



# ER Eye Care Challenges and Opportunities

## ER physicians find eye emergency care highly challenging<sup>1</sup>

Lack of specialized training for staff



Patient transfer times for eye emergencies



Inadequate equipment



Difficulty accessing ophthalmologists



Cost of specialist consultations and equipment



Most physicians do not perform ophthalmoscopic examinations in emergency departments (ED), even when indicated, raising the risk of vision loss, stroke, and other complications.<sup>2</sup>



Only 19% of ER physicians find **current ophthalmic devices very effective**<sup>1</sup>

## ER physicians have limited access to on-call ophthalmologists<sup>1</sup>

37%

report **no consistent access**

(rising to **47%** in community hospitals)

44%

of ERs **refer patients**

for specialized care



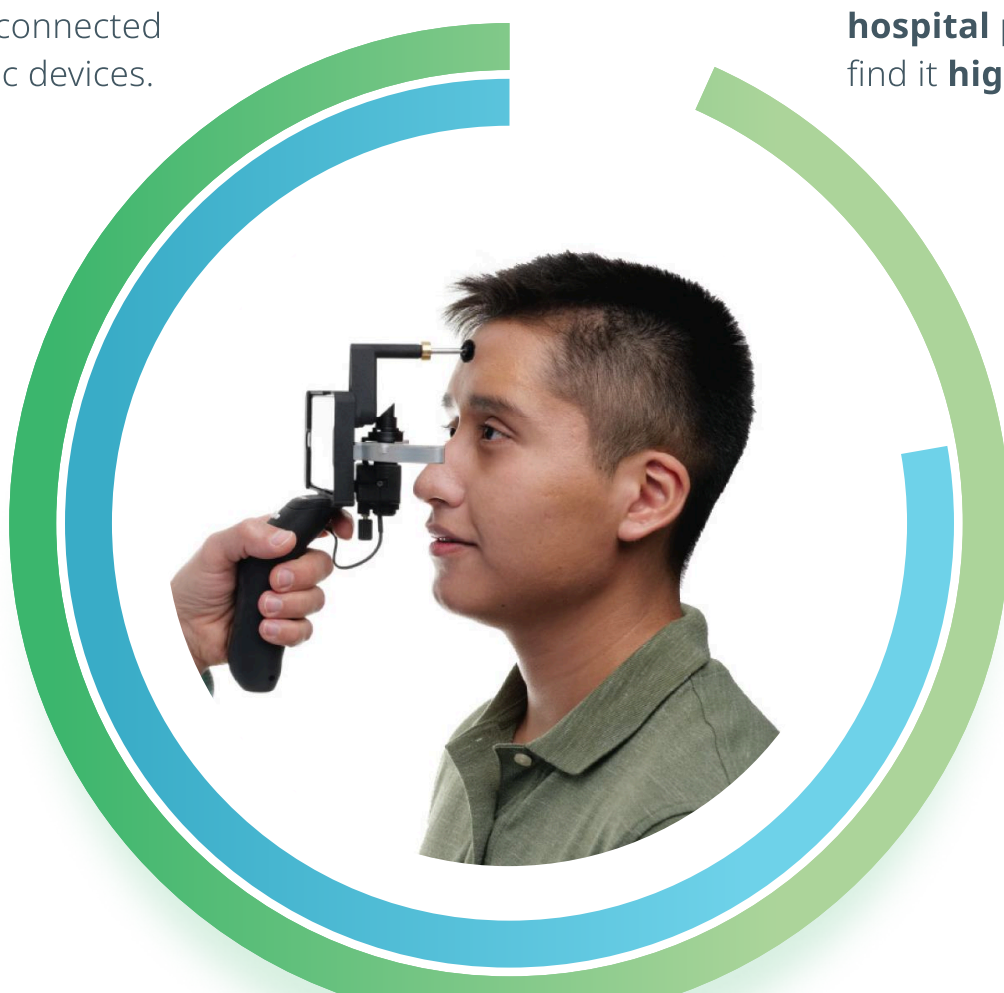
## Driving a need for connected devices

78%

of ER physicians see value in having connected ophthalmic devices.

93%

of **community hospital** professionals find it **highly valuable**.



## Fundus Camera Impact<sup>2</sup>

### Patient Safety and Speed:

Patients were diagnosed with acute retinal artery occlusion within the critical 4.5-hour window for intervention

Length of Stay reduced

50% on average



### Ease of Use:

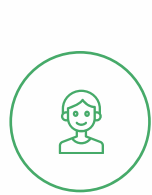
Non-mydriatic fundus photography can be easily obtained by trained nursing staff in the emergency department.

Sources:

1. Remidio Survey: Measuring ED Providers' Access to Eye Care Support and Tools in Trauma Settings (DOF)

2. Survey of Ophthalmology: Breaking the barriers: Methodology of implementation of a non-mydriatic ocular fundus camera in an emergency department, Berman, Gabriele et al.

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