

CASE STUDY

Cataract Clinical Care Standard

Diverting assessment of routine patients to an upskilled nursing workforce

One-Stop Cataract Assessment (OSCA) Eye Clinic, Westmead Hospital

The outpatient Eye Clinic at Westmead Hospital services the Greater Western Sydney region, home to most of Australia's recently arrived refugees and immigrants and a fifth of all First Nations Australians. Unemployment is higher than average and incomes are lower than average.

At the start of 2020, patients referred to the clinic for cataract care were waiting up to 18 months for specialist assessment.

Clinical Nurse Consultant (CNC), Ophthalmology, Tracey Wilson, Nurse Unit Manager (NUM), Lai Bergan, and Head of Ophthalmology, A/Prof. Andrew White, were eager to identify areas where the nursing team could make a contribution, streamlining the processes between referral and surgery, and increasing the clinic's overall capacity.

The One-Stop Cataract Assessment (OSCA) Clinic pilot began in 2020.

How does the OSCA Clinic work?

Non-complex patients referred to Westmead Hospital for cataract surgery have their initial ophthalmic assessments conducted by credentialed nurses.

- The CNC Ophthalmology reviews and triages patient referrals. Patients were booked into the OSCA Clinic if their referral complies with requirements, and they have no other eye comorbidities.
- On the day of their appointment, patients are first seen by the orthoptist who measures the lens (biometry) and tested their visual acuity.
- Each patient then sees a trained OSCA nurse who assesses and grades the cataract, conducting tests for intraocular pressure (IOP), autorefractometry, dilation and Optical Coherence Tomography (OCT), as well as fundus imaging. The clinical assessment and scans are entered into the patient's electronic medical records (eMR). All scans are reviewed by a consultant.



Outcomes

The OSCA Clinic saw 59 patients during the three-month pilot program.

In that time, the number of patients progressing to surgery increased from 40 percent to more than 70 percent.

Moreover, patients were able to complete all the steps from biometric measurement through to consent to surgery in a single day, reducing time spent at the clinic from around three hours to just over two hours.

The full results of the OSCA Clinic pilot, including post-surgery outcomes and patient-reported outcome measures (PROMs), will be published in the future.

- Nurses provide information about cataract surgery to the patient and discuss their questions.
- Patients are then seen and assessed by either the Senior Resident Medical Officer (SRMO) or an Ophthalmology Registrar who confirms their suitability for surgery and obtains their consent.

Key enablers of the initiative

- **Organisation support** The OSCA Clinic pilot program was approved by the Local Health District, with ethics approval obtained by the NSW Agency of Clinical Innovation. The Director of Nursing and the Nurse Manager, Surgery, approved the upskilling of nursing staff.
- **Implementation Committee** The Head of Ophthalmology, the NUM, Eye Clinic, and the CNC Ophthalmology, formed an Implementation Committee with responsibility for ensuring the OSCA Clinic was planned and resourced appropriately, and that all stakeholders were kept informed.
- **Protocol and flowchart development** CNC Ophthalmology worked with colleagues to brainstorm and ultimately document the OSCA Clinic protocols, and a flowchart to guide nurse-led assessments.



My focus is always on the patients, so I'm willing to do whatever needs to be done to address this issue.

Tracey Wilson, Clinical Nurse Consultant

- **Workforce training** Nurses were trained to assess and grade cataracts using the slit lamp. This involved: studying the OSCA Clinic education package and protocol, and the nurse-led assessment flowchart; sitting in with ophthalmologists to observe patient assessment processes; undertaking initial assessments, which were then reviewed and confirmed by an SMRO or an Ophthalmology Registrar.
- **Internal communication** On the first, second and twelfth weeks of the pilot, updates were shared with the Head of the Ophthalmology and all team members.
- **Patient Reported Outcome Measures (PROMS) survey**

Issue

Patients referred for cataract care waiting up to 18 months for their initial ophthalmological assessment.

Solution

Streamlining the processes between referral and surgery by diverting assessment of routine patients to an upskilled nursing workforce.

Barriers

- Workplace culture change
- Training requirements

Enablers

- Organisational support
- Implementation Committee
- Workforce training
- Protocol and flowchart development
- Internal communication
- Patient Reported Outcome Measures (PROMS) survey

Quality statements

3. Access to ophthalmology assessment
4. Indications for cataract surgery

Read more about the Quality Statements in the Cataract Clinical Care Standard:

safetyandquality.gov.au/cataract-ccs

Cataract Clinical Care Standard Case Studies

Explore more case studies:

safetyandquality.gov.au/defining-cataract-care-case-studies

- Improving referral processes to improve triage pathways for cataract patients
- Changing practice around the inappropriate use of postoperative topical antibiotics
- Streamlining the patient journey with nurse-led postoperative care
- Improving cataract care pathways for Aboriginal and Torres Strait Islander communities.