



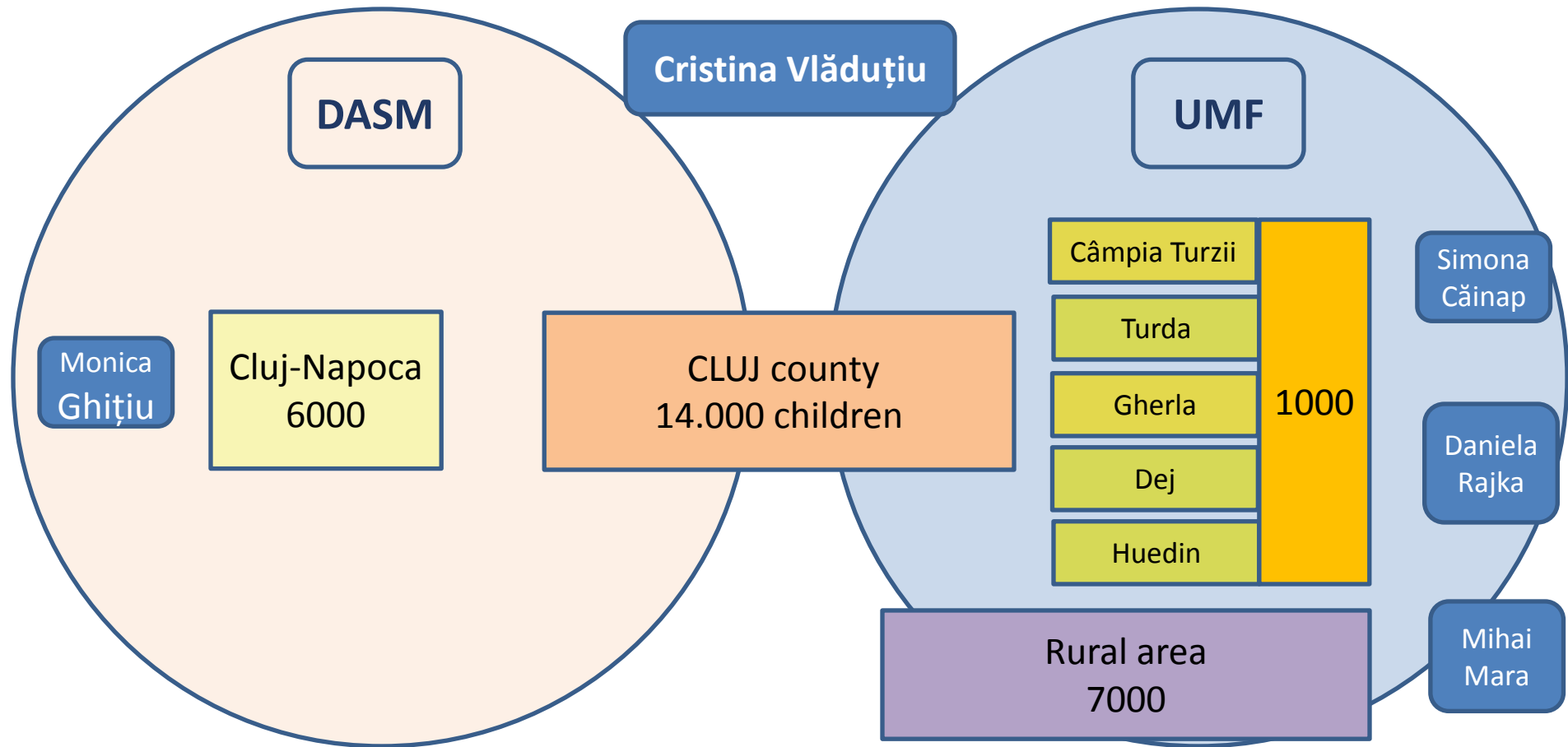
# **EUSCREEN Romania – UMF Cluj**

## **Screening difficulties in the rural areas of Cluj county**



**Speaker: Dr Mihai Mara**







## Urban area

**School Physicians**

**Nurse**

**75 nurses**  
(46 DASM + 29 small cities )  
31 doctors

## Rural area

**Family doctors**

**Nurse**

**122 nurses**  
112 doctors

**Advantages - disadvantages**

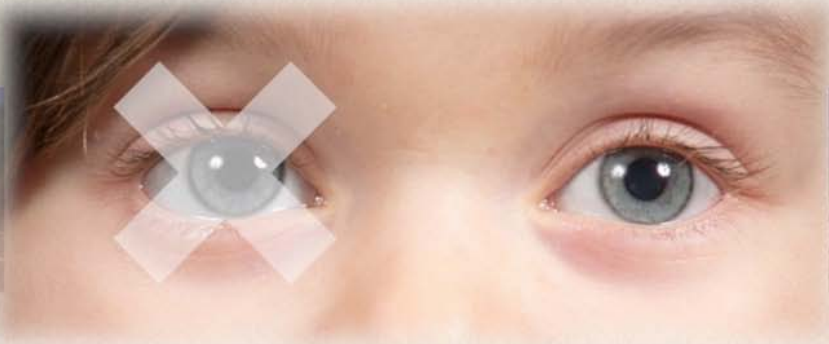


## 6.2. Increasing the competences of nurses and doctors from kindergartens and general practitioner offices in vision screening.

	Curs 1 21-22 Oct 2017	Curs 2 4-5 Nov 2017	Curs 3 18-19 Nov 2017	Curs 4 3-4 March 2018	Curs 5 13 Oct 2018
Registered	76	67	79	50	18
Attended	66	65	54	29	5



## Ambliopia



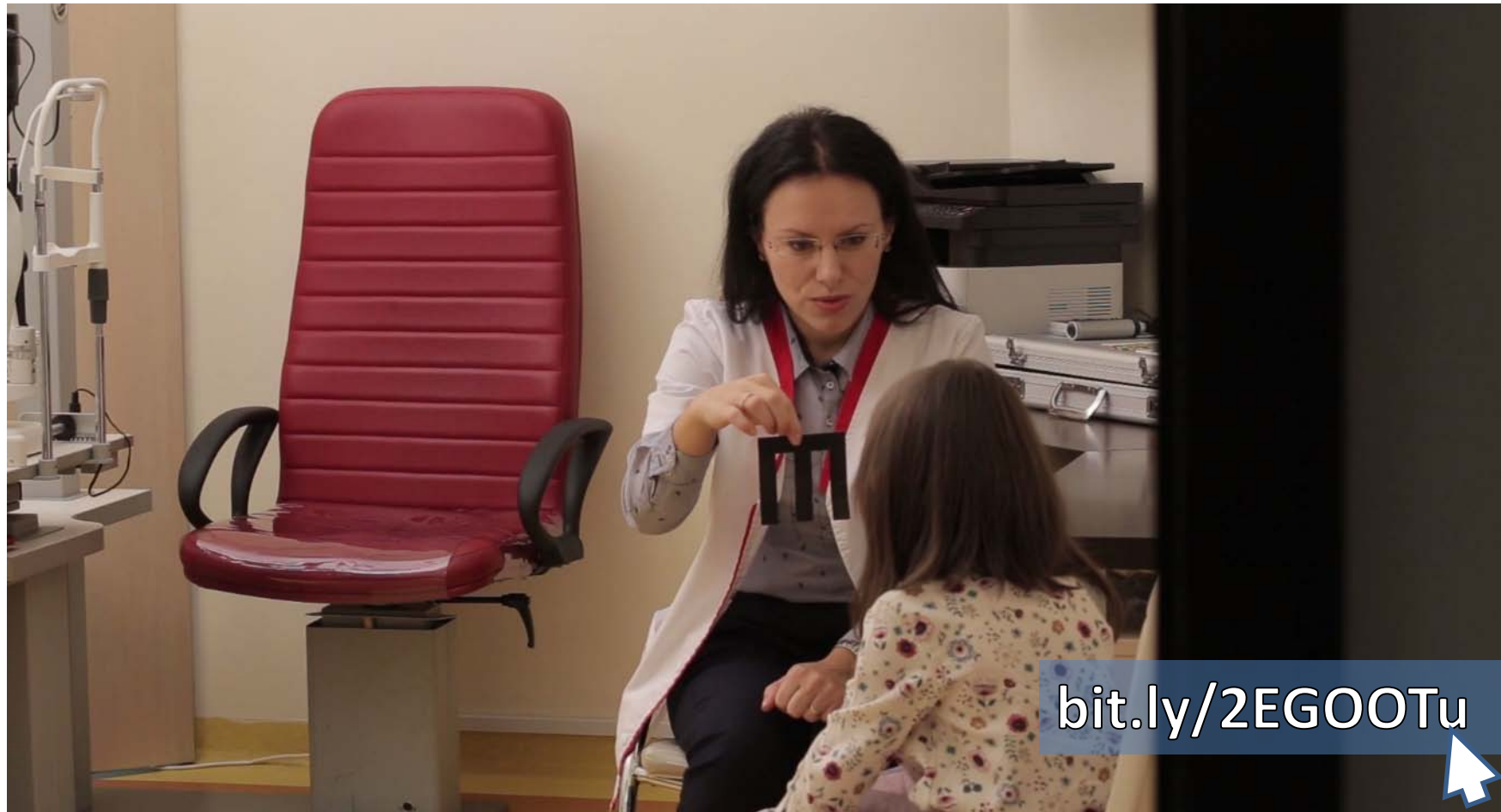
**Debutează** în copilărie

**Factori favorizanți** vicii de refracție oculară, strabism, nistagmus, cataractă congenitală

**Afectează** 3-4%

**Poate fi tratată** terapeutic, sub 6-7 ani





[bit.ly/2EGOOTu](https://bit.ly/2EGOOTu)



#### PARTENERI:

1. Erasmus MC Rotterdam (EMC) - Olanda  
- COORDONATOR
2. Universitatea Sheffield (USFD) - Marea Britanie
3. Universitatea Reading (UREAD) - Marea Britanie
4. Institutul Karolinska - Suedia
5. Universitatea Goethe - Frankfurt - Germania
6. Universitatea de Medicină și Farmacie "Iuliu Hațieganu", Cluj-Napoca - România
7. Universitatea de Medicină Tirana (UMT) - Albania
8. Direcția de Asistență Socială și Medicală (DASM), Cluj-Napoca - România

**Ambliopia** este de multe ori reversibilă cu tratament adecvat, însă numai atunci când copilul este consultat și tratat precoce, ideal sub vârsta de 6-7 ani, rata de succes fiind cu atât mai mare cu cât vârsta copilului este mai mică.

**Scopul tratamentului** este de a obține acuitate vizuală egală a ambilor ochi. Tratamentul va fi condus de către medicul oftalmolog, individualizat pentru fiecare pacient în parte, în funcție de vârstă, nivelul acuității vizuale, statusul ocular.

**Tratamentul include:** corecția optică (prescrierea ochelarilor), ocluzia, penalizarea, filtrele Bangerter, tratament chirurgical (în cazuri selectate).

Rezultatele sunt excelente atunci când copilul are vârsta adecvată și urmează tratamentul recomandat.

Durata proiectului: Ianuarie 2017- decembrie 2020



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Acest proiect este finanțat de către Uniunea Europeană în cadrul programului de inovare - cercetare HORIZON 2020, grant agreement nr. 733352

**Titlul proiectului:** Implementarea de programe cost-eficiente de screening vizual și auditiv, la copii, în țările cu venituri medii ale Europei.

## Proiect european de depistare precoce a tulburărilor de vedere și auditive la copii



**Titlul proiectului:** „Implementarea de programe cost-eficiente de screening vizual și auditiv, la copii, în țările cu venituri medii ale Europei.”

## AMBLIOPIA

**Tulburările de vedere afectează dezvoltarea personală, educațională și socială a unui copil.**

**Ambliopia**, cunoscută drept „*ochiul leneș*”, este o anomalie de dezvoltare vizuală în care, unul sau ambii ochi, nu ating nivelul vizual normal, chiar și cu corecție optică (ochelari). Ambliopia debutează în copilărie, atunci când există factori favorizanți (vicii de refracție oculară, strabism, nistagmus, cataractă congenitală) și afectează 3-4% din copii.

În mod obișnuit este afectat un singur ochi și copilul poate să nu prezinte semne de alarmă!

## SCREENINGUL VIZUAL

**Proiectul își propune depistarea precoce a ambliopiei la copii.**

Copiii vor fi evaluați prin măsurarea acuității vizuale a fiecărui ochi în parte. Se vor utiliza teste standard, adaptate vârstei. Copiii vor fi examinați numai cu acordul scris al părinților.

După prelucrarea datelor, copiii care prezintă modificări ale acuității vizuale vor fi îndrumați pentru un consult oftalmologic.

Întrucât examinarea este una de tip screening, aceasta va furniza exclusiv informații despre nivelul vizual al copilului, nu și despre cauza acuității vizuale scăzute.



# Informing the authorities

- We informed the **Health Ministry** and the **Education Ministry** about the project
- We informed the **School Inspectorate** about the project and we received their approval of entering the kindergartens
- We asked for the support of the local communities, we sent letters to all **mayor offices** from the county and we even met some of the mayors



# Screening in small cities

- 29 nurses in kindergartens
- 2173 examined children
- some children live in rural areas but attend a city kindergarten

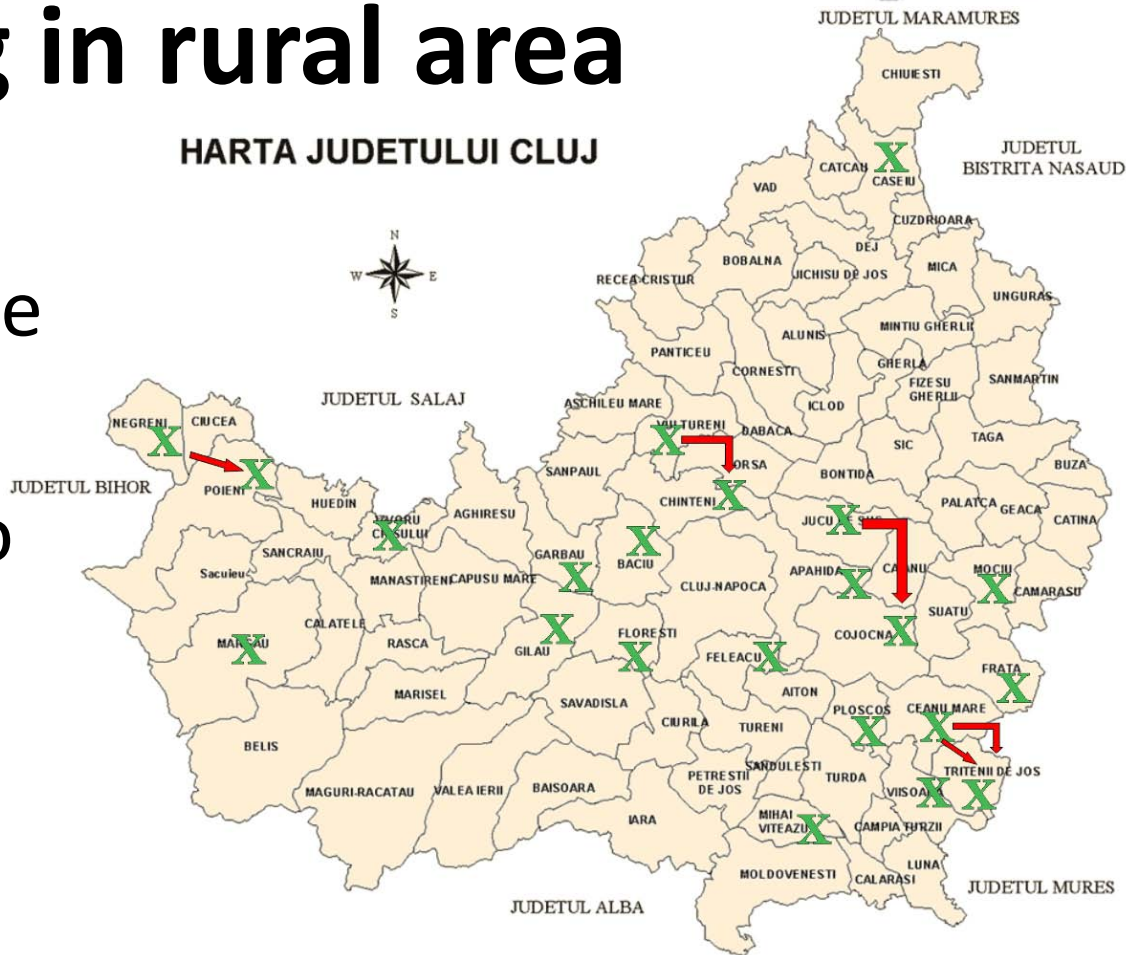




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# Screening in rural area

- 24 nurses started the screening
- 5 nurses travelled to other villages
- 1044 examined children





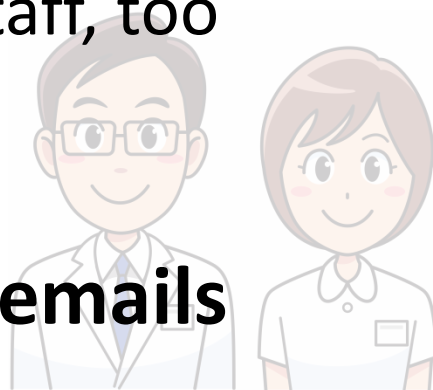
# Rural screening - difficulties





# Rural difficulties – medical staff

- A very low interest from the rural medical staff due to:
  - Lack of time for courses: weekends are for rest; illnesses; weddings; funerals; other courses
  - Lack of time for screening: overworked staff, too many responsibilities, bureaucracy
  - Lack of motivation
- **Conferences, rural visits, telephones, emails**

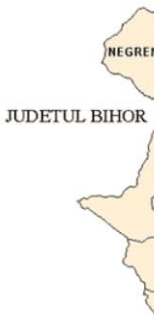


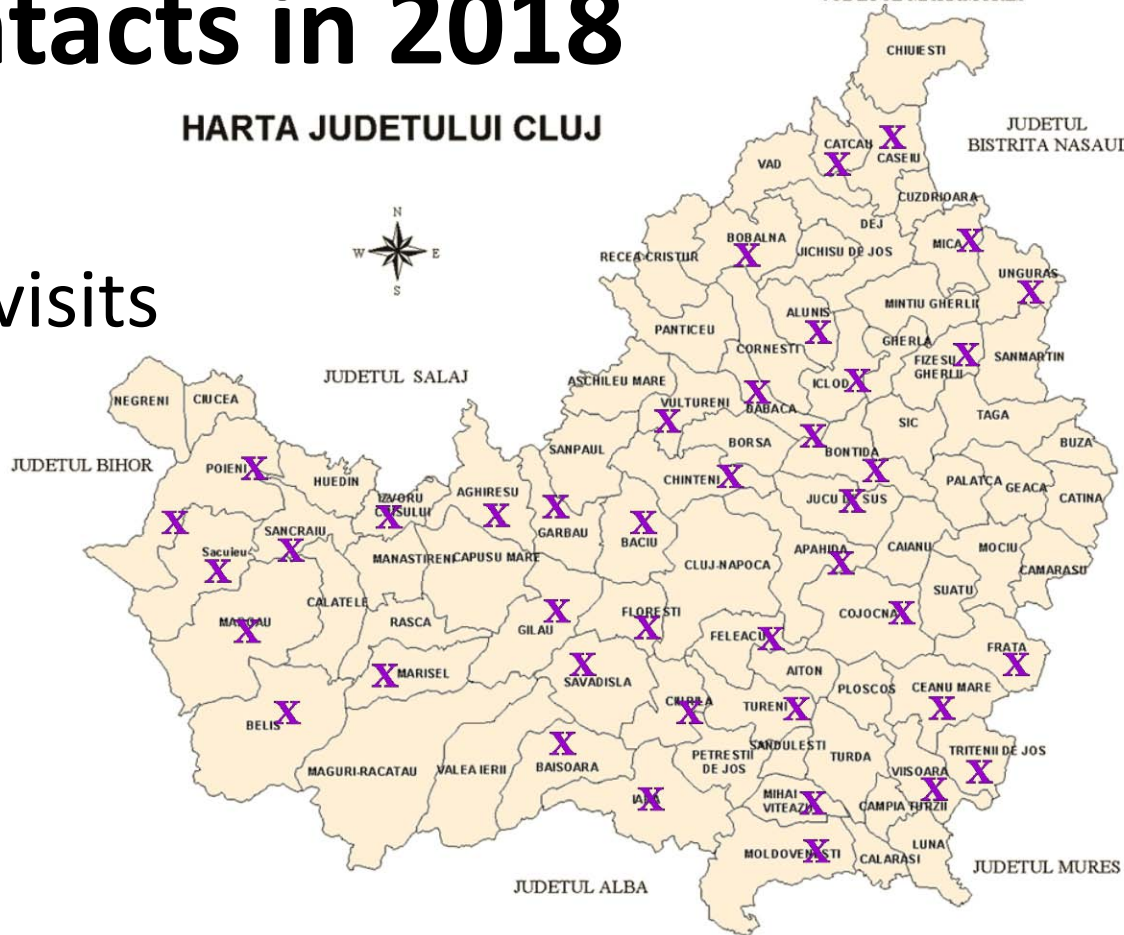


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JUDETUL MARAMURES

JUDETUL  
BISTRITA NASSAUD

- 75 communes
  - more than 36 rural visits
  - many phone-calls
  - many emails
  - 2 extra courses
- 
- A map of Romania with a yellow highlight on the northern part, specifically on Județul Bihor. A label 'NEGREN' is visible on the map, indicating the location of the commune.





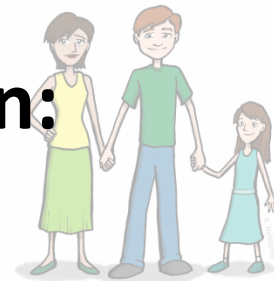
# Rural coverage

- **200** health professionals from villages
- **99** of them registered (email, telephone) for the courses
- **83** of them, from 47 different villages, attended the courses: 46 nurses and 37 family doctors
- **30** have signed a working contract with UMF (26 nurses and 4 family doctors)
- **24** nurses have started examining children



# Rural difficulties - parents

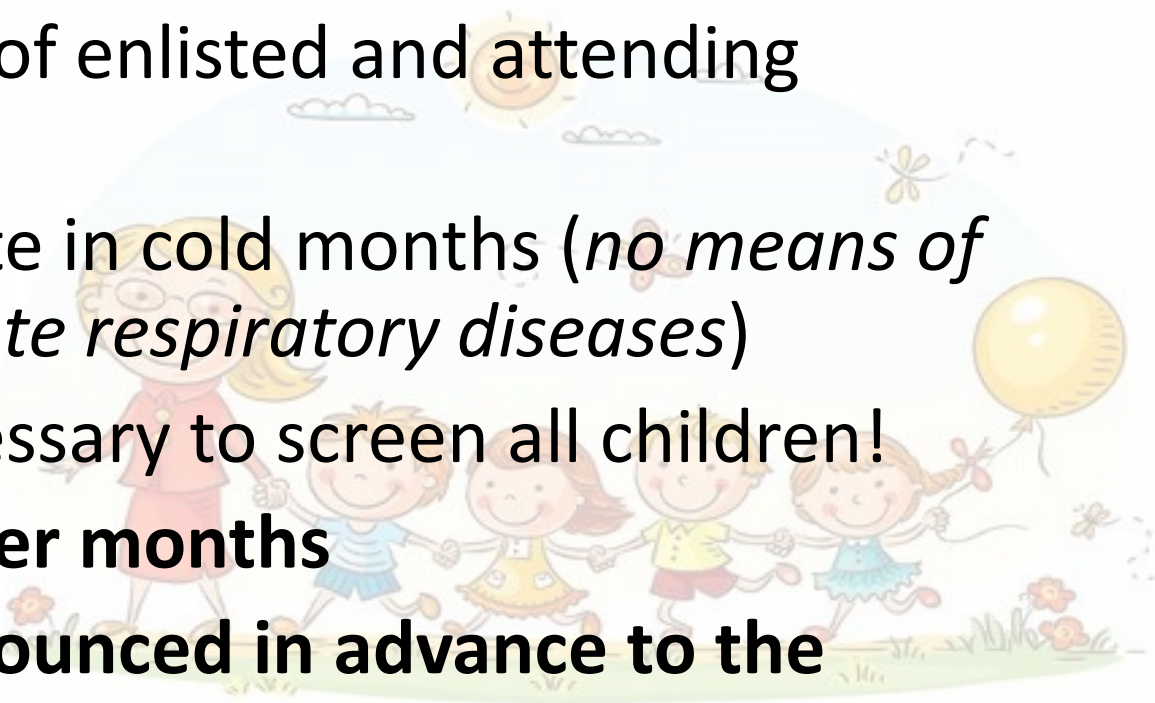
- Parents don't bring their children to the medical office for visual screening (seen as not so important), even if the nurse insists several times
- Sometimes the road from the parents' home to the medical office is quite long and bumpy
- **Summer 2018 – We changed the rural plan:  
Rural Screening in kindergartens**





# Rural difficulties - kindergartens

- Different numbers of enlisted and attending children
- Low attendance rate in cold months (*no means of transportation, acute respiratory diseases*)
- Multiple visits necessary to screen all children!
- **Screening in warmer months**
- **Screening Day announced in advance to the kindergarten teachers and to the parents**





# Rural difficulties – where are the children?

- Doctors and nurses explained that:
  - Young families leave the country to work abroad
  - Young families move to a nearby city for better conditions
  - Some working parents that live in villages prefer to take their children to a city kindergarten. (*Rural kindergartens opened 08-12, urban kindergartens opened 08-16*)
- **We began keeping track of all rural children that were examined in a city kindergarten.**



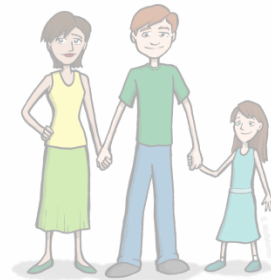
# Rural screening

- Rural children examined in urban kindergartens:
    - 536 by DASM
    - 153 in small cities
- >  $1044 + 536 + 153 = 1733$  children living in rural area have been examined**



# Rural difficulties - parents

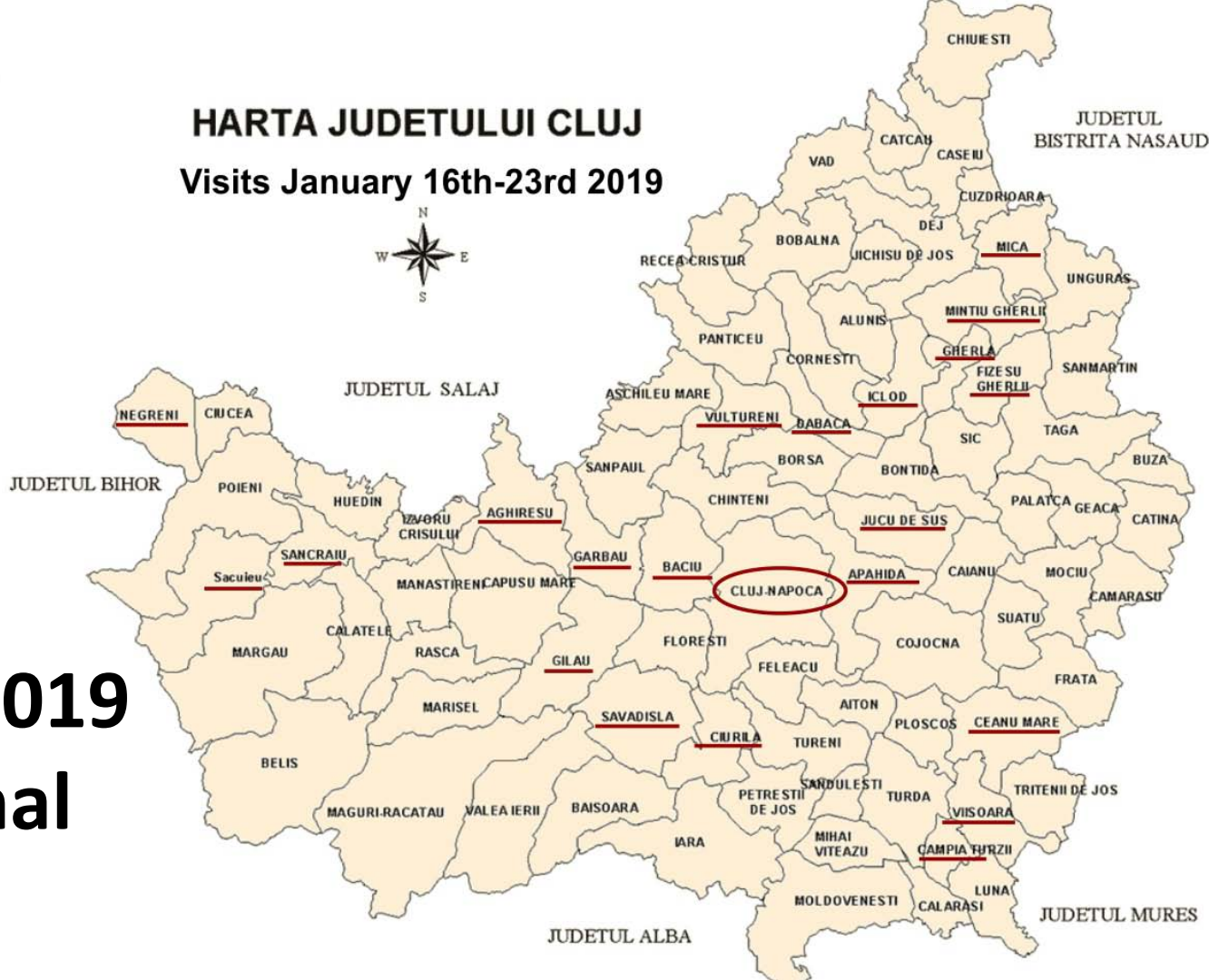
- 115 children were referred to an Ophthalmologist
- We only have 10 results!
- Parents: lack of understanding, lack of financial resources to travel to the city
- **Solution:???**





## HARTA JUDETULUI CLUJ

Visits January 16th-23rd 2019



**Rural visits 2019**  
**international**  
**partners**



# Main rural solutions

- How to increase the rural area coverage rate?
- **We switched to kindergartens**
- **We convinced 5 nurses to examine children from nearby villages (in kindergartens)**
- **We hired a travelling nurse in order to cover the rest of the county** *(not envisioned in WP6, will increase the costs per examined child).*



# Travelling nurse

- Travel expenses covered by UMF
- Screening a child presumes a lot of work on her behalf: travelling to hand out consent forms to the teachers, setting up Screening Day, confirming (phone) the collection of signed consent forms, travelling on the actual screening day and follow ups.
- The job announcement was active for 30 days and only one nurse applied.

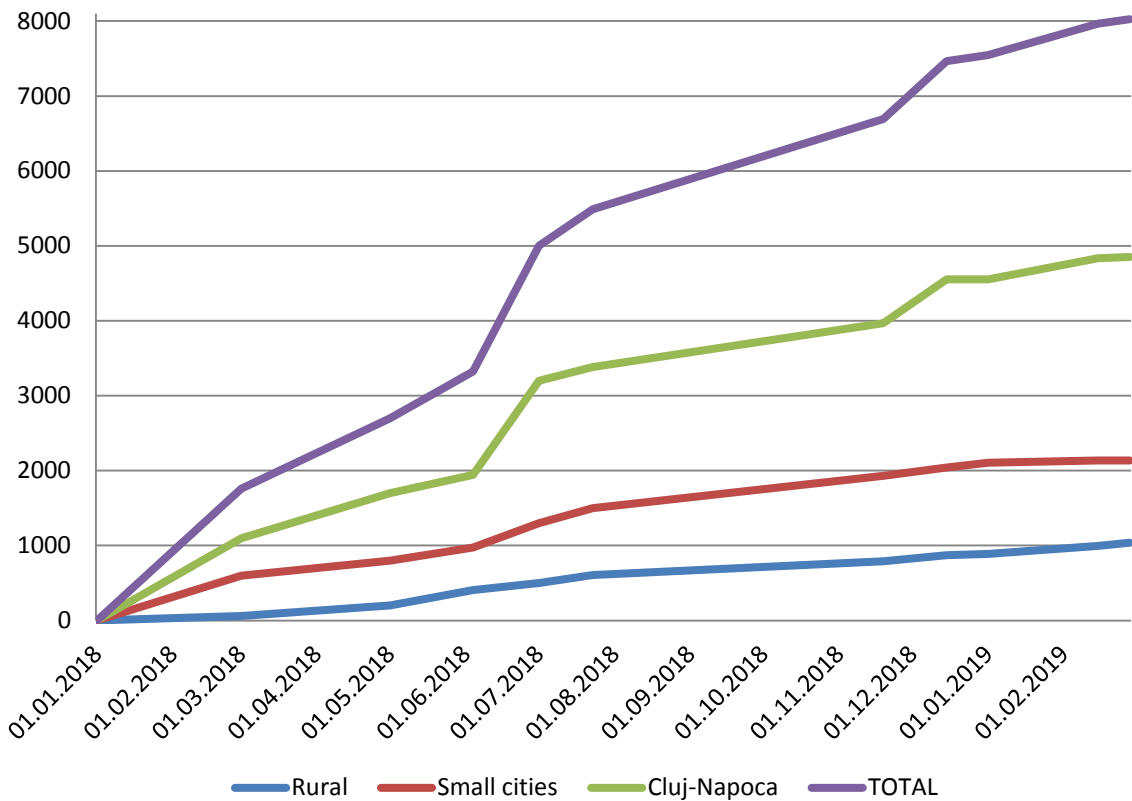


# Travelling nurse

- According to the UN, 35% of the active population of Romania left the country
- From 2009 to 2015 – 28.000 nurses and 14.000 doctors left the country



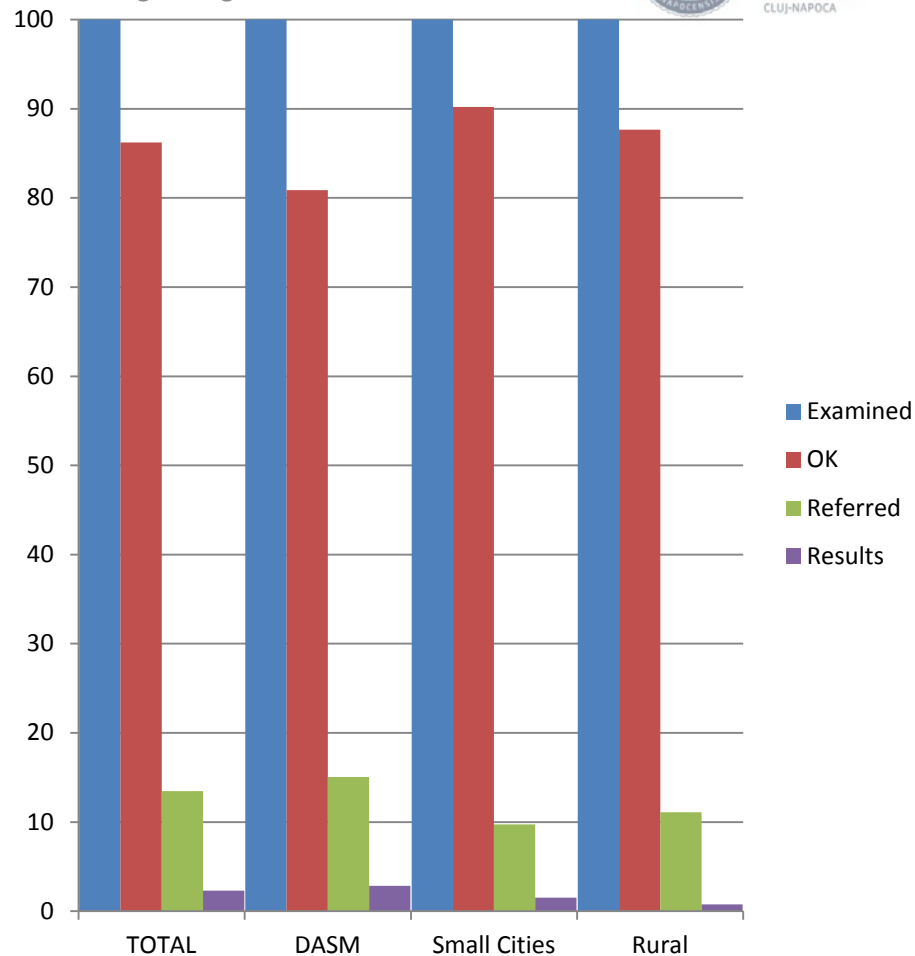
# Children examined in Cluj county



	Rural	Small cities	Cluj-Napoca	TOTAL
Jan 2018	0	0	0	0
June 2018	407	972	1944	3323
July 2018	605	1499	3385	5489
Nov 2018	791	1932	3969	6692
Dec 2018	872	2043	4551	7466
Jan 2019	890	2107	4551	7548
Feb 2019	1044	2173	4850	8067



	DASM	Small Cities	Rural	TOTAL
<b>Examined children</b>	<b>4850</b>	<b>2173</b>	<b>1044</b>	<b>8067</b>
<b>OK</b>	3909	1954	909	<b>6928</b>
<b>Referred</b>	727	211	115	<b>1083</b>
<i>Referral rate</i>	15%	9.7%	11.1%	13.5%
<b>Ophta Results</b>	138	33	10	<b>187</b>
<i>Ophta Results rate</i>	19%	15.6%	8.7%	17.3%
<b>Confirmed by Ophta</b>	-	10	4	<b>14</b>
<i>Confirmation rate</i>	-	30%	40%	34%





**K  
IDS  
NEED  
COMPLETE  
EYE EXAMS TOO**

