Roadmap Regional Implementation Toolkit

'How to' guide

This document provides a brief overview of the Roadmap Regional Implementation Toolkit. It also references Roadmap Resources and outlines how both the Toolkit and background Resources may be used to support regional implementation of the Roadmap.

The Roadmap Toolkit and Resources are available at iehu.unimelb.edu.au

Additional technical advice, support and information can be provided by contacting Indigenous Eye Health at the University of Melbourne.

The Roadmap Toolkit comprises:

T1   Regional Implementation Toolkit 'How to' Guide – *this document*
T2   Eye care services calculator
T3   Regional implementation checklist
T4   Regional equipment checklist
T5   Service directory template
T6   Referral protocol template
T7   Performance reporting tool

The Roadmap Resources comprise:

R1	Roadmap Glossary	R9	Revised costing
R2	National oversight	R10	Sector Linkage
R3	National leadership	R11	Education and Trachoma
R4	Role for jurisdictions	R12	Diabetic retinopathy screening card
R5	Mandatory MBS 715 eye checks	R13	Software roundtable report
R6	Cataract monitoring	R14	Regional implementation roundtable report
R7	Clinical practice software	R15	Health promotion roundtable report
R8	Indicators		

Regional implementation of the Roadmap has been distilled to seven elements from when a region is established. Establishment of a region requires definition of a geographic area and estimation of the Indigenous population within that geographic area. The limiting facility for a region is a hospital with an operating theatre where public cataract surgery can be performed and this surgical hub needs to be identified within the region.

1. **Establish regional collaborative network**
   There is no specific tool or resource to support this element.

   The regional collaborative network should comprise the key stakeholders in the region for Indigenous eye care. This will normally include the region's Aboriginal Medical Service/s, Local Hospital District/Network, Medicare Local/Primary Health Network and representatives of local and visiting optometry and ophthalmology. Additional stakeholders may include regional

representatives of jurisdictional departments of health, for example. IEH experience is to be open and inclusive in establishing this network and there is need to identify a stakeholder to provide the secretariat. The appointment of a project officer or Regional Implementation Manager is considered advantageous for Roadmap implementation although such positions should be temporary to initiate sustainable local eye care changes.

2. **Gap and needs analysis for service requirements**
   T2   Eye care services calculator
   R8   Indicators
   T4   Regional equipment checklist

The Indigenous population for the region can be established using ABS data and or/local knowledge. This population can be entered in the online calculator (T2 Eye care services calculator and an estimate of the regions eye care and workforce needs established.

The regional stakeholders should then gather and share information around the current level of services and resources available. The most useful measures to gather are those established as eye care systems indicators (R8 Indicators).

The difference between the projected needs for the region and the current level of services is considered the gap that needs to be addressed.

A gap analysis can also be conducted for system coordination and patient case management as well as equipment (T4 Regional equipment checklist).

3. **Develop regional service directory and referral protocols**
   T5   Service directory template
   T6   Referral protocol template

A service directory template (T5 Service directory template) is available to support documentation of the regions eye care services. The template can be populated by the stakeholders in the regional collaborative network and is useful as shared resource and for AMS staff and other providers in the care pathway. Options for patients can be supported by identification of services that may be provided without patient cost or bulkbilled or where services are subsidised. Waiting times is also useful information. Deficiencies in geographic availability of appropriate services can be identified through creating a regional service directory.

A referral pathway template (T6 Referral protocol template) is available to support documentation of eye care service pathways for a region or subregion in conjunction with the service directory. These pathways can be developed for particular eye conditions and take into consideration factors such as waiting times and geographic location.

4. **Identify system coordination and patient case management**
   There is no specific tool or resource to support this element.

Stakeholders in region should identify roles supporting system coordination and evaluate the quality and clarity of system coordination. Often improved understanding of roles and communication between coordination staff will solve coordination weaknesses.

Stakeholders in region should identify roles supporting patient case management and how these resources could be applied to assist eye patients. Regional needs and gap analysis can be undertaken for patient case management and system redesign and resource management planned.

5. **Local planning and action through regional collaborative network**

    T3   Regional implementation checklist

    The regional collaborative network having shared data and conducted regional gap analyses should establish plans and goals to improve Indigenous eye care services in the region. This may include systems reform and redesign, funding bids for services and equipment, community education, discussion with jurisdictional authorities, health promotion…

    Progress in following the Roadmap regional implementation approach can be monitored using a checklist developed for this purpose (T3 Regional implementation checklist).

6. **Establish regional data collection and monitoring system**

    T7   Performance reporting tool

    R8   Indicators

    Through the regional collaborative network, stakeholders should reach agreement on the sharing of eye care data collected through service delivery. Regions should determine the appropriate data required and it is recommended that this includes key measures that have been developed to allow monitoring at regional, state and national levels (R8 Indicators). A performance reporting tool (T7 Performance reporting tool) has been developed to allow service providers to enter information and for this to be aggregated for the region and the information expressed as indicators. The tool allows reporting of regional information over time so that performance progress can be readily monitored.

7. **Ensure regional accountability and oversight**

    R2   National oversight

    R3   National leadership

    R4   Role for jurisdictions

    The regional collaborative network should seek to provide regional Indigenous eye care performance and achievements to a jurisdictional authority to assist in improving outcomes across a state or territory. The Roadmap proposes jurisdictional Indigenous eye committees to be established through Aboriginal health fora (R4 Role for jurisdictions) and such committees are, in part, responsible for support of regional activity and advocate, as appropriate, for improved systems and services. Jurisdictional committees will have access to state/territory level data that can be used to support regional reporting and activity. Similarly, jurisdictional Indigenous eye committees will report to the authority established to provide national oversight of Indigenous eye health (R2 National oversight; R3 National leadership).