





## **Eyeing Care from Hospital to Community:** The NHG Experience for Community Eye Clinic (CEC)

Dr Vivien Yip, Pauline Gan, A/Prof Wong Hon Tym, Winnie Koh, Ivy Chong, Ryan Tay, Pamela Teo, Quek Zuoling (Tan Tock Seng Hospital) Sherrie Lim, Tan Seok Peng (National Healthcare Group Polyclinics)

Acknowledgements: Dr Ranjana Mathur (SNEC), Prof Clement Tan (NUH), Mr Lee Kai Yin (SNEC), Ms Wendy Tsai (NUH) – Thanks for the wealth of knowledge in making CEC a reality!



### Background & Objectives

The Eye Specialist Outpatient Clinic (SOC) in Tan Tock Seng Hospital (TTSH) sees about 150,000 patients annually, consisting of a casemix of patients with complex and stable eye conditions. The high patient workload puts a strain on the clinic resources. TTSH started a Stable Eye Condition Clinic (SEC-C) since 2014, where stable patients were followed up at a clinic session run by trained optometrists (upskilled to see non-complex eye cases). The SEC-C model had successfully helped isolate stable cases and thus freed up doctors' time to manage acute cases.

With the success of SEC-C in TTSH, the 3 healthcare clusters (TTSH, SNEC, NUHS) came together to create a structured primary eye care service in the community under the MOH Hospital Service Development Programme (HSDP) with the objectives of

- Managing stable eye cases in the community
- Provision of accessible and timely quality eye care
- Decreasing unnecessary referrals to hospitals

With a structured primary eye care service, stable eye conditions can be seen in the community by trained optometrists, thereby freeing up doctors' resources to manage complex conditions in Eye SOCs.

The team also collaborated together with polyclinic partners (NHGP, SHP, NUP) to embark on a journey to envision and crystallise the programme.

**After** 

**Referral Avoidance** 

# Methodology

### **COLLABORATION**



A project team comprising eye institution representatives (SNEC, NUHS, TTSH) was created to craft the concept of "Community Eye Clinic (CEC)" for each healthcare cluster

#### **STANDARDISATION**



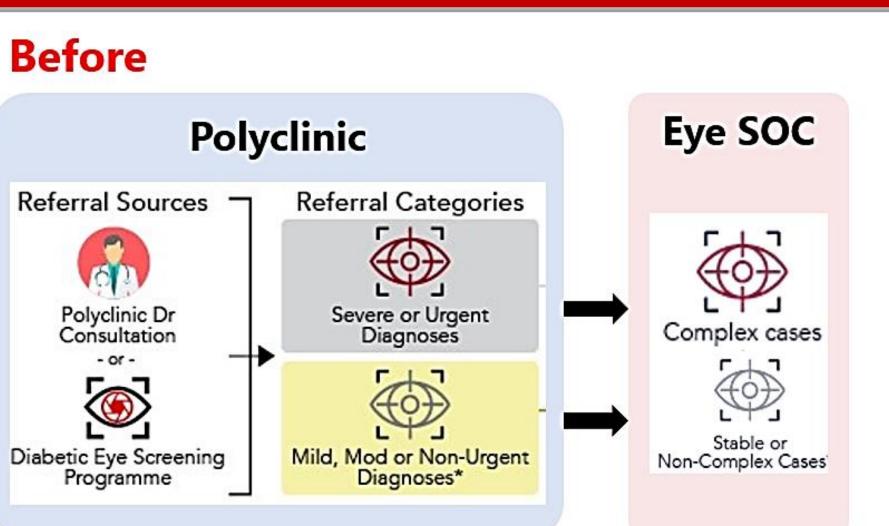
Through committee meetings, CEC was standardised with regards to referral guidelines, care protocols, consultation charges, medical equipment, training guidelines

#### LOCATION



Taking polyclinic referral patterns to working with NHG TTSH and identified Polyclinics, TTSH polyclinics where the CEC can be located – Hougang and Geylang

#### **COMMUNITY EYE CLINIC (CEC)**



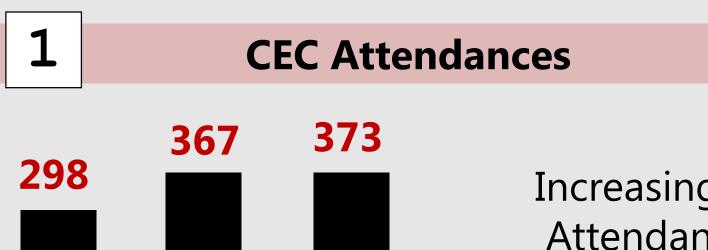
CEC sees non-urgent eye conditions from polyclinics and stable eye conditions from TTSH Eye SOC, thus reducing referrals of new eye patients to SOCs and achieving right-siting of care for patients.

The urgent or complex cases can thus get easier and earlier access to consultations at SOCs.

#### Eye SOC Polyclinic Referral Sources **Referral Categories** Complex cases Severe or Urgent Diagnoses Polyclinic Dr Consultation CEC Diabetic Eye Screening Programme Mild, Mod or Non-Urgent Diagnoses\* Stable or Non-Complex Cases Stable or Non-Complex Cases







Jan 19 – Dec 18 Mar 19

**Wait Time to CEC Appointment** 

Increasing CEC Attendances – patients are receptive to CEC

68% of patients remain in CEC after first visit – without **CEC**, these patients would be in TTSH SOC

**Patient Satisfaction** 

34%

Discharged

Refer

to SOC

7%



**Patients are satisfied** with services rendered in CEC

# Conclusion

CEC will transform the delivery of eye services beyond the hospital into the community.

With the success of CEC in Hougang and Geylang Polyclinics, the team hopes to scale the service to other NHG Polyclinics - Together with primary care partners, the team will develop better care for the population that we serve.





Sep 18

Patients referred to CEC are seen within 1 month in comparison to > 3 months for SOC - this ensures timely access to CEC