REPORT

Ophthalmology Network

# Business Rules for Ophthalmology clinics

A summary report of current practice

NSW GOVERNMENT

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**AGENCY FOR CLINICAL INNOVATION**

Level 4, 67 Albert Avenue
Chatswood NSW 2067

PO Box 699 Chatswood NSW 2057
T +61 2 9464 4666 | F +61 2 9464 4728
E aci-info@nsw.gov.au | **www.aci.health.nsw.gov.au**

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## Acknowledgements

Co-Chairs of the Ophthalmology Network; Dr Michael Hennessy and Dr Andrew White

The Ophthalmology Network Governing Body

## Glossary

| | |
|---|---|
| LGA | Local Government Area |
| DNA | Do Not Attend – patients who fail to attend clinical appointments without contacting the clinic prior. |

# Executive summary

In August 2018 the NSW Minister for Health & Minister for Medical Research held the *Increasing Access to Cataract Surgery* forum. This half day workshop brought together expert clinicians, health service managers and executives to identify challenges, successful models and design recommendations to increase access to cataract surgery in NSW.

The Agency for Clinical Innovation Ophthalmology Network had three actions from this forum;

1. Provide a summary report on existing business rules including recommendations specific to ophthalmology with consideration of the NSW Health Outpatients Framework.
2. Consult with stakeholders and develop a draft document (in regards to a standardised outpatient referral form) NOTE: This has since been refined to a cataract outpatient referral form.
3. Define the high volume surgery model for cataract surgery, with potential to use Kurri Kurri as an example.

This report provides a summary of existing business rules in the following six domains of cataract outpatient clinic practice:

1. Identified Key Contact for referrers
2. Referral criteria to access clinics
3. Triage process
4. Out of area policies
5. Who can refer to Outpatient Clinics
6. Communication with patients on booking the appointment

The Draft NSW Specialist Outpatients Framework ("The Framework") has been used as the benchmark for comparison with a gap analysis provided where needed together with recommendations.

In line with the coverage of the Framework the clinics to be included in the review were Tier 2 Ophthalmology Clinics that see adult patients with a suspected cataract as well as other ocular conditions. There are ten clinics that meet this criteria listed below.

| LHD/SHN | Cataract Clinic location |
|---|---|
| NSYD | Royal North Shore Hospital |
| SES | Prince of Wales Hospital |
| SES | Kogarah (a sub clinic of the Sydney/Sydney Eye Hospital) |

| LHD/SHN | Cataract Clinic location |
|---|---|
| SES | Sydney/Sydney Eye Hospital |
| SWS | Bankstown Hospital |
| SWS | Liverpool Hospital |
| SYD | Concord Hospital |
| SYD | RPA Hospital |
| SVHN | St Vincent's |
| WSYD | Westmead |

## Key Findings

### Identified Key Contact for referrers

All cataract clinics have a phone number for referrers/members of the public to find further information.

However, in practice this is the general clinic number and not a dedicated referral number or identified contact. There is a risk that the general high volume of calls a clinic receives may lead to extended wait times to access information. A specific referral hotline or contact may build rapport with referrers and thus increase appropriateness of referrals, reducing added workload for clinics in redirecting or refusing referrals.

### Referral criteria to access clinics

Three of the ten clinics provided referrers with detailed cataract criteria to access their clinic in alignment with the requirements of the NSW Outpatients Framework.

Improvement in the number of clinics with criteria would provide referrers and their patients with information to make an informed choice on accessing specialist care.

### Triage process

Five of the ten clinics provided an indication of waiting time to referrers and patients and/or the triage process to access a clinic for a general appointment.

However, only one clinic provided detailed information to referrers for cataract referrals. Improvement in this number would enable referrers and their patients to make an informed choice on accessing specialist care as they would be aware if the patient met the criteria for the public clinic. It would also align with the requirements of the Framework.

### Out of area policies

Seven of the ten clinics had some geographical boundary or limitation on acceptance of referrals based on a patient's place of residence.

Although this is in line with the Framework, there is a significant risk that patients would be disadvantaged due to these geographical boundaries, particularly for patients whose own LHD did not offer a service which is in contradiction with the framework.

### Who can refer to Outpatient Clinics

Nine of the ten services aligned with the draft Framework and accepted referrals from GPs, Optometrists and specialists for external referrals.

One service does not follow the draft framework as external referrals are only accepted by Ophthalmologists who may already have admitting rights to the hospital. The reasons behind this variation in practice should be investigated by the site, in conjunction with NSW Health support if needed.

### Communication with patients on booking the appointment

Eight out of the ten sites who saw patients with a suspected cataract had publically available information to assist a patient with their appointment preparation.

Although patient letters were not examined in this report, the use of standardised publically available information pertaining to a cataract appointment, including expectations and what to bring, could assist in clinic efficiency, as well as reduce anxiety for the patient. There is an opportunity for state level support in developing this resource which local clinics could then adapt to the local context.

## Summary

Overall, the ten ophthalmology outpatient clinics that see adult patients with a suspected cataract all have some level of policy/procedure in all six domains.

This report demonstrates that the level of support and any associated resourcing needed to implement the draft framework will vary depending on the starting point of the service. The biggest points of variance from the draft policy appear to be agreed criteria to access the clinic together with triaging timeframes being available to referrers.

There is an opportunity at a state level to develop templates and support materials to assist this transition.

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## Introduction

In August 2018 the NSW Minister for Health & Minister for Medical Research held the *Increasing Access to Cataract Surgery* forum. This half day workshop brought together expert clinicians, health service managers and executives to identify the challenges, successful models and to design recommendations to increase access to cataract surgery in NSW.

The Agency for Clinical Innovation Ophthalmology Network had three actions from this forum:
1. Provide a summary report on existing business rules including recommendations specific to ophthalmology with consideration of the NSW Health Outpatients Framework.
2. Consult with stakeholders and develop a draft document. (In regards to a standardised outpatient referral form, later specified as for cataracts only)
3. Define the high volume surgery model for cataract surgery, with potential to use Kurri Kurri as an example.

## Purpose

To provide a summary report on existing business rules for ophthalmology clinics that see patients with a suspected cataract (adult) as well as recommendations for improvement with consideration of the DRAFT NSW Health Outpatients Framework.

After further consultation with the NSW Ministry of Health agreed domains to review were identified as:

1. Identified Key Contact for referrers
2. Referral criteria to access clinics
3. Triage process
4. Out of area policies
5. Who can refer to Outpatient Clinics
6. Communication with patients on booking the appointment

## Method

Only hospitals with a Tier 2 outpatient ophthalmology clinic that sees adult patients with a suspected cataract were included in this review. These ten hospitals/sites are Royal North Shore, Prince of Wales, Kogarah (a sub clinic of the Sydney/Sydney Eye Hospital), Sydney/Sydney Eye, Bankstown, Liverpool, Concord, RPA, St Vincent's and Westmead.

The information in this report is based on the outpatient clinic information available on the ACI Ophthalmology Network web page together with LHD/SHN supporting website information. Where further information was needed, the hospital clinic nurse unit manager or equivalent was contacted for clarification.

Some sites utilise HealthPathways which is a web-based information portal to help primary care clinicians plan patient care through primary, community and secondary health care. Referrers need to apply and be approved for access to utilise. Information contained within HealthPathways has also been included in the report where available.

The information collected was benchmarked against the NSW Health Outpatients Services Framework GL2014_Version 51 13 November 2018. Note this guideline is yet to be published and is still a draft document.

# Discussion

## Key Contact

Availability of specialist advice to primary care practitioners by email or phone has been shown to improve appropriateness of referrals to specialist centres.

**Outpatient Services Framework recommendation**

*3.1: Each hospital has a clear point of contact for enquiries about outpatient clinic services and referrals, with designated staff available to respond to information requests from General Practitioners (GP), other referring clinicians and the general public*.

| Hospital | Current practice |
|---|---|
| Royal North Shore | Telephone number for the Ambulatory Care Centre supplied. |
| Prince of Wales | Telephone number for eye clinic supplied and the on call ophthalmology registrar for emergencies. Nurse Manager name supplied. |
| Kogarah clinic (S/SEH) | Telephone number for the Sydney Eye Clinic hospital clinic supplied |
| Sydney/Sydney Eye | Telephone number for the eye clinic supplied and the hospital switchboard number for emergencies. |
| Bankstown | Telephone number for the eye clinic supplied. |
| Liverpool | Urgent referrals contact details supplied and number to the eye clinic. |
| Concord | Medical advice switchboard number and to page the Ophthalmologist on call. |

| Hospital | Current practice |
|---|---|
| RPA | Medical advice switchboard number and to page the Ophthalmologist on call. |
| SVH | General enquiries number and instructions as to how to contact ophthalmology registrar on call for urgent cases. |
| Westmead | Nurse Team leader for urgent referrals, emergency referrals via the Ophthalmology Registrar and the outpatient clinic contact details are provided. |

**Summary of findings**

- Although all sites provided a telephone number for general enquires, only two sites provided either a named contact for further information (Prince of Wales) or a dedicated position to answer queries (Westmead). However most sites identified the position to contact for urgent referrals and out of hour care.

**Recommendation to align with the Draft NSW Outpatient Policy**

- All sites to include a position or name to contact for further information for referrers.

## Referral criteria to access clinics

Readily available referral criteria to access specialist clinics can align with the changing nature of the evidence base, any release of new guidelines, or need for clarity on the model of care. Quality referrals also expedite first appointment to hospital outpatients for patients that need urgent care.

**Outpatient Services Framework recommendation**

*3.2 Information about outpatient services is available*

*Different forms of information should be available that are culturally and linguistically appropriate to the local communities. Information about outpatient services and how they can be accessed should be readily available on the District/Network and individual hospital website. Information should include:*

*i. What outpatient clinics are available at a facility*

*ii. What criteria a patient has to meet to access the clinic*

*iii. Work up that must be completed prior to submitting a referral*

| Hospital | What outpatient clinics/services are available at a facility | What criteria a patient with a suspected cataract has to meet to access the clinic | Work up that must be completed prior to submitting a referral |
|---|---|---|---|
| Royal North Shore | Policy currently being finalised and due for release 1st May 2019. Advice received that a Visual acuity measure will not be included. | | |
| Prince of Wales | Information on conditions seen and not seen are available on the publicly accessible website. | Not detailed | Basic medical details required including examination findings |
| Kogarah clinic (S/SEH) | Information on conditions seen and not seen are available on the publicly accessible website. | Not detailed | Basic medical details required including examination findings |
| Sydney/Sydney Eye | Information on conditions seen and not seen are available on the publicly accessible website. | Not detailed | Basic medical details required including examination findings |
| Bankstown | Information on conditions seen and not seen are available on the ACI website. | Visual acuity for cataract, Better than 6/12 corrected | Basic medical details required including examination findings |
| Liverpool | Information on conditions seen and not seen are available on the ACI website. | Cataracts with Visual acuity worse than 6/9 or 6/12 | Basic medical details required including examination findings |

| Hospital | What outpatient clinics/services are available at a facility | What criteria a patient with a suspected cataract has to meet to access the clinic | Work up that must be completed prior to submitting a referral |
|---|---|---|---|
| Concord | General information given only | Not detailed | Basic medical details required including examination findings |
| RPA | General information given only | Not detailed | Basic medical details required including examination findings |
| SVH | General information given only | Not detailed | Basic medical details required including examination findings |
| Westmead | Detailed information provided | • Worse that 6/12 vision in better eye – Category 3 (unless prior cataract surgery on other eye)<br>• Worse than 6/9 vision in better eye and a professional driver Category 3<br>• Only functional eye – Category 1<br>• With risk of falls – Category 2<br>• VA >6/12 at discretion of Head of Department<br>• VA <6/60 OU – Category 1<br>• VA 6/18-6/30 OU – Category 2<br>• VA 6/12 – Category 3 | Detailed information provided. |

**Summary of findings**

- Level of information publicly available for patients and referrers varies widely between clinics.
- Three of the 10 clinics provided detailed criteria for patients with a suspected cataract to access the public clinic
- The minimum criteria that referrers were asked to provide also varied from basic medical information to detailed examination findings and patient circumstances.

**Recommendation to align with the Draft NSW Outpatient Policy**

Standardised criteria to access cataract clinics be agreed and communicated to referrers including work up and patient circumstances to assist the triage process. Providing indications for average wait time to appointment would also assist the patient and referrer in making a decision.

## Triage process

Long waiting lists for these services have a significant impact on the health sector and individuals in need of care. Triage systems are used to sort the patients who are waiting according to urgency. Where triage processes are used, there is evidence that a simpler system is as effective as, and more reliable than, a more complex, multi-category system.

**Outpatient Services Framework recommendation**

*The Outpatients Framework suggests two categories*

*6.1.2 Urgent (within 30 days)*

*6.1.3 Non – urgent (within 365 days)*

*In some clinical areas, it may be necessary to further categorise patients within the 'urgent' or 'non-urgent' categories to ensure appropriate management of clinical risks.*

| Hospital | Current practice for cataract patients |
|---|---|
| Royal North Shore | Local policy under review. |
| Prince of Wales | Routine appointments 8-12 months. Triage information is not available. |
| Kogarah clinic (S/SEH) | Set of indicators pre-determined by local ophthalmologists. 1 week, 4, weeks, 8 weeks 12 weeks and Other. Detailed criteria not shared with referrer. |
| Sydney/Sydney Eye | Set of indicators pre-determined by local ophthalmologists. 1 week, 4, weeks, 8 weeks 12 weeks and Other. Detailed criteria not shared with referrer. |

| Hospital | Current practice for cataract patients |
|---|---|
| Bankstown | Information not available to referrer. |
| Liverpool | Information not available to referrer. |
| Concord | Routine appointments may be over 6 months wait time. Triage information is not available. |
| RPA | Routine appointments may be up to 12 months wait time. Triage information is not available. |
| SVH | Information not available to referrer. |
| Westmead | Category 1, 2 and 3. |

**Summary of findings**

- Only one clinic provided detailed triage information for cataract patients (Westmead).
- For all sites, the level of detail provided to assist referrers was variable. Three sites provide an average waiting time for routine appointments which would normally include patients with a suspected cataract, however this was not clear.

**Recommendation to align with the Draft NSW Outpatient Policy**

Detailed triage information should be publicly available to referrers to assist them in referring their patient to the most approximate clinic or service together with an approximate waiting time. This would enable referrers and patients to make an informed decision as to how the patient best accesses care.

## Out of area policies

Due to demands on outpatient services, some services limited the number of patients that could access a service through the use of geographical boundaries. Although effective, this also has the potential to disadvantage patients whose local hospital does not have an ophthalmology eye clinic or one that offers the service needed, for example John Hunter Hospital that has an eye clinic but does not accept cataract referrals . It also does not address any underlying challenges the clinic faces in terms of poor referral management, high levels of 'do not attend' and insufficient workforce.

**Outpatient Services Framework recommendation**

*4.3.1 Out of area referrals*

*Whilst the function of a local health district is to promote, protect and maintain the health of its residents of its area, patients who reside outside the District/Network may also seek access to outpatient clinics.*

*Accepting out of area referrals will be based on capacity and demand of the service and also other factors, such as:*

- *Availability of the service in neighbouring Districts/Networks*
- *Clinical need/risk*
- *Disadvantage and vulnerability*

*Access to clinics needs to be structured in such a way so as not to disadvantage patients who have legitimate access needs that cannot be met elsewhere.*

| Hospital | Current practice |
|---|---|
| Bankstown | Adults – select postcodes only (LGA) Paediatrics – not limited by LGA |
| Liverpool | Emergency Department internal referrals within SWS LHD only or via an Ophthalmologist |
| Concord | LGA only |
| RPA | LGA only |
| Kogarah (part of S/SEH) | Local postcodes only |
| S/SEH | Accept all referrals and then send a letter to patients who are out of area that patients "within area" will be prioritised. This letter includes information on their local hospital services. |
| Prince of Wales | No geographical boundaries |
| RNS | In area referrals accepted. Out of area referrals are accepted under extenuating circumstances – i.e. no clinic in the patient's area, already under RNS care |
| St Vincent's | No geographical boundaries |
| Westmead | No geographical boundaries |

**Summary of findings**

- Seven of the ten clinics had some geographical boundary or limitation on acceptance of referrals based on a patient's place of residence.

**Recommendation to align with the Draft NSW Outpatient Policy**

Although this practice is not strictly out of alignment with the NSW Outpatient Framework, there is a significant risk that patients would be disadvantaged due to geographical boundaries, particularly for patients whose own LHD did not offer a service. This is does not meet the philosophy behind the framework.

## Who can refer to Outpatient Clinics

Similar to the "Out of Area" policies that a clinic may adapt, services may also attempt to reduce demand by limiting who can refer to the clinic. This adds an additional barrier and possible cost to patients attempting to access care. It also has the potential for a clinician to have seen a patient in their private rooms and then again in a clinic, potentially leading to over service which also has a cost.

**Outpatient Services Framework recommendation**

*5.11 Internal Referrals*

*An internal referral includes:*

- *Generated from an input admission for a new condition that is unrelated to the ongoing reason for admission*
- *From emergency department presentations*
- *From an outpatient clinic to a different clinic for a different/new condition*
- *Any request for assessment, investigation or diagnostic test from one specialist to another including the same hospital for which the outcome is required to inform or progress planning for the same reason for referral.*

*An internal referral does not include:*

- *Referrals for admitted patients requiring an appointment post discharge from an inpatient unit.*

*5.12 Referrals from private rooms*

*Doctors who have seen a patient in their private rooms may only refer the patient to an outpatient clinic of a hospital if it is for a service the doctor is not credentialed to provide in that public facility. For example, an ophthalmologist who is accredited to perform a cataract procedure at a public hospital should refer a patient needing cataract surgery that they have seen in their private rooms, directly to their public hospital elective surgery wait list (regardless of the patients election). The* patient is not to be referred to a public clinic for further assessment, for the same condition.

| Hospital | Current practice |
|---|---|
| Royal North Shore | GP/Optometrist/specialist |
| Prince of Wales | GP/Optometrist/Ophthalmologist |
| Kogarah clinic (S/SEH) | GP/Optometrist/Ophthalmologist |
| Sydney/Sydney Eye | GP/Optometrist/Ophthalmologist/SES LHD ED |
| Bankstown | GP/Optometrist/Ophthalmologist |
| Liverpool | Ophthalmologist only or internal ED referral |
| Concord Hospital | GP/Optometrist/specialist, internal referrals |

| Hospital | Current practice |
|---|---|
| RPA | GP/Optometrist/specialists |
| SVH | GPs, Optometrists, Specialist referrals, internal referrals |
| Westmead | GP/Optometrist/Ophthalmologist |

**Summary of findings**

- Nine of the 10 clinics accept referrals from GPs and Optometrists in line with the recommendations in the Draft NSW Outpatients Framework.

**Recommendation to align with the Draft NSW Outpatient Policy**

This would not be a significant shift in practice for most of the clinics. One clinic would need to broaden who could refer to their service in order to align with the framework.

## Communication with patients on booking the appointment

Effective and efficient communication is crucial in healthcare. Poor communication can lead to negative outcomes: discontinuity of care, compromise of patient safety, patient dissatisfaction and inefficient use of resources, both in unnecessary investigations, physician ime as well as economic consequences.

**Outpatient Services Framework recommendation**

*The following information will be provided to patients, on acceptance of the appointment:*

- *Patients booked into their first clinic appointment should receive written information about the clinic, their rights and responsibility as patients (such as notifying the service of change of address or contact details, inability to attend an appointment or appointments that are no longer required), and any information needed to prepare for the appointment.*
- *Time, date and location – patients require clear information to enable them to find the outpatient service on the day of their appointment on time.*
- *What to bring (e.g. x-rays, investigation results, medications, Medicare card)*
- *The specialist or clinical unit responsible for their care*
- *A contact person in the specialist clinic for further information*
- *Investigations needing to be performed before the clinic appointment*
- *Special requirements (if applicable)*
- *How to confirm, reschedule or cancel appointments*
- *Consequences of failure to attend a confirmed appointment*
- *Any treatment or care plans in place*

| Hospital | Current practice for cataract clinic patients |
|---|---|
| Royal North Shore | A brochure is available for patients which explains what to bring and how to cancel and reschedule appointments. |
| Prince of Wales | The webpage for the clinic contains detailed information as to what to bring and how to cancel/reschedule appointments. Advice if clinical condition changes is also publicly available. |
| Kogarah clinic (S/SEH) | A brochure is available for patients which explains what to bring and how to cancel and reschedule appointments. |
| Sydney/Sydney Eye Hospital | A brochure is available for patients which explains what to bring and how to cancel and reschedule appointments. |
| Bankstown | A webpage on outpatient services containing information on what to bring, what to expect from the appointment and how to reschedule/cancel appointments. Not specific to cataracts or ophthalmology. |
| Liverpool | A webpage on outpatient services containing information on what to bring, what to expect from the appointment and how to reschedule/cancel appointments. Not specific to cataracts or ophthalmology. |
| Concord Hospital | Not available online. General information available on HealthPathways with information to GPs to pass on to patients. |
| RPA | Not available online. General information available on HealthPathways with information to GPs to pass on to patients. |
| SVH | A webpage on outpatient services containing information on what to bring, what to expect from the appointment and how to reschedule/cancel appointments. Not specific to cataracts or ophthalmology |
| Westmead | A general brochure is available on line including all Westmead services. Within this brochure it provides general outpatient information as to what to bring and the telephone number for the eye clinic. It does not contain information as to how to cancel/reschedule an appointment. |

**Summary of findings**

- Most of the clinics had publicly available information as to how to access the outpatient clinic and what to expect and bring to an appointment.
- Five of the ten clinics included information on their web pages as to how to reschedule/cancel an appointment which may reduce Do Not Attend Rates (DNA) to clinic appointments.

Note: Letters that patients receive when allocated an appointment were not examined in this report and may include the additional information as detailed in the Framework.

**Recommendation to align with the Draft NSW Outpatient Policy**

Providing specific information to patients who are attending a cataract or ophthalmology clinic as to what to bring and to expect from an appointment may reduce phone calls into the clinic as well as provide a backup for information that is sent in letter form.

Consideration should be given to whether adding the consequences of non-attendance without sufficient reason to be added to these sites to align with the Framework.

## Conclusion

Six domains were explored in this report and key recommendation

| Domain | Key Recommendation to sites to align with Draft NSW Outpatient Framework |
|---|---|
| Identified Key Contact for referrers | Sites should consider providing an identified contact person and detail to increase appropriate referrals. |
| Referral criteria to access clinics | Publish what services are available and what their access criteria is. This will increase appropriate referrals and assist triaging. |
| Triage process | Communicate with referrers regarding average wait times and suggested triage processing times. This will assist the referrer and the patient to make an informed decision as to how to best access specialist care. |
| Out of area policies | Given the extent to which Out of Area policies are utilised – any changes to this would have to be carefully managed to ensure a service was sustainable. |
| Who can refer to Outpatient Clinics | The majority of clinics are already aligned with the Framework. |

| Domain | Key Recommendation to sites to align with Draft NSW Outpatient Framework |
|---|---|
| Communication with patients on booking the appointment | Sites should ensure that patients who are attending a clinic appointment have access to necessary information in a number of formats. State development of information a patient may need could be developed to assist sites. |

Overall, the ten ophthalmology outpatient clinics that see adult patients with a suspected cataract all have some level of policy/procedure in all six domains.

This report demonstrates that the level of support and any associated resourcing need to implement the draft framework will vary depending on the starting point of the service. The biggest points of variance from the draft policy appear to be agreed criteria to access the clinic together with triaging timeframes being available to referrers.

There is an opportunity at a state level to develop templates and support materials to assist this transition.

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