PACEYES VISITING EYE CARE TEAM GUIDELINES

PACIFIC EYE CARE SOCIETY (PACEYES) CLINICAL PRACTICE GUIDELINE

IN ASSOCIATION WITH THE PACIFIC EYE INSTITUTE, SUVA, FIJI

1. INTRODUCTION AND AIM

The aim of this guideline is to assist eye care providers, eye care program mangers and ministries of health in the island nations of South Pacific region to fully maximize the benefits of visiting eye teams to their local settings.

2. BACKGROUND

2.1. Burden of eye diseases

Like other developing and underdeveloped country, island nations in the South Pacific region benefit from visiting eye care teams. Visiting eye care teams in some instances are the sole provider of eye care while in other locales the visiting team provides invaluable support in reducing the burden of avoidable blindness such as blindness due to cataracts.

2.2. Rationale for Visiting Eye Care Team Guidelines

The ever present support of visiting eye care teams and the increasing focus on the host's involvement in their own eye care process has in most instances been a mismatch. These guidelines provide a framework that attempts to capture the relevant details and processes enabling quality service provision, local counterpart eye care provider training and skills upgrading, and a continuity of partnership between the visiting teams and the host. This is done in a checklist format in this document.

3. OUTLINE OF GUIDELINE/CHECKLIST

This document outlines issues in a checklists format under the following headings

3.1. Multi-sector partnerships
3.2. Service delivery / Community Participation
3.3. Finance
3.4. Governance / compliance
3.5. Equipment and supplies
3.6. Human Resources
3.7. Health management information systems

3.8. Research / evaluation learning/ knowledge management

3.1. Multi-Sector partnerships

Coordinating and cooperating with all participating parties to plan to minimize service duplication and maximize service provision	Documented evidence of discussions with MOH, local eye care personnel, PacEYES and NGOs

3.2. Service Delivery / Community Participation

Ensure equitable access to services to enable the more disadvantaged and vulnerable sectors of the population to access to services	Documented evidence of procedures of screening and patient selection to ensure equitable access Documentation of community consultation
Ensure services are provided in a culturally appropriate manner respecting patient dignity and rights	**Protocols** and arrangements for patient screening, transport, accommodation, and follow up care Documented cultural appropriateness in relation to attire, communication, logistics and patient care
Patient Satisfaction: patients are satisfied with the projects	Monitoring of patient satisfaction e.g. short surveys/interviews
Document the contribution of the project to the health system of the country	Documented evidence of the eye health needs of the country, eye health service provision to meet these needs, and also health system strengthening activities e.g. mentorship, continuing professional development
Estimated project outputs	Consulting, surgical and refraction volumes

Comment [DCP1]: Need feedback on each individual country or setting in terms of what is appropriate attire, communication and translation issues

Comment [DCP2]: Interviews must ideally consist of 3 questions, example:
1.Was enough info given as pre op?
2.Does the patient think respect and dignity given is appropriate?
3. Any improvements that can be made next time?

3.3. Finance

Aid-effectiveness Cost benefit calculations	Calculate whether the project is cost-effective compared to alternatives according to Pacific Aid Effectiveness Principles
Spectacle sales	How do spectacle sales fit with local schemes? **Protocol** cost of spectacles, subsidization, profits?

3.4. Governance / Compliance

Project is compliant and current with all necessary in country regulatory Authorities for all project activities	Evidence of communication with ministry of health, head of hospital and local eye care providers about visit
	Evidence of current professional registration with relevant authorities
Adequately covered by insurance	Local professional indemnity insurance
	Medical/evacuation/emergency insurance
Appropriate informed consent sought and obtained	Relevant information consent forms
	Protocol for patient counseling
	Protocol for information and consent procedures
Protocols	**Protocol** for disinfection, sterilization and surgical techniques
	Protocol for surgical case selection criteria including inclusion and exclusion criteria for eye and general health conditions
Post surgical follow up visits	**Protocols** outlining arrangements for post surgical follow up visits; how will post surgical complications be handled and post op refraction

Comment [DCP3]: Any comments on how to go about this issue? Who will be responsible if a legal issue arises from malpractice.

3.5. Equipment and supplies

Checklists to ensure the buildings, utilities and equipment in good order, sufficient instruments and medications and surgical supplies to ensure safe patient care	Checklist for infrastructure required for outreach visit compared against inventory of locally available infrastructure (electricity, water, air-conditioning, space)
	Checklist for equipment and instruments required for outreach visit compared against inventory of locally available equipment and instruments
	Checklist of supplies and medications required for outreach visit compared against Inventory of locally available stock.
What are the systems in	Voltage stabilizers, surge protectors +/- UPS in any operating

place to provide adequate uninterrupted power supplies and protect equipment like microscopes, autoclaves, and computers?	environment with erratic power supply (all developing world environments have erratic power supplies) A suitable sized generator available Check with local power supply company for any power outages during the visit

3.6. Human Resources

Project has appropriate local and outreach human resource levels / skill mix (adequate numbers with a suitable balance of qualified clinical and non clinical staff, translators/organizers, cleaners, etc) for programme activities	Agreed numbers and mix of staff / skills for all project activities (e.g. in the operating theatre, specified number of qualified nurses and other personnel) to supplement the visiting team Document outlining roles of each team member Workloads and stress levels are manageable by advanced planning and scheduling Quality improvement through local and outreach team evaluations of the visit
***International staff*: adequately prepared for the culture, language and security situation in-country**	International staff orientation programme pre-departure/upon arrival
***Security:* adequate security to the workplace and to staff accommodation**	Security policy systems in place Protocols / provisions for evacuation of international and national staff in the event of civil unrest or natural disaster
Able to communicate with patients	Trained interpreters are available
Capacity development for local staff	**Proposal** for capacity development (e.g. skills upgrade or mentoring) for local staff and evidence of consultation for development

Comment [DCP4]: Any better word/noun describing people performing this activities?

3.7. Health Management Information Systems

Patient lists	Patient lists with type of surgery to be provided to visiting teams in advance if possible. Include as much detail as possible eg. Age, biometry
Patient record keeping	Comprehensive, accurate documentation to allow for continuity of case
Clinical Audit: Theatre	A single Theatre Register for all operations using a system which

Surgical log book	allows easy tracing of individual patients
Outcome Monitoring: this is essential for all projects as a key quality output measure	The routine use of at least the manual tally sheet system for cataract outcomes by each surgeon.[i] Monitoring refraction outcomes[ii]
Other forms of non surgical clinical audit eg. scrubbing	Evidence of regularly performed, reviewed and actioned activities
Adverse outcome strategies	**Protocols** for adverse outcome strategies/complications
Clinical pathways and care protocols: exist for (acceptable standards are referenced):	Protocols are locally relevant and achievable Protocols are followed by all members of the team.
Cataract [iii,iv] **Glaucoma** [v] **Corneal Ulcers** [vi,vii] **Theatre Practice**[viii,ix] **Eye Injuries**[x] **Diabetes eye care**[xi] **Refraction**	Protocols are accessible and routinely utilised

3.8. Operational Research / Evaluation learning / knowledgement management

Will this intervention contribute to the capacity of the project /strengthen health systems?	• Evaluate if what is sought is achievable and cost-effective and Is the project appropriate / relevant to local needs • What is the impact of the project / How can the project contribute towards capacity development of local people and strengthening health systems
Report provided to different stakeholder groups within a month after the visit	• Volumes of patients seen, disaggregated per diagnosis, treatment/management, gender. • Refraction, cataract and other surgery outcomes, and adverse events • List factors contributing to the successes of the visit • Recommendations for improvements for future visits

4. Contributors / References

Contributors

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