Ophthalmic Shortcuts: A Fine Line between Efficient and Lazy

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About Me

I have no Financial Disclosures related to this presentation.

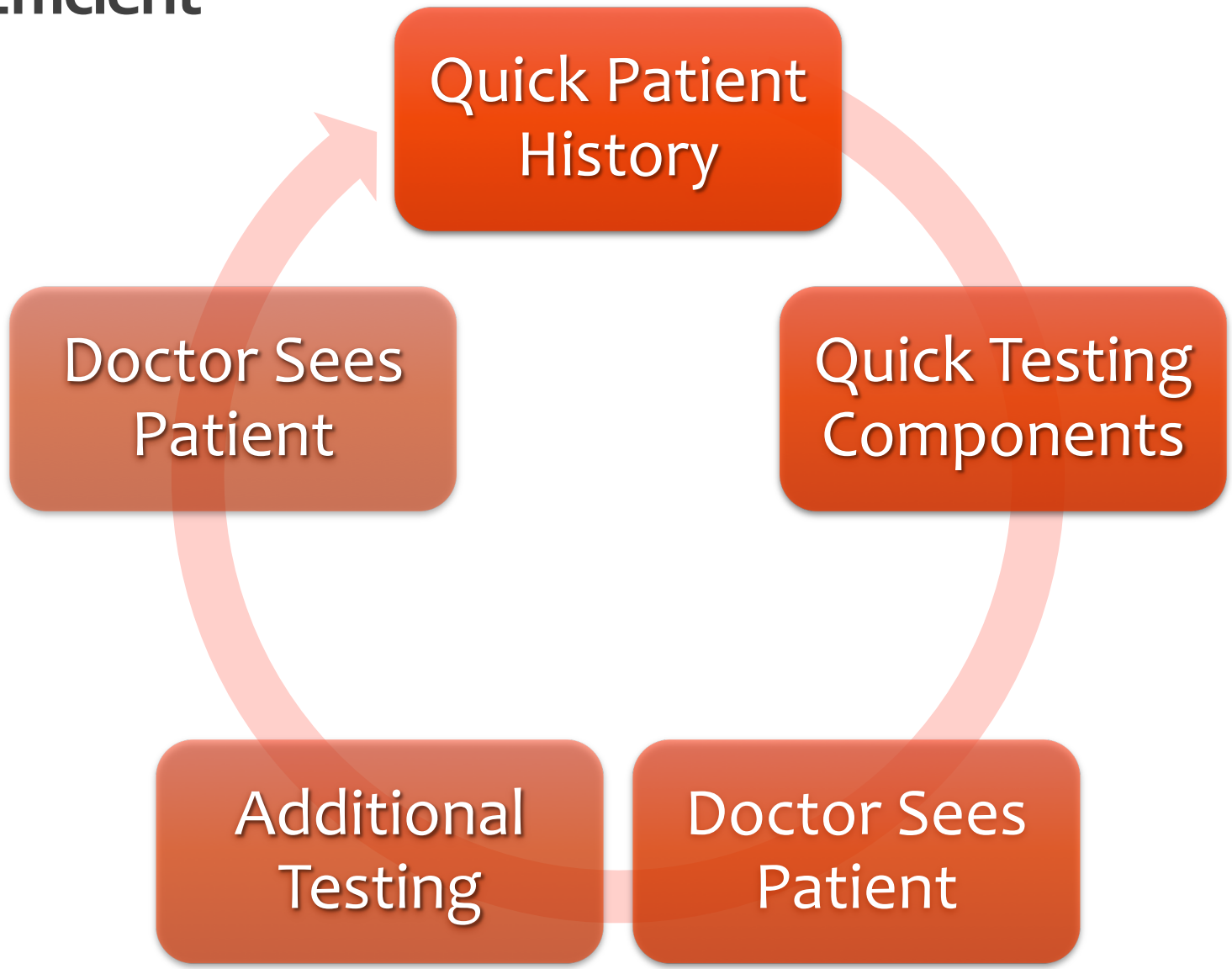
Currently, I am…

- National Training Manager- Clinical Education, EyeCare Partners
- Clinical Content Specialist and Consultant, AAO
- Not Lazy, Very Efficient

Objectives

- Identify appropriate ways to create efficiencies.
- Differentiate between efficient and lazy.
- List several examples of when shortcuts led directly to poor patient care.

LAZY vs. Efficient



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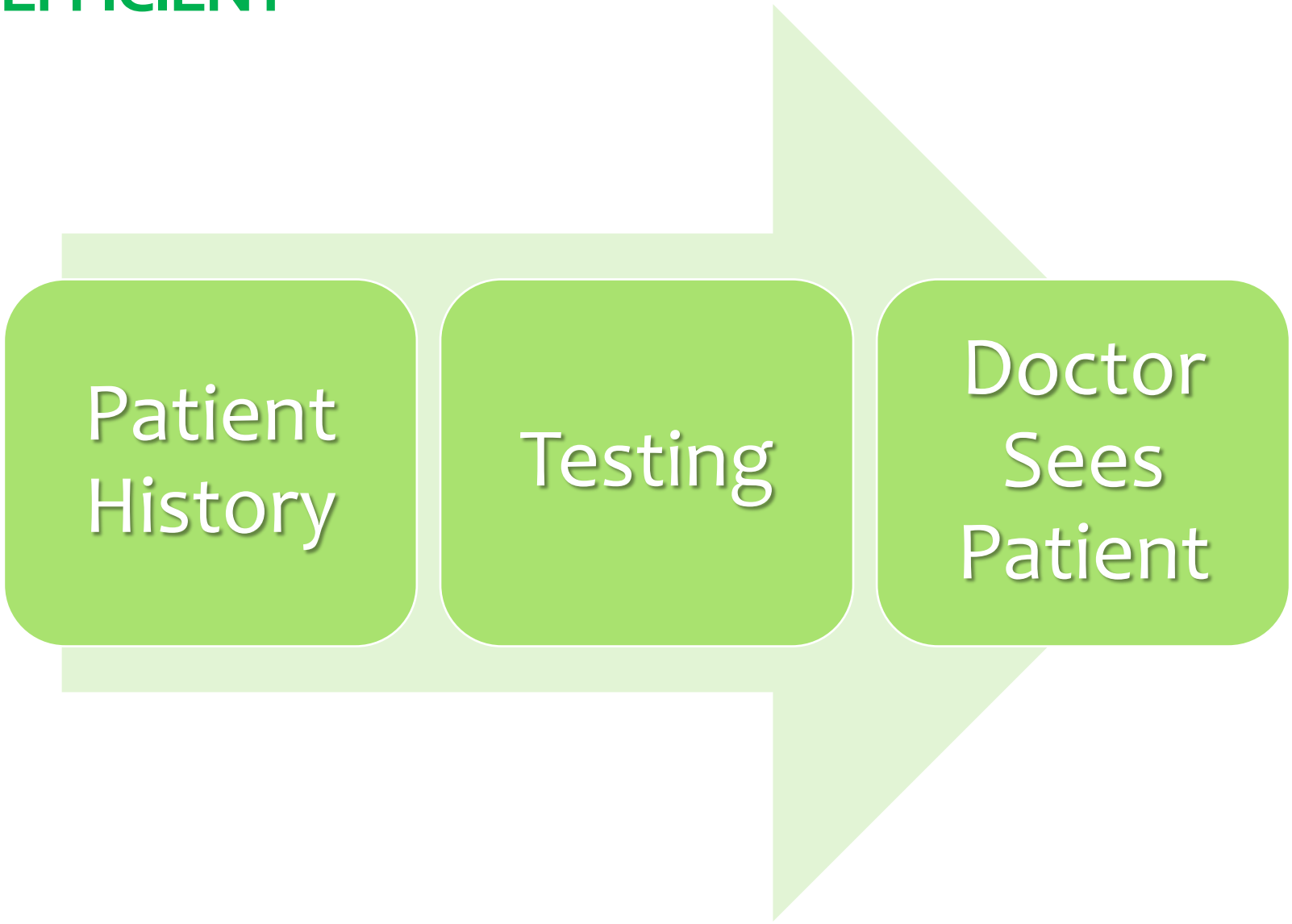
Lazy vs. EFFICIENT



First Impressions

What Can YOU do to Providing an Excellent Patient Experience?

Scheduling Appointments

Lazy

- Assumes too much
- Does not ask the right questions
- End of the day, so waits until tomorrow
- Avoids asking questions or… asks TOO many questions of the doctor or lead tech

Efficient

- Listens to the patient/caller
- Asks a few relevant question
- Triages and schedules appropriately
- Gets a doctor or lead tech involved as needed

Pre-Registration Phone Calls

Lazy

- Assumes insurance information is the same
- Does not check if address/phone # is correct
- Decides the Tech can check previous health conditions when patient arrives in office
- Can lead to unreceived mail/phone calls, billing errors

Efficient

- Verifies insurance information is up-to-date
- Verifies address/phone #/email
- Asks about ocular/systemic health conditions
- SAVES a lot of time in the long run

Check-in/Check-out

Lazy

- Does not acknowledge patient until finishes task
- Does not collect co-pay at check-in
- “Just lay your check-out form on the desk and we’ll call you”

Efficient

- Addresses patient as they walk up
- Collects co-pay upfront
- Takes time to answer questions, schedule next appointment, fill refills, provide other information

Clinical Efficiencies

Efficiency = Accurate + Timely

Chart Shopping

Lazy

- Avoids the longer “harder” exams
- Only takes the “nice” patients
- Conveniently takes a quick break when the next patient is ready for work-up
- Disappears without notifying team

Efficient

- Willingly takes next chart in queue
- Accepts all patients, all personalities, all challenges
- Takes breaks at appropriate times
- Communicates with the team

Patient Navigation to or within the Office

Lazy

- Gives complicated directions to destination
- "Just go down the hall, turn left, then at the corner turn right… it's the 3rd door on the right"

Efficient

- Provides simple directions, map, or escorts the patient to destination within the office
- "Let me show you"

Chart Documentation

Lazy

- Assumes correct/Does not update information in the chart
- Minimizes exam procedures performed
- Skips steps if rushed or unsure of process

Efficient

- Verifies information is correct (ocular/systemic history, medications, BS/HbA1C, pharmacy information, best contact info, people authorized to receive info, referring doctors/OD/PCP, etc.)
- Performs exam procedures as outlined in practice guidelines AND does more/less based on patient's condition

Chief Complaint and History of Present Illness

Lazy

- Notes insufficient CC
  - 1 mo ck
  - 3mo, IOP, OCT, VF

- Asks the same HPI questions of everyone, regardless of reason for visit

Efficient

- Clearly identifies CC/ reason for the visit (diagnosis/condition or a sign/symptom)
  - 1 day corneal abrasion, OD
  - 3 month glaucoma recheck

- Customizes HPI questions based on patient's condition
  - What ocular anatomy is affected?
  - How does this condition affect how the patient Sees, Looks, and Feels ®

Abbreviations

Lazy

- Overuse of abbreviations
- Makes up their own abbreviations

Efficient

- Avoids abbreviations in chart which may be viewed by the patient or pulled into referral letters
- Uses standardized, approved abbreviations

Ensure You Documented Correctly

Lazy

- Document without confirming accuracy, thoroughness

Efficient

- Repeat back a summary of the HPI of what you documented to the patient
- Ask if there is anything else the patient would like the doctor to know about their eyes or vision?

Medications

Lazy

- Asks general questions such as, “Any changes to your medications since your last visit?”
- Does not confirm dosing, assumes doctor’s orders are being followed
- Does not bother to identify medications that the patient is unsure about
- Misspells medication names

Efficient

- Confirms the name, strength and dose of each medications.
- Eye drops are documented in detail:
  - Asks, What drops are the taking?
  - Asks, How often do your take the drops?
  - Asks, How often do you miss a dose?
- Takes time to find out the medication details:
  - Contacts family member at home, pharmacy, PCP
  - Assists patient with patient portal
  - Educates patient to bring in a list (or their medications)
  - Call in or stop in later with the medication information
- Spells medication names correctly

Pulling Information from Last Exam

Lazy

- Pulls test results forward from last exam
- Does not recheck (all) testing documented
- Assumes the same results

Efficient

- Checks results from last exam for conditions noted
- Always rechecks testing before documenting results
- Leaves field blank if testing was not done at time of today's visit

Lensometry

Lazy

- Does not ask about age of current Rx
- Assumes glasses worn today are same as on record from last visit
- Simply does not record lensometry for other reasons
- Performs lensometry by loosely holding in place, not leveling the glasses on the stand

Efficient

- Confirms with patient how old their current glasses Rx is
- Performs lensometry if do not have on record, or unsure which Rx the patient is wearing today
- Properly performs lensometry, using the table, accurate axis

Vision Assessment

Lazy

- Gives poor patient instructions
- Uses same letters all the time, even though patient seems to have them memorized
- Does not test with pinhole occluder if patient has ≤20/40 vision
- Does not document eccentric fixation, head tilt, or head turns to see better
- Does not accurately assess CF, HM, LP, NLP
- Does not accurately document visual acuity

Efficient

- Provides good instructions to patient so that the test is performed correctly
- Changes the letters from time to time to truly test visual acuity
- Tests pinhole vision appropriately
- Makes note of patient positioning to maximize vision; check with and without special positioning
- Performs low vision testing appropriately
- Documents appropriately

Pupillary Assessment

Lazy

- Turns off one light, but room still moderately lit
- Does not accurately check in dim and bright light
- No patient instruction on where to look, does not correct patient if looking at the examiner (near target)
- Goes too fast on pupil exam

Efficient

- Darkens the room to maximize pupil size and better check responses
- Has the patient focus on a distance target
- Checks both direct and consensual responses
- Uses proper technique on swinging flashlight test

Confrontation Visual Fields

Lazy

- Does not properly provide patient instruction on where to look/fixate
- Does not fully extend arms (target) into peripheral view, especially temporal
- Does not hone in on VF defect
- Uses kinetic vs. static method inconsistently
- Presents targets at awkward angle

Efficient

- Provides good patient instruction
- Extends target to far periphery of patient's visual field
- Rechecks surrounding area to identify edges of scotoma
- Uses static method (or kinetic) method properly
- Presents targets in an easy to see fashion using 1, 2, or 5 fingers

Motility and Alignment Testing

Lazy

- Does not properly provide patient instruction on where to look/fixate
- Does not fully extend arms for temporal movements
- Goes too fast, too slow
- Does not ask about double vision

Efficient

- Provides good patient instruction
- Extends target to far periphery
- Performs test at appropriate speed
- Asks (and documents) about double vision during the test and at other times
  - Certain position of gaze?
  - When tired/fatigued?

Refractometry

Lazy

- Uses an outdated Rx, or not the most recent Rx/MR on file
- Starts with glasses Rx for a post-op cataract surgery patient

- Only checks for Spherical changes
- Does not use Jackson Cross Cylinder

Efficient

- Uses a reasonable starting point… neutralize glasses, most recent Rx, last MR on record, auto-refraction, retinoscopy, etc.)
- Starts from scratch as appropriate

- Performs refractometry by proper methods, sphere, cylinder, axis (add power)

Tonometry

Lazy

- Does not check cornea before performing applanation tonometry
- Hogs the Tonopen…. Keeps in their exam lane or in their pocket

Efficient

- Checks cornea and angles with slit lamp just before performing applanation tonometry
- Stores the Tonopen in a mutually agreeable shared space so that all techs may find/use the Tonopen

Dilation

Lazy

- Dilates all patients without assessing necessity and/or safety
- Dilates the patient at the end of the tech work-up

Efficient

- Knows contraindications of dilation and takes that into account
  - Narrow angles, elevated IOP, abnormal pupil findings, new trauma, etc.
  - Asks doctor for advice before dilating
- Dilates the patient earlier in the exam to maximize dilation before mydriatic testing or seeing the doctor
  - Preliminary history, testing
  - Dilate
  - Remaining history taking

Listening to the Patient

Lazy

- Does not ask follow-up questions to signs/symptoms that do not match the diagnosis
- Does not perform simple follow-up tests

Efficient

- Asks follow-up questions to sign/symptoms that do not match diagnosis
  - Example: Cataract Evaluation, patient mentions red, irritated eyes… ask more questions: dry? Timing?
- Addresses patient's complaints by performing additional work-up components:
  - Near vision complaint → Check near vision
  - Color vision changes → Check color vision
  - Sees wavy lines → Check Amsler Grid
  - Wearing new (or old Rx glasses) → Check lensometry

Thank You

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