

Community Eye Care from Project to Sustainability

Redesign at the Royal Victorian Eye & Ear Hospital

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About RVEEH

- Specialist Hospital- State-wide role hub site in East Melbourne and partnerships with other Health services
- Well established partnerships for research and teaching
 - University of Melbourne, LaTrobe University, CERA, Bionic Vision Australia, Bionics Institute, Hearing CRC
- Provider of predominantly ambulatory services:
 - 46,000 Emergency Department attendances
 - 13,500 Operations
 - 181,000 Outpatient appointments



Community Eye Care Project Drivers

Meet the growing demand for eye care services

- Identified cohort of patients more effectively managed in community (review appointments > 12 months)
- Innovative workforce models required
- Leadership role in collaborating with community care providers
- Enable patients to be seen in the appropriate care setting -Right care, right place, right time

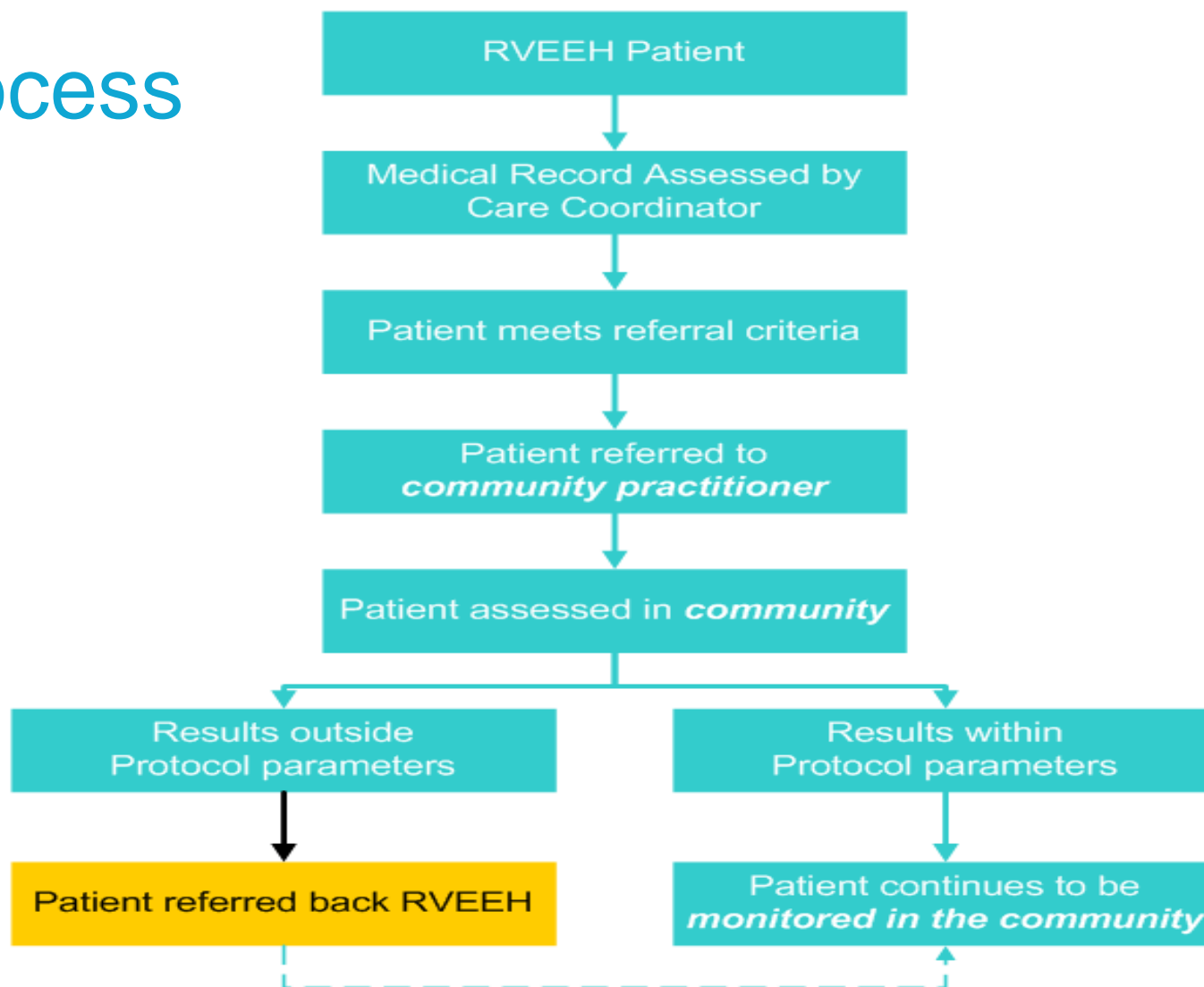


How did we do it?

- 2 year demonstration project
- Developed a model of care for 3 chronic eye diseases:
 - Age Related Macular Degeneration (AMD)
 - Diabetic retinopathy
 - Glaucoma
- Developed protocol based model of care
- Established inclusion & exclusion criteria
- Linked hospital services with community providers – shared care model



Process





What Approach did we take?

Recruitment and Selection

- Recruited 11 optometrists from both urban & rural areas
- Assessment requirements of optometrists included:
 - Specific web-based training modules
 - Clinical observerships
- Standardised examination and reporting protocols
- Appointed Clinical leads for each of the 3 streams

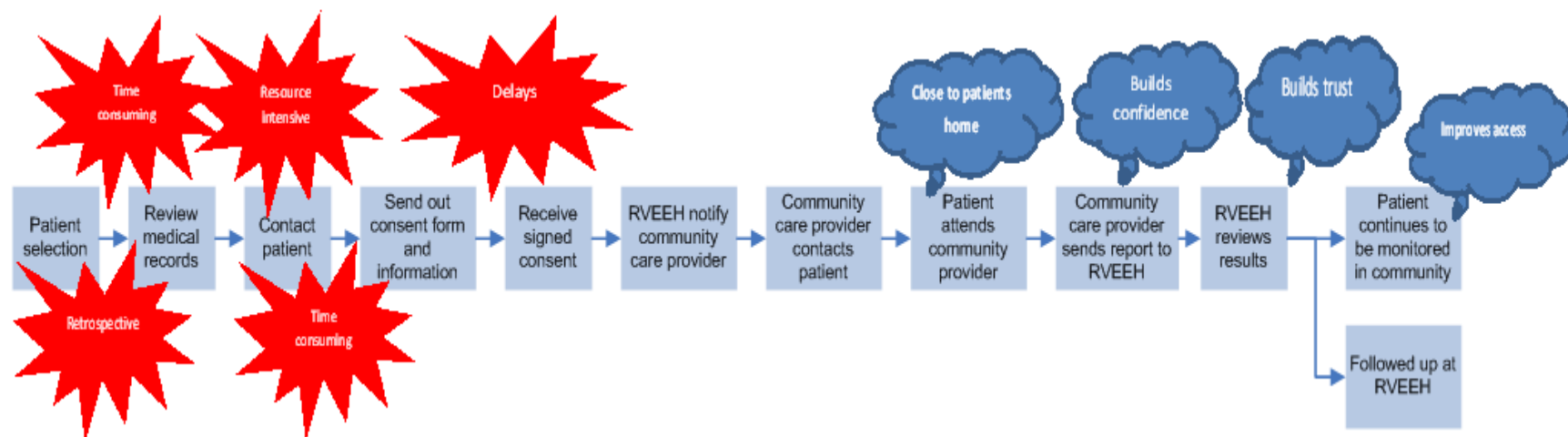


Site locations





Evaluation



Areas for improvement

- Time consuming
- Retrospective
- Resource intensive

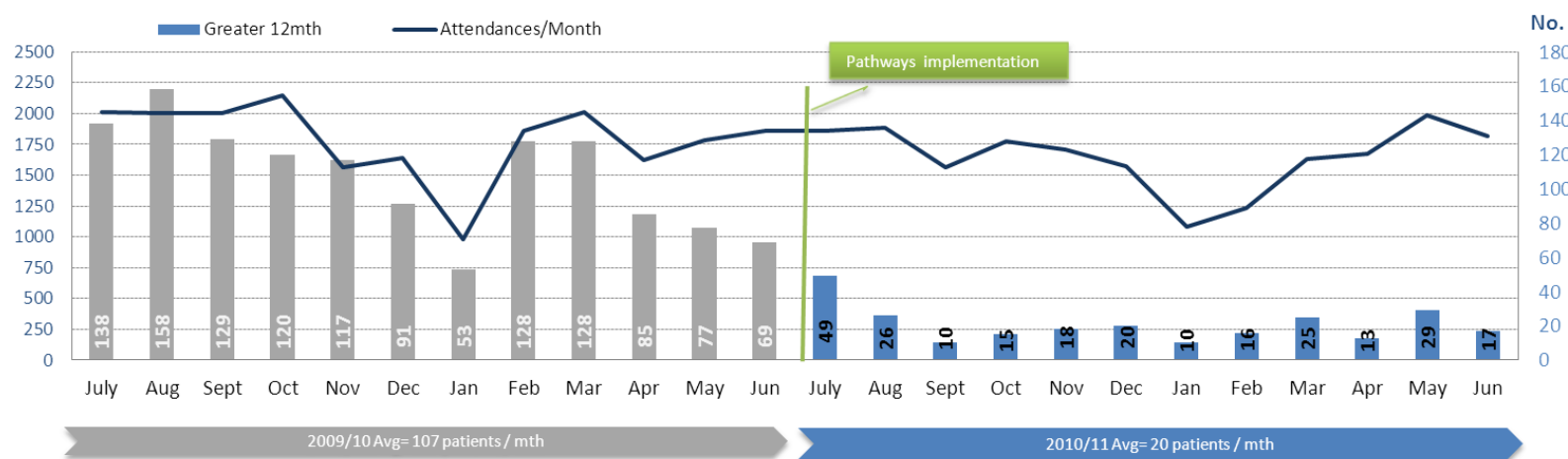
Benefits

- Close to patients home
- Building relationships
- Building trust



Impact

Monthly Run Chart
Follow-up Appointments for Greater than 12 mths



- Implemented as business as usual in July 2010
- Reduced number of patients requiring follow-ups:
 - 2009/10 average 107 /mth
 - 2010/11 average 20 / mth



Sustainable model

- Endorsed discharge criteria / pathways
- Standardised paperwork
- Built the process into current work flows - no additional recurrent resource requirements
- Monitoring and reviewing the utilisation of the pathways at Clinic meetings
- Expand to all Optometrists
- Communication with GPs- reinforcing role of optometrists



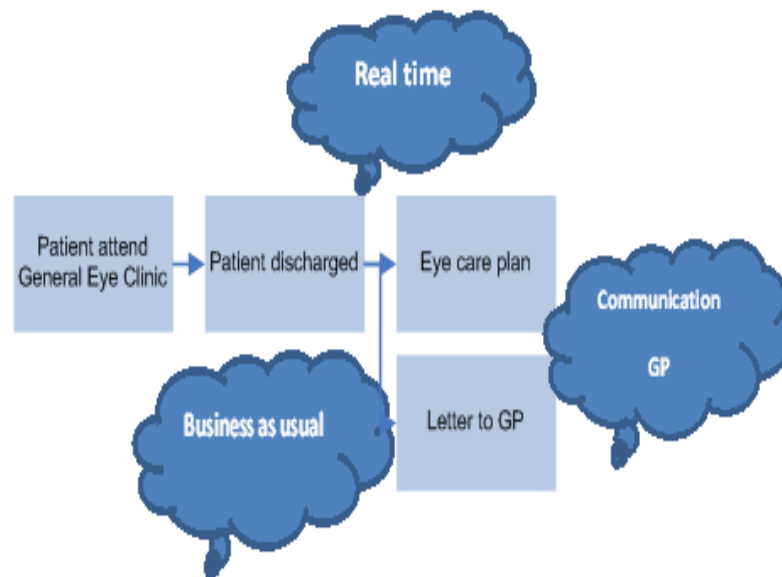
Sustainability

Business as usual

- Real time –embedded in protocols
- Discharge patients to community with an eye care plan –GP letter
- Utilise all optometrists
- Refer *glaucoma patients to the original 11 practitioners

**as per protocol*

Current process





Lessons Learnt

- The broad composition of the steering committee enabled the committee to have robust discussions – but time consuming and challenging
- Relationship building is critical
 - The lack of a prior relationship with practitioners was a major concern
 - Trust issues were evident in all craft groups
 - Responsibility for maintain ongoing relationship
 - Identify future opportunities to collaborate



But Wait – there's more

- Project objectives met – new care pathway embedded
- Shared care provides a solution to reducing hospital demand
- Fundamentally the project was about building relationships
- The REAL BENEFIT is now the opportunity to work with the Australian College of Optometry



New Initiative

Focusing on the front door

- Current RVEEH project is working in partnership with the Australian College of Optometry
- Opportunity to further develop professional relationships with Optometry and GPs



ACO Project – The door is open

- 10,500 new referrals for ophthalmology services in 2010
- 65% streamed into General Eye Clinic
- 30% of GP referrals could potentially be managed in the community
- 86% of GP referrals did not include clinical data such as visual acuity
- General Eye median waiting time to 1st appt 59 weeks- aim to reduce to 12 weeks



Acknowledgements

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