OPHTHALMIC HOSPITALIST INTEREST GROUP

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OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

Join the Community!

Have a questions or topic about inpatient/ER consults? Share on the AAO/OHIG community! Log in with your AAO username.

OHIG Zoom Meeting - Call Coverage and Hospital Transfers

Join a virtual OHIG panel discussion on **Thursday June 13 @ 5:00pm-6:00pm PST**. See page 4 for topics/speakers and registration.

OHIG Topic Wishlist

Have a case you would like to feature in an OHIG newsletter? We welcome your ideas and expertise. Email ohig@ohig.org.

Welcome New Members!

Thanks for joining OHIG! Please verify your information on the OHIG website.

Articles

Implementation of a Standardized Accept Note to Improve Communication During Inter-Hospital Tranfers, BMJ, 2023

Implementing a standardized accept note (even for consultants) can improve documentation, decrease medical errors, and improve patient outcomes for transfers.

Prognostic Factors for Mortality Following Interhospital Transfers to the MICU of a Tertiary Referral Center, CCM 2023

Inter-hospital MICU transfers have a high risk of mortality and adverse outcomes. Should we consider this when transferring outside inpatients with urgent ophthalmic conditions such as endogenous endophthalmitis?

Teleophthalmology Consutations How Do We Keep Our Patients Safe?, Eye, 2020

Teleophthalmology offers a potential solution for waning ophthalmology on-call coverage, in particular for rural settings. But is it safe for patients? Read guidelines from Moorfields.

PEARLS

Multi-Center Study on Hospital Consult Volumes and Transfers

UW Medicine
DEPARTMENT OF OPHTHALMOLOGY

This project will focus on analyzing the increasing trend of ophthalmology hospital transfers across various institutions in the US. In recent years, there has been a noticeable rise in the number of ophthalmology-related cases requiring transfers to higher level hospitals, perhaps related to the diminishing number of on-call ophthalmologists in community hospitals.

We believe that an analysis of this trend is crucial for understanding its underlying causes and implications for patient care. This was highlighted in the recent EyeNet article, Why I Take Call: Weighing Rewards and Responsibilities.

We are hoping to gather data from multiple institutions to look at trends across the county.

Please contact **Jen Yu** if interested in collaborating: jenyu@uw.edu.

CONSULT ROUNDS

You are the on-call ophthalmologist for a large tertiary care hospital and receive the following page from the neurology: "Ophthalmology requested stat to the IR suite. Please come asap for urgent consult".

You wonder what is going on. You happen to be already in the hospital seeing consults and make your way up a few floors to the IR suite. There you find a patient lying on a table being prepared for intra-arterial TPA for a presumed CRAO.

The neurologist tells you that he received a call from an outside ED located 3 hours away about a 52 yo male with sudden onset painless unilateral vision loss. The patient has several vascular risk factors including Diabetes, HTN, hyperlipidemia, and prior multiple strokes.

There is concern for CRAO but the outside ED had no ophthalmology coverage to confirm this diagnosis. In a heroic effort to potentially save vision, the neurologist agreed to urgent hospital transfer. The patient is brought via helicopter in hopes of providing TPA within an effective time frame.

The patient is 20/20 OD, 20/400 OS. There is no APD. His IOP, EOM's, and anterior segment are within normal limits. You begin to pull out your dilating drops but are told by the neurology team

"there is no time to dilate" so you are forced to proceed with limited un-dilated view of the fundus. You note a macular hemorrhage in the left eye and suggest that they allow you to dilate and hold off on TPA.

You dilate the patient and ultimately make a diagnosis of wet AMD with active CNV in the left eye. There is no CRAO.

Plans for TPA are halted. People wonder how to get the patient back home after being flow in by helicopter as an urgent transfer request.

Case Considerations: Patient transfers from outside hospitals can result in vision or life-saving measures - but triage is challenging, particularly when an outside ophthalmic diagnoses remains in question. 24/7 on-call coverage in local community hospitals may not be feasible for a variety of reasons. Teleconsults using fundus photography and OCT imaging in an ER may help reduce unnecessary transfers which can be costly for both hospitals and patients.

OHIG Survey Questions

Q1) What are reasons that patients are transferred to/from your hospital/ED?
Select all that apply:
A) Community hospital/ED do not compensate for ophthalmology on-call coverage
B) There are too few available community providers to share the call burden sustainably
C) On-call financial compensation is inadequate
D) Competing outpatient clinical responsibilities
E) Ophthalmic conditions are too complex and require subspecialty care
F) Ophthalmic conditions require surgical intervention
G) Outside ophthalmologist does not have hospital operating privileges
H) Patient is homeless/uninsured with no means of reliable local outpatient follow up
I) Outside hospital ED slit lamp and ophthalmic equipment is of poor quality
J) Other: please add below

Q2) What ophthalmic conditions tend to result in transfer to another hospital?
Select all that apply:
A) Orbital cellulitis with subperiosteal abscess (SPA)
B) Orbital Compartment Syndrome
C) Open globe
D) Eyelid laceration with canalicular involvement
E) Eyelid laceration without canalicular involvement
F) Endophthalmitis
G) Concern for NAT
H) Neovascular Glaucoma

I) Severe Corneal Ulcer
J) Retinal Detachment
K) Other: please add below

Please share your responses on the AAO/OHIG Community: https://aao.mobilize.io/main/groups/47315/lounge.

OHIG Zoom Discussion: Call Coverage and Hospital Transfers

June 13th @ 5:00pm-6:00pm PST

Topics/Speakers:

1) Community Call Coverage/Hospitalist Models
- Craig Czyz (Oculoplastics, Ohio)
- James Oakman (Comprehensive Ophthalmology, South Carolina)
- Babak Marefat (Comprehensive Ophthalmology, Kansas)

2) Ocular Telehealth for ER Consults
- April Maa (Emory University, Atlanta VA Medical Center)

3) Innovative Models for Community Call Coverage Support:
Pre-Residency Clinical Ophthalmology Fellowship
- Lisa Neavyn (Maine Eye Center)
- Brooke Miller (Maine Eye Center)

4) Multi-Institutional Study on Hospital Consult Volume/Transfer Trends
- Jennifer Yu (University of Washington)
- Shu Feng (University of Washington)

To Register click here. A zoom link will be emailed out 1 week prior to the event.

Look forward to seeing you there!