Orthoptic-led paediatric acute eye service in a tertiary referral centre

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The ROYAL COLLEGE of OPHTHALMOLOGISTS

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BACKGROUND

- Pre-COVID eye casualty was a walk- in service with no separate pathway for paediatric patients.
- There was no filtering for urgent referrals delaying pro active care
- Children waited several hours to be assessed
- Were assessed by multiple professionals with limited specialist paediatric skills
- Patient satisfaction was low.

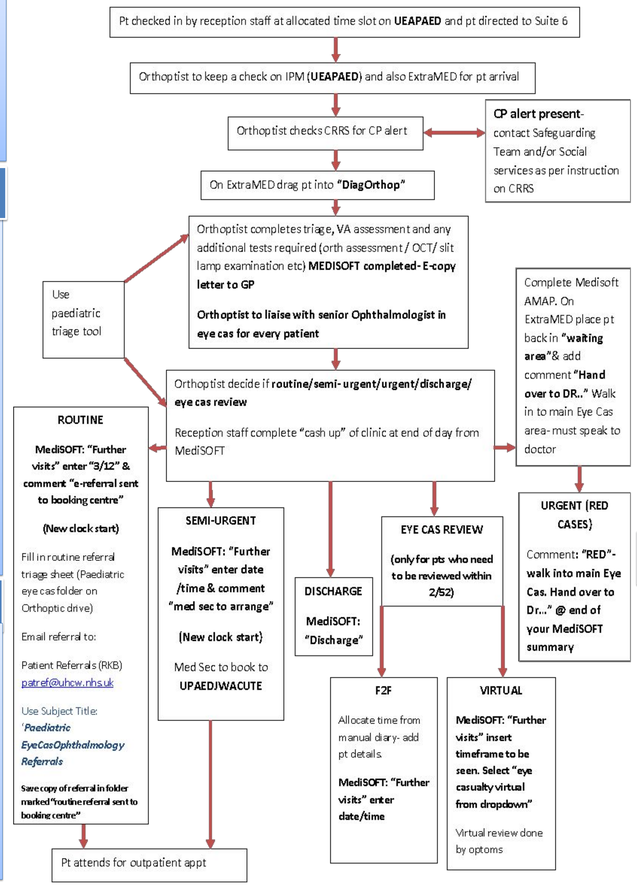
METHODS

- Patients aged 0-16 attending Eye Casualty from 12/02/20 were booked under a specific emergency paediatric code
- Triaged and assessed by a dedicated Orthoptic team.
- Assessment and investigation completed & treatment plans agreed with the senior Ophthalmologist working in Eye Casualty.
- Patient requiring further urgent medical/surgical intervention were formally handed over to the senior Ophthalmologist
- Robust semi acute and routine referral pathways were developed
- Patient journey times and satisfaction level were analysed pre and post change.

THE ORTHOPTIST EXPERIENCE

- There was a smooth Orthoptic involvement transition as it utilised core skills in dealing with children
- Up skilling of Orthoptists improved motivation
- Development of new transferable skills
- Governance in place with robust training package and oversight from senior Ophthalmologist
- Management of whole episodes of care for certain conditions – enhanced further by completion of "Exemptions for Orthoptists"
- Reduced Paediatric ophthalmology mainstream RTT

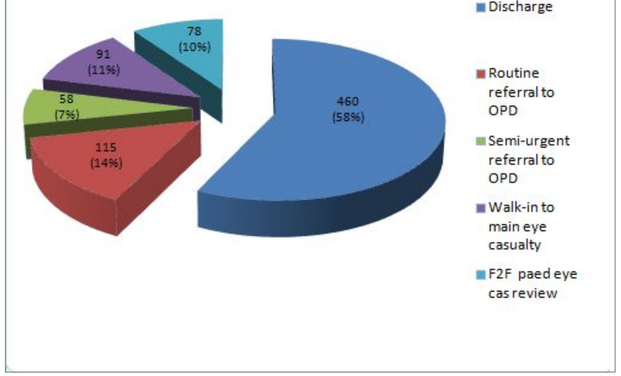
PAEDIATRIC ACUTE EYE SERVICE PROCESS MAP



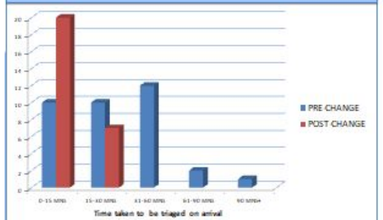
RESULTS

1 year data: 12-02-20 to 12-02-21 – 802 paediatric patients seen (service suspended between 24-03-20 to 15-06-20 due to COVID)

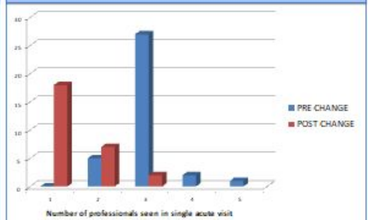
- 89% of children deflected away from main eye casualty
- 58% of children discharged on initial visit



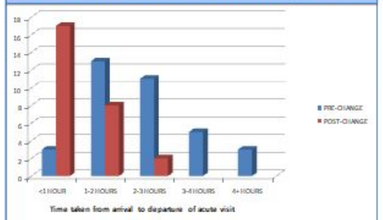
Significant reduction in time taken for the child to be triaged after being booked in by the receptionist



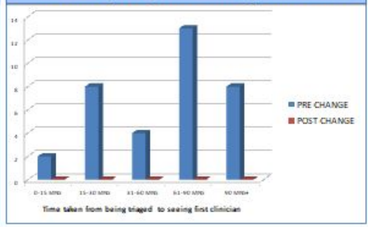
Significant reduction in the need to see multiple professionals in a single acute visit



Significant reduction in time taken for the child to be seen and leave the department



Significant reduction in the time taken from being triaged to seeing a clinician



CONCLUSION

- Patients were assessed and treated in a timely manner by highly skilled Orthoptists proficient in dealing with children
- 89% of the patients were directed away from general Eye Casualty
- 58% were discharged on the initial visit
- 21% were referred onwards to outpatient Paediatric Ophthalmology via robust referral pathways
- Oversight by senior Ophthalmologist ensured a safe and workable process
- Marked improvement in both patient journey and patient satisfaction levels
- Positive impact for Orthoptist and Paediatric ophthalmology team

Marked improvement in patient experience & satisfaction

- Same 10 questions asked pre and post initiation of new service
- Post initiation all patients rated the service either good or very good against the 10 questions below

