

Regional Eye Care Systems Assessment Tool

Instructions:

Please rate each component on a scale of 0 – 11, where 0 indicates limited or no performance, and 11 indicates optimal performance. A description of each ranking for four levels (Level A – D) is provided, to assist you with deciding on the score you will allocate.

Circle the score (0 – 11) you chose, and where relevant provide brief comments of clarification or explanation.

If you are uncertain or unable to score a particular component, please leave it unmarked.

Results will be kept anonymous and used to determine the 'average score' from this group of stakeholders' collective assessment of the Regional Eye Care System. You do not need to calculate the Part or Overall averages – that will be done when analysing the results.

Respondent Info:

NB: this will be kept confidential and only used to inform the analysis of results

Please tick which part of the regional eye care system you are involved in:

Primary care Secondary eye services (consultations)

Hospital-based care

Coordination Healthcare systems or governance

Date: ___ / ___ / _____ Location: _____ State/Territory: _____

Part 1: Organisation of the Regional Eye Care Delivery System

How well structured and organised are the services and systems for eye and vision care, in this region?

Components	Level D	Level C	Level B	Level A
Eye care workforce for the region	...there is no / negligible eye care workforce in the region.	... there is a supply of eye care service delivery and coordination personnel, but they are currently not used to their full capacity.	... there is an adequate supply of eye care service delivery and coordination personnel, who are being used to a good capacity.	... there is a good supply of eye care service delivery and coordination personnel, who are being used to a maximally efficient capacity, which includes coordination between their services.
Score	0 1 2	3 4 5	6 7 8	9 10 11
<i>Comments:</i>				
Overall organisation and clarity about structure of the regional eye care system	...eye care services are provided in an ad hoc manner.	...eye care services are provided in a predictable manner but there is no clear structure or organisation between the various levels of eye care, in the region.	...eye care services are predictably provided and there are some systems in place between the various aspects of the eye care pathway, but there is not a clear organisational structure for the entire 'eye care system' serving the region	...organisation of a regional eye care service delivery system is well established and communicated to all relevant stakeholders, and regularly reviewed and updated as necessary
Score	0 1 2	3 4 5	6 7 8	9 10 11
<i>Comments:</i>				
Regional goals and improvement strategy for eye care services	...does not exist, or limited to one or two conditions.	...exist but are not actively reviewed; uses ad hoc approaches for targeted problems as they emerge.	...goals are measurable and reviewed; some form of improvement strategy is in place. Some changes followed through. Quality improvement personnel have some involvement in eye care services	...goals are measurable, reviewed routinely, and are incorporated into plans for improvement. Uses a proven improvement strategy (such as continuous quality improvement) proactively in meeting regional eye care goals.
Score	0 1 2	3 4 5	6 7 8	9 10 11
<i>Comments:</i>				

Total Organisation Score _____

Average Score (Score / 3) _____

Part 2: Community and Patient Linkages

Are there good links between eye care delivery system (including visiting providers and primary care) and communities? This is important to promoting active uptake of eye care services.

Components	Level D			Level C			Level B			Level A		
Patient information and education about eye care	...is not done.			...happens on request by patient, or only done by visiting eye care practitioners.			...is done routinely using patient education materials.			...is done routinely, including systematic reminders about eye examinations due; includes use of patient education materials about specific conditions, describing key management and prevention messages.		
Score	0	1	2	3	4	5	6	7	8	9	10	11
<i>Comments:</i>												
Promoting visiting eye care services to communities	...is not done.			...is occasionally done, but in an ad hoc manner.			...is accomplished by promoting visiting services with advance notice, using promotional materials where relevant and advising patients due for an eye exam with notice.			... is accomplished through active coordination between the eye health system, primary health care service, community service agencies and patients. Patients are actively engaging with visiting eye services.		
Score	0	1	2	3	4	5	6	7	8	9	10	11
<i>Comments:</i>												

Total Community Linkages Score _____

Average Score (Score / 2) _____

Part 3: Referral pathways and continuity of care

Are there evidence-based systems, processes, and tools in place to support the clinical decision making regarding eye care, and clarify the best-practice referral pathways for eye care in the region?

Components	Level D			Level C			Level B			Level A		
Evidence-based guidelines or defined referral pathways for eye care	...are not available.			...are available but does not cover the entire eye care pathway (primary, secondary tertiary).			...are available for the entire eye care pathway, and routinely used to guide eye care referrals in the region			...are available and routinely used to guide eye care referrals. Regional referral pathways are regularly reviewed, updated and communicated. Systematic processes are in place to ensure patients complete referral pathways.		
Score	0	1	2	3	4	5	6	7	8	9	10	11
<i>Comments:</i>												
Continuity of eye care	...is not a priority.			...depends entirely on communication between eye care practitioners.			...incorporates shared case management via communication between PHC practitioners, and eye care providers. Is a priority but not implemented systematically.			...is a priority and systematically implemented: eye care interventions include active coordination between PHC practitioners, eye care providers and tertiary (surgical) centres. Information sharing enables optimal patient care.		
Score	0	1	2	3	4	5	6	7	8	9	10	11
<i>Comments:</i>												

Total Referral Pathways Score _____

Average Score (Score / 2) _____

Part 4: Clinical Information Systems

How well are clinical software utilised to facilitate eye care service delivery lists, scheduling, and a more seamless eye care 'journey' for patients through the primary, secondary and tertiary levels?

Components	Level D	Level C	Level B	Level A
Appointment / recalls system	...is not utilised for preparing patient lists for eye care services.	...is utilised by individual practitioners (at PHC clinic and/or hospital), to schedule or flag patients needing an eye examination.	...is routinely and systematically used to flag and recall patients requiring an eye exam.	...is automated and linked to existing processes, enabling auto-generation of patient lists in order of priority requiring optometry and/or ophthalmology care.
Score	0 1 2	3 4 5	6 7 8	9 10 11
<i>Comments:</i>				
Patient eye records, referrals and filing systems	...files disorganised; hard to find; poorly kept; no summary sheet; referrals not recorded	...files organised, but inefficient system; files generally legible; eye examination records are not uploaded/recorded into computer software; referrals and diagnosis missing.	...files well organised and accessible; eye examination records uploaded/scanned into computer software; files legible; key diagnoses listed on patient summary.	...files well organised and rapidly accessible; eye examination records entered into computer system, with summary linked to updated recalls and auctioning of referrals; is accessible and used by all eye care staff; referrals and follow up recorded
Score	0 1 2	3 4 5	6 7 8	9 10 11
<i>Comments:</i>				

Total Clinical Information System Score _____

Average Score (Score /2) _____

Part 5: Integration with Primary Health Care

Are there established links between primary care and eye care services, both in terms of eye and vision checks being more integrated with routine PHC checks, and integration of visiting and hospital eye care services with PHC case management for patients?

Components	Level D			Level C			Level B			Level A		
Integration of eye care with primary health care checks and processes	...eye care services are delivered and coordinated solely by visiting eye practitioners, who maintain their own patient lists			...some patients are identified for review by an eye practitioner via vision/eye screening by PHC staff, conducted as required or indicated by presenting complaints.			...vision and eye screening conducted in adult health checks or diabetes care management is used to identify and refer patients for review by eye practitioners.			...vision and eye screening is comprehensively conducted as part of adult health checks or diabetes care management, and linked to systems for listing/referral for visiting eye practitioners, as per best practice guidelines.		
Score	0	1	2	3	4	5	6	7	8	9	10	11
<i>Comments:</i>												
Involvement of optometrists and ophthalmologists in improving primary eye care	...is primarily through traditional referral.			...is achieved occasionally through optometrists and ophthalmologists providing a summary to primary care practitioners about patient prognosis and treatment.			...is achieved by optometrists and ophthalmologists providing feedback regarding patients' treatment and prognosis, and involving primary care practitioners in their ongoing management plan			... is achieved effectively and consistently by optometrists and ophthalmologists routinely providing feedback regarding primary care practitioners' ongoing case management for eye patients at the PHC level, including in-service training when possible by visiting eye practitioners.		
Score	0	1	2	3	4	5	6	7	8	9	10	11
<i>Comments:</i>												
Feedback to primary care centres about patient progress for ophthalmology (hospital/surgical)	... feedback is not provided to primary care centres about ophthalmology patients' progress			... feedback is provided to primary care centres sporadically or upon request about ophthalmology patients' progress			... feedback is regularly provided to primary care centres using consistent mechanisms (e.g. secure electronic messaging of surgical reports) about patients' progress			...feedback is regularly and consistently provided to primary care centres and about patients' progress, including required actions at the PHC level for ongoing patient management or hospital attendance.		
Score	0	1	2	3	4	5	6	7	8	9	10	11
<i>Comments:</i>												

Total Integration Score _____ **Average Score (Score / 3)** _____

Briefly describe the process you used to fill out the form (e.g., reached consensus in a face-to-face meeting; filled out by the team leader in consultation with other team members as needed; each team member filled out a separate form and responses averaged).

Description: _____

Scoring Summary

(bring forward scoring at end of each section to this page)

Total Organisation Score	_____
Total Community Linkages Score	_____
Total Referral Pathways Score	_____
Total Clinical Information Systems Score	_____
Total Integration Score	_____
Total RECSA Score (Sum of all scores)	_____
Average RECSA Score (Total Score /5)	_____

What does it mean?

The RECSA is organised such that the highest "score" (an "11") on any individual item, subscale, or the overall score (an average of the five subscale scores) indicates optimal systems in place for eye care at the regional level. The lowest possible score on any given item or subscale is a "0", which corresponds to limited support for that aspect of eye care. The interpretation guidelines are as follows:

- Between "0" and "2" = limited support for eye care systems
- Between "3" and "5" = basic support for eye care systems
- Between "6" and "8" = reasonably good support for eye care systems
- Between "9" and "11" = fully developed eye care systems

It is fairly typical for teams to begin a collaborative with average scores below "5" on some (or all) areas the RECSA. It is also common for teams to initially believe they are providing better care than they actually are. As you progress in your team-based assessment, you will become more familiar with what an effective system for eye care involves. You may even notice your RECSA scores "declining" even though you have made improvements; this is most likely the result of your better understanding of what a good system of care looks like. Over time, as your understanding of good care increases and you continue to implement effective practice changes, you should see overall improvement on your scores.