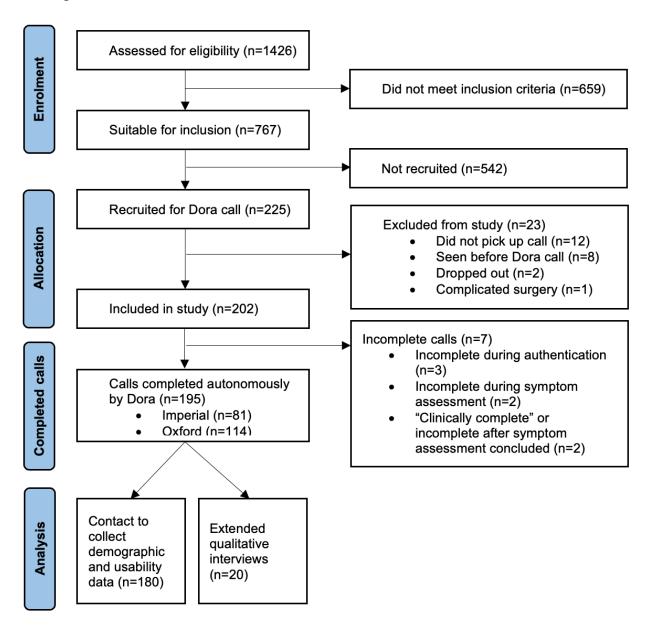
Participant flow



Baseline characteristics

Table 1. Participant demographic information

Demographics	Oxford	Imperial	Overall			
Age ³						
Total	119	83	202			
Median (Range)	76 (42-94)	73 (55-92)	74 (42-94)			
IQR	69.5-82	66.5-78.5	68-80			
Mean (SD)	75 (9.51)	72 (7.96)	74 (8.96)			
First or second cataract surgery						
Total	119	83	202			
First eye (%)	65 (55)	48 (58)	113 (56)			
Gender ^a						
Total	119	83	202			
Male (%)	52 (44)	34 (41)	86 (43)			
Female (%)	67 (56)	49 (59)	116 (57)			
Ethnicities ^b						
Total	119	81	200			
White (%)	107 (90)	53 (65)	160 (80)			
Asian (%)	3 (3)	9 (11)	12 (6)			
Black (%)	0 (0)	11 (14)	11 (6)			
Other (%)	9 (8)	8 (10)	17 (9)			
Income ^c						
Total	88	59	147			
\leq £19,999/yr (%)	16 (18)	12 (20)	28 (19)			
£20,000-29,999/yr (%)	13 (15)	11 (19)	24 (16)			
£30,000-39,999/yr (%)	3 (3)	2 (3)	5 (3)			

£40,000-49,999/yr (%)	3 (3)	2 (3)	5 (3)			
£50,000-69,999/yr (%)	6 (7)	3 (5)	9 (6)			
>£70,000/yr (%)	3 (3)	3 (5)	6 (4)			
Undefined (%)	44 (50)	26 (44)	73 (50)			
Education level						
Total	81	50	131			
Lower Than Bachelor's Degree (%)	52 (64)	36 (72)	88 (67)			
Bachelor's Degree or Higher (%)	29 (36)	14 (28)	43 (33)			

^aData retrieved from patients' electronic health record (EHR)

^bData retrieved from patients' electronic health record (EHR) and supplemented with self-report questionnaire data if it provided more detailed information

Data collected from self-report questionnaire

Outcome measures

Table 2. Agreement Between Dora and Supervising Clinician

Decision (n)	Accuracy (%)	Sensitivity (%)	Specificity (%)	Kappa	<i>P</i> -value
Redness (191)	99.48	100.00	99.47	.798	<.001
Pain (189)	98.41	100.00	98.35	.816	<.001
Vision issue (187)	97.86	66.67	100.00	.789	<.001
New floaters (188)	98.40	86.96	100.00	.921	<.001
Flashing lights (193)	99.48	100.00	99.43	.970	<.001
Outcome (195)	88.72	93.75	86.26	.758	<.001

Table 3. Breakdown of Dora and supervisor outcomes and percentage compared to the total number of decisions

	Supervisor		
Dora decision	ion Discharge (%) Review (%)		Total (%)
Discharge (%)	113 (58)	4 (2)	117 (60)
Review (%)	18 (9)	60 (31)	78 (40)
Total (%)	131 (67)	64 (33)	195 (100)

Table 4. Concordance between Dora recommendations and post-operative clinical involvement **Unexpected management changes**

Dora outcome	No (%)	Yes (%)	Total		
Discharge (%)	65 (47)	11 (8)	76 (55)		
Review (%)	39 (28)	24 (17)	63 (45)		
Total	104 (75)	35 (25)	139 (100)		
Unplanned hospita	al review w	ithin 2 wee	eks		
Dora outcome	No (%)	Yes (%)	Total		
Discharge (%)	115 (59)	1 (1)	116 (60)		
Review (%)	74 (38)	4 (2)	78 (40)		
Total	189 (97)	5 (3)	194 (100)		
First hospital review unplanned					
Dora outcome	No (%)	Yes (%)	Total		
Discharge (%)	70 (51)	5 (4)	75 (54)		
Review (%)	55 (40)	8 (6)	63 (46)		
Total	125 (91)	13 (9)	138 (100)		

Adverse events

Table 5. Numbers of participants 'passed' by Dora with subsequent planned or unplanned reviews or unexpected management change

	Oxford	Imperial	All Sites
Participants 'Passed' by Dora (n)	80	37	117
Numbers seen for any reviews in 3 months (%)	39 (49%)	37 (100%)	76 (65%)
Planned review			
Number of planned reviews in <2 weeks (% of all reviews)	14 (36%)	34 (92%)	48 (63%)
Of planned reviews, unexpected management changes (% of all passes) ^a	3 (4%)	7 (19%)	10 (9%)
Unplanned reviews near Dora calls (Within 2 weeks)			
Unplanned reviews <2 weeks after Dora call ^a	0	1	1
Of these, had subsequent unexpected management changes	0	0	0
Unplanned reviews (After 2 weeks)			
All Unplanned review up to 3 months after Dora call (% of all calls) ^a	2 (3%)	3 (8%)	5 (4%)
Of All unplanned reviews, had subsequent management change (% of all passes)	0	1	1

Table 6. First face-to-face presentations for patients with 'passed' Dora outcomes, and either an unexpected management change, or symptoms and signs documented on EHR review. Patients with unplanned reviews within a 3 month period.

Dora outcome	Super- visor outcome	Timing of presentation after Dora call	Clinical details (symptoms and relevant narrative)	Diagnosis	Management from face to face review.		
Planned R	Planned Reviews with unexpected management changes						
Pass	Pass	2 days	Asymptomatic- happy with vision.	Refractive surprise	Follow up in consultant led clinic, subsequently discharged with no intervention as patient was happy with vision despite refractive surprise.		
Pass	Pass	2 days	Symptomatic - vision still blurred. Vision 6/7.5. Resolution after treatment for 4 weeks.	Cystoid macular oedema	Steroid and NSAID drops.		
Pass	Pass	6 days	Symptomatic - mild distortion of the lower half of the visual field. History of epiretinal membrane felt to contribute to stable OCT appearances. Vision 6/9.	Cystoid macular oedema	Steroid and NSAID drops.		
Pass	Pass	1 day	Asymptomatic	Asymptomatic cells (trace)	Tapering steroid drops and routine VR referral for pre-existing epiretinal membrane.		
Pass	Pass	1 day	Asymptomatic	Asymptomatic cells (1+)	Tapering steroid drops and discharged		
Pass	Pass	2 days	Asymptomatic	Asymptomatic cells (trace)	Tapering steroid drops and follow up in 6 weeks.		
Pass	Pass	1 day	Symptomatic - Complained of sore, watery eyes.	AAU (1+ cells)	Tapering steroid drops and discharged		
Pass	Pass	1 day	Asymptomatic	Asymptomatic cells (trace)	Tapering steroid drops and discharged		
Pass	Pass	2 days	Asymptomatic	Early PCO	YAG laser Capsulotomy in 3 months.		

Pass	Pass	41 days	Symptomatic Central smudge in vision- improving	Cystoid macular oedema	Drops
All Unp	planned revi	ews (Eye Emerg	gency Department)		
Pass	Pass	7 days	Self-presented due to not being able to make planned F2F appointments. Asymptomatic with no concerns.	Normal.	Discharged
Pass	Pass	15 days	Optometrist referred with suspected corneal oedema, uveitis, and macula concerns. Examination by eye casualty clinician revealed longstanding macula pathology but no acute concerns	Normal.	Discharged
Pass	Pass	42 days	10 day history of floaters.	Data unavailable	Triaged via phone to attend the minor eye clinic in the community (MECS).
Pass	Pass	44 days	DNA'd initial follow up. Self-presented due to watery and sensitive eyes after drop cessation.	Rebound AAU (1+ Cells)	Discharged with tapering steroid drops.
Pass	Pass	60 days	Self-presented as missed F2F appointment. No concerns.	Normal.	Listed for 2nd eye.

AAU = Acute anterior uveitis, PCO = posterior capsule opacification, YAG = yttrium aluminum garnet, NSAID = non-steroidal anti-inflammatory, DNA = did not attend.