

Synopsis

Orthoptist Led Ophthalmic Clinics

Paediatric Strabismus and Amblyopia Review Clinics

Outcomes

- Improved access to clinical services for patients referred to the Royal Children's Hospital (RCH) eye clinic with suspected strabismus and for those requiring conservative management of the diagnosis of Amblyopia
- A decrease of 372 days wait from referral to initial appointment for patients referred for strabismus.
- Improved identification and management of a high number of patients (approximately 33% with pseudo-strabismus) who were discharged after an initial strabismus screening appointment
- A 20% reduction in patients exceeding the long wait status with the most significant impact felt by those exceeding the long wait status for a category 3 appointment.
- Improvements in visual acuity that no longer responded to ongoing conservative management for 88% of patients, taking an average of 1.66 review appointments to observe these improvements.
- The successful trial of the two Orthoptist led models of care led to the continued roll-out of both clinics within the Paediatric Eye Clinic at the Royal Children's Hospital.

How the need was identified

The need to improve patient flow became the catalyst for the multi-disciplinary Ophthalmology Clinic at the RCH to explore different options for their model of service delivery. A review of patient throughput, new to review ratios and waitlist data in March 2011 confirmed both the clinical need and viability of orthoptist led clinics for patients with a presentation of strabismus and/or amblyopia.

How the service was developed

The sole senior orthoptist at the RCH worked with the project team to develop a model of care for patients presenting with either Strabismus or Amblyopia. The eventual models were based on commonly practiced models in the private orthoptist sector and published clinical regimes and benchmarks (Stewart et al, 2004).

The trial included the sole orthoptist working at the Royal Children's Hospital leading a weekly half day clinic for patients requiring screening for strabismus and a fortnightly half day clinic for patients requiring conservative review and management of their disorder of visual acuity (amblyopia). The amblyopia review clinic was trialled from September 2011 for a period of nine months and the strabismus screening clinic was trialled from January 2012 for a period of six months.

The senior orthoptist and members of the project team met at regular intervals during the implementation phase to monitor patient flow, patient outcomes and adherence to the approved models of care.

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Executive Summary

The diagnosis, assessment and co-management of disorders of eye movements and associated visual problems such as strabismus and amblyopia are core responsibilities of an Orthoptist working to full scope of practice. The opportunity to achieve an enhanced scope of orthoptic practice, matched with the need to improve patient flow, became the catalysts for the multi-disciplinary Ophthalmology Clinic at the Royal Children's Hospital (RCH) to trial Orthoptist led clinics for patients with strabismus and amblyopia.

The trial review clinic for Amblyopia began implementation in October 2011 for a period of nine months, with the Strabismus screening clinic launching in January 2012. The sole orthoptist employed at the RCH led a weekly half day clinic for those patients requiring screening for strabismus and a fortnightly half day clinic for those patients requiring conservative review and management of their disorder of visual acuity (Amblyopia).

The trial of the two orthoptist led paediatric ophthalmology clinics through the RCH revealed positive results. The project demonstrated improved access to clinical services for patients referred to the RCH eye clinic with suspected strabismus and for those requiring conservative management of the diagnosis of Amblyopia.

Some of the more notable project outcomes extracted from the results of the trial include;

- A decrease of 372 days wait during the trial from referral to initial appointment for patients referred for strabismus;
- The improved identification and management of a high number of patients (approximately 33% with pseudo-strabismus) who were discharged after an initial strabismus screening appointment;
- A 20% reduction in patients exceeding the long wait status over the same six month period, with the most significant impact felt on those exceeding the long wait for a category 3 appointment; and
- The achievement of improvements in visual acuity that no longer responded to ongoing conservative management for 88% of patients (n=25) who completed their treatment program through the trial amblyopia review clinic. It took on average of 1.66 review appointments to observe these improvements. These results compare favourably to published benchmarks for visual acuity improvements following conservative management for this patient cohort (Watson et al, 1985).

The success of the project's results have led to a roll-out of both models into business as usual within the RCH and will form an important consideration for clinical integration of Ophthalmology services at the Queensland Children's Hospital. It is proposed that future studies comparing health practitioner led models of care to a more traditional service delivery approach consider a controlled study design that provides the opportunity for more robust cost and financial analysis.