

Eye Health Collaborative Care and Quality Improvement in General Practice

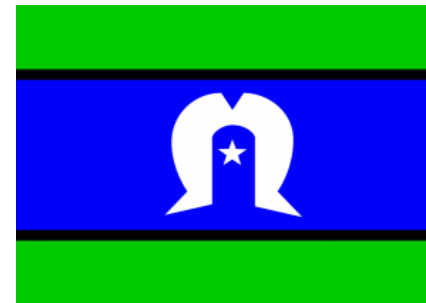
Wednesday 25 October 2023

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.

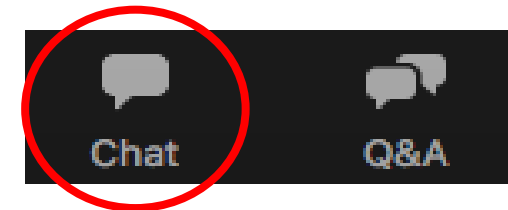
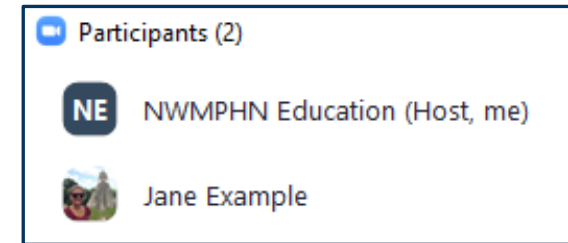


Housekeeping – Zoom Webinar

Please ensure you have joined the session using the same name as your event registration (or phone number, if you have dialled in)

NWMPHN uses Zoom's participant list to mark attendance and certificates and CPD will not be issued if we cannot confirm your attendance.

If you are not sure if your name matches, please send a Chat message to 'NWMPHN Education' to identify yourself.



Housekeeping – Zoom Webinar

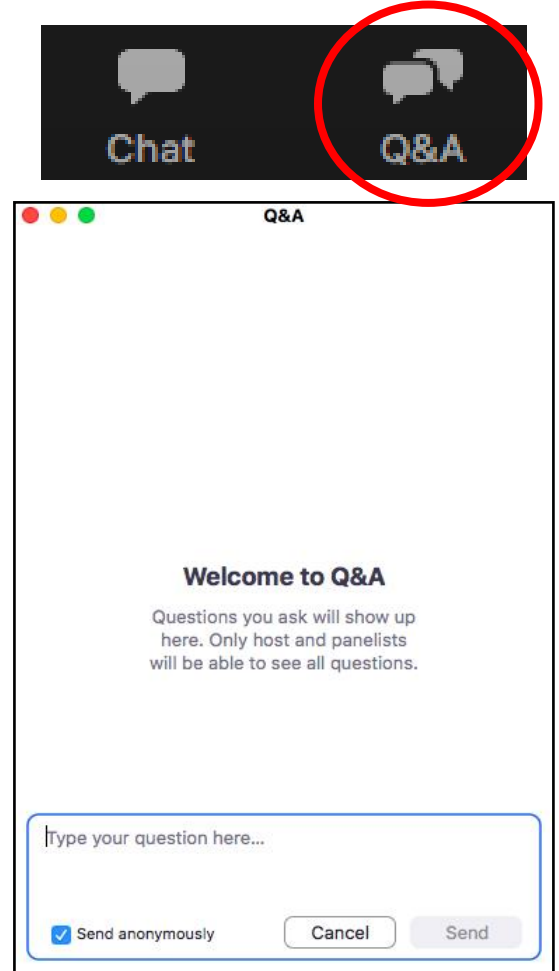
All attendees are muted

Please ask questions via the Q&A box only

Q&A will be at the end of the presentation

This session is being recorded, you will receive a link to this recording and copy of slides in post session correspondence.

Questions will be asked anonymously to protect your privacy



Speaker

Maria Bui, Melbourne Eyecare Clinic

- Maria grew up in Sydney and completed her Bachelor of Optometry at the University of NSW. She went on to complete the Graduate Certificate in Ocular Therapeutics and Master of Optometry with an interest in children's vision.
- Maria has had a long and varied career in optometry. She has volunteered in multidisciplinary health teams with Vietnam Vision Project and has worked with International Centre for Eyecare Education in teaching activities in Da Nang Vietnam.
- Maria has always been passionate about teaching. She previously worked at the UNSW Optometry Clinic and following a move to Melbourne, commenced working at Melbourne Eyecare Clinic in 2015 as a Senior Clinical Teaching Instructor. Over the last 12 months she has taken on an additional role at the Clinic to develop stronger relationships with external partners including local GPs, schools, pharmacies and local council.

Eye Health Collaborative Care

Maria Bui

**MELBOURNE
EYECARE
CLINIC**



Learning Outcomes

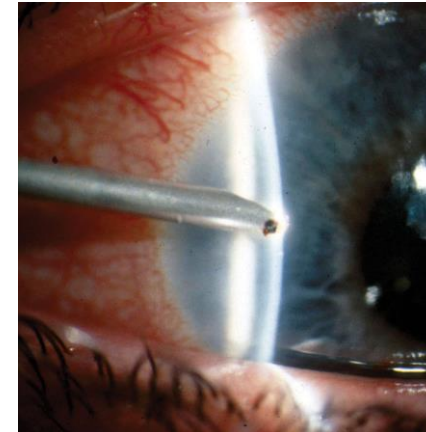
- Describe the use of HealthPathways Melbourne in collaborative eye care
- Describe the role of various health care workers in collaborative eyecare in managing eye trauma, red eye conditions, and diabetic eye disease
- Review common eye lid lesions and identify signs and symptoms that indicate referral
- Review key risk factors for the diabetic eye disease to determine appropriate frequency of eye exams for individual patients.

Scenario: A young man walks in...

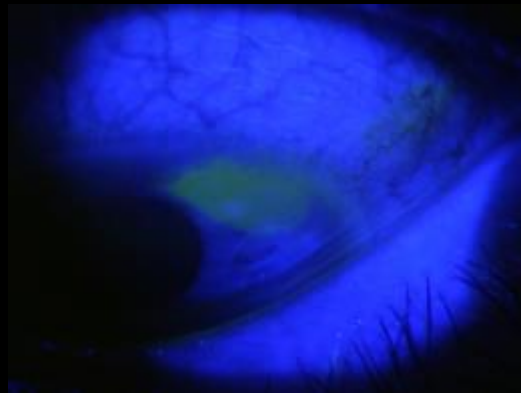
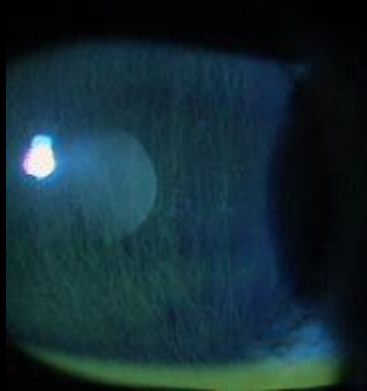


what you're watching right now is a video on how not to use an angle grinder correctly everything

Before your start...



Tarsal foreign body removal

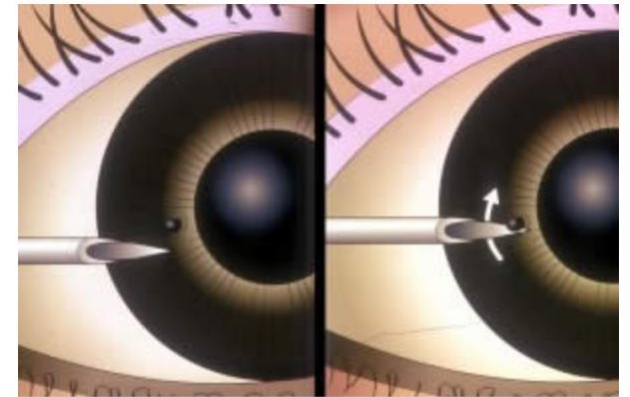
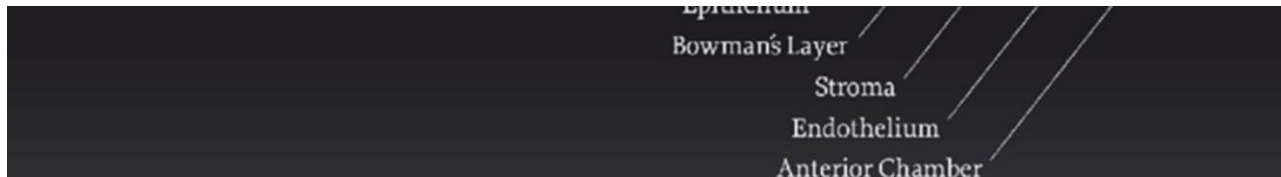


Corneal foreign body removal

- [Foreign Body in Eye - Community HealthPathways Melbourne](#)
- Use magnification and light from loupes or an ophthalmoscope.
- Remove the foreign body with a sterile, saline-soaked cotton bud using a sweeping motion.
- If cotton bud fails:
 - consider an 18 gauge or 20 gauge needle to carefully loosen the foreign body ^ . Only attempt with a cooperative adult and only if you are confident.

Carefully loosen the foreign body

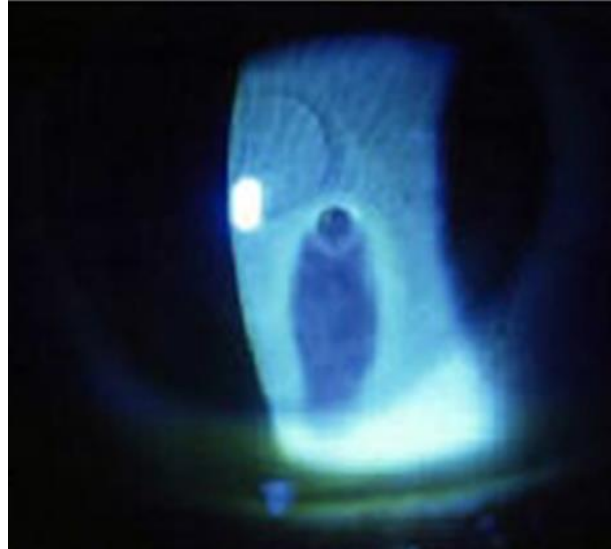
- Construct a spatula with 18 gauge or 20 gauge needle.
 - Two bends are required – spatulate the bevelled area, then bend the shaft to 30° about halfway from the needle to the hub.
 - This allows object to be lifted using a scooping fashion. The bend ensures the needle is held parallel to the cornea.
 - Use the side of the needle, not the tip.
- consider a dental burr or motorised dental burr if available.



Removing a corneal foreign body. © Cactus design and illustration Ltd



Beware



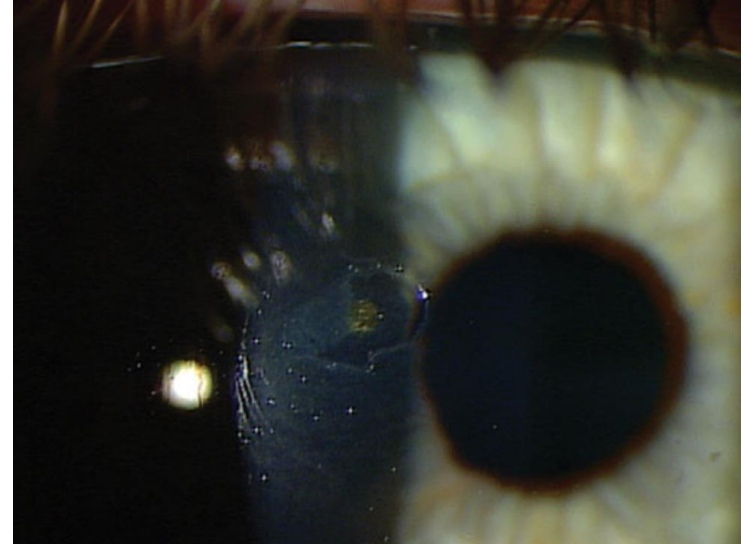
Doan A. The University of Iowa EyeRounds Atlas. Peaked pupil from open globe. <https://eyerounds.org>

Kabat A. The Review Of Optometry. A Bloody Mess. <https://www.reviewofoptometry.com>

Judelson J. Encyclopaedia of Ophthalmology. Corneal Intraocular Foreign Body of Iron. https://link.springer.com/referenceworkentry/10.1007/978-3-642-35951-4_844-1

After you're done...

- Pain relief
- Other ocular trauma?
- Risk of infection or inflammation
 - Organic vs non-organic material
 - Contact lens wearer?
- Eye padding?



Authors' conclusions

Trials included in this review suggest that treating simple corneal abrasions with a patch may not improve healing or reduce pain. It must be noted that, in these trials, participants who did not receive a patch were more likely to receive additional treatment, for example with antibiotics. Overall we judged the certainty of evidence to be moderate to low. Further research should focus on designing and implementing better quality trials and examining the effectiveness of patching for large abrasions.

Staged Care: Foreign Body Removal



Tarsal FB removal
Superficial corneal FB removal
Therapeutic management
(infection, surface damage, pain
management)
Screen for penetrating injury or
other anterior ocular trauma
Triage care of other related
trauma



+

Embedded corneal FB removal
Rust ring removal
Bandage contact lens
Check for iritis
Screen for retinal trauma
Ongoing monitor for recurrent
corneal disease



+

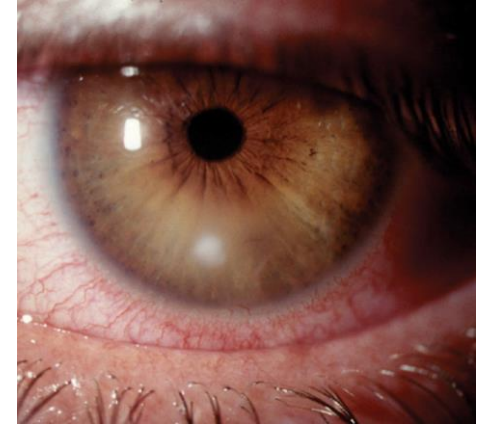
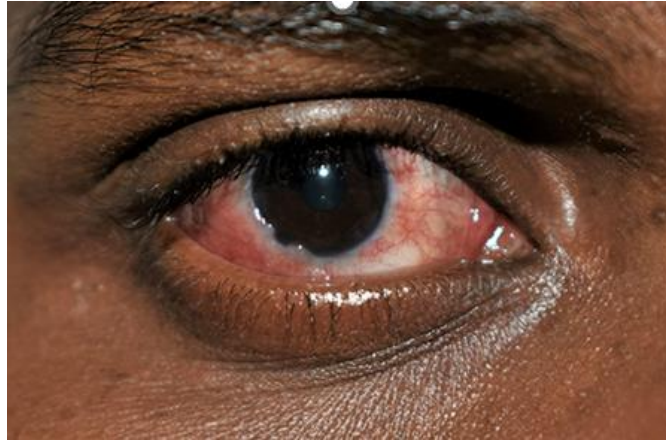
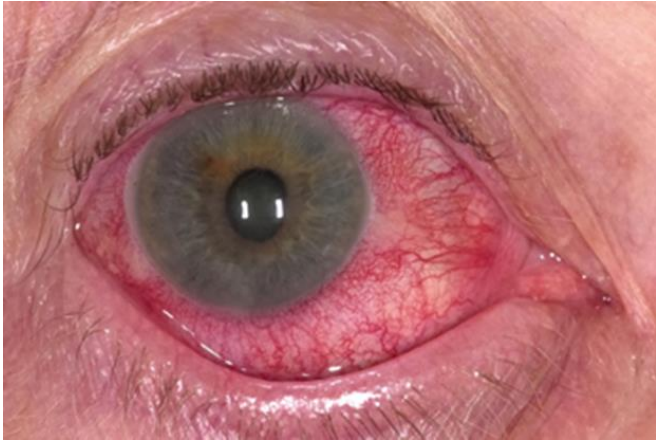
Penetrating FB (emergency)
Other ocular trauma tx
(hyphema, retinal, lid etc)
Infection not responsive to
first line treatment





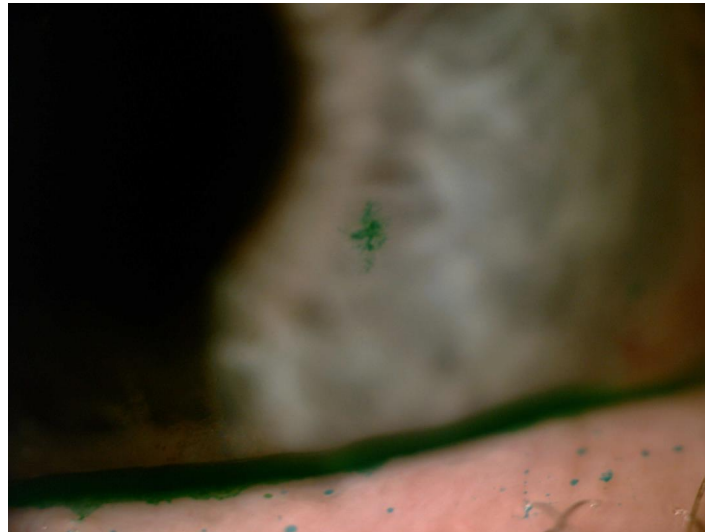
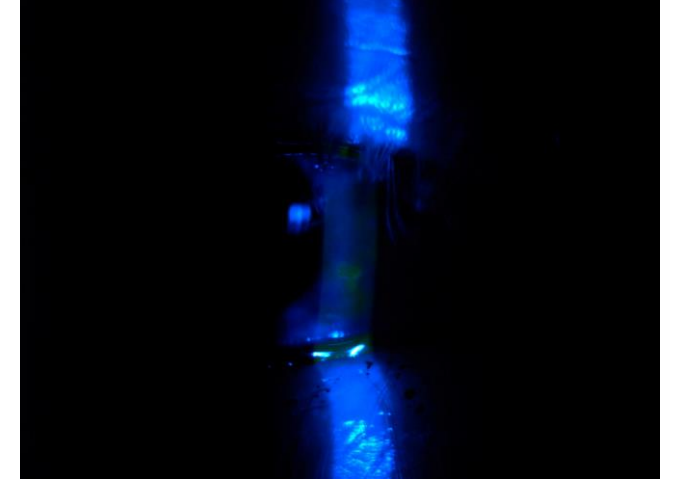
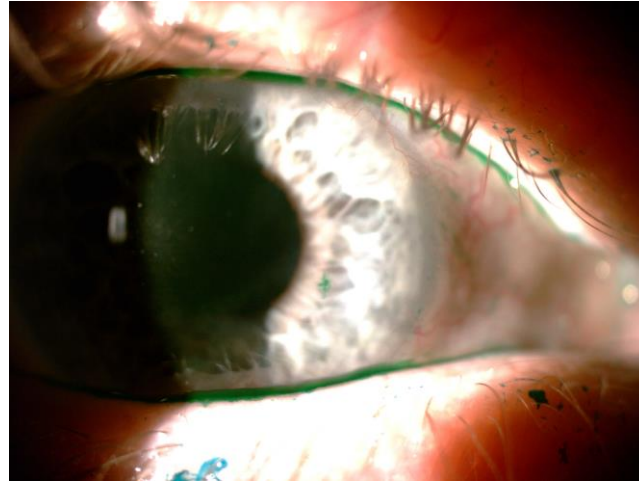
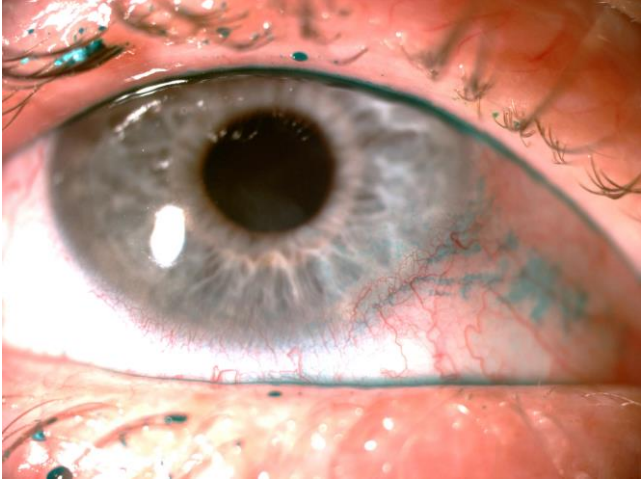
WEAR A QUALITY FACESHIELD OVER YOUR SAFETY GLASSES

Red eye: self limiting or sight threatening?



Monitor?
Topical antibiotic?
Topical steroid?
Topical antihistamine/oral antihistamine?

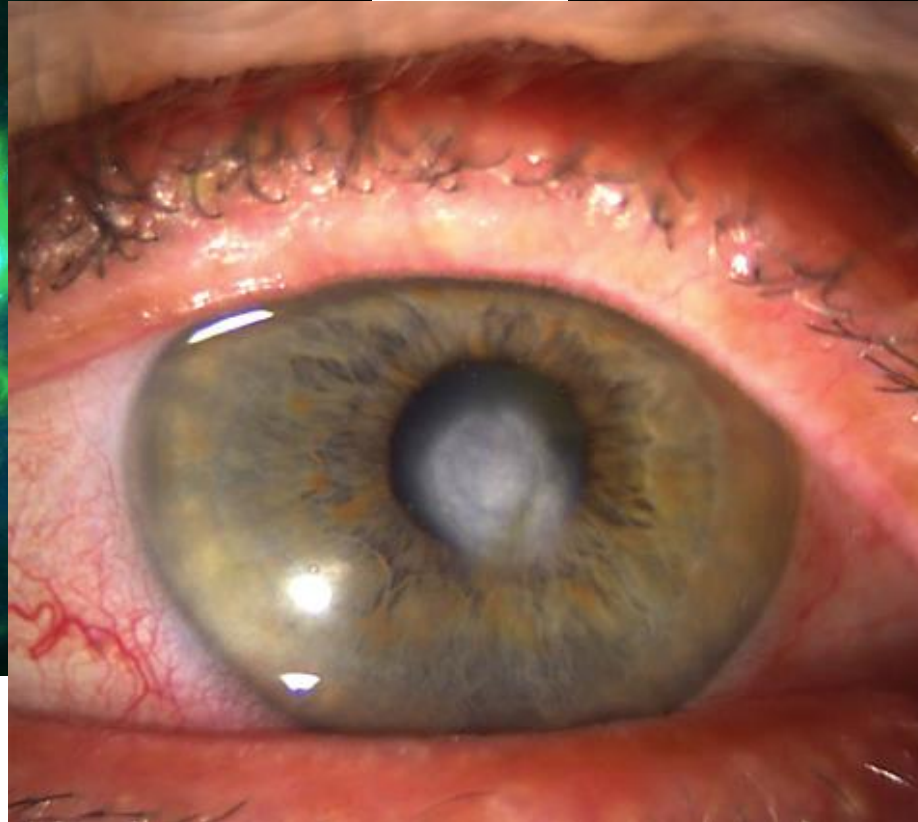
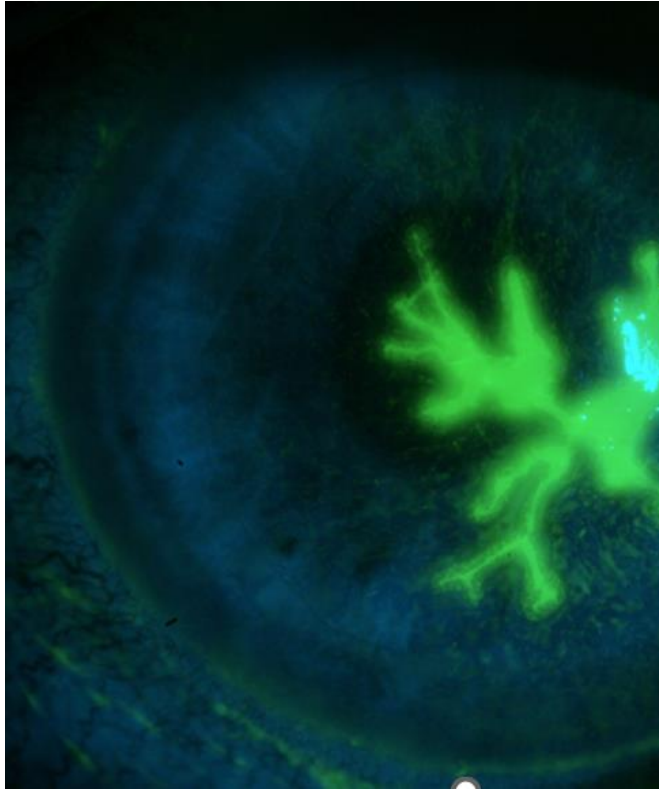
Scenario



Expectation



Reality



Collaborative Care: Herpetic Keratitis & Herpes Zoster Ophthalmicus



Tx of herpetic disease (w or w/o ocular involvement)

PCR swab

Initiate tx for HSV epithelial keratitis (oral & topical)

Neuralgia management



Diagnosis of ocular involvement

Differentiate HSV stromal vs epithelial disease

Dx assoc iritis + IOP

Initiate tx (topical only)

Debridement?

Monitor for recurrence



Tx for severe or cases involving posterior segment

Initiate oral tx for recurrent cases

Surgery for corneal scarring?



Can the optometrist diagnose and manage....?

Condition	Dx	Management
Bacterial conjunctivitis	✓	
Viral conjunctivitis	✓	
Infective keratitis	✓	first line treatments referral for severe or non-responsive cases
Corneal erosion	✓	most px can be managed with first line treatment
Iritis	✓	First line treatment of typical, monitor for recurrent collaboration for systemic investigation referral for severe, atypical, chronic, recurrent or complications
Allergic eye disease	✓	first line treatments
Contact lens related infection	✓	first line treatments referral for severe or non-responsive cases
Contact lens related inflammation	✓	

Requires Ocular Therapeutic Endorsement

Scenario: A young child walks in...



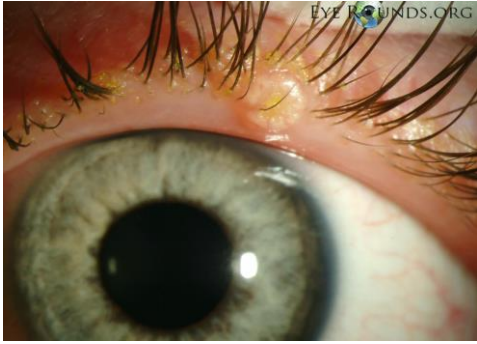
[Eyelid Lesions - Community HealthPathways Melbourne](#)

Clinical Pearls: swollen lid

	STYE (HORDEOLUM)	PRE-SEPTAL CELLULITIS	ORBITAL CELLULITIS
Definition	Acute bacterial infection of the glands of the eyelid (external or internal)	Infection of the tissues localized anterior to the orbital septum (eyelid and skin around the eye).	Infection of the soft tissues of the eye socket behind the orbital septum.
Cause	Staphylococcus aureus	Staphylococcus Insect bite, sinusitis, hordeolum, URTI	Gram positive Strep and Staph species. Paranasal sinusitis, URTI
Eyelid swelling	Eyelid swelling (mild to mod)	Eyelid swelling (mild to mod)	Eyelid swelling +++ spreading to face
Pain with palpation	Tenderness/pain + (only in location of lesion)	Tenderness/pain ++ (entire lid(s))	Pain ++ (deep eye pain)
Eye movements	Unaffected	Unaffected	Painful, restricted
Proptosis	No	No	Yes
Diplopia	No	No	Yes
Vision	Unaffected	Unaffected	May be reduced
Other symptoms	Watery eye Ocular surface unaffected	Mild fever? Ocular surface unaffected	Rapid afferent pupil defect Generally unwell, fever Neurological signs
Complications	Chalazia: chronic granulation leading to painless eye nodule		High risk of complications (intra-cavernous sinus thrombosis, nerve, retina damage)
Treatment	Conservative +/- oral monotherapy AB	Conservative +/- oral monotherapy AB	Urgent/Emergency: Blood culture, multiple AB (IV), ophthalmology consult, surgery



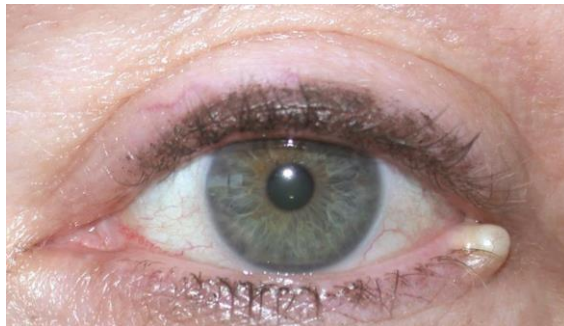
Common eye lid lesions



Cysts arising from eyelid glands or epidermis: epidermal inclusion cyst, xanthelasma



Benign tumors: papilloma, seborrheic keratosis



Viral: molluscum

American Academy of Ophthalmology. Molluscum Contagiosum.
American Academy of Ophthalmology. Epidermal Inclusion Cyst
American Academy of Ophthalmology. Seborrheic Keratosis
American Academy of Ophthalmology. Xanthelasma. <https://eyewiki.aao.org>
Toyer J. The University of Eye Rounds. Molluscum Contagiosum. <https://eyerounds.org>
Wills Eye Hospital. Eyelid Papilloma. <https://www.willseye.org>
<https://www.aao.org/eye-health/diseases/what-is-xanthelasma>

Malignant lid lesions



Gradual, painless enlargement (photography)

Ulceration (non-healing)

Bleeding

Destruction of eyelid margin

Loss of lashes

Telangiectasia

Thickening/hardening

Chronic unilateral eye infection

Hx: other skin malignancy, immunosuppressed

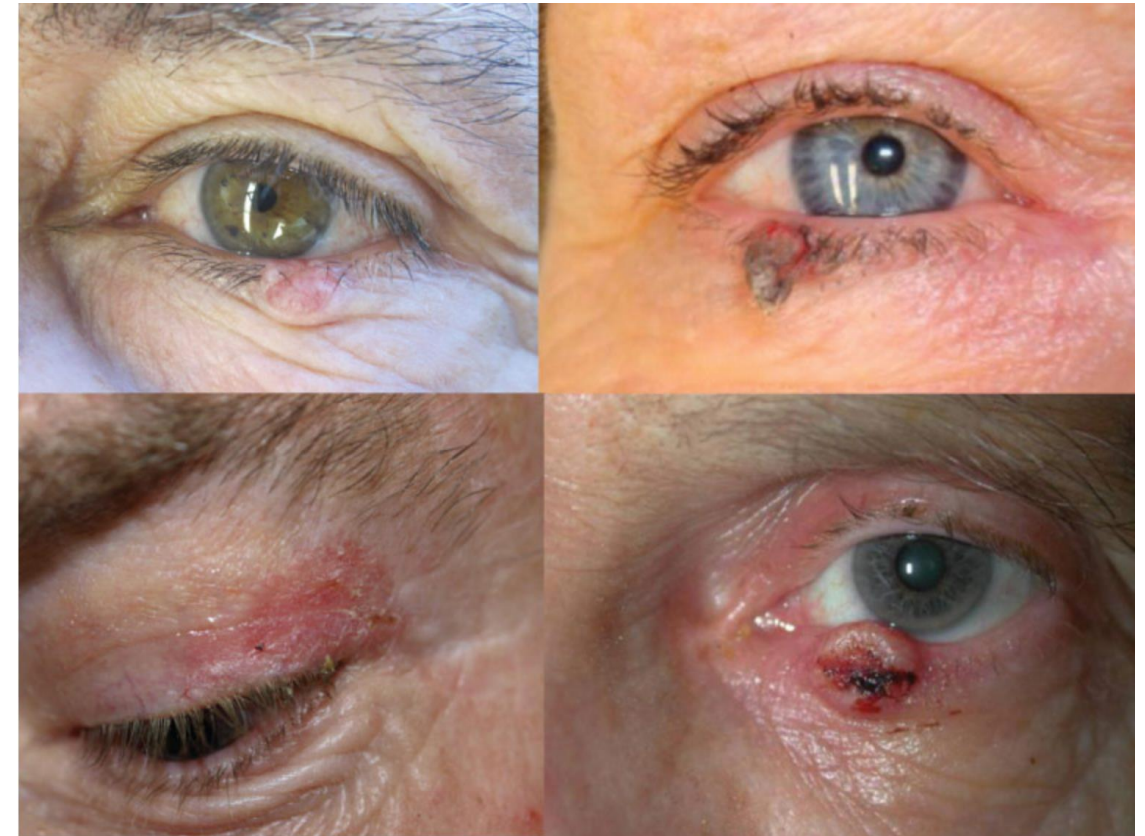


Figure 4. Malignant eyelid tumours: A basal cell carcinoma presenting as an isolated nodule with associated telangiectasia and loss of lashes (upper left), keratoacanthoma (upper right), actinic keratosis (lower left) and invasive squamous cell carcinoma with central ulceration (lower right)

[Eyelid Lesions - Community HealthPathways Melbourne](#)

And now
for something
completely different...



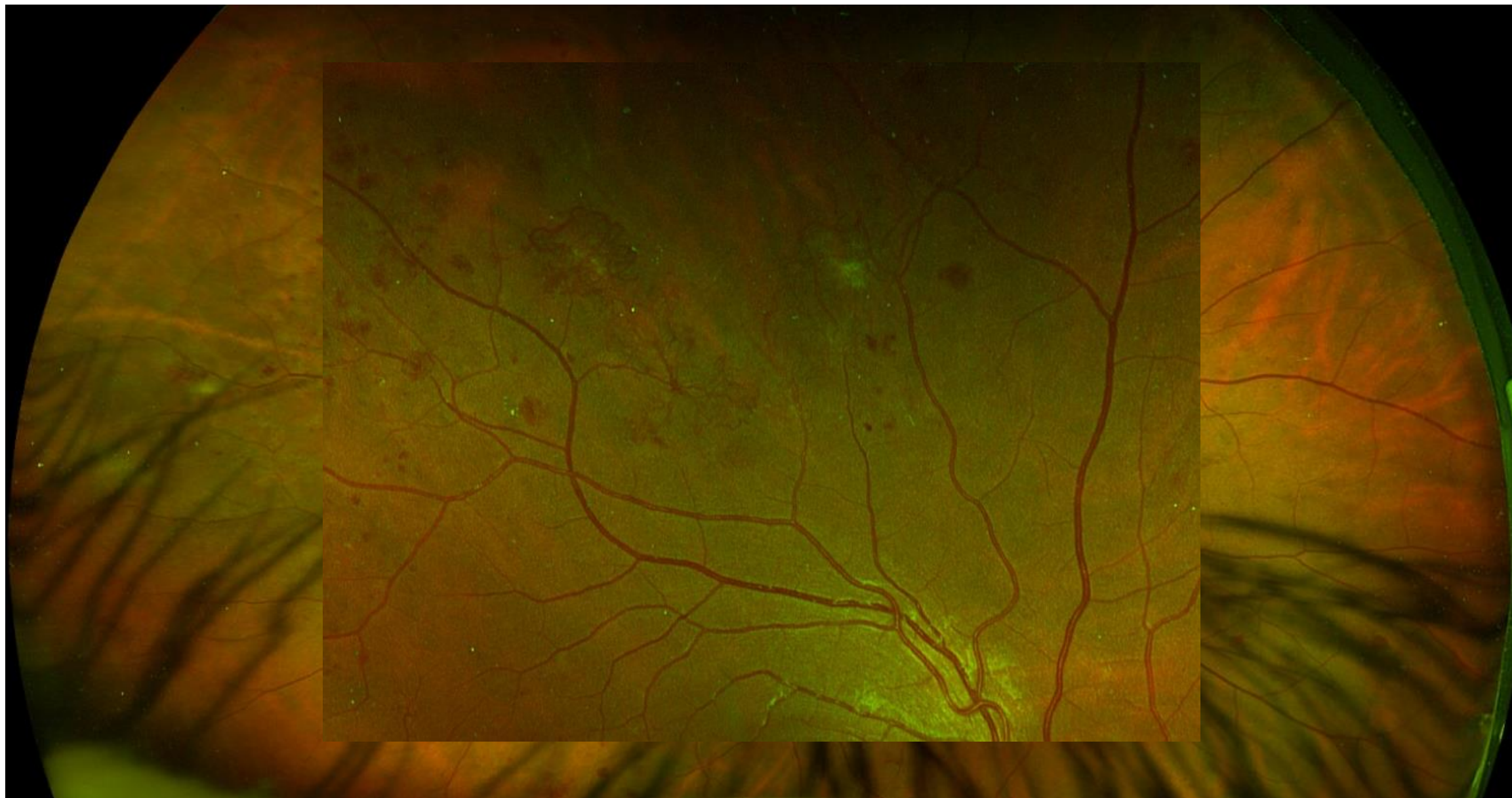
Scenario: 30yo walks in



- Dx with IDDM in 1996 (24years ago)
- HbA1c 7.4% 3 month prior (1 ya 8.1% 6months ago 7.6%)
- Hypothyroidism - Levothyroxine sodium tablet - does not take this as much
- No HTN, cholesterol OK
- Vision R 6/7.5 L 6/6-2
- No vision complaints

How often should this person have an eye exam?

[Health Pathways Melbourne: Diabetic Retinopathy](#)



Clinical Pearls for Diabetic Eye Disease

- Risk factors for development of diabetic retinopathy
 - Duration of diabetes
 - Type 1 > type 2
 - HbA1c

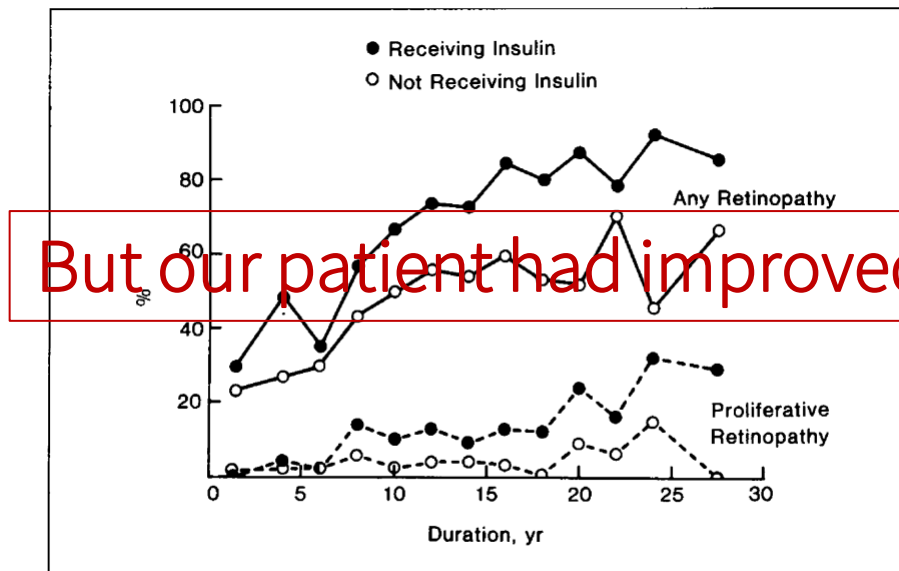


Fig 2.—Frequency of retinopathy or proliferative retinopathy by duration for insulin-taking and non-insulin-taking persons.

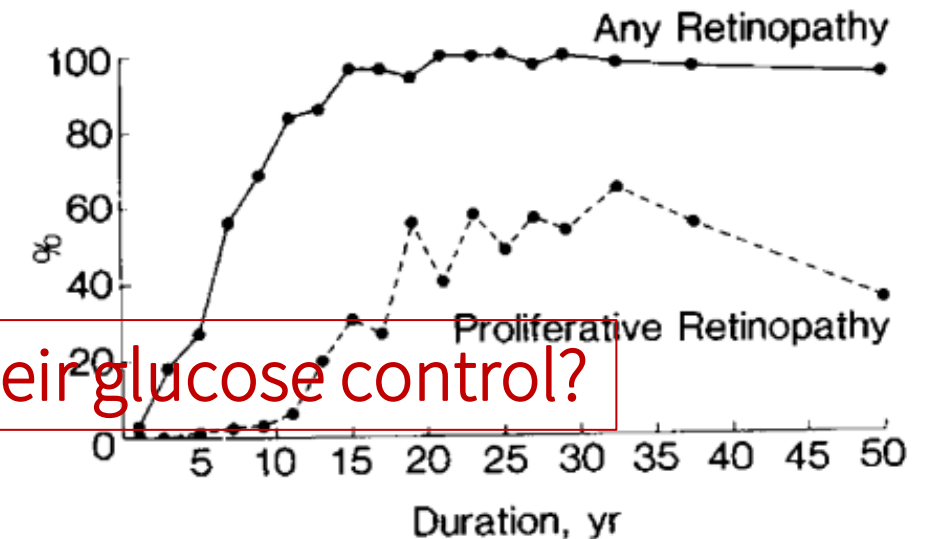


Fig 2.—Frequency of retinopathy or proliferative retinopathy by duration of diabetes in years.

Klein R, Klein BEK, Moss SE, Davis MD, DeMets DL. The Wisconsin Epidemiologic Study of Diabetic Retinopathy: II. Prevalence and Risk of Diabetic Retinopathy When Age at Diagnosis Is Less Than 30 Years. *Arch Ophthalmol*. 1984;102(4):520–526.

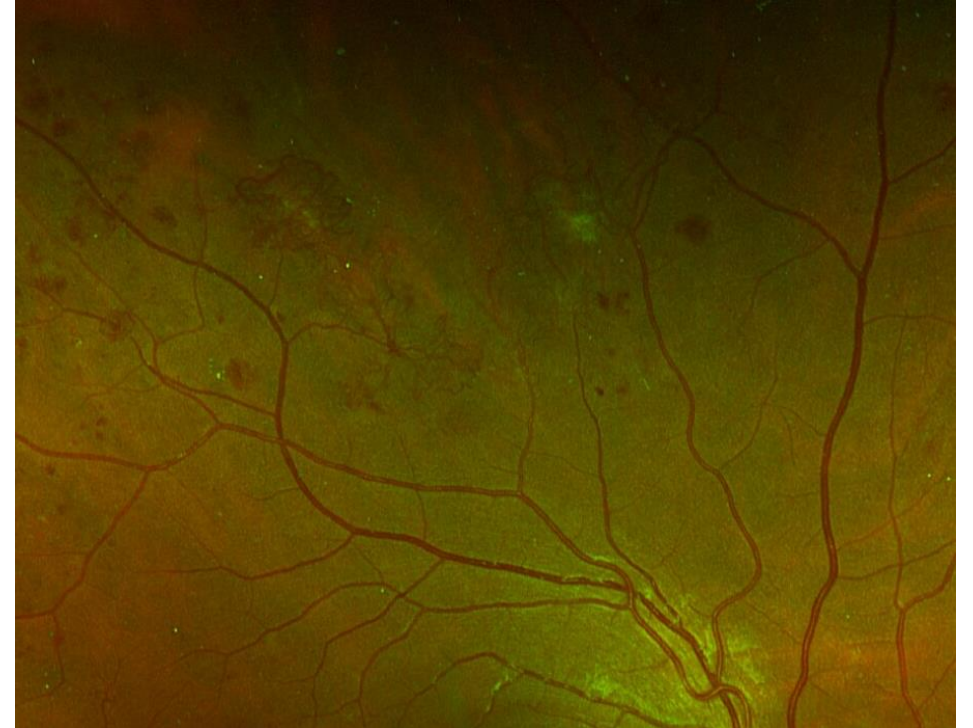
Klein R, Klein BE, Moss SE, Davis MD, DeMets DL. The Wisconsin epidemiologic study of diabetic retinopathy. III. Prevalence and risk of diabetic retinopathy when age at diagnosis is 30 or more years. *Arch Ophthalmol*. 1984 Apr;102(4):527–32

Clinical Pearls For Diabetic Eye Disease



Other risk factors

- Co morbidities: hypertension, dyslipidemia
- Pregnancy
- **Intensive diabetic management**
- Cataract surgery



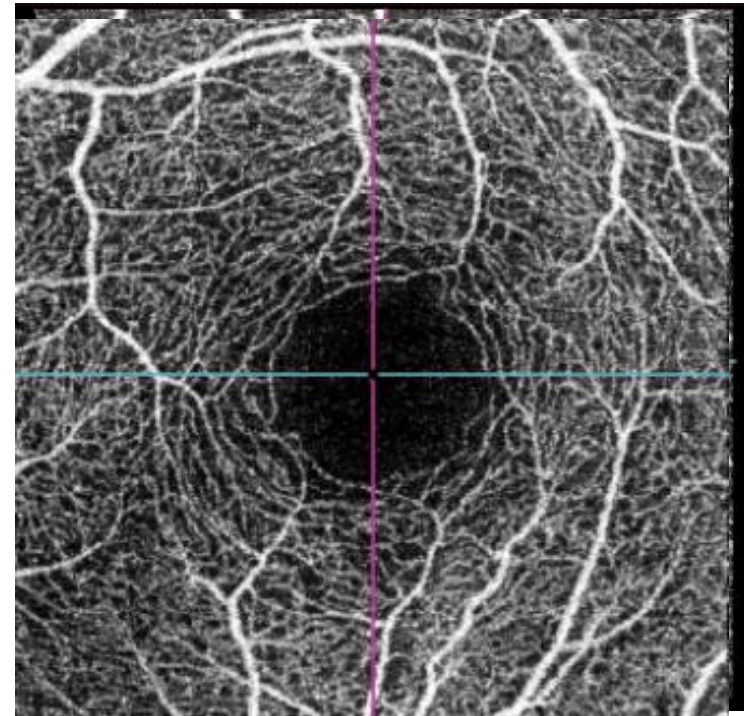
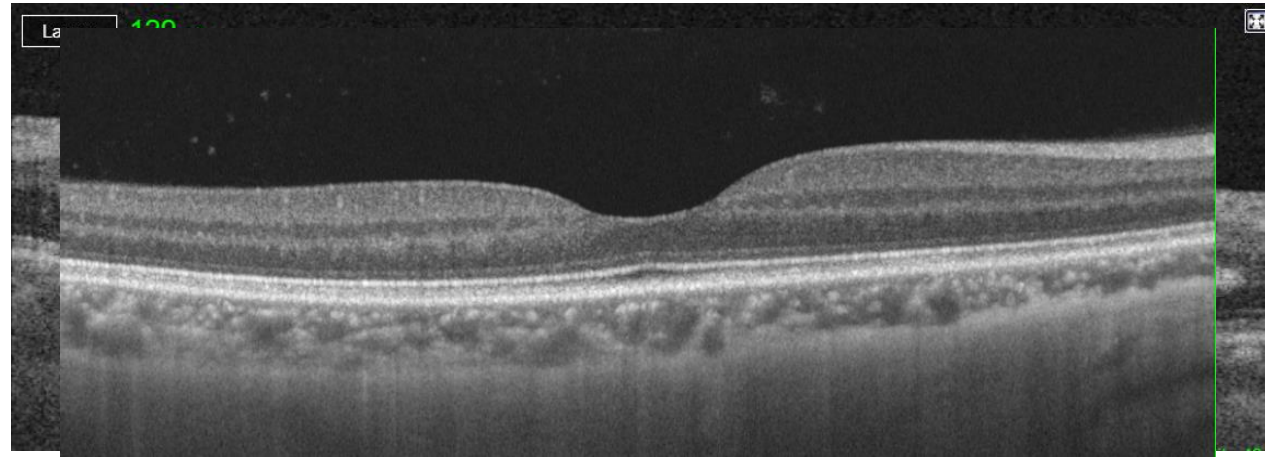
Klein R, Klein BEK, Moss SE, Davis MD, DeMets DL. The Wisconsin Epidemiologic Study of Diabetic Retinopathy: II. Prevalence and Risk of Diabetic Retinopathy When Age at Diagnosis Is Less Than 30 Years. *Arch Ophthalmol*. 1984;102(4):520–526.

Klein R, Klein BE, Moss SE, Davis MD, DeMets DL. The Wisconsin epidemiologic study of diabetic retinopathy. III. Prevalence and risk of diabetic retinopathy when age at diagnosis is 30 or more years. *Arch Ophthalmol*. 1984 Apr;102(4):527-32

Case: Phuong 34yo

- Dx with IDDM in 2004 (19years ago)
- HbA1c unknown
- Recent hypertension diagnosis?
- Visual acuity R 6/19 L 6/19
 - 6/6 in each eye last year





Clinical Pearls For Diabetic Eye Disease

Diabetic retinopathy is the leading cause of irreversible vision loss in working age population.

Diabetic macular oedema

- OCT imaging + anti-VEGF injection → DMO can be diagnosed sooner and treated effectively
- Patients with centre involving DMO with good visual acuity may not need injections



Clinical Pearls For Diabetic Eye Disease

Fenofibrate (LIPIDIL)

- Lipid modifying drug: treat Hypertriglyceridemia, primary hypercholesterolemia, mixed dyslipidemia.
- Evidence from 2 large studies (FIELD & ACCORD) that fenofibrate slows the progression of diabetic retinopathy and the need for more invasive treatment modalities in patients with type 2 diabetes, especially those with pre-existing retinopathy. It also protects against diabetic kidney and nerve damage.
 - Inhibition of inflammation, angiogenesis, apoptosis, and oxidative stress?
- Does not replace the need to maintain serum glucose and blood pressure
- Type 1 diabetes? [FAME 1 Study](#)

Clinical Pearls: Diabetic eye disease

- Cataract occurs sooner and progresses to surgery more quickly in people with diabetes
 - Increased risk of worsening diabetic retinopathy and development of macula oedema immediately after cataract surgery
- Significant change in vision and refraction may be the first sign of diabetes
 - Optometrist may refer for diabetic testing for significant unexpected refractive change
 - Advise patients to delay getting new glasses immediately after starting diabetic medication



Collaborative Care: Diabetic Eye Disease



Management of diabetes
and co-morbidities
Other medical primary
care
Co-ordinate with other
health professionals



Routine screening for
diabetic eye disease
Address visual needs
Routine screening for
other eye disease
Time sensitive referral for
PDR & DMO



Routine screening for
diabetic eye disease?
PRP & Anti-VEGF injection
Other surgery





What is HealthPathways?

Melbourne

HealthPathways

Melbourne

Allied Health and Community Nursing

Child Health

Investigations

Legal and Ethical

Lifestyle and Preventive Care

Medical

Mental Health

Older Adult's Health

Medicines Information and Resources

Public Health

Specific Populations

Surgical

Breast Surgery

Dentistry

Endocrine Surgery

ENT, Head, and Neck Surgery

General Surgery

Neurosurgery

Ophthalmology

Cataracts

Children's Eye Problems

Corneal Problems

Diabetic Retinopathy

Eye Assessment in Adults

Eyelid Problems

Irritated and Dry Eyes

Low Vision Assistance

Red Eye

Trauma in Eyes

Vision Loss

Referral to Ophthalmology Department

Oral and Maxillofacial Surgery

Orthopaedics / Musculoskeletal

Surgery - Child

Perioperative Care

Irritated and dry eye

Melbourne

HEALTHPATHWAYS

Health Alert

Victoria DHHS – Coronavirus COVID-19 Daily Update

Latest News

1 September

health.vic

Health alerts and advisories

13 September

60-day dispensing – PBS medicines and current item codes

From 1 September 2023, GPs are able to write scripts for 60 days with 5 repeats for certain PBS medications. For further information, see 60-day prescriptions of PBS medicines, searchable table PBS for 60-day dispensing, and information kit.

1 September

Changes to requirements for COVID-19 vaccinators

Administration requirements for COVID-19 vaccines are now the same as other vaccinations. Vaccinators who are not nurse immunisers may only administer vaccines under written order of a medical practitioner. Read more.

8 August

Cardiovascular disease (CVD) risk guidelines update

The 2023 Australian Guideline for Assessing and Managing CVD Risk and associated Aus CVD Risk Calculator are now available. The Absolute Cardiovascular Disease Risk Assessment pathway will be unavailable while we update this pathway.

31 July

Notification of rheumatic heart disease (RHD) and acute rheumatic fever (ARF) cases

As of 31 July 2023, ARF and RHD have become routine notifiable conditions in Victoria. Practitioners who reasonably believe that a patient has, or may have, ARF or RHD must notify the Victorian

Pathway Updates

Updated – 20 September

Behavioural Disturbance in Older Adults

Updated – 20 September

Asymmetrical Sensorineural Hearing Loss

Updated – 19 September

Hyperlipidaemia

Updated – 19 September

First 12 Months After Admission to a Residential Aged Care Facility

Updated – 18 September

Consent

VIEW MORE UPDATES...

ABOUT HEALTHPATHWAYS

BETTER HEALTH CHANNEL

RACGP RED BOOK

USEFUL WEBSITES & RESOURCES

MBS ONLINE

NPS MEDICINEWISE

PBS

NHSD

About HealthPathways

What is HealthPathways?

How do I use HealthPathways?

How do I send feedback on a pathway?

How do I add HealthPathways to my desktop?

How do I add HealthPathways to my mobile?

Click 'Send Feedback' to add comments and questions about this pathway.

SEND FEEDBACK

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- **clear and concise, evidence-based medical advice**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**
- **what services are available to my patients**

Accessing HealthPathways:

Go to melbourne.healthpathways.org.au



Welcome

Sign in to HealthPathways

Username

Password

[Forgot password?](#)

☐ Show

☒ Remember me

Sign In

New to HealthPathways?

If you are a health professional and would like to have access to this HealthPathways website, please request access from the local HealthPathways team.

[Register now.](#)

Get localised health information, at the point of care

[What is HealthPathways?](#) ▾

[Terms and Conditions](#)

[General Inquiries](#) ▾

phn
EASTERN MELBOURNE
An Australian Government Initiative

phn
NORTH WESTERN
MELBOURNE
An Australian Government Initiative



Register via QR code



info@healthpathwaysmelbourne.org.au

Relevant and related pathways

Ophthalmology

- Cataracts
- Children's Eye Problems
- Corneal Problems
- Corneal Ulcers and Abrasions
- Herpes
 - Herpes Simplex Keratitis / Dendritic Ulcer
 - Herpes Zoster Ophthalmicus
- Keratitis
- Pterygium
- Diabetic Retinopathy
- Irritated and Dry Eyes

• Trauma in Eyes

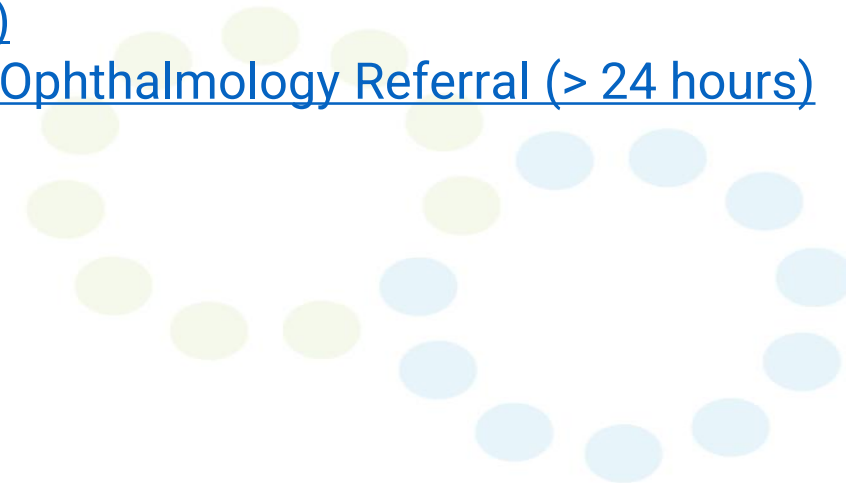
- Foreign Body in Eye

• Vision Loss

- Glaucoma
- Macular Degeneration
- Sudden or Recent Vision Loss

• Referral to Ophthalmology Department

- Acute Ophthalmology Referral or Admission (Same-day)
- Non-acute Ophthalmology Referral (> 24 hours)



In Summary

- GPs, optometrists, ophthalmologists & other healthcare workers have clear and interlinked roles in improving eye health outcomes
 - Optometrists provide accessible primary eye care: [Optometry Australia: Find An Optometrist](#)
 - Interprofessional communication is key
- Health Pathways Melbourne is a key resource in assessing and initiate management for eye conditions
- Foreign body removal: Are you prepared for the “before, during and after”?
- Red eyes can be self limiting or sight threatening; incorrect treatment can quickly worsen outcomes
- Eyelid lesions: growing, bleeding, not healing, recurrent, lash changes → biopsy
- Diabetic eye disease: Early and accurate diagnosis allows patients to access effective treatments. Assess risk factors and work with optometrist to ensure regular screening occurs: [Keep Sight](#)





Contact Maria Bui

maria.bui@unimelb.edu.au

Melbourne Eyecare Clinic

200 Berkeley St

Carlton

03 9035 6666

**MELBOURNE
EYECARE
CLINIC**

Melbourne
Teaching
Health Clinics



Speakers: Premier Health Partners



Dr Paul O'Keefe

Areas of Interest:

Assessing and treating a variety of aches and pain, educating his patients so they can develop the necessary skills to be able to address the specific cause of the problem

Belinda Bradfield

Nurse/practice manager

Belinda is a dedicated nurse with a profound commitment to enhancing healthcare quality in general practice.

Premier Health Partners have been involved with the 'Enhancing Preventative Eye Health in Primary Care' Quality Improvement Project this year and have developed 4 PDSA cycles they would like to share with you today (Plan, Do, Study, Act Cycles (PDSA), a quality improvement methodological framework).

Eye Health Quality Improvement Activities

Newsletter/Blog

- Posting blurbs in the newsletter
- **POSITIVE:** we know that it reached over 2500 of our patients
- **NEGATIVE:** hard to track in terms of referrals and outcomes

Opportunistic Screening

- GP would ask patients about their eye health at the end of a consultation
- **POSITIVE:** reached a lot of patients
- **NEGATIVE:** struggled getting a GP on board which meant it significantly impacted our reach/data

PENCAT Eligible Patients

- Utilised the PENCAT tool to generate a list of patients eligible for a reminder to get an eye check
- **POSITIVE:** able to reach a lot of patients
- **NEGATIVE:** time consuming and hard to track

Speaker: Sarah Zerbib, Manager, Education & Development, Vision 2020 Australia

Sarah is responsible for Education and Development activities at Vision 2020 Australia, the peak body for eye health and vision care in Australia.

Sarah has been working in the not-for-profit sector in Australia and the UK for over 18 years, she has experience in project management, health promotion and professional education.

Sarah is a mother of two who enjoys spending time with her family and travelling. Born and raised in France, she is a committee member of the French Bilingual Association of Melbourne.

Eye health and vision care Online learning and resources

**Eye Health Collaborative Care and Quality Improvement in General Practice
25 October 2023**

Presentation by Sarah Zerbib, Education & Development



Vision 2020 Australia



Established in October 2000.

The sole, national eye health peak industry body.

50 members across the spectrum of research, prevention, diagnosis, treatment, rehabilitation, representation of or service provision for people who are blind or have low vision, and also in all major areas of participation including employment and education.

Purpose and vision: the elimination of preventable blindness and vision loss and the full participation of people who are blind or have low vision in the community.



Online learning portal



Contact: education@vision2020australia.org.au
Include workplace postcode

The screenshot shows the login page of the Vision 2020 Australia online learning portal. The page has a dark blue background with a pattern of lighter blue circles. On the left, there is a circular image of two women smiling, with the Vision 2020 Australia logo overlaid. Below the image, the text reads: "Welcome to the Vision 2020 Australia online learning portal" and "Workforce Development for members and partners". On the right, there is a white "Account Login" form. The form has fields for "USERNAME" (with a placeholder "enter your username") and "PASSWORD" (with a placeholder "enter your password" and a "Forgot?" link). Below the password field are "Login" and "Help" buttons. At the top of the page, there is a navigation bar with links for "HOME", "RESOURCES", "HELP", and "ONLINE STORE", and a "Login" button in the top right corner. At the bottom of the page, there is a footer with copyright information and links for "Cookie Policy", "Disclaimer", "Privacy Policy", and "Terms of Use".

© Copyright 2023 Kinea [Cookie Policy](#) [Disclaimer](#) [Privacy Policy](#) [Terms of Use](#)

Your homepage



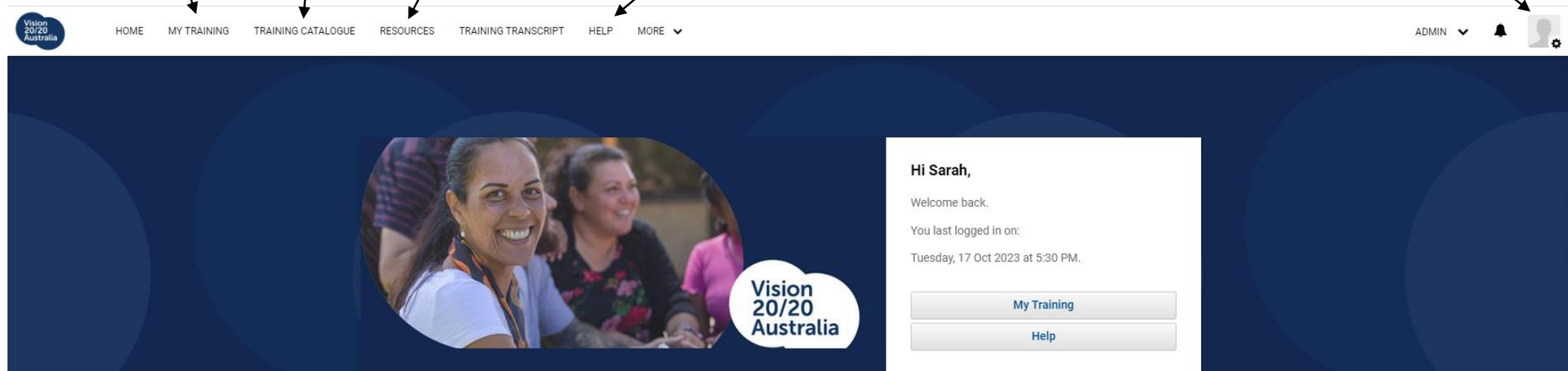
Where to find the list of courses you are enrolled in

List of courses available

Where to find the recordings of the 2023 eye health webinars

Help information & helpdesk details

Where you can adjust your profile



'My Training' = Your courses dashboard

Vision
20/20
Australia

The screenshot displays the 'My Training' dashboard for Vision 20/20 Australia. At the top, a navigation bar includes links for HOME, MY TRAINING, TRAINING CATALOGUE, RESOURCES, TRAINING TRANSCRIPT, HELP, and MORE. The dashboard header is 'My Training'. Below this is a search bar labeled 'search for a learning activity' and filter buttons for 'Completed', 'Not started', and 'Due'. The main content area shows four course cards, each with a 'Select course to begin' button in the top left corner.

Course Title	Completion Date	Score	Status
An Introduction to Eye Health and Vision Care	Completed on 22 June 2023	Score: 88%	Certificate Awarded. VIEW NOW
Advanced Eye Care Training for Primary and Allied Health	Completed on 22 June 2023	Score: 81%	Certificate Awarded. VIEW NOW
Common Eye Conditions	Completed on 4 July 2023	Score: 100%	Certificate Awarded. VIEW NOW
Diabetes and Eye Health	Completed on 29 May 2023	Score: 92%	Certificate Awarded. VIEW NOW

Training catalogue & online store



Free access for health professionals working in Victoria

HOME

MY TRAINING

TRAINING CATALOGUE

RESOURCES

TRAINING TRANSCRIPT

HELP

MORE ▾

ADMIN ▾

An Introduction to Eye Health and Vision Care

This course covers the importance of eye health, anatomy and physiology of the eye, what is an eye examination, the main eye conditions causing vision loss in Australia and who the professionals working in the eye health sector are.

It will assist nurses, allied health professionals, Aboriginal Health Workers and Aboriginal Health Practitioners to identify people at risk of developing an eye condition, encourage them to seek an eye health professional and direct them to low vision services if need be.

Throughout this module, you will be presented with brief online assessments. To pass you will need to achieve a 75% pass rate.

This course will take you around 2 hours to complete, including research and hyperlinks.

✔ Enrolled

Launch An Introduction to Eye Health and Vision Care

Advanced Eye Care

To access this course, you will need to first complete the module 'Introduction to eye health and vision care'.

The Advanced course aims to provide primary health and allied health professionals, Aboriginal Health Workers and Aboriginal Health Practitioners, with further information on specific topics related to eye health and vision care.

The course includes an overview of how to conduct a basic vision assessment, the vision and eye health requirements for driving in Australia, the risks to eye health associated with chronic disease and the impact of medium and long-term use of systemic medications on eye health.

By the end of this module, you will be able to understand how to measure and record distance visual acuity, what the vision and eye health requirements required for driving are, how some chronic diseases and medications may affect the health of the eyes and what you can do to help patients achieve better vision and eye health outcomes.

Throughout this module, you will be presented with brief online assessments. To pass you will need to achieve a 75% pass rate.

This course will take you around 1 hour to complete, including research and hyperlinks.

✔ Enrolled

Launch Advanced Eye Care Training for Primary and Allied Health

Common Eye Conditions

The Common Eye Conditions course is aimed at general practitioners.

The course will cover the main causes of vision loss and blindness in Australia, how to conduct a basic vision assessment, and an overview of common eye infections. It will also include details on who is part of the eye care team, your role in eye health preventative care and the referral process to optometry and ophthalmology services.

Throughout this module, you will be presented with brief online assessments. To pass you will need to achieve a 100% pass rate.

This course will take you around 2 hours to complete, including research and hyperlinks.

✔ Enrolled

Launch Common Eye Conditions

Eye health webinars



Recordings of live webinars hosted in 2023 available in Resources.

Topics:

- Glaucoma
- Age-related macular degeneration
- Diabetes and eye health
- Children's vision
- Ocular emergencies (access on request, contact us: education@vision2020australia.org.au)
- Cataracts



Other resources



Range of information sheets and videos

English + 10 languages: Arabic, Greek, Cantonese, Mandarin, Italian, Vietnamese, Burmese, Dari, Hazaragi and Tamil



Other sources of information



Optometry Australia
www.optometry.org.au

The Royal Australian and New-Zealand College of Ophthalmology
www.ranzco.edu

The Australian College of Optometry
www.aco.org.au

The Royal Victorian Eye and Ear Hospital
www.eyear.org.au



Other sources of information

Victorian Aboriginal Community Controlled Health Organisation
www.vaccho.org.au

Indigenous Eye Health Unit (University of Melbourne)
<https://mspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/ieh>

Good Vision for Life
www.goodvisionforlife.com.au



Vision
20/20
Australia

THANK YOU





Questions?

Discussion Panel:

- Maria Bui
- Sarah Zerbib
- Belinda Bradfield
- Dr Paul O'Keefe

Eye Health QI Activities

Our quality improvement templates are available for general practices to improve patient outcomes and deliver best practice care.

QI Activity



Increase the number of people living with diabetes who have been referred to an optometrist.

The following Plan-Do-Study-Act (PDSA) cycles can contribute to your CPD hours for the 2023 – 2025 triennium. Instructions to self-report your CPD hours for this activity are included under 'Next Steps' on page 5 of this template.

First steps

1. Nominate a lead person or leadership team including clinical and non-clinical representatives for this activity.
2. Decide how you will communicate with your practice team and patients about the improvement you're working on.
3. Meet with your practice team to discuss how you will implement this activity.
4. Refer to our [quick guide](#) for more ideas to increase the success of your improvement activity.
5. Check the relevant [HealthPathway](#) for this condition to ensure your team is up to date with best practice management guidelines.

QI Activity



Increase the number of patients who have had preventative eye care screening.

This quality improvement activity guide was developed using findings from the Embedding eye health preventative care into primary care pilot program in partnership with the Victorian and Tasmanian PHN Alliance.

The following Plan-Do-Study-Act (PDSA) cycles can contribute to your CPD hours for the 2023 – 2025 triennium. Instructions to self-report your CPD hours for this activity are included under 'Next Steps' on page 5 of this template.

First steps

1. Nominate a lead person or leadership team including clinical and non-clinical representatives for this activity.
2. Decide how you will communicate with your practice team and patients about the improvement you're working on.
3. Meet with your practice team to discuss how you will implement this activity.
4. Refer to our [quick guide](#) for more ideas to increase the success of your improvement activity.
5. Check the relevant [HealthPathway](#) for this condition to ensure your team is up to date with best practice management guidelines.

Session Conclusion

We value your feedback, let us know your thoughts.

Scan this QR code



You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

<https://nwmphn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

<https://nwmphn.org.au/resources-events/resources/>