



# Improving Eyecare for Patients in the Care Home setting: Regional Audit of the GAIN Best Practice Guidance for Domiciliary Eyecare

# Background : Who am I and why do I care about eyecare ?

Margaret McMullan, Optometric Adviser HSCB with responsibility for:

- Domiciliary Eyecare
- Ophthalmic Public Health
- Governance
- Paediatric Eyecare

What drives me further?

- Completed a research MPhil

(2012) at Queens University Belfast on the subject of visual impairment in elderly persons in care homes in NI

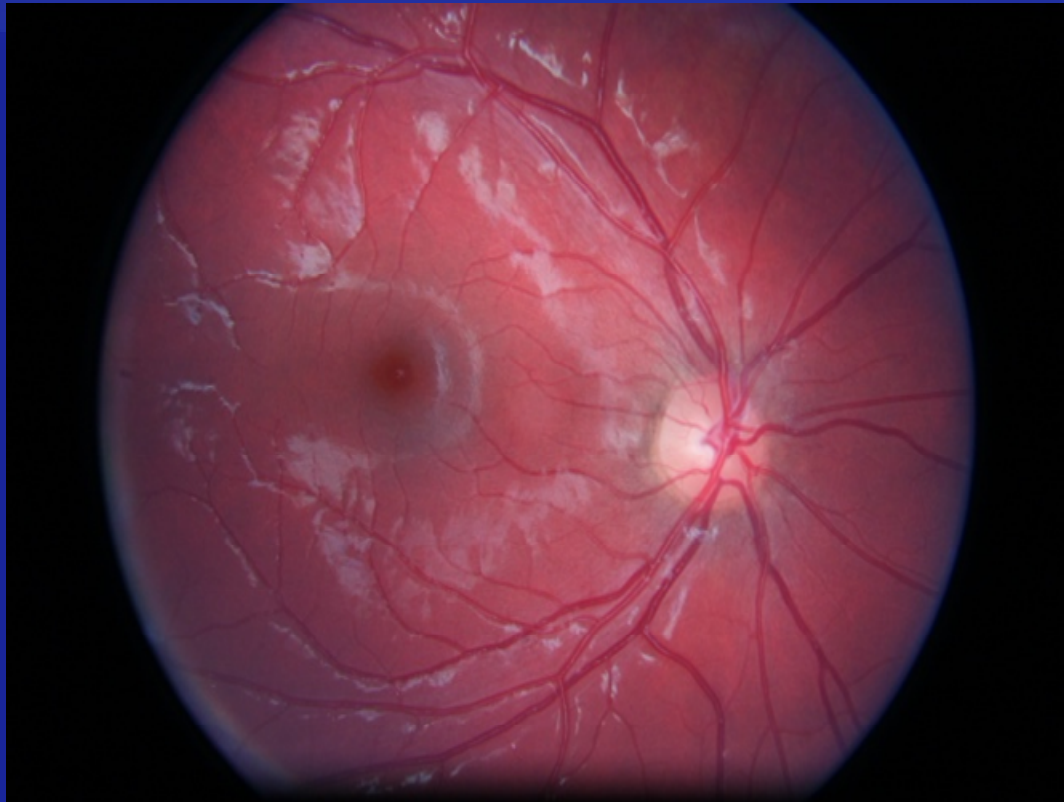


## For starters...our sight...

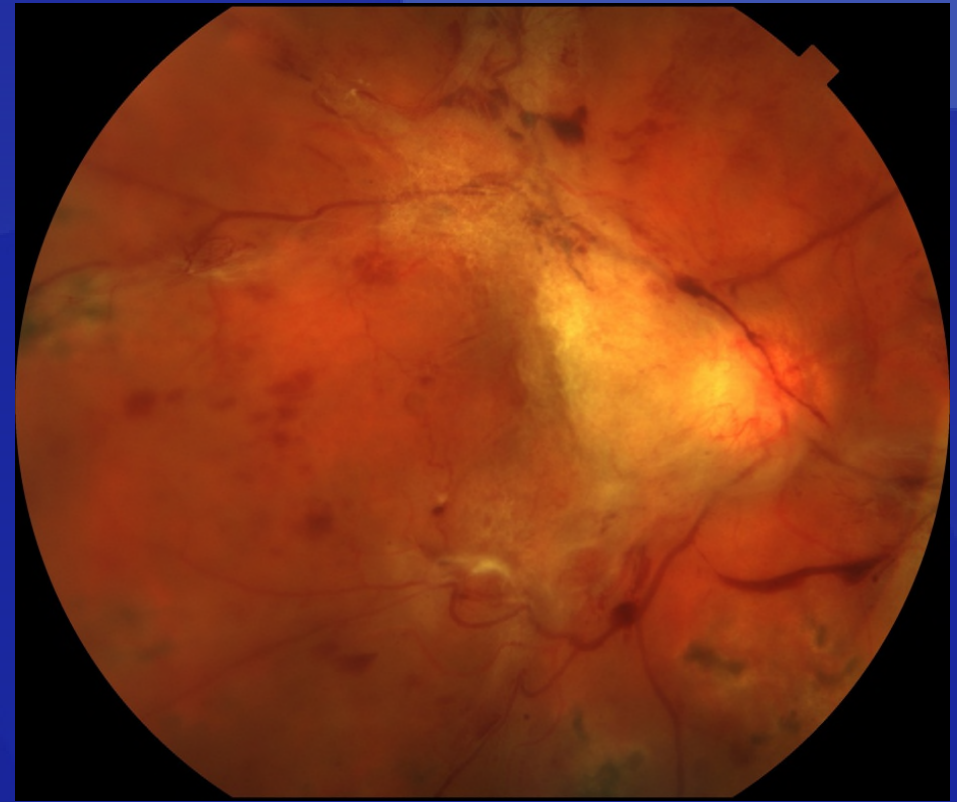
- Arguably the most important sense we have
- Question?
- How would you cope if it was taken from you or impaired in any way.....imagine you have **cataract or macular degeneration or glaucoma or diabetic retinopathy, OR a combination of these**
- Now add frailty and the many other complex “health” issues that people in care homes have to live with and you will understand the importance of quality eyecare

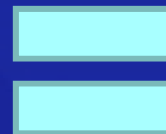
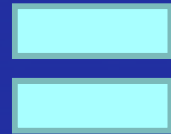
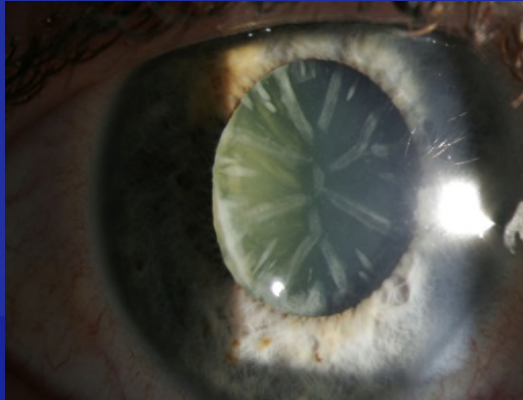


## Healthy Eye



## Diseased Eye



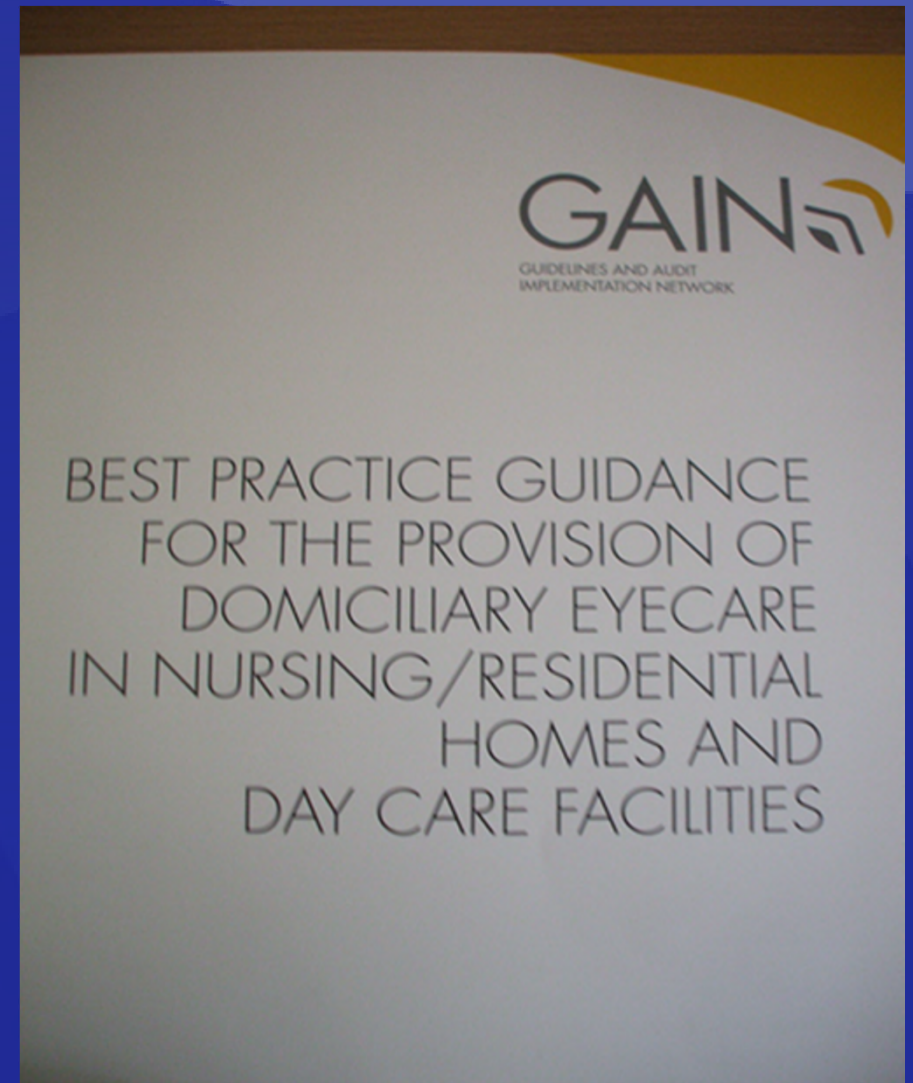


Risk of falls, Depression, Isolation,  
Withdrawal, Poor mobility, Lack of  
interest in nutrition and much more



# So.... good, quality eyecare is important

- GAIN Guidance introduced in 2010 as an 'first-steps' quality improvement tool – unique in UK
- 3 year period to adopt and embed the Guidance then...
- AUDIT undertaken in 2014



# GAIN Guidance

## Why audit the Guidance?

**9 Best Practice Statements** with supporting ancillary guidance in relation to eye care provision – covering many aspects of service provision

**Q1**  
**Is it**  
**used ?**

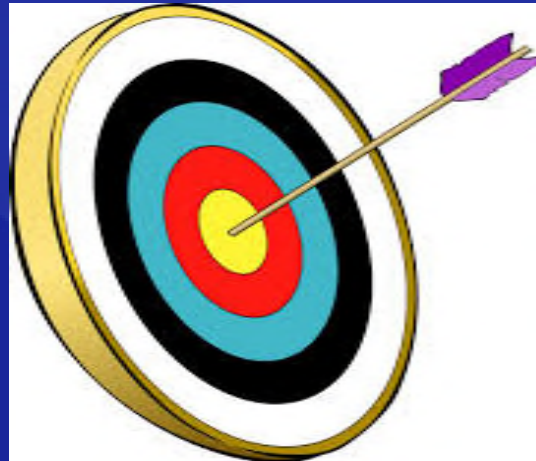
**Q2**  
**Is it**  
**useful?**

**To answer these and other Qs:  
audit application submitted and  
funding approved at end 2013**

# Audit Aims

Uptake and implementation  
of the Guidance

**Identify training  
needs**



Provide evidence for  
commissioners to inform  
eyecare service provision

Identify difficulties in  
implementation of  
Guidance

Review Guidance and  
identify areas for enhancement

**Determine best approach for  
consistency of reporting  
of clinical outcomes**



- ✓ Retrospective data collection
- ✓ Agreed audit tools for
  - ✓ Care Home Staff
  - ✓ Service Users
  - ✓ Ophthalmic professionalsquestionnaires / face to face interviews
- ✓ Sample sizes were calculated (90% confidence limit / 5% error rate) - Nursing and Residential Care Homes (174) / Service Users (264) / Ophthalmic Professionals - Domiciliary Eyecare Providers (20)
- ✓ Data collection took place within a 4 month allocated timeframe

## Methodology

Standards for the Provision of Domiciliary  
Eye care in Nursing Homes, Residential  
Homes and Day care  
Facilities – Audit Tool for Residents/Clients



Date: \_\_\_\_\_

ID Number: \_\_\_\_\_

### Your Eyecare provider

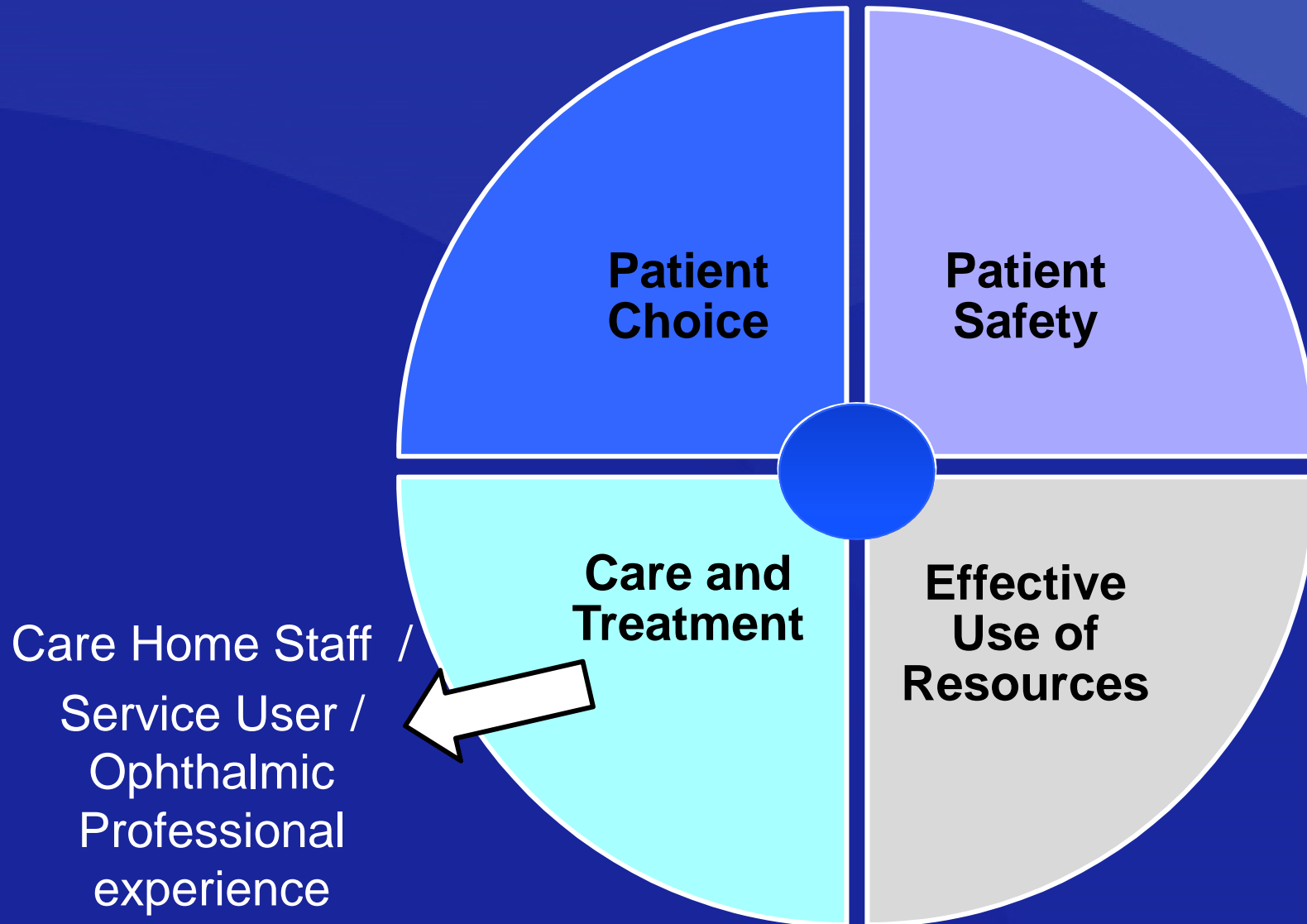
1. Were you given the option to see your own chosen/named eyecare provider?  
(Practice Point 1) Yes ☐ No ☐
2. Do you feel they have a good understanding of your eye care history? Yes ☐ No ☐  
(Practice Point 1)

Comments

### Your Examination

3. Are you usually given an appointment time for your examination? Yes ☐ No ☐  
(Practice Point 1)
4. If your appointment has ever been cancelled or changed was a reason given? Yes ☐ No ☐  
(Practice Point 1)
5. Did the optician identify/introduce themselves to you? Yes ☐ No ☐  
(Practice Point 4)

# Thematic Analysis of Results





**For some results and  
answers....**

**go back to the original  
questions....**

**Q1**  
**Is it  
used?**

*Audit Q (Care Home and Ophthalmic Professional):*

*Are you aware of the GAIN Best Practice Guidance For The Provision of Domiciliary Eyecare In Nursing/Residential Care homes and Day Care Facilities?*

**Care Homes 'Yes' 86%, Ophthalmic Professionals 'Yes' 90%**

*Audit Q (Ophthalmic Professional) : When you are requested to provide eyecare services are you provided with a completed 'GAIN Appendix 1' form for each new patient you examine?*

**85% No, 10% Sometimes, 5% Yes**

*Audit Q (Care Home) : On a residents/clients admission are optical notes completed as per Appendix 1 in the GAIN Eyecare Guidance?*

**80% No, 20% Yes**

*Audit Q: (Ophthalmic Professional) Do you use the GAIN Appendix 2 proforma?*

**10% No, 10% Sometimes, 80% Yes**







**Q2**  
**Is it  
useful?**

***Audit Q (Care Home and Ophthalmic Professional): If you refer to the Best Practice Guidance do you find it helpful/useful?***

	<b>Extremely Useful</b>	<b>Very Useful</b>	<b>Useful</b>	<b>Not Very Useful</b>
<b>Care Home Responses n=174</b>	3%	43%	39%	1%
<b>Ophthalmic Professional Responses n=20</b>	0%	30%	45%	20%



# What did the GAIN Audit evidence?

1. Patient choice  Not always  Poor compliance with GAIN Guidance
2. Care and Treatment  Satisfaction is high   
Generally good adherence to GAIN Guidance
3. Patient Safety  Variation exist in aspects of safety, good governance by ophthalmic professionals **BUT** poor communications on important eye care information between care home and ophthalmic professionals
4. Use of Resources  Sub-optimal uses of HSC Resources

**IMPORTANT**



# Some key findings

Better compliance is required with best practice in relation to; issuing of spectacle prescriptions, spectacle engraving, information on complaints

Service user choice of Ophthalmic Professional – choice not always there but satisfaction good

Resources are not being used to optimum effect – important given the current pressures on HSC funding

‘Issues’ identified with the frequency and mechanism of transfer of information - previous and current ‘ophthalmic’ information for patients. For optimum care a concise history should be provided to optometrists and by optometrists and the audit evidenced that this did not always happen – would a Dr see a patient without access to relevant notes or, not leave notes/ a record of the consultation? **This must be addressed**

# Audit Recommendations

**(1)** Review and examine in detail the GAIN Guidance identify amendments aligned to audit findings. **(2)** Work with GAIN to identify mechanism for amendment to GAIN Guidance



**(3)** Lead on engagement with key stakeholders to determine the reasons why uptake and implementation of certain aspects of the guidance is low despite high awareness



**(4)** Scope areas of possible deficit/gap in the skills and knowledge of eyecare providers in the provision of professional advice in relation to eye health needs, visual impairment and how these and other factors may impact of the quality of life of persons in nursing and residential care homes.

**(5)** Scope alternative models of domiciliary eyecare which would retain the same level of patient satisfaction but which would improve consistency in the care provided before, during and after an eye examination and also make better use of resources

# The finish line....are HSCB there yet?

## Recommendations 1- 4


- ✓ Guidance reviewed in detail
- ✓ Workshop with ophthalmic professionals held and useful feedback received
- ✓ Meeting with IHCP and current survey of membership
- ✓ Engagement with RQIA

## Recommendation 5

- ✓ Longer term work – legislative work-up is required



## Early indications are that...

- The GAIN Guidance needs to be **MORE USEFUL** – investigate how we can address this so that there is greater **EASE** of use/implementation of best practice
- Inclusion of information on best practice in current areas of challenge – Falls / Dementia
- HSCB need to address specific areas of perceived ‘problems’ as identified by stakeholder engagement
- **AIM IS FOR QUALITY IMPROVEMENT**
-  **SAFER, BETTER, QUALITY EYE CARE**



# When wondering about the value of this work I ask this Q....

## How well could you do your job without your vision?



# My thanks to....

❖ GAIN

❖ Mr Raymond Curran,  
Head of Ophthalmic Services  
Directorate of Integrated  
Care, HSCB

❖ Care Home Staff, Residents,  
Ophthalmic Professionals

❖ All those who helped in any way with the audit

# Thank you for listening, do you have any

