

Table 1 Data review: separating the percentage entry for two EPR systems and paper across relevant fields (Wu et al.) [1]

	Medisoft (%) <i>n</i> = 170	Open eyes (%) <i>n</i> = 100	Paper (%) <i>n</i> = 170	χ^2 <i>p</i> -values Paper versus Medisoft (Open eyes)
Intraocular pressure	98.8	90	100	0.50 (<0.001) ^a
Central corneal thickness	80.6	85	85.9	0.19 (0.84)
Gonioscopy	62.35	64	88.8	<0.001 (<0.001)
Fundus examination	88.8	69	90	0.72 (<0.001)
Past medical history	81.17	58	92.4	0.002 (<0.001)
Current medications	80.58	47	93.5	<0.001 (<0.001)
Glaucoma medications	78.8	28	88.2	0.19 (<0.001)
Drug allergies	78.8	38	87.6	0.03 (<0.001)

^aFisher exact test**Table 2** Summary of our data in eye casualty record quality audit (UHCW)

	2016 <i>n</i> = 100	2017 <i>n</i> = 100	χ^2 <i>p</i> -values 2016 versus 2017 Medisoft entries
Presenting complaint	99	85	<0.001
Past ocular history	70	57	0.06
Past medical history	63	38	<0.001
Drug history	27	22	0.41
Allergies	49	21	<0.001
Family history	19	5	0.002
Social history	12	5	0.04
Diagnosis	95	93	0.55
Prescription recorded	100	99	1 ^a
Outcome recorded	98	96	0.41

^aFisher exact test

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Response to: Comment on ‘How do paper and electronic records compare for completeness? A three centre study’

Clara Hoi Ka Wu¹ · Sheila M. H. Luk² · Richard L. Holder³ · Zena Rodrigues⁴ · Faisal Ahmed⁴ · Ian Murdoch²

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✉ Clara Hoi Ka Wu
clarahoika.wu@gmail.com¹ Whittington Health NHS Trust, London, UK² Moorfields Eye Hospital NHS Foundation Trust, London, UK³ Guy's and St Thomas' NHS Foundation Trust, London, UK⁴ Imperial College Healthcare NHS Trust, London, UK

To the Editor,

We thank Qadir and Kadyan for their comments concerning our study [1]. The interesting point is that the data they share shows exactly the same findings as we report. With specific reference to our methodology:

1. We sampled the data over three sites with two different EPR systems as we believe this reduced the bias of analysis based on a specific EPR.

2. Data collection was over period of time that allowed staff training and familiarisation of the systems as they were being introduced.
3. Our Table 1 showed the results of both EPR systems separately and combined together to allow readers to interpret the data in detail independently. For the Moorfields City Road data, we identified the samples of new patients with a stamp in the medical notes to indicate full documentation of the entry on EPR, based on the discretion of the clinicians. The fact IOP was only recorded in 90% of the Openeyes entry we speculate was due to it not being a forced choice option.
4. Both electronic and paper data entry in all three sites can be performed by clinicians, trained ophthalmic nurses and technicians. The final entries were all completed by the clinicians. For the paper entry, structured paper new patient proformas were used across three sites.

Following on from our study, one of the centres (Western Eye Hospital) has carried out incremental changes to the EPR documentation in the outpatient glaucoma service. Consent forms are currently scanned and outcome

sheets are being made electronic. This programme has now been rolled out to the whole ophthalmology department making it paperless/paperlight.

Whilst we agree electronic records are the 'way of the future', the findings of both our study and the findings of Qadir and Kadyan highlight the need for regular and continuous evaluation of the electronic system. This evaluation will ensure safety and reliability in the transition to a 'paperless', or at least a 'paperlight', NHS.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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1. Qadir M, Kadyan A. Comment on 'How do paper and electronic records compare for completeness? A three centre study'. *Eye* 2019. <https://doi.org/10.1038/s41433-019-0465-4>

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Macular toxicity secondary to occupational exposure to gold melting

Hussein Almuhtaseb¹ · Georgios Tsokolas² · Andrew Lotery³  · Assad Jalil⁴

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Case Presentation

A 60-year-old man was referred to the Vitreoretinal Department of the Manchester Royal Eye Hospital due to

✉ Andrew Lotery
a.j.lotery@soton.ac.uk

¹ Manchester Royal Eye Hospital, Oxford Road, Manchester M13 9WL, UK

² Leicester Royal Infirmary Eye Unit, Leicester Royal Infirmary, Leicester LE1 5WW, UK

³ Southampton Eye Unit, Southampton General Hospital, Tremona Road, Southampton SO16 6YD, UK

⁴ Manchester Royal Eye Hospital, Oxford Road, M13 9WL Manchester, UK

progressive distortion in the left eye. He also complained of increasing difficulty in reading and also of the presence of dark spots in his central vision left worse than the right eye.

The patient's visual symptoms were first attributed to his left cataract but after cataract surgery, he became more aware of a central scotoma.

Of note, the patient mentioned that he worked in the jewelry industry and one of his major tasks was the melting of pure gold. He admitted that occasionally he melted gold without wearing protective goggles, although usually he wore eye protection. He also denied exposure to bright sunlight or looking at the sun for a long time, and he denied any other laser exposure.

On clinical examination, his best corrected visual acuity (BCVA) was 0.7 and 0.9 LogMAR right and left, respectively. Pupillary reflexes were normal and the rest of the