

ASSESSMENT OF QUALITY OF OPTOMETRIC CARE AND SERVICES IN TERTIARY HOSPITALS



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Purpose: The objectives of this study were to compare the patient care in terms of quality of management and services of eye care before and after induction of optometrists in eye OPDs of tertiary hospitals.

Methods: This cross-sectional descriptive survey was carried out in tertiary hospitals of Lahore where optometrists have been deputed. 20 Optometrists, 500 patients and 30 Ophthalmologists were interviewed for their views regarding services rendered by optometrists.

Results: 90% management by the optometrists in tertiary hospitals is appropriate. Most of the patients were attended by the optometrists per day. They also screen out most of their patients in eye OPD daily also perform different refractive and post refractive tests at their setup/clinic.10% management which was inappropriate it was due to the burden of patients and lack of equipments/instruments necessary for their setup/clinic.

Conclusion: Eye care services provided by the optometrist are good and quality of work in tertiary hospitals has improved with their recruitment

Results: Section A (Optometrists' work)

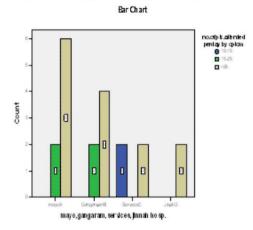


Figure 1: No. of patients attended by the optometrists/day

70% optometrists are attending more than 25 patients per day, 20% are attending 15-25 patients per day and only 10% are those who are attending 10-15 patients/day. Bar Chart

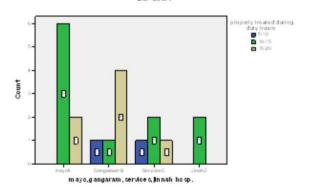


Figure 2: No. of patients optometrists can properly treat during their duty hours

55% optometrists said that they can properly treat 10-15 patients and 35% said that they can properly treat 15-20 patients during their duty hours.

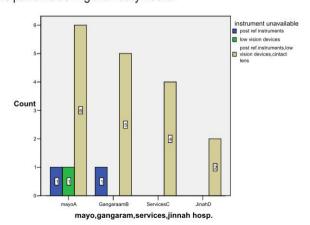


Figure 3: Type of instruments/equipments available in optometric clinic

Almost 100% optometrists told about the unavailability of low vision devices, some post refraction instruments and also the absence of contact lens setup.

Section B: (Patients section)

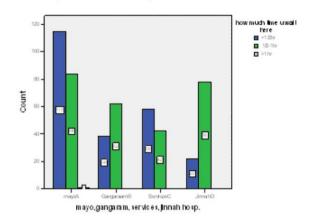


Figure 4: Waiting time in optometric clinic

53% patients wait ½-1hr in optometric clinic and 46% patients wait less than 1/2hr in optometric clinic.

Section C: (Ophthalmologists' feedback)

Graph5: What type of comfort you feel with optometrist work?

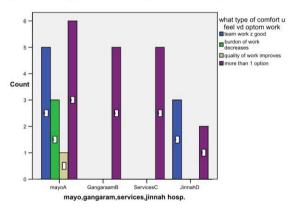


Figure 5: Ophthalmologists' comfort level with optometrists' work

60% ophthalmologists said that they feel team work is good now, burden of work has decreased and quality of work has also improved and 26% said that burden of work decreased.

Discussion

From present research it is concluded that 90% eye care services and management by the optometrists working



in tertiary hospitals is appropriate and 10% management is inappropriate which is seen that it is due to the burden of patients per day in the optometric clinic/setup, another reason is the unavailability of complete instruments/equipments. Similar study was conducted by NJ Sheen and D Fone in UK and concluded that 99% optometric management and service is appropriate while only 1% management is inappropriate. They concluded that good equity could be achieved.4

References

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INTRODUCTION

There have been many definitions of Optometry. Until recently there were three official definitions which were similar and were coined due to confusion about role of optometry. The dictionary definition Optometry is "an autonomous, healthcare profession involved in the services and care of the eye and visual system and the enhancement of visual performance". Optometrists were later identified as one of the primary care practitioners. The latter are defined as practitioners who serve at patient's point of first entry into healthcare system. Following this, the patient may be identified in need of services of a secondary or tertiary care practitioner. Although the great majority of optometric services are performed on a primary care basis, optometrists play significant role at secondary and tertiary level as well which includes the care of pediatric patients, the care of patients having unusual binocular vision problems, rehabilitative care of patients having low vision problems, and some of more sophisticated diagnostic procedures such as electro diagnosis and teaching.2

In 2005 Board of Trustees of the American Optometric Association Congress approved a single inclusive definition of optometry. As primary eye care providers, optometrists examine, diagnose and manage diseases and disorders of the visual system, the eyes and associated structures as well as diagnose related systemic conditions. They examine the internal and external structure of the eyes to diagnose eye diseases like glaucoma, cataracts and retinal disorders; systemic diseases like hypertension and diabetes; and vision conditions like nearsightedness, farsightedness, astigmatism and presbyopia. They also determine the patient's ability to focus and coordinate the eyes, to judge depth and to see color accurately. They prescribe eyeglasses and contact lenses, low vision aids, and vision therapy to treat eve diseases3.

Optometrists can work at many places which include, but are not limited to, teaching hospitals, private clinics, research positions, community health centers and the ophthalmic industry. They have the opportunity to work in government service, military or public health. There is a need for optometrists in all types of practice, particularly in the areas of pediatric and gerontological (old-age) optometry. There is a particular need of optometrists in rural areas4.

Optometrists also prescribe low vision rehabilitation, vision therapy, spectacle lenses, and contact lenses and counsel their patients regarding surgical and nonsurgical options that meet their visual needs related to their occupations and lifestyle⁵.

In Pakistan there are many institutes of optometry in the

public sector, but two of them need special mention; one in Peshawar named as Pakistan Institute of Community Ophthalmology (PICO) and other in Lahore named as College of Ophthalmology and Allied Vision Sciences (COAVS). In COAVS four year undergraduate course is being conducted since 2005. The optometrists who graduated are now working in different tertiary hospitals of Lahore and DHQs/THQs hospitals of province Punjab of Pakistan.

Objectives

The objective of this study was to compare the patient care in terms of:

- Quality of management and services of eye care before and after induction optometrists in eye OPDs of tertiary hospitals of Lahore.
- Patient's waiting time in optometry clinic.

Study Design, Materials & Methodology

Population:

- Optometrists working in tertiary hospitals of Lahore
- Patients in eye OPD
- Some Ophthalmologists of tertiary hospitals

Sampling method: Non probability convenient sampling method

Sample size: 20 optometrists of tertiary hospitals of Lahore. 500 patients. 30 ophthalmologists

Inclusion criteria;

- Patients presenting in optometric clinic
- Optometrists working in tertiary hospital of Lahore
- Ophthalmologists of tertiary hospitals

Exclusion Criteria;

Private hospitals and setups where optometrists are working individually.