

# Indigenous Australia Program

# DEVELOPMENT EFFECTIVENESS

## INTENSIVE EYE SURGERY WEEKS

This bulletin compares the Intensive Eye Surgery Week (IESW) models that The Fred Hollows Foundation's (The Foundation) Indigenous Australia program (IAP) has supported in the Katherine, Darwin, Central Australian and Barkly, Western NSW and Cape York regions. At each site the process is mapped against best practice recommendations that were developed from program experience and evaluation findings.

IAP initially supported an IESW in 2007 to reduce the backlog of mainly remote Aboriginal and Torres Strait Islander people awaiting eye surgery in the Central Australia and Barkly region of the Northern Territory (NT). This was following the approach for assistance from the Aboriginal Community Controlled Health Organisations in the region and the NT Department of Health who had identified a clear need that required immediate attention.

IESWs have since been supported by IAP in other regions including Katherine, Darwin, Western NSW and Cape York, primarily encouraging participation of Aboriginal and Torres Strait Islander Australians who might otherwise not receive the treatment they need.

The IAP continues to support IESWs to address the existing need and build sustainable models that will provide a seamless and fully integrated patient journey. The IAP aims to facilitate the right care, at the right time, by the right team and in the right place to ensure the eye health system is effective for Aboriginal and Torres Strait Islander Australians.

## Key achievements

IAP's involvement has, in some cases, been substantial, particularly in terms of coordination, culturally safe patient support, and funding for additional human resources and transport.

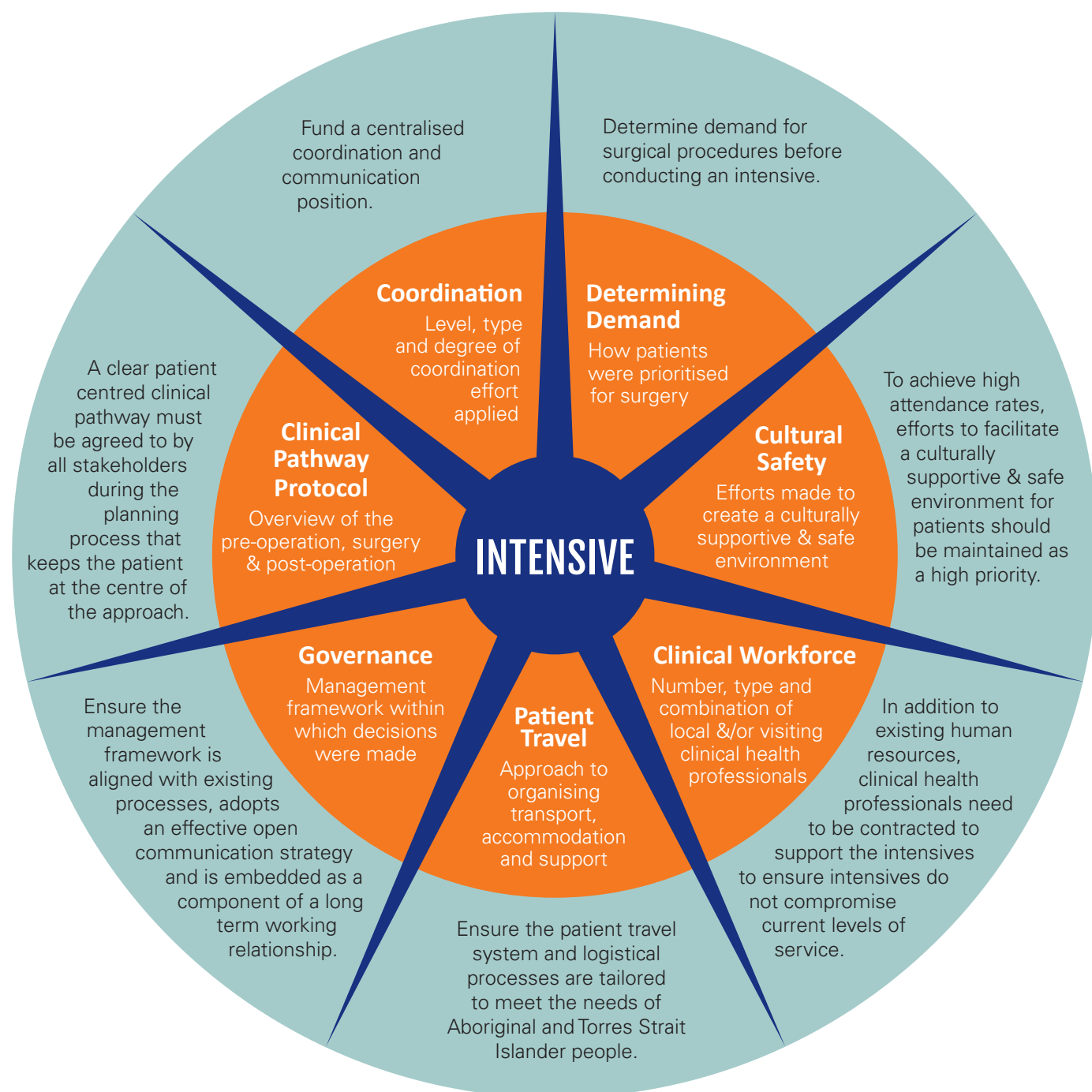
- The Central Australian and Barkly Integrated Eye Health Strategy (CABIEHS) has facilitated 16 IESWs with funding from the Australia Government at the Alice Springs Hospital since 2007. This has resulted in over 750 surgeries for people from the Central Australian and Barkly regions.
- The Remote Service Delivery (RSD) Program was a one-off program funded by the Australian Government that provided 200 cataract surgeries for Aboriginal and Torres Strait Islander people living in remote areas between May 2013 and April 2014. This was carried out over four sites - Royal Darwin Hospital, Katherine Hospital, Dubbo Base Hospital and Bourke Hospital.
- The IAP has supported three 'Indigenous and Remote Eye Health Service' (IRIS) intensives with over 98 surgeries at Katherine Hospital aimed at addressing significant backlogs in both the outpatient and surgery waiting lists.
- The Cape York Eye Health Program facilitates a 5-day IESW each year, during which the majority of surgery required for the region is carried out. Patients identified as requiring surgery as part of the outreach / community visits are scheduled for surgery during this week. This is a well-established model, incorporated as part of its annual cycle of eye care. In 2015 and 2016 IAP participated to support and engage with the patients to facilitate access to the service. IAP funds the Regional Eye Health Coordinator position which is vital for the delivery of the IEWS.

# Key components and recommendations

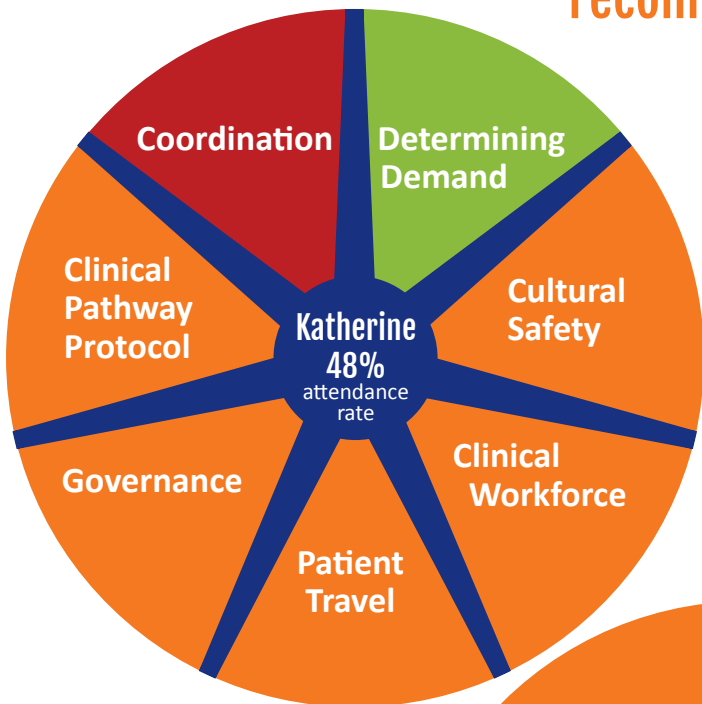
This is IAP's representation of key components and recommendations for Intensive Eye Surgery Weeks based on a Menzies School of Health Evaluation report and internal programming experience.

## ● Recommendations

## ● Key Components



# Comparing the process at each site against the best practice recommendations



# What works

- Good coordination is essential.** The IESWs held in locations with high levels of coordination had higher attendance rates. Dedicated coordination positions such as Regional Eye Health Coordinators (REHCs) improve the efficiency and effectiveness of IESWs. Coordination positions are often responsible for planning, booking and monitoring all patient travel and accommodation, assisting and supporting communities and patient groups, liaising with all relevant stakeholders and, most importantly, general troubleshooting. Having oversight for all non-clinical aspects of the program allows the Coordinator to ensure that services and processes are well integrated and aligned, and address any issues which arise with a sound understanding of context and content. Having a focus on, and responsibility for, maximising access to eye procedures ensures an efficient use of resources.
- Culturally appropriate patient support helps to maximise attendance.** At all stages of the patient journey it is important to offer and encourage participation, or conversely discourage patients from absencing themselves at some point or not starting the journey at all. This may be in the form of emotional support or assisting patients with any needs, and is often provided by an Aboriginal Liaison Officer, but could also be provide by other support workers, carers, coordinators or other staff assisting with the IESW. Surgery, hospital, travelling and staying in a regional centre can often be a stressful experience for patients, especially for the elderly, who are a large part of the client group. A positive patient journey is facilitated by direct personal support and by issues being addressed in a timely and satisfactory manner.
- Mutual support.** Communities which have several people on the eye surgery waiting list have been given priority in order to facilitate the participation of groups of patients from the same community. This has proved an effective measure for attendance at surgery. Group members provide mutual support and encouragement to attend hospital and undergo all medical procedures.
- Flexibility.** A highly flexible approach to the scheduling of surgical procedures, which are usually performed whenever patients are available. Consideration is also given to reducing the risk of patients absencing themselves from the hospital, which may mean 'fast-tracking' through the system. The principle of flexible scheduling also allows the length of a patient's stay away from home to be minimised.

- Good communication.** Frequent communication and effective engagement with communities and local clinic staff, in particular maximising the opportunities for face to face contact as part of eye team visits. The IESWs that have highly visible staff who are known to communities and community clinics have higher attendance rates.
- Strong governance.** Good underlying governance structures are important for the smooth running of an IESW. Those regions that have existing networks, such as regional eye health networks, are able to facilitate IESWs that have a better chance of being successful.

### Colour him magic: it's Alexander's eye-opener

Alexander Dennis from Walgett, northwest NSW, with Joanna Barton, manager of the Outback Eye Service

**EXCLUSIVE**  
PATRICIA KARVELAS

WHEN Walgett man Alexander Dennis underwent eye cataract surgery a year ago, he says it was life-changing.

"The colours were so bright I couldn't believe it – it changed everything," the 53-year-old said.

"This week, Mr Dennis drove three hours with his wife, Daphne, to get cataract surgery on his second eye, as part of an intensive program run by the Fred Hollows Foundation, targeting 30 indigenous patients in western NSW.

Patients travelled by bus and car from Walgett, Brewarrina, Lightning Ridge, Colbar, Cardellia, Renkensia, Conamble and Bourke.

Those from nearby towns stayed at Bourke motels for a couple of nights to proceed with their life-changing surgery.

After having the operation this week, Mr Dennis said "I can see my beautiful wife again, I can see the green grass – it's just amazing. It's going to restore my independence. I'm so relieved, because my wife had to look after me..."

off her. If you believe in miracles, this is one of them, and Fred Hollows has done this for everyone around the country. I'm the happiest man in the world."

He said it was fantastic to be able to watch sport again, to see his children and his grandchildren. After a week engaging his audience, he is going back to work as a home care.

Ms Dennis said before August last year, her husband had no vision. "I had to look him around," she said. "He depended on me to do everything around the house and with the kids. When he was blind I had to look after the crockery and filling out his forms, all the things you take for granted when you can see. But since his sight has been restored, he doesn't need to depend on me any more. He can take on the responsibilities for himself. It's just unbelievable."

The Outback Eye Surgery Unit at Bourke Hospital is the final intensive part of a pilot project aimed at closing the indigenous disadvantage gap, increasing the access Aboriginals in rural and remote areas have to surgery and reducing elective surgery waiting times for indigenous people.

The Fred Hollows Foundation has been working with the NSW government since last year on the pilot project, restoring the sight of 300 indigenous people.

Mr Dennis, who has had Type 1 diabetes with insulin dependency since he was in his late 20s, said Hollows was his hero. "What that man has done for indigenous people is amazing."

Jill Adams Barton, manager of the Fred Hollows Indigenous Australia Program, said the pilot was being used to assess different service models.

She said having a lot of people come in at one time instead of one or two per surgery visit made a huge difference. "There's a lot of up by having that many people there," Ms Adams Barton said. "We have definitely found if we can bring in more than one person from a community or from a remote area, they are more likely to want to come because they feel supported – they've got someone who speaks their language and who understands what they're going through, who's either been through it or just about to."

Minor Corneus, chairman of ophthalmology at the Prince of Wales Hospital and head of the Outback Eye Service, said the work would not be possible without a diverse indigenous workforce.

PHOTOGRAPHS BY RUTHERFORD  
Daphne Dennis, Alexander's wife, with her husband

Dennis was once an amateur boxing champion

NSW 2014



Darwin Hospital 2013

## Challenges and Issues

- Sustainability – the IESW was originally conceived as a short term measure to address a backlog in long waiting lists. It has become apparent that after five years of IESWs long waiting lists continue to be a feature of the eye health system and there is a continuing need for some kind of intervention to address this. While there has been an improvement in the way the system works and the capacity of partners to work together, the barriers for Aboriginal and Torres Strait Islander people accessing eye procedures still exist.
- Some regions require the constant re-negotiation of participation of partners for each IESW which can be difficult and labour-intensive.
- It is difficult to access mainstream funding sources to support IESWs, for example for transport, coordination and additional workforce.
- Predominately due to lack of capacity to support the appropriate level of coordination required, there are ongoing challenges of incorporating what has been learnt and the improvements required into standard practice. Service providers are often reluctant to consider altering existing processes and procedures, such as mutual support for example, despite the evidence suggesting that it does impact attendance rates.

## The Role of IAP

- IAP's involvement in the IESWs has, in some cases, been substantial, particularly in terms of coordination, culturally safe patient support, and providing funding for additional workforce and transport. IAP will continue to support IESWs if this is collaboratively decided by governance bodies such as Central Australian and Barkly Integrated Eye Health Strategy and local service providers.
- Additionally, IAP has taken a long-term committed approach to health systems strengthening to achieve sustainability and reduce the need for IESWs in the future. For example, IAP's involvement in CABIEHS is focused on identifying eye care gaps and barriers, such as workforce shortages, and working collaboratively to ensure agreement on priority actions.

The IAP will continue to aspire towards a patient journey that is seamless and fully integrated. We'll hold this at the centre of our overarching purpose as we strive to strengthen the eye health systems in a way that facilitates **the right care, at the right time, by the right team and in the right place**. Taking this comprehensive approach allows eye care services to be fully integrated - not just as part of Primary Health Care or Chronic Disease Management - but across all levels of eye care; primary eye care, secondary or visiting eye care services and tertiary levels including surgery.

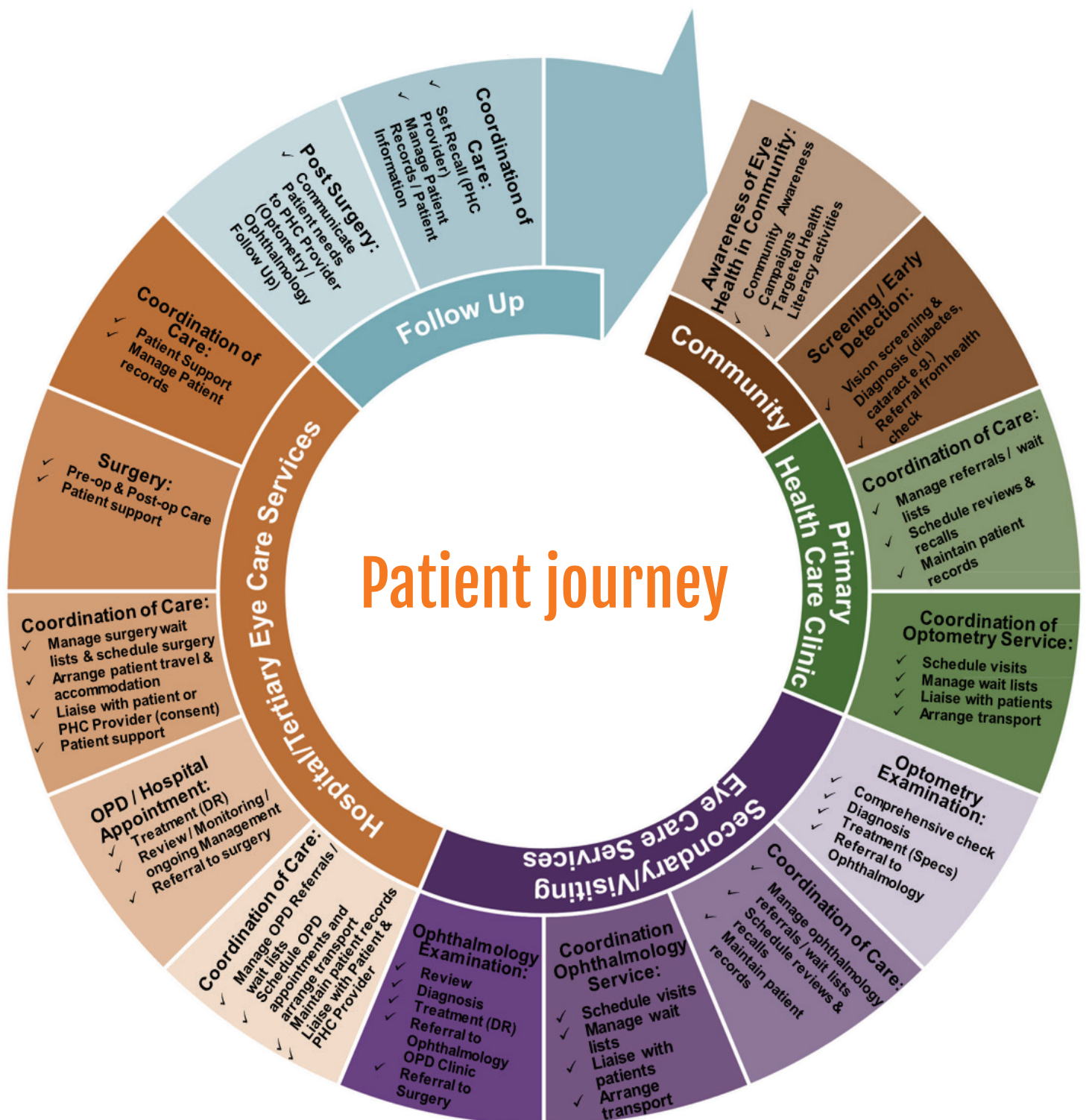
This comprehensive approach also allows us to ensure that we continue to address The Foundation's eye disease priorities - Diabetic Retinopathy, Cataract and Trachoma - whilst also ensuring that refractive error and other forms of vision loss can also be addressed.



Darwin 2014

**“AS MEDICAL AND SURGICAL SUPER SPECIALIZATION INCREASES REMOTE REGION RESIDENTS WILL BE INCREASINGLY LOCKED OUT OF ACCESS TO THE LATEST PROCEDURES AND THE BEST PROCEDURALISTS. IF WE ARE TO PREVENT THIS INCREASE IN SYSTEM URBAN BIAS, THEN WE HAVE TO DEVELOP INNOVATIVE, FLEXIBLE APPROACHES TO PROBLEMS IN DIFFERENT REGIONS AND FOR DIFFERENT SPECIALTIES. THESE APPROACHES WILL GENERALLY INVOLVE GETTING THE SPECIALISTS TO REGIONAL (AND OCCASIONALLY REMOTE) CENTRES OR GETTING PATIENTS TO TERTIARY CENTRES. THIS REQUIRES A LEVEL OF FUNDING SUFFICIENT TO MEET THE NECESSARY TRANSPORT AND INFRASTRUCTURE COSTS. IT WILL BE A LEVEL FAR ABOVE CURRENT GOVERNMENT COMMITMENT.”**

*Paul Torzillo, Medical Director, Nganampa Health Council, 2015*



## The future of IESW

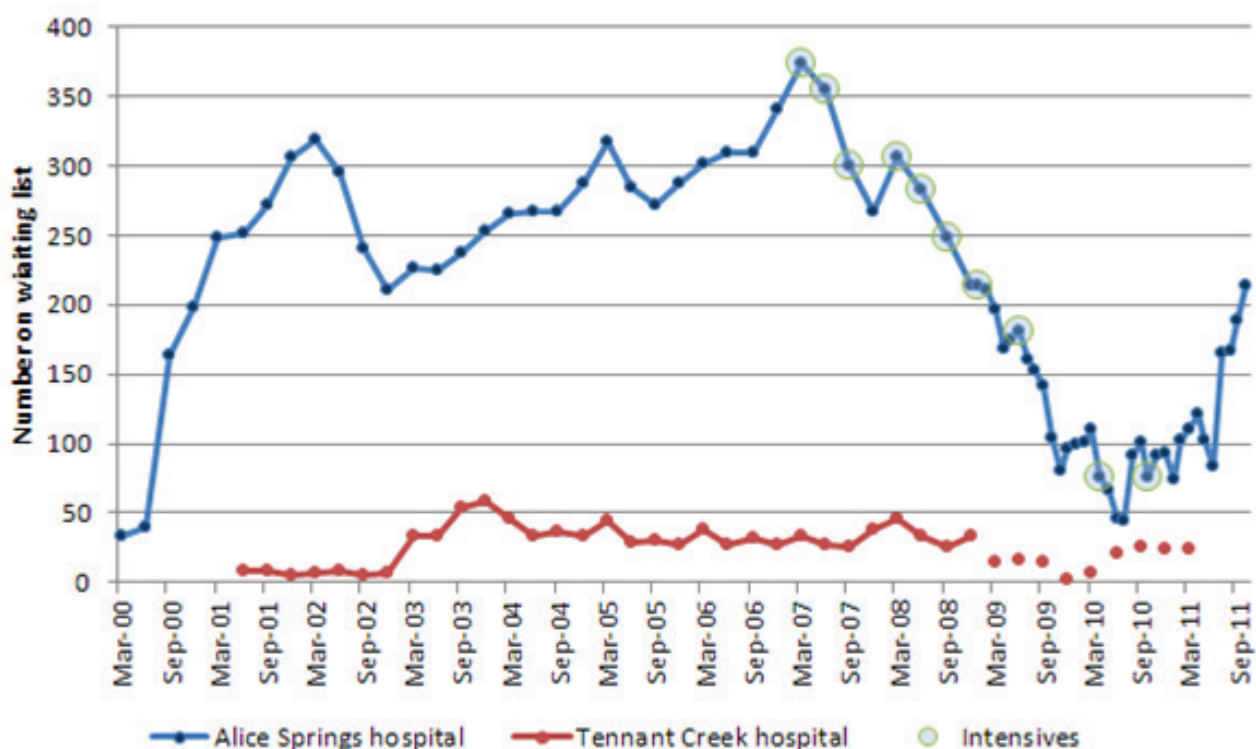
- CABIEHS reviews the surgery waiting list and evaluates the need for IESWs every 6-12 months. By addressing the underlying barriers and key gaps in the eye health system, the regular surgery program will be able to meet the demands of the waiting list into the future.
- Learnings from IESWs should be adopted into standard practices as much as practicable, including the provision of culturally appropriate patient support, centralised coordination, and maintaining a flexible and opportunistic approach to scheduling where possible.
- Service models that cover the patient pathway and support sustainable service delivery are key to improving access for Aboriginal and Torres Strait Islander people. Improving access to surgical services necessitates an approach that focuses on the entire surgical pathway and not just the end point.
- Some regions such as Cape York function best with an IESW model embedded within its annual cycle of care, and this could be considered as a model in other jurisdictions.



Darwin 2013

## Graph

Total number of people waiting for elective eye surgery, Alice Springs Hospital and Tennant Creek Hospital, March 2000 to October 2011



## Comparison of Intensive Eye Surgery Weeks against recommendations and attendance rates:

Components	Katherine 48% attendance rate	Darwin 57% attendance rate	Central Aust. & Barkly 75% attendance rate	Western NSW 77% attendance rate	Cape York 90% attendance rate
<b>Coordination</b>	No regional eye health coordinator (REHC) or other specific person responsible for coordination. Poor coordination in terms of travel bookings. Assistance provided by IAP	At the time of the intensive, there was only a Clinical Nurse Manager with support from Aboriginal Liaison Officers. Inadequate coordination. Assistance provided by IAP	Utilise dedicated, already-existing REHC coordination positions. IAP and the Australian Government financially support a REHC, and also play a significant liaison role following up patients.	Strong coordination from the Outback Eye Service (OES) team. A visible and regular service.	Strong coordination from regular REHC and eye team on all aspects. IEWSs are part of routine pathway of care. Long running program with familiar outreach and hospital staff. Visible and regular service.
<b>Determining Demand</b>	Hospital eye clinic manager and surgery manager reviewed list and allocated patients according to complexity	Eye clinic books patients and prioritised theatre schedule in order of complexity.	Patients are booked and prioritised in order of complexity.	Patients reviewed and allocated to list by OES and surgery manager.	Eye team booked patients and prioritises theatre schedule in order of complexity.
<b>Cultural Safety</b>	Patients booked in community groups where possible. Darwin and Katherine hospitals followed up with patients to determine specific care arrangements. Booking clerks not always available to provide routine follow-up due to other clinics being held too. IAP supported ILO staff to assist, and are present during and post operation to provide support.	Patients were booked in community groups where possible. IAP supported two hospital staff to assist, and were present during and post operation to provide assistance and support.	Patients booked in community groups. ILO team available for patient support. IAP assists with support and follow up of patients with special care needs.	Patients booked in community groups. Support and assistance provided by IAP.	Patients booked in community groups. REHC and health centre follow up to determine needs. REHC provides assistance and support. Patient time away from community is reduced through use of charter flights.
	Complies with Recommendations	Somewhat complies with Recommendations	Doesn't comply with Recommendations	IAP support provided	

<b>Clinical Workforce</b>	IAP, on occasion, had to source, financially support and provide locum staff, including travel and accommodation.	IAP sourced and provided locum staff, including travel and accommodation.	IAP source and provide locum ophthalmologist and 2 RNs, including travel and accommodation.	Two consultants on rotation. Medical team has structured routine in place.	Health service provides all staff travel and accommodation and per diem. 5 consultants on duty.
<b>Patient Travel</b>	Poor communication and coordination of patient travel resulting in patients being misinformed, inappropriate patient travel bookings, no accommodation booked, return transport not booked, patients cannot be found, etc.	Royal Darwin hospital or ILOs provide transport and assistance with accommodation booking.	Good coordination of travel with intensive support from eye clinic. IAP provides assistance, on-the-ground transport and financial support for patients who are ineligible for travel assistance.	OES assists with travel arrangements when needed.	Health service lodges the travel forms and travel officers confirm travel.
<b>Governance</b>	Governed by Royal Darwin/Top End management framework, which coordinates ophthalmology services. Some internal complexity involved with hospital's capacity to facilitate administrative support, theatre time, and clinic space, due to other scheduled specialty clinics.	Management frameworks included existing procedures and processes to guide the delivery of public ophthalmology services in the Top End. The ophthalmology department is networked to include services through Katherine and Gove hospitals.	Strong governance structure through CABIEHS. Collaborative approach utilised with all stakeholders. Good relationships and open communication.	Management framework has long-standing procedures and processes, supported by good relationships and formal networks.	Surgery is scheduled once per year. Ophthalmologist sets date and confirms with eye team and REHC. Long-running program that has the support of all stakeholders.
<b>Clinical Pathway Protocol</b>	Clinical pathway is negotiated with all stakeholders before and during the service delivery process.	A clear clinical pathway is agreed by all stakeholders during the planning process.	A clear clinical pathway is agreed by all stakeholders during the planning process.	Surgery conducted during the week in addition to general theatre list.	A clear clinical pathway is agreed by all stakeholders, and IESWs are part of the routine eye care pathway for the region.
	Complies with Recommendations	Somewhat complies with Recommendations	Doesn't comply with Recommendations	IAP support provided	