



Enhancing Communication with Outreach Homes/Senior Care Providers for Optometric Care



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Introduction

Seniors are the fastest growing segment of the population, and they tend to have the greatest need for health care, social services and care giving by friends and family. They are also most likely to suffer from various causes of visual impairment, such as macular degeneration, cataracts, glaucoma and diabetic retinopathy. In fact, a study by the New England Journal of Medicine stated that 3% of nursing home residents have no vision and that 25-48% are severely visually impaired and are 13 times more likely to be blind versus others their age. About 20% of functional blindness can often be corrected by simply updating their spectacle correction. The study indicated there being a higher prevalence of cataracts, glaucoma and macular degeneration in nursing home residents.

Often, the senior population is a neglected population for receiving optimal outside care from their residence. Mobility issues become more transparent and make it difficult to travel outside their residence to receive the care they need, when not available in their home. This is what prompted the goal of this project-to provide immobile seniors with optometric care in their residence, and to continue to improve on communication between their family physicians, caregivers, nursing staff and family to enhance their overall quality of care. Lack of communication between separate health care professionals has often been a barrier in achieving proper health care for seniors. In order to achieve true "patient centered care", a balance between the professional knowledge of all parties involved needs to be met.

Actions

Successful implementation of this practicum involved support and ongoing communication and openness from local long term care facilities; Hillsdale Estates, Hillsdale Terraces and Fairview Lodge.

Connie Galea (Hillsdale Estates), Diann Stewart (Hillsdale Terraces) and Jennifer Bishop, Laura MacDermaid (Fairview Lodge) have been key contact persons in helping set up and organize the optometric home visits for the residents.

I met with the administrative staff to introduce myself as an optometrist and discuss the services we offer to the residents. A contract was signed with the three homes stating that optometric care would be provided on a monthly or as needed basis to the residents. This involved travelling to the home, performing the complete ocular examination and providing spectacle correction if needed. Following the visit, a summary of the results would be sent to the physician outlining any recommendations or treatment required. Family members would be kept involved in the process as well.

To ensure the physician, nursing staff and families were all involved in the care of the patient during and after the eye exam, my goal was to develop a PowerPoint presentation for the homes which explained our key involvement in the care of the patient, and the continuum of care that was needed on their part to maintain overall quality. The target audience for this presentation would be the nursing staff, recreational staff, families of residents and physicians. Ongoing communication between all parties involved is important in this continuum. The optometric care does not end after the visit. The family physician and family members need to be kept informed of the outcomes of the visit, as eye health can have an effect on overall health and overall quality of life.

Once the PowerPoint is complete, a meeting would be set up with the Manager of Nursing Practice at each of the homes to review the content, and discuss how to share with their nursing staff and physicians. The PowerPoint would discuss the importance of eye exams in LTC Homes and how overall quality of life can be improved. The overall goal of patient-centered care is to improve their quality of life. This can be achieved by all parties involved sharing the same common interest-care of the resident. This all relates back to the theme of the project; interprofessionalism and building the knowledge to improve care for seniors.

In addition, to inform family members of the availability of optometric services, posters were made and given to the facilities to hang on the walls throughout the care units.

Family members play an important role in care giving for the seniors and thus are kept informed throughout the entire process, from when the initial eye exam is set up to the final results after the exam.

Results

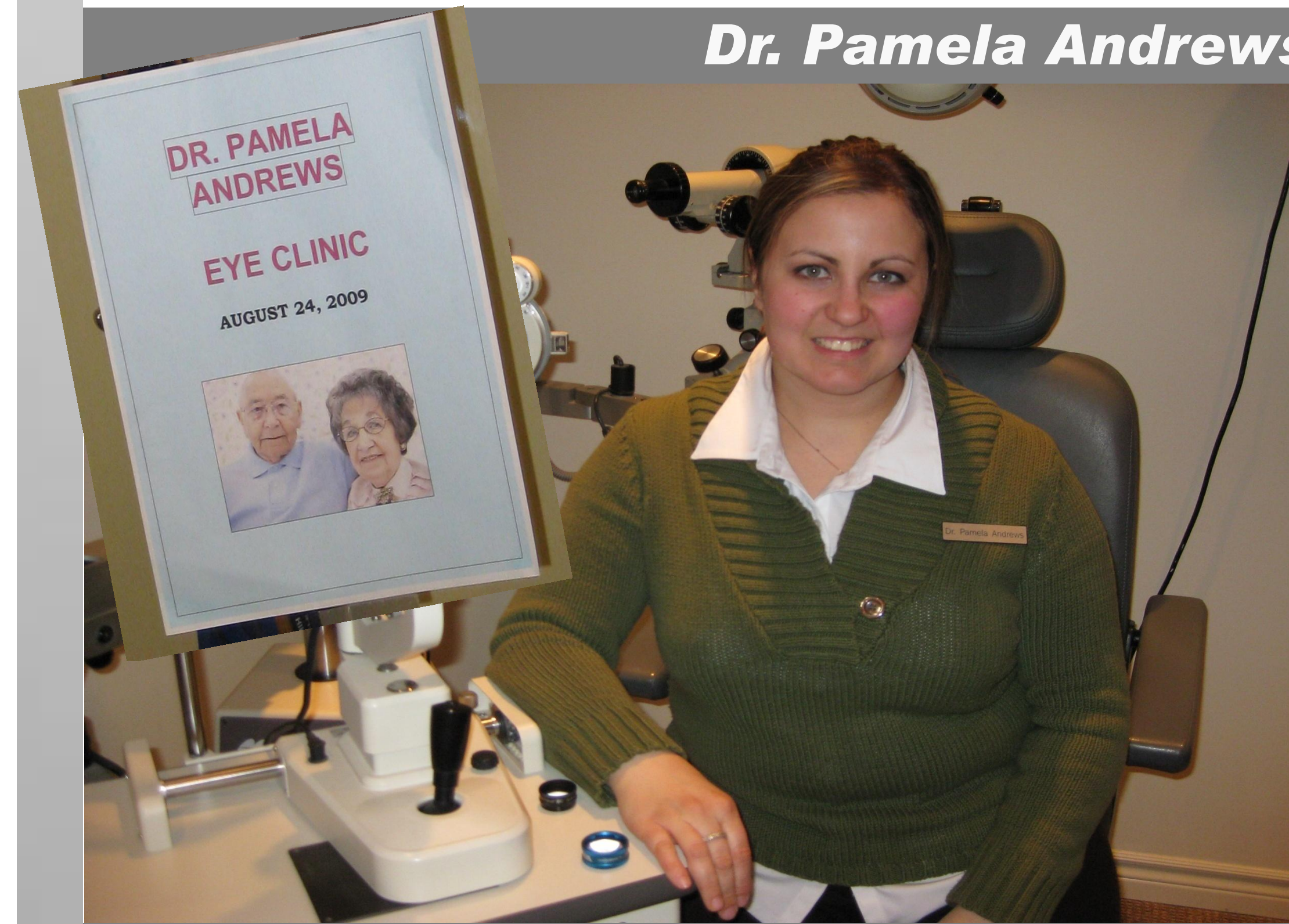
One of the main goals of the project was to continue to develop and provide home visits for eye exams to residents of local long term care facilities. The goal of providing these services was to improve overall quality of care and help improve quality of vision, and thus ultimately quality of life.

A schedule was set up on a monthly basis to visit the homes and provide the optometric services. From 5-10 patients were seen at each visit. Following each visit, a report summarizing the results of the eye exam was sent to the home to be included in the resident's MAR and for the physician and family members to review. Any treatment recommendations and suggestions were included in this report. If spectacles were dispensed, a follow up visit after the initial one was made to deliver and adjust the glasses.

This initial goal was achieved, but this is still an ongoing process. As the facilities and physicians become more aware of our services, lines of communication between all parties will continue to open up to further enhance the quality of care given, in all areas.

The second goal of the project was to develop a PowerPoint presentation for the staff and physicians at the LTC Homes. Although the PowerPoint is not complete, it is still something in progress to continue to develop and work within the facilities. In addition to talking about the services we provide and how all parties associated with the patient need to be involved to optimize care given, a section geared towards physicians and nursing staff about misconceptions of red eye will be addressed.

Dr. Pamela Andrews



Challenges

The main challenge encountered was communication (or lack thereof) with the family members. The long term care facilities would put resident names on a list for needing eye care services, through recommendations of the nursing staff or physicians. Our office would then be contacted with the patients information, including the next of kin. We would then have to contact the next of kin and/or the resident themselves to inform them of our office visiting and their appointment. Frustration was experienced as often the next of kin was unaware as to why their family member was put on the list for an appointment. Similarly, at the appointment itself, the resident would be brought to the clinic, with no medical history, and often unaccompanied by a family member. Communication with case history was often difficult and incomplete. Situations like these often felt like the eye exam was being done blindly.

As appointments continued, we requested the resident's MAR would be brought down with them and often a little note indicating their reason for referral by the staff or physician was included. If family members were not present, we would contact them after the appointment to update them on the overall progress and address any concerns they had that were not addressed during the eye exam.

Lessons Learned

Organization and communication between all parties involved, including family members and next of kin is important. Consent to services is needed from residents and/or their next of kin before being able to provide services. An eye exam could not be performed unless we previously spoke to the next of kin. In a few cases concerns were raised as next of kin was not contacted and the eye exam was performed. This further reinforced the importance of communication between all parties involved in the care of the resident.

Many are unaware of the availability and the importance of optometric care for the geriatric population. Promoting our services and informing the public of the availability of home visits proved to be important, as many seniors are left without proper eye care because of mobility issues. Providing education and information for the public is important in optimizing all areas of care for the seniors.

Communication with physicians and staff is key to ensure they are comfortable with referral to the visiting specialist. A form sent to the physician explaining the reason for the referral, and then a written copy of the examination's findings are ways to maintain the communication lines between the parties involved.

New Evidence/Best Practices

The goal of the project all comes down to one key word: communication. The eye exam does not finish when the patient leaves the exam room. Rather, it is a continuum of care for the patient, as the physician, family members, nursing staff, and the patient themselves all get involved.

The elderly population in long term care facilities is often a forgotten population when it comes to eye care. Yet, they are the ones that can often benefit the most. Aging is associated with visual function changes. Aging leads to decrease in visual acuity, ability to focus on close objects, decreased capacity to adjust to changes in light and dark, diminished ability to discriminate color. By making a patient more comfortable and improving their vision, it lets them become more active and enjoy an overall better quality of life.

By providing home visits to local LTC Homes, it promotes the profession of optometry outside of regular practice, and involves other health care professionals within our practice, thus expanding on the continuum of care and interprofessional care for patients.

Next Steps

Patient-centered care requires a balance between the professional knowledge of care providers and the personal knowledge of the patient and their family. The goal of this project was to enhance and improve overall patient-centered care by opening the lines of communication between our profession and physicians and other parties involved in the care of patients.

This project really is an ongoing project as we get more involved with long term care facilities in the area and provide the senior population with optometric care. We need to continue to promote our profession outside the regular practice, by working alongside other professionals. Continuing to build contacts with LTC Homes and to provide services that are needed relating to the eyes is our goal for the future.

In the mean time, as long as the senior population continues to grow, eye care will always be important and should be an important consideration in the overall care of this population.

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