

## CASE STUDY

### Cataract Clinical Care Standard

# Improving referral processes to improve triage pathways for cataract patients

Surgical Ophthalmology Service (SOS)  
Royal Victorian Eye and Ear Hospital

The Royal Victorian Eye and Ear Hospital (the Eye and Ear) was challenged with an ophthalmology clinic waiting list that had more than doubled in a three-year period. A lack of referral criteria and poor-quality referrals were undermining the clinic's capacity to efficiently triage patients, with almost half of all patients being returned to the waiting list instead of progressing to surgery.

The Eye and Ear team addressed the congestion by introducing a more structured triaging process, supported by clear criteria and guidelines for referring GPs and clinicians.

## How do the referral and triage processes work?

Strict referral criteria support a triaging process that delivers shorter wait times for ophthalmic assessment and improved surgery conversion rates.

- GPs and community optometrists and ophthalmologists use the Eye and Ear referral guidelines to assess whether a patient with cataract should be referred for possible cataract surgery or supported and monitored in the community.
- Patients are referred to the SOS Clinic using a standardised referral form which includes key required information.
- Referrals are triaged at the SOS Clinic by trained and credentialed orthoptists. Both the patient and referring clinician receive a letter acknowledging receipt of the referral, and advising whether the referral has been accepted or rejected, or returned for clarification.
- Patients are added to the SOS Clinic wait list and proceed to ophthalmic assessment based on the urgency of their clinical condition. The decision around clinical urgency is supported by a decision tree within the triage guidelines.
- Patients not suitable after assessment are not returned to the clinic waiting list, but can be referred again at any time. This ensures that higher priority patients can access the service.



## Outcomes

Three years after the new processes were implemented, an evaluation showed:

- the number of people on the waiting list for clinic visits decreased by almost 80%, from 10,463 to 2,153
- overall waiting times decreased by 90%, with the maximum waiting time lowered from 1,506 days to 153 days
- the number of patients progressing to surgery increased by 90%.

## Key enablers of the initiative

The following steps were used to implement the SOS Clinic referral process:

- **Referral and triage guideline development** The criteria for referrals and triage were developed in close consultation with senior medical staff. The defining criteria included Best Corrected Visual Acuity (BCVA), other visual impairment including glare and contrast sensitivity, impact on independent living and occupational needs.
- **Template development** The SOS Clinic developed a standardised referral template to ensure providers were supplying the information they needed. The template and accompanying guidelines were published on the Eye and Ear website, along with information on how to support and monitor patients who did not yet meet the criteria for referral.



Clinicians became familiar with the new approach after we promoted the referral guidelines on local GP networks' websites, and made a referral template available online. Our aim is to make the process more transparent for everyone.

**Tracy Siggins, Director of Ambulatory Services**

- **Primary healthcare promotion** Referral template and guidelines were promoted to GPs and other primary healthcare providers across their own networks, and given visibility on the Eye and Ear website.
- **Logging and monitoring** Referrals and triage outcomes are logged and documented. The data collected provides an overview of wait times across the patient journey, from referral to ophthalmic assessment, from referral to surgery, and from ophthalmic assessment to surgery. It also provides information about the proportion of patients proceeding to surgery after ophthalmic assessment ('conversion rates').
- **Continuous improvement cycle** The Eye and Ear's Ambulatory Services leadership team has a detailed overview of the patient journey and the overall performance of the SOS Clinic. Regular monitoring ensures issues can be identified and addressed as they emerge.

## Issue

A lack of referral criteria and poor-quality referrals leading to unacceptably long waiting times, with almost half of all patients not progressing to surgery.

## Solution

Strict triaging criteria, supported by a referral template and guidelines for primary healthcare providers.

## Barriers

- Stakeholder behaviour change
- Workforce behaviour change

## Enablers

- Referral and triage guideline development
- Template development
- Primary healthcare promotion
- Logging and monitoring
- Continuous improvement cycle

## Quality statements

1. Primary care assessment and referral
3. Access to ophthalmology assessment

Read more about the Quality Statements in the Cataract Clinical Care Standard: [safetyandquality.gov.au/cataract-ccs](https://safetyandquality.gov.au/cataract-ccs)

## Cataract Clinical Care Standard Case Studies

Explore more case studies: [safetyandquality.gov.au/defining-cataract-care-case-studies](https://safetyandquality.gov.au/defining-cataract-care-case-studies)

- Diverting assessment of routine patients to an upskilled nursing workforce
- 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

## Resources

- Eye and Ear Hospital Primary Care Referral Guidelines: [eyeandear.org.au/content/Document/Primary%20Care%20Referral%20Guidelines\\_Ophthalmology\\_Jan%202020.pdf](https://eyeandear.org.au/content/Document/Primary%20Care%20Referral%20Guidelines_Ophthalmology_Jan%202020.pdf)