as reduced acuity or ocular pain.

A higher than expected proportion of patients (24%) were discharged at the telephone consultation. This may indicate an excess of patients awaiting review that may not require it.

There were no significant adverse outcomes found. It is difficult to predict how many of these patients may have had a different outcome had their consultations been solely face-to-face.

CONCLUSION

Telephone consultations:

- can be a useful tool if face-to-face consultations are not possible.
- cannot replace examinations.
- could be used for assessing urgency of symptomatic conditions in clinically stable patients.
- should be avoided for monitoring patients with asymptomatic disease progression, i.e. glaucoma.

Future work could include comparing similar patients undergoing face-to-face review versus telephone consultations, as it will be useful to inform us on the safety and effectiveness of either method.

References:

- [1] Xia, J. Jong, J. et al. (2020) 'Evaluation of coronavirus in tears and conjunctival secretions of patients with SARS-CoV-2 infection', *J Med Virol*, 10, pp. 1002.
- [2] Edsel, IB, Xu, AQ, et al. (2020) 'Physician Deaths from Corona Virus Disease (COVID-19)', *Occupational medicine*, 10, pp. 1093.
- [3] Royal College of Ophthalmology (2020) *RCOphth: Management of Ophthalmology Services during the Covid pandemic*, Available at: <https://www.rcophth.ac.uk/wp-content/uploads/2020/03/RCOphth-Management-of-Ophthalmology-Services-during-the-Covid-pandemic-280320.pdf> (Accessed: 10/02/2021).