

# Supplementary Primary Eyecare Clinic (SPEC)

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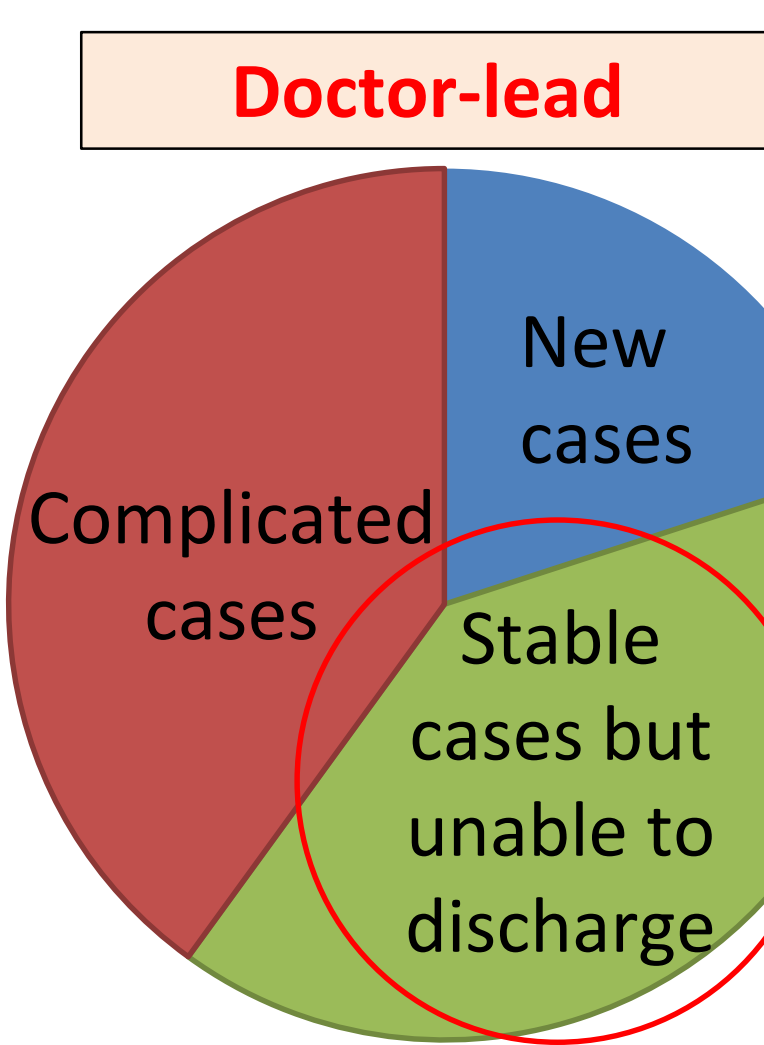
## Background

A proportion (30%) of eye clinic patients have **stable eye conditions** which require observation and minimal intervention. The **Supplementary Primary Eyecare Clinic (SPEC)** was initiated to manage these patients and reduce eye clinic lead time.

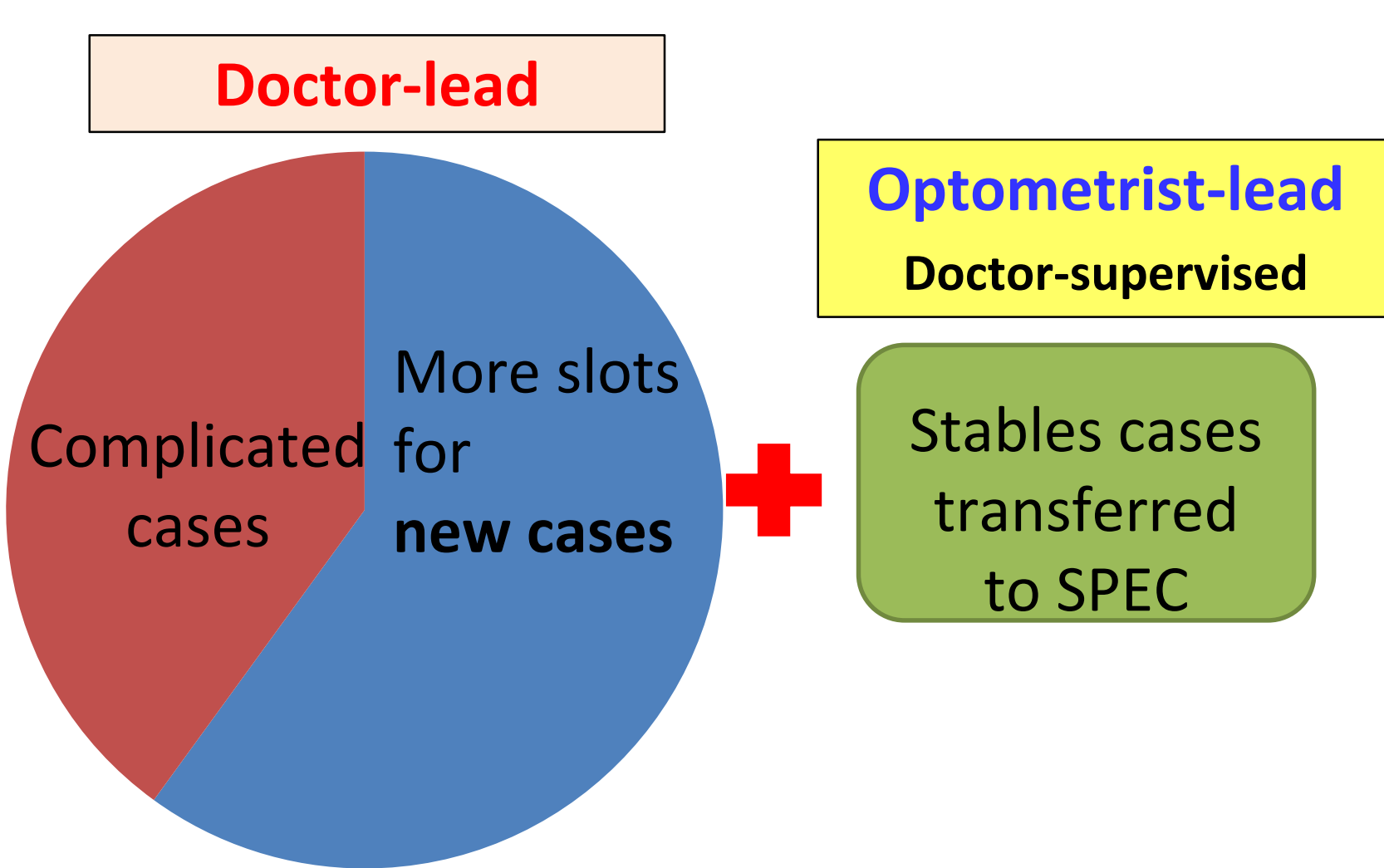
## Objectives

- To train and utilise **optometrists as physician extenders** to manage stable eye conditions in SPEC.
- Free up appointment slots** for new or urgent cases & allow ophthalmologists more time to manage complicated eye diseases.

## As-is Eye Clinic



## To-be Eye Clinic



## Methods

- A **Training & Accreditation Program** (conjoint with TTSH) was implemented to train suitable optometrists and to ensure clinical competency for running SPEC.
- Detailed referral guidelines** were used to ensure correct patient transfers to SPEC.
- A **patient satisfaction survey** was done to evaluate SPEC.
- A **doctor satisfaction survey** was also done to evaluate the optometrists' competency level.

## Results

- High accreditation standard (passing score >90%)** was required.
- 5 optometrists were accredited to do SPEC.
- All passed with high scores (refer to table below) & were assessed on an average of 209 eyes (range, 201 - 245).

	Goldmann Applanation Tonometry	Slitlamp exam	Relative afferent pupillary defect	Van Herrick
Average score (%)	94.44	97.45	99.80	97.17
Range (%)	92.07-95.92	96.46-99.02	99-100	95-98.53

No of SPEC patients (Jul 2017- Feb 2020)

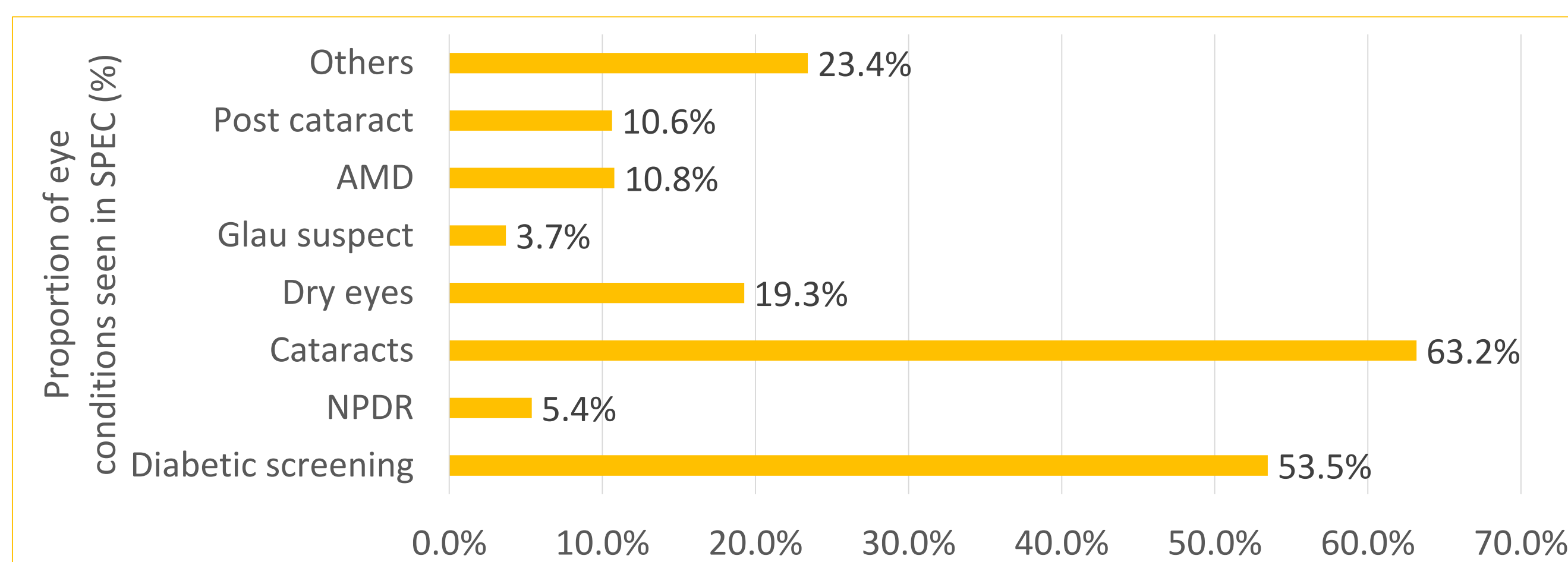
649

**649 slots** were freed up for new cases in the general clinic

- Majority (71.7%)** of SPEC patients **could be managed in SPEC**.
- Only 24.5% required specialist referral; 3.9% were discharged.

## Results (continued)

Table below shows the main eye conditions seen in SPEC:



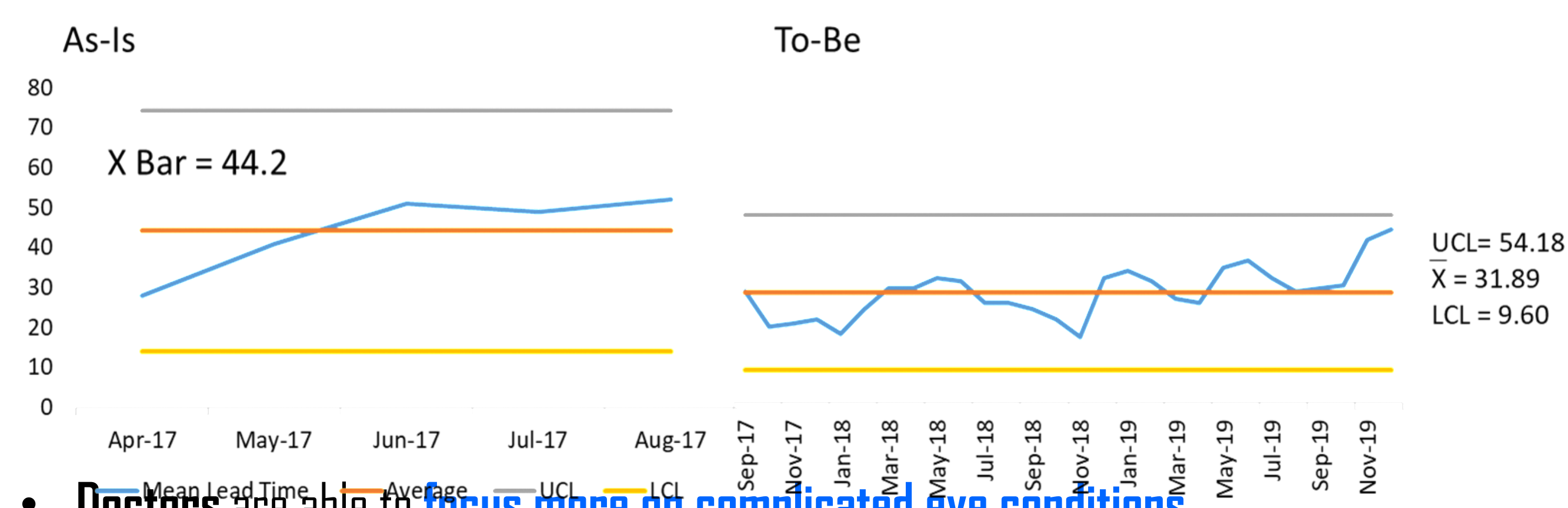
## Survey results

- Mean patient satisfaction score was **4.56/ 5 (n= 58)**.
- Mean doctor satisfaction score was **4.97/ 5 (n= 5, 30 sessions)**.

## Project Impact

- High patient satisfaction scores attained.** Patients found optometrists more approachable & gave **more detailed explanation**.
- Eye Clinic lead time reduced by 27.8%:** mean (X bar) lead time *decreased* from 44.2 to 31.89 days.

I-MR Chart of KTPH Eye Clinic Lead Time (As-Is Vs To-Be)



- Doctors** are able to **focus more on complicated eye conditions**.
- Optometrists** will raise their professional profiles thus potentially **increasing their job satisfaction**.
- Manpower Cost Savings:** The savings of using an optometrist instead of a doctor to run SPEC is **\$65,731.80 per annum**.
- Organisation:** The Eye Clinic has **increased revenue** from taking in more cases.
- Spread:** The trained optometrists are deployed to provide second level eye care of **Community & Home Eye Screening Service (CHESS)** at Wellness Kampung & NTUC Kampung Admiralty.

## Sustainability

- Standardised **workflow & referral guidelines**.
- Continuous upgrading & updating** of the referral guidelines based on evidence-based medicine & best practices.
- Patient satisfaction surveys** every 6 months.
- Doctor satisfaction surveys** every 6 months to monitor clinical competency.
- To **increase the weekly SPEC sessions** to accommodate the increasing number of stable eye cases.
- Training of new optometrists** to ensure clinical competency in running SPEC.

## Conclusion

SPEC is a **well received, safe, effective** and **cost-lowering** model of care to manage stable eye conditions, using trained optometrists as ophthalmologist extenders.