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# Intravitreal Injection Clinic Improvements

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Service Improvement

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## Summary

The Sunshine Coast Hospital and Health Service (SCHHS) have had to work together as a multi-disciplinary team to consider various strategies to optimise clinical flows in the intravitreal injection (IVI) clinic as patient numbers requiring this treatment has grown by 226% since 2018. By both considering more significant changes to extended scope in addition to simple changes to our

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workflows, we have been able to both meet an increasing need and improve our clinic efficiency whilst remaining patient focused. The Clinical Nurse Consultant (Interventional) - CNCI - can now perform their own nurse-led intravitreal clinics each day, working alongside a medical officer clinic. The CNCI lists have provided the patients with options to arrange transport and care on a day that suits their family or carers. Previously, routine Ophthalmic clinics were closed to allow only medical officers to perform intravitreal injection clinics. Now, with the same number of staff we can run parallel clinics to increase the number of patients being seen and treated. We continue to be able to see new patients requiring this service within a category 1 timeframe. The CNCI is a more cost-effective option and by allowing the CNCI to work at the peak of their scope and perform these tasks, medical officers, with an even greater scope of practice, can then be efficiently utilised to treat more complex tasks. CNCI led clinics now perform the largest share of the Sunshine Coast Hospital and Health Service (SCHHS) IVI workload.

## Key dates

Jul 2019

## Implementation sites

Sunshine Coast Hospital and Health Service (SCHHS) Ophthalmic Department at Caloundra Hospital

## Partnerships

Healthcare Improvement Unit, Quality Improvement Department at SCHHS and the Ophthalmology Multidisciplinary Team

## Key Contacts

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## Aim

- to streamline the patient intravitreal process through the clinic to reduce waiting and overall improve the efficiency of the clinic
- to further improve the patient experience

## Benefits

- The outcomes of this initiative has been a success both form a patient and staff perspective.
- Patients have much shorter waiting time, which has led to improved clinic efficiency.
- We have improved patient communication and enhanced patient desire to continue with their intravitreal therapy.
- By streamlining the intravitreal injection process, clinic staff have been able to provide more care to other patients which has improved patient flow, in particular for rapid access clinic patients.

## Background

Sunshine Coast population growth between 2011 and 2021 showed the largest increase was for those aged 70-74 years therefore increased age is a key indicator for an increase in the need for this service. Most of our patients requiring intravitreal injections are suffering from age related macular degeneration (ARMD). Macular disease is the leading cause of blindness and severe vision loss in Australia affecting around 1.7 million people (an estimated one in seven Australians over the age of 50 years) Patients with `wet` ARMD normally require intravitreal injections (IVI) on a regular basis, often for the rest of their lives which can significantly impact on their quality of life. However, it is known that 50% of patients will cease treatment after five years which can lead to a dramatic and irreversible impact on their vision (MDFA 2023).

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## Solutions Implemented

- Introduction of an extended nursing scope position within the Ophthalmology team commencing in 2019, this was the first CNCI (Clinical Nurse Consultant Interventional) position in the state.
- The CNCI performs tasks previously performed by medical officers including performing IVI procedures and providing post cataract procedure follow up care at day one.
- New consents are required each year for patients receiving intravitreal injections. In 2023 the CNCI was granted permission to perform patient procedure consenting.
- Since the commencement of the CNCI position the FTE has grown to 1.63 FTE to meet demand and included the introduction of a nurse led support clinic. This patient-focused clinic has longer appointment times for those who require it, such as new patients, those with procedural anxiety, needle phobias, and low health literacy amongst others.

### Optimising clinic flow

- Reducing unnecessary testing such as visual acuity testing if the patient states they have noticed no changes in their vision since the previous injection.
- Optimising local anaesthetic eye drop processes to reduce the time taken between drops .
- CNCI consenting of patients for intravitreal injection.

## Evaluation and Results

We measured patient numbers through the clinic, patient and clinic timings, patient feedback, impact on wait lists and cost evaluation. **Patient numbers through the clinic**

There has been a proven increase in the number of patients that have attended the high flow injection clinics from 1217 injections performed in 2018 (averaging 101 monthly) to 3972 in 2023 (averaging 331 monthly). The CNCI now performing over 65% of the IVIs, normally at least 60 per week.

### Patient and clinic timings

With some simple efficiency changes patient total clinic time has reduced from an average of two to three hours to just under one hour.

### Impact on wait lists

98% of these patients referred to the ophthalmic department therefore have been able to successfully be seen in correct time frame within 30 days.

## Further Reading

[https://youtu.be/JfGlf\\_jlWel?si=5S6aiXt1hoz7QjSC](https://youtu.be/JfGlf_jlWel?si=5S6aiXt1hoz7QjSC)

