

QUALITY STANDARDS

Placemat for Glaucoma

This document is a resource for health care providers and summarizes content from the [Glaucoma](#) quality standard. It can be used to support health care providers in the provision of care, but does not override their responsibility to make decisions with patients, after considering each patient's unique circumstances.

Screening and Assessment

Quality Statement (QS) 1: Routine Eye Examination and Comprehensive Glaucoma Assessment

People at risk for glaucoma receive a routine eye examination. People suspected of having glaucoma, based on the routine eye examination, receive a comprehensive glaucoma assessment.

Primary care providers identify and refer people who are at risk for glaucoma to an eye care provider for evaluation.

Eye care providers perform a routine eye examination in people who exhibit signs of glaucoma or have risk factors for glaucoma. Communicate the results of the examinations to the patient and their primary care provider.

Monitoring, Information Sharing, and Specialist Referral

QS 2: Monitoring

People with glaucoma or at risk for glaucoma are monitored on an appropriate reassessment schedule, according to their current stage of disease and risk of progression to vision impairment.

Reassess people who are at risk for glaucoma or are diagnosed with glaucoma on a regular basis, according to disease severity and stability and risk of progressive loss of vision.

QS 3: Information

Eye care providers speak with people with glaucoma or at risk for glaucoma about their diagnosis, prognosis, and management, and offer them relevant and accessible information about their condition at initial and subsequent visits.

Discuss with the person their diagnosis and their condition's prognosis and management. Provide evidence-based information about glaucoma that is tailored to meet their learning needs in a format that is most appropriate for them.

QS 4: Referral and Timely Access to an Ophthalmologist

People with glaucoma are referred to and have timely access to an ophthalmologist for consultation, when clinically indicated.

Primary care providers provide a detailed referral, including the clinical indication for referral, history, intraocular pressure, optic nerve appearance, visual fields, imaging (if possible), and details of current and previous glaucoma medications and interventions. Monitor and treat patients while they wait to be seen by the consulting ophthalmologist.

Consulting ophthalmologists triage and see people with glaucoma in a timely manner, according to clinical urgency.

Treatment and Intervention

QS 5: Medications and Laser Therapy

People with glaucoma or at risk for glaucoma are offered medications or laser therapy when clinically indicated.

Prescribe glaucoma medication as initial treatment for people with glaucoma or who are at high risk for glaucoma and regularly monitor and document their response, side effects, and disease progression.

Provide clear instructions about when and how to use the medication and ask people to demonstrate how they administer their eye drops to ensure proper technique.

Offer people laser therapy if they are likely to benefit from it, either as an initial treatment or an adjunct to glaucoma medications.

QS 6: Incisional Surgery

People with glaucoma who are at risk of progressing to sight loss despite maximum tolerated medical therapy and laser therapy are offered incisional surgery.

Offer or refer people for incisional surgery if they are at risk of progressing to vision loss despite medical and/or laser therapy.

Resources

- *Glaucoma* [quality standard](#) and [guide for patients and families](#) bit.ly/3uhzcQs
- [Canadian National Institute for the Blind Foundation](#) bit.ly/3mSGael
- [Ontario Association of Optometrists Eye Health Library](#) bit.ly/3oC7Bts
- [Primary Care Physician Guide – Glaucoma](#) bit.ly/3AieVNH