

Executive summary

Vision and hearing conditions have a significant impact on the Australian population and health care system. Australia's ageing population means that the number of Victorians with sensory impairment will increase significantly in the coming years.

The Royal Victorian Eye and Ear Hospital (Eye and Ear Hospital) is the major public provider of eye and ear, nose, throat (ENT) services in Victoria. It provides specialist and surgical tertiary services for Victorians, as well as secondary care for the local area and emergency care. It is critical therefore, that the Eye and Ear Hospital service delivery meets the needs of Victoria's diverse and changing population.

Existing evidence suggests that specific groups in Victoria experience barriers to accessing eye services² and have limited utilisation of Victorian eye care services.^{3, 4} The Eye and Ear Hospital is committed to meeting the needs of disadvantaged groups in the community. Appropriate information will enable the Hospital to tailor its services to meet this commitment.

The purpose of this project is to map the communities using the Eye and Ear Hospital services, and importantly to identify those people and groups who are under-represented among its patients. The findings of this report will inform the Eye and Ear Hospital redevelopment and other strategic planning processes.

Aim

The aim of this project was to map the communities currently serviced by the Eye and Ear Hospital and to identify under-represented groups.

Objectives

The objectives were to:

- compare the socio-demographic characteristics of the Eye and Ear Hospital eye and ENT patients to Victorian Australian Bureau of Statistics (ABS) data
- compare the socio-demographic characteristics of the Eye and Ear Hospital eye patients to Victorian vision impairment population and Australian eye hospitalisation data
- compare the socio-demographic characteristics of the Eye and Ear Hospital ENT patients to the Australian hearing impairment population and ENT hospitalisation data
- compare the Eye and Ear Hospital services utilised by patients of differing socio-demographic characteristics

- identify stakeholders' perceptions of the barriers that under-represented communities face in accessing the Eye and Ear Hospital services
- identify stakeholders' perceptions of the unmet needs that under-represented groups have in accessing the Eye and Ear Hospital services.

Methods

The Community Mapping Project involved two phases:

(1) a quantitative analysis of the patient records of Victorian residents who attended the Eye and Ear Hospital during 2007. These were compared to 2006 ABS data for Victoria, the Vision Impairment Project (VIP) Blue Mountains Hearing Study (BMHS) population data and Australian hospitalisation data.

(2) consultations were conducted with community organisations and Eye and Ear Hospital staff to identify barriers and needs experience by under-represented groups.

Phase 1

Overview of the Eye and Ear Hospital patients and attendances

- In 2007, 58,925 patients attended the Eye and Ear Hospital at least once. 98% of patients resided in Victoria. Of these patients, 70% attended the Eye and Ear Hospital for an eye condition only ("eye patients") and 26% attended for an ENT condition only ("ENT patients").
- Over 184,000 separate episodes of care were provided during 2007. 99% of these were provided to Victorian residents.

Communities served by the Eye and Ear Hospital

- Eye patients were significantly older than ENT patients.
- Fewer elderly patients (over 80 years) attended the Eye and Ear Hospital than expected given the age-specific prevalence of sensory impairments.
 - Compared to the VIP data, a lower proportion of female eye patients aged over 80 years and male patients aged between 60-74 years attended the Eye and Ear Hospital.
 - Consistent with Australia-wide hospitalisations for eye conditions,⁵ the rate of Victorians who had Eye and Ear Hospital eye separations increased with age among people aged up to 84 years, then decreased among older people.
 - Compared to the BMHS data, a lower rate of people over 80 years attended the Eye and Ear Hospital with hearing-related conditions than expected.
- A small proportion of ENT (0.3%, $n = 6$) and ophthalmology (0.7%, $n = 97$) patients aged over 70 years resided in an aged care facility. In comparison, 7.3% of Australians over 70 years live in these facilities.⁶

- While the proportion of ENT patients who identified as Indigenous (0.7%) was similar to the Victorian population (0.65%), fewer eye patients (0.5%) identified as Indigenous. However, given the high prevalence of eye and ENT conditions among the Indigenous population,^{7, 8} the relative proportion of Indigenous patients would be expected to be higher.
- A greater proportion of the Eye and Ear Hospital patients were born outside Australia (eye 46%; ENT 37%) compared to the Victorian population (26%).
- A greater proportion of the Eye and Ear Hospital patients spoke English (eye 87%; ENT 92%) than in the Victorian population (79%). However, while 11% of patients required an interpreter, only 4% of Victorians reported low English proficiency.
- A higher proportion of eye patients spoke Greek compared to the Victorian population. The following language groups represented a lower proportion of ENT and eye patients than the Victorian population: other European languages^a, Italian (ENT patients only), Southern Asian^b, and other South Eastern Asian languages^c.
- A lower proportion of Eye and Ear Hospital patients were from the 3rd most socio-economically disadvantaged decile (3%) compared to the Victorian population (7%). Patients from this decile who attended the Eye and Ear Hospital were typically Australian-born and resided in rural areas.
- A lower proportion of total eye and ENT patients (11% respectively) resided in regional areas, compared to the Victorian population (25%). However, when only specialised procedures (retinal procedures, major corneal and scleral procedures and cochlear implants) were considered, the regional distribution of patients was consistent with the Victorian population.
- Half the eye (50%) and ENT (59%) patients resided in the North and West Metropolitan Department of Human Services (DHS) Health region.

Socio-demographic characteristics of the Eye and Ear Hospital patients by services utilised: Similarities and differences between Eye and ENT patients

The following describes service utilisation trends that were similar among eye and ENT patients. Differences are also noted.

Attendance type

The proportion of Eye and Ear Hospital emergency presentations, encounters, separations, contacts (social work, speech pathology, diabetes education etc.) and pre-admissions that each socio-demographic group used was compared in relation to their overall proportion of attendances at the Eye and Ear Hospital.

- Consistent with the age profile of the Eye and Ear Hospital's patient population, those over 60 years represented a relatively high proportion of outpatient encounters. Patients over 60 were also over-represented among eye separations, but under-represented among ENT separations.
- Given the Eye and Ear Hospital's population of people who spoke languages other than English, a lower than expected proportion of these patients presented to the emergency department. Similarly, a relatively low proportion of patients with Health Cards and rural patients had emergency presentations.
- Despite the low proportion of rural residents and Indigenous patients at the Eye and Ear Hospital, these groups used a relatively high proportion of contacts. Rural patients were also over-represented among inpatient separations given the ratio of rural to metropolitan patients who attended the Eye and Ear Hospital.

Failed to attend status

- Compared to their proportion of the Eye and Ear Hospital's booked appointments, a relatively high proportion of 20-39 year olds failed to attend eye and ENT appointments.
- Public patients and the most socio-economically disadvantaged patients also represented a relatively high proportion of ENT failed attendances relative to their share of the total ENT booked appointments.

Emergency presentation triage category

- Overseas-born patients made up a relatively high proportion of non-urgent emergency triages than would be expected given their share of the total Eye and Ear Hospital emergency presentations.
- Patients who resided in areas closer to the Eye and Ear Hospital were also more likely to present to the Eye and Ear Hospital emergency department for non-urgent reasons.
- Compared to the proportion of emergency patients from the Eastern Health catchment area, these patients represented a relatively high proportion of urgent emergency triages.
- Males and patients from the least socio-economically disadvantaged group represented a higher proportion of the most urgent eye triages compared to their quotient of total emergency eye presentations.
- Among ENT emergency presentations, elderly patients and rural patients represented a relatively high proportion of the most urgent emergency triages.

^a Besides Greek, Italian and Spanish.

^b Included languages such as: Malayalam, Tamil, Telugu, Tulu, Dravidian, Indo-Aryan, Bengali, Gujarati, Hindi, Nepali, Punjabi, Sindhi, Sinhalese.

^c Besides Vietnamese. Included: Burmese, Haka, Karen, Hmong, Khmer, Lao, Thai, Indonesian, Timorese, Tagalog, Filipino

Inpatient priority

The proportion of non-urgent, semi-urgent and urgent separations for each socio-demographic group was compared to their proportion of the overall Eye and Ear Hospital separations.

- Culturally and linguistically diverse (CALD) inpatients represented a higher proportion of non-urgent procedures than expected.
- Australian-born, rural and Southern Metropolitan patients represented a higher proportion of urgent eye procedures compared to their share of the total separations at the Eye and Ear Hospital.
- Public patients and those over 60 years represented a relatively high proportion of urgent ENT procedures.

Outpatient referral source

- External consultants referred the greatest proportion of private and regional patients to the Eye and Ear Hospital outpatients.
- GPs referred the greatest proportion of public, major city and overseas-born patients to the Eye and Ear Hospital outpatients.
- In addition, GPs referred the majority of patients over 20 year, Indigenous and most socio-economically disadvantaged ENT outpatients.
- The majority of ENT patients under 19 years were referred by audiologists or external consultants.
- The highest proportion of eye patients under 19 years were referred to the Eye and Ear Hospital outpatients by a GP or external consultant.
- Compared to other groups, a higher proportion of older eye patients and those speaking Vietnamese and Greek were referred to outpatients by optometrists.

Summary of Phase 1 Findings

Specific groups represented a lower proportion of Eye and Ear Hospital patients when compared to the Victorian population, sensory impaired population and/or Australian hospitalisation data. These groups are referred to as being under-represented at the hospital. They include:

- the elderly (over 80 years) and aged care facility residents
- Indigenous
- males who speak Southern Asian, other South Eastern Asian and African
- people who speak Southern Asian, other South Eastern Asian and other European languages
- moderately socio-economically disadvantaged
- rural residents (among total attendances, but not specialised procedures).

The utilisation pattern of Eye and Ear Hospital services differed within the socio-demographic patient groups. Indigenous and rural patients had a high use of contacts. Patients from CALD backgrounds and Health Card holders made up a lower proportion of emergency presentations compared to their other attendance types. When CALD patients did present to the emergency department, it was primarily for non-urgent reasons. They also made up a relatively high proportion of non-urgent inpatient procedures. Furthermore, patients aged 20-39 years, the most disadvantaged and public patients represented a relatively high proportion of ENT failures to attend.

Finally, while GPs referred a large proportion of public, overseas-born and urban ENT and eye patients, external consultants referred the majority of the rural and private patients.

Phase 2: Consultations

Consultations were conducted with nine community organisations who provide service to the under-represented groups and six Eye and Ear Hospital staff to identify the barriers and needs of the under-represented groups. Three themes emerged:

1. Personal factors

Logistic issues including travel and distance, transport, and having other commitments were identified as common personal barriers for most under-represented groups accessing the Eye and Ear Hospital. A lack of awareness about the Eye and Ear Hospital and a low priority placed on vision and ENT conditions was also common. Other identified factors related specifically to CALD groups and Indigenous patients. These included: language barriers, issues for newly arrived and refugee communities, and cultural issues. Barriers associated with ageing, mobility restrictions, cognitive impairment and mental health status were also identified.

2. Eye and Ear Hospital factors

Factors relating to the Eye and Ear Hospital also posed barriers for under-represented groups. Systemic factors included: long waiting lists and waiting times at the Eye and Ear Hospital, appointment times that were difficult to manage for some groups, and interpreting systems. Numerous review appointments being conducted only at the Eye and Ear Hospital site posed difficulties for rural patients. Limited promotion of current information about the Hospital both, to the community and to referrers was noted as an important barrier. Other barriers related to Eye and Ear Hospital staff interface with patients and the accessibility and usability of the built environment.

3. External organisation factors

External organisations also posed barriers for under-represented groups accessing the Eye and Ear Hospital. It was highlighted that external organisations who provide service to people from the under-represented groups, particularly welfare organisations, had limited awareness about the Eye and Ear Hospital. This meant that they were unaware that the Hospital existed, or unsure of appropriate referral pathways. As such, this prevented them from making appropriate referrals. Difficulties in the assessment of some elderly patients, particularly those with cognitive impairment posed a barrier to identifying eye and ENT conditions, and thus referring them to the Eye and Ear Hospital. Finally, limited support provided by external organisations for elderly outpatients waiting at the Hospital was another important factor.

Community organisations and Eye and Ear Hospital staff identified the following as the key unmet needs of under-represented groups:

- improved parking and provision of information about public transport options and routes to the Eye and Ear Hospital
- changes to the appointment booking system: e.g. shorten the block booking times; provide an indication of appointment finish time, pre-appointment reminders and written correspondence in patients' preferred language
- for regular review appointments to be conducted locally in regional services for rural patients
- improved staff training in relation to: Aboriginal and CALD issues and practices; available Eye and Ear Hospital support services
- provision of culturally appropriate practices
- volunteers or liaison officers at the Eye and Ear Hospital to assist patients from newly-arrived or emerging communities to navigate the Eye and Ear Hospital system
- Aboriginal Liaison Officer
- provision of appropriate interpreters for all episodes of care
- an adaptable interpreter booking system
- current information about the Eye and Ear Hospital for both external service providers and community groups. Useful information that was suggested included: the general services offered by the Eye and Ear Hospital, referral pathways and support services available at the Hospital for disadvantaged or vulnerable patients. It was suggested that providing this information to CALD communities in their own language would be beneficial. Furthermore, it was noted that an appropriate formatting and language style would make this information more accessible for Indigenous and elderly people also.

- improvements to the physical, sensory and cultural features of the built environment: e.g. visually accessible signs in common CALD languages, uni-gender wards, accessible drop off area, flying the Aboriginal flag
- provision of pressure care, toileting and feeding needs for non-ambulant outpatients.

Staff from community organisations also identified agencies and opportunities to engage under-represented communities. These included:

- *Rural*: optometrists, Division of GPs, district nurses
- *Indigenous*: VACCHO, Aboriginal Medical Services, Vision 2020, Indigenous specific media (e.g. National Indigenous Times, Koori Mail, Radio 3KND)
- *CALD/emerging communities*: Foundation House, Adult Multicultural Education Services, GPs, Multicultural Commission, CALD specific media (e.g. Ambassador newspaper, TV Channel 31)
- *Elderly*: Better Hearing, audiologists, additional information on the Eye and Ear Hospital website for external organisations, simple Eye and Ear Hospital telephone access for patients, wide distribution of the Eye and Ear Hospital pamphlets, residential facilities and newsletters, Council on Ageing newsletters, media (e.g. talk-back radio 3AW, 3RPH – radio for vision impaired).

Conclusion

Mapping of the Eye and Ear Hospital described the communities who access the Hospital. The pattern of patients was generally consistent with the state-wide role that was outlined in the Victorian Ophthalmology and ENT Service frameworks. However, the report did identify some community groups who were under-represented at the Hospital. While it is clear that these groups have a lower utilisation of the Eye and Ear Hospital, it is not certain whether these groups access eye and ENT services elsewhere in Victoria, or whether they fail to access services at all.

Community organisations and Eye and Ear Hospital staff identified possible barriers that the under-represented groups experience in accessing and utilising the Eye and Ear Hospital. They also identified the key unmet needs of these under-represented groups. This information is provided to inform and guide the Eye and Ear Hospital planning.