## Strategy Name: Improved diagnostic assessment

## Our Intent:

### What is to be accomplished?

In enhancing the care and quality of life of individuals with CVI, improving clinical assessment has been identified as a deep driver limiting progress toward this intent. Implementation is twofold. First, effective clinical assessments need to be developed for the purposes of screening individuals that are at risk for CVI and further, for the confirmation and eventual diagnosis. Second, is the need for creating a standard of care (e.g. flow chart/algorithm) for the assessment of visual abilities and disabilities in individuals identified as having CVI that can ultimately inform appropriate and individualized intervention strategies.

These clinical assessment tools should be validated and universally accepted so as to be deployed in the clinical and/or research setting. The screening/diagnostic algorithm should incorporate 1) subjective complaints related to visual impairments and demands, 2) rigorous factors of interest including objective assessments of visual function (e.g. visual acuity, visual fields, etc.) and functional vision (e.g. visual search ability, recognition, way finding, etc.), 3) consideration of medical history (e.g. evidence of type, cause, and timing of neurological injury) and additional disabilities (e.g. communication, sensory, and motor), and 4) allow for implementation across the broad range and levels of visual dysfunction observed in CVI.

### Why? What does this influence?

Developing validated and universally accepted diagnostic assessment tools (#76) has been identified as a deep driver that if achieved, can help unify an interdisciplinary perspective to meet the complexity of individuals with brain based visual impairment (#8).

## Implied Tasks:

### What tasks are assumed to be completed as part of this effort?

1. Convene to identify rigorous factors of interest to be considered as part of the diagnostic algorithm.

2. Promote investigative studies related to validity and reliability and implementing current accepted guidelines for outcomes assessment.

3. Promote curriculum updates for medical professionals/providers.

4. Enhance communication, input, and exchange with associated fields to encourage and promote a collaborative model of care.

## Defining the boundaries:

### How much freedom do we have?

The work of teams will be guided by the approved implementation plan (milestones projected over a one-year timeframe) and operate within the allocated resources.

Adapted from Bungay, S. (2011), The Art of Action: How leaders close the gap between plans, actions and results. London:Nicholas Brealey