

CONFERENCE ABSTRACT

The Paediatric Optometry Alignment Program - Integrated care between hospital based paediatric ophthalmology and community based optometry

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The Paediatric Optometry Alignment Program (POAP) was developed in response to uncontrollable demand for paediatric ophthalmology services, and consequent an excessive outpatient waiting list in Queensland's only dedicated children's hospital (Lady Cilento Children's Hospital, LCCH). The project development objective was to initiate discharge pathways for children whose eye conditions could be managed by primary care optometrists. The geographic coverage of primary care optometrists in rural and urban locations offered the potential to provide patients with local care, addressing issues of transport, cost and access that are known barriers to eye care service delivery. Stakeholders include the children and families treated by LCCH ophthalmology, Children's Health Queensland, paediatric ophthalmologists and community based optometrists.

Project development objectives include:

To increase knowledge and skills of the primary care optometry workforce in paediatric eye care, thus building capacity for primary care delivery in the community.

To build relationships and clinical communication pathways between primary care optometry and the specialist ophthalmology department.

To reduce waiting times for those patients who require secondary and tertiary care of LCCH Ophthalmology Outpatient Department.

The program has developed an integrated care model for children with specific eye conditions; provided continuing education in paediatric eye care to the current optometry workforce; and promoted a collaborative relationship between specialty ophthalmologists and primary care optometrists. A network of nearly 100 community-based primary care optometrists from across Queensland have completed specific education in paediatric eye care and agreed to collaborative care protocols. Over 250 children have been discharged to the network for their future eye care.

Qualitative assessment of practitioner attitude and understanding of integrated care delivery was determined at the outset of the program by focus group interviews with participating optometrists and ophthalmology department representatives.

Education activity then included face-to-face workshops presented in Brisbane and in Cairns, development of an on-line portal for access to further education materials, quarterly short-topics meet ups hosted at LCCH and by video-conference, and mentoring the development of a paediatric optometry Journal Club.

Clinical staff of LCCH ophthalmology department following established protocols identified children eligible for discharge to an optometrist for monitoring of their stable eye condition. The discharge process commenced from June 2016, with follow-up monitoring appointments expected with optometrists from June 2017. Follow-up focus group interviews and clinical reports back from the optometrists will be used as tracking indicators.

Challenges: Variability in clinical management philosophy was identified within the interested optometry applicants. Determination of common ground in diagnosis and management of the predominant eye conditions that form the basis of the discharge programme was required, with agreement on evidence based management protocols required for program success.

Successes: Since commencement of the program, the diversity of patient groups to be referred to community-based optometry has expanded.

Transferability: Integrated care between local optometrists and hospital-based ophthalmologists offers opportunity for provision of local care for beneficial patient outcomes and provides a solution to reducing hospital demand. Collaboratively developed standards for safe care are required, in addition to continued nurturing of partnerships and inter-professional trust.

Keywords: paediatric; ophthalmology; optometry; eye care
