

A review of Ophthalmology Screening for Patients with a new Diagnosis of JIA at University Hospital Southampton (UHS)

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Objectives and Background

- Juvenile idiopathic arthritis (JIA) is a paediatric inflammatory disorder of the joints, with an incidence of 5.6 per 100,000 in the UK (1).
- Uveitis is a major complication of JIA (prevalence 8-30%; may be up to 57% in oligoarticular arthritis) (2).
- The British Society of Paediatric and Adolescent Rheumatology (BSPAR) recommends ophthalmology assessment within six weeks of a diagnosis of JIA (2).
- This poster details:
 - An audit of current practice at University Hospital Southampton (UHS) compared to BSPAR standard.
 - A subsequent quality improvement project conceived following this audit.

Methods

An audit of current practice of initial ophthalmology referrals by paediatric rheumatology at UHS was undertaken, using the following criteria:

Patients:	<ul style="list-style-type: none"> • New diagnosis JIA patients • All JIA subtypes • UHS ophthalmology referrals only
Time frame:	4-year period (01/11/18 – 31/10/22)
Sources:	<ul style="list-style-type: none"> • UHS paediatric rheumatology database • Referral letters
Audit Qs:	<ol style="list-style-type: none"> 1. Time between rheumatology referral and initial ophthalmology screening 2. Whether uveitis was present at time of this initial screening.
Standard:	British Society of Paediatric and Adolescent Rheumatology (BSPAR) guidance

Results

18 patients identified using criteria:

- 4 (22%) were seen ≤6 weeks from referral
- 14 (78%) were seen >6 weeks from referral

Target = 42 days (6 weeks)

Mean = 74 days

Median = 80 days

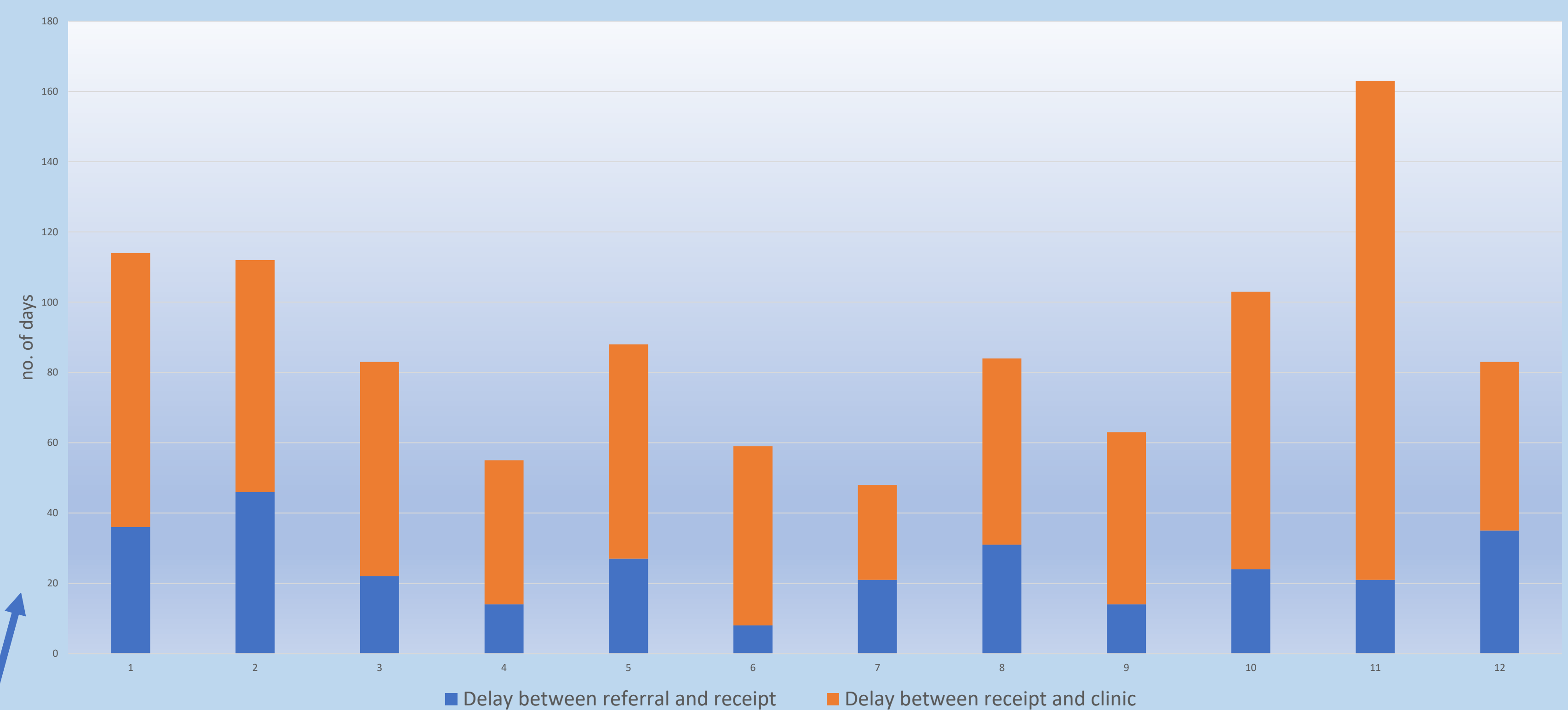
Longest wait = 162 days

Shortest wait = 7 days

3 patients of the 18 patients had active uveitis (all of which were seen >6 week target)

The 14 cases where a delay >6 weeks was noted were further analysed to better understand where the delay was occurring. 2 key areas were identified:

- 1) Delay between referral to ophthalmology, and receipt of that referral
- 2) Delay between receipt of referral and clinic appointment



Possible causes for delays?

- **Administrative delays** – e.g. System errors, human errors; referrals received prior to a public holiday may experience natural delay in processing.
- **Clinic logistics** – ophthalmology JIA clinics are slightly irregular (twice a fortnight)
- **Risk stratification** – ophthalmology stratify risk at referral triage; lower risk children may have a longer wait if more higher risk children present.
- **Covid-19** – the audited period covers the pandemic era; clinic cancellations and social distancing will likely have contributed to reduced clinic capacity.

Going forward...

A quality improvement project was developed to optimise delays identified in the audit.

A standardised **e-referral system** was created to:

- 1) Shorten the time between referral and receipt
 - Minimises delay in arriving to ophthalmology worklist / cuts out third parties
- 2) Shorten time between receipt, triage and clinic appointment
 - Stipulates 6 week target clearly (specifying specific dates)
 - The standardised format makes triage simpler.

The system is now live on CHARTS eQuest.
The aim is to re-audit effect in 12-18 months.

