
CONFERENCE ABSTRACT

The integration of community and acute children's eye services in Galway 2016

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Objectives/Aims: PCCC children's eye services were suspended in Galway West from November 2014 due to staffing levels. The number of existing children awaiting assessment and treatment by summer 2015 was 2383, the number of children awaiting first assessment was 1559. PCCC Galway and Roscommon (PCCCGR) along with University Hospital Galway (UHG) created an agreement linking the units until a replacement Ophthalmologist was appointed. PCCCGR allocated €50,000 for the delivery of this integration project. The aim for PCCCGR was to ensure that children currently undergoing treatment were being monitored appropriately. The aim for UHG was to ensure services for children were maintained in the community setting, and prevent the transfer of all 3942 children into an acute hospital ophthalmology unit.

Method: PCCCGR allocated an Orthoptist and UHG allocated an Orthoptist and an Ophthalmologist to deliver the integrated service. Payment was transferred from PCCCGR to UHG for the additional hours undertaken by UHG staff. Saturday clinics were arranged for the 4 project members.

Benefits/results: 3135 children were offered appointments. 2158 children attended their appointment (68.84%). 1075 children were discharged following assessment (49.81%). 40 children were transferred for ophthalmic surgery at UHG (1.85%). The cancellation rate for the Saturday clinics was 9.59%. The 'Did not Attend' rate for the Saturday clinics was 19.84%, in line with the HSE Discharge policy, these children were discharged from the PCCCGR service. Therefore, the total number discharged was 1659 children (52.92%). The waiting list for new patients was reduced from 3 years to 9 months.

The cost for the project was €52,181, the cost per patient seen is €24.18. This was a total over run of €2,181 (+4.36%). To complete the project, ensuring all existing children have been reviewed and reducing the new patient waiting list to zero weeks would require a further investment of €15,641.83.

Conclusions: Integration between acute and community staffing creates a highly effective and efficient model of care for children's eye services. The targeted use of an Orthoptist as the primary assessor of vision in children referred to an Ophthalmic service is an efficient and

effective use of resources. The joint Orthoptist/Ophthalmologist model for evaluating children with identified eye defects is the established model of care in acute hospital settings. Following this integration project we have proven it to be the correct model to be introduced into Community Galway eye services, replacing the pre-existing nurse/ophthalmologist model, when full community based eye services are restored in 2017.

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Keywords: integration; paediatric; ophthalmology; acute; community
