

Regional Implementation Checklist



* Please also refer to our 'How-to guide' document for further information about this tool.

Pre-Requisite:

Define region and population and identify regional surgical hub

- a. Identify hospital for cataract surgery.
- b. Engage key stakeholders within regional primary care, hospital, support services and eye care specialists.
- c. Define population size using Australian Bureau of Statistics (ABS) or health service or Medicare Local (ML) level.
- d. Establish regional collaborative network/forum to share information and data.
- e. Reach agreement to prioritise eye care and a program of implementation.
- f. Identify lead person/ organisation (Regional Network Facilitator).

Regional Element	External Stakeholders' Criteria	Complete
1. Establish regional collaborative network	1.1 Stakeholder group established. The stakeholder group consists of at least one representative from the following: AMS, ML/PHN, LHD/N, regional health authority/ department, local eye care practitioners, and local health services.	
2. Gap and needs analysis for service requirements	2.1 Identify population need (Online calculator tool).	
	2.2 Map current eye care provision, (including visiting services, use regional data sheet).	
	2.3 Identify VOS service gaps.	
	2.4 Identify need for additional ophthalmic RHOF services and request additional services.	
	2.5 Identify needs for additional funding or equipment required.	
3. Regional service directory and referral protocols	3.1 Develop regional capacity to support pathways for eye care.	
	3.2 Establish communication networks to co-ordinate services.	
	3.3 Define/ allocate appropriate eye care roles and responsibilities for service providers and clinical staff.	
	3.4 Establish when and to whom referral should be made.	
	3.5 Establish processes of referral and tracking completion: Specifically establish pathway of eye care for those with diabetes, (includes glasses and cataract surgery).	

4. System co-ordination and patient case management staff roles	4.1 Map existing co-ordination and case management resources in primary health care, Indigenous health, LHNs, and hospitals (i.e. AHLO).	
	4.2 Identify care co-ordinators and case managers tasked with eye care responsibilities.	
	4.3 Issue of patient co-ordination and case management incorporated into the agenda of the regional advisory group.	
	4.4 Evidence of calculations quantifying where, what, when, and how many, or how much case management days or resources are required for the region.	
5. Local planning and action through regional collaborative network	5.1. Acquire additional VOS services.	
	5.2. Acquire RHOF services.	
	5.3. Collaborative network regularly meets and discusses established plan.	
	5.4. Data is shared and regularly reviewed throughout the regional collaborative network.	
6. Regional data collection and monitoring system	6.1. Allocate responsibility for oversight of regional eye health.	
	6.2. Identify processes to co- ordinate regional activities and service provision on an ongoing basis.	
	6.3. Establish reporting and performance mechanisms for co-ordination and case management at primary, secondary, and tertiary levels.	
7. Regional accountability and oversight	7.1 Acknowledgement of outcomes and data collected from 'Regional element 6 – Regional data collection and monitoring system'	
	7.2 Actions taken to address issues related to systems and organisations. Actions taken can include items specified under 'Regional element 2 – Gap and needs analysis for service requirements'.	