

NED Newsletter

Volume 2, Issue 3

December 2014



eCUSUM

Register
Today

Inside this issue:

NED/Census MO 1

Justification and Objectives 1

Current Work-process 2

Implication of Poor Data Monitoring 2

MO as Internal Reporter 2

How to Implement? Job Description. 3

NES II –closing 6

National Eye Database/Census Medical Officer Rotation in All Ophthalmology Departments

A data repository is an essential requirement in the planning, development, implementation, monitoring and evaluation of a healthcare service. It also provides an opportunity for research and publication. Accurate and complete data is therefore fundamental. The National Eye Database (NED) has developed the necessary platform for use by Ophthalmology Service and departments on these purposes. However review of data during programme planning revealed that there is much to be desired. Some data in the NED

are either not available or inaccurate.

Although in some departments, data entry and data quality monitoring have been successfully done by the Optometrist and Paramedics, the full potential of NED may not be optimised due to service constraints. A new approach on departmental data management is required. We therefore urge an engagement of a dedicated officer to monitor accuracy and completeness of data in the NED to optimise its utilization both for service and publication. Engaging a non-medical

staff to fully oversee data management and NED/departmental census will require application for new posts, additional cost and time. In view of the projected surplus of Medical Officers (MO) in MOH in the future it is proposed that these MOs to be in charge of the NED by rotation. It is not only appropriate and relevant but in addition it will expose them to the NED and census data management early in their career as future Ophthalmologists.

Objectives

To ensure:

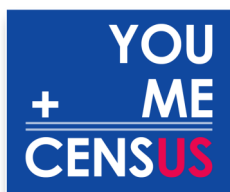
- 1) full data ascertainment on all registries in the NED
- 2) full data ascertainment on Monthly Ophthalmology Census
- 3) full data ascertainment on all local departmental census
- 4) complete report on all out-

reach activities done by the department

- 5) complete notification of all adverse incidence related to IOL and post-operative suspected endophthalmitis cases
- 7) up to date status of department's KPIs
- 8) awareness on the impor-

tance of data with regards to service, policy making and health outcomes

- 9) recruitment of possible interested individuals to participate and contribute to NED
- 10) promotion of Ophthalmology-focused research



Current Workprocess in Data Monitoring and its Limitation

Subjected to the policy adapted by the Head of Department (HOD), data entry for most of the NED application is done by the Optometrist while the other census data entry responsibilities such as the Monthly Ophthalmological Census and KPIs are delegated to the medical assistant or the sister in charge. Though responsibilities have been assigned they are often not satisfactorily fulfilled due to staff commitments to other services in the department. This may result in lack of monitoring and hence poor data entry with resultant poor data quality or reliability.

The site coordinators for NED are the Optometrists while the doctor in charge is usually an Ophthalmologist. For the majority of departments local department census data collection and submission is assigned to the senior medical assistant.

Implication of Poor Data Monitoring



Poor data entry for example in Cataract Surgery Registry (CSR) will make a dataset useless as it will not provide the true incidence, distribution of cataract and outcome of cataract surgery performed by the department. At the national level it will affect data analysis as distribution may be skewed. Failure to report data to CSR will also result in the inability to generate results for KPI (visual outcome and occurrence of post-operative endophthalmitis) and eCUSUM (visual outcome and PCR). Failure to report census to Monthly Ophthalmological Census will result in inability to generate denominator for cataract surgery performed within the month therefore inability to assess percentage ascertainment for CSR of the particular department. In short poor data quality/reliability due to inaccurate data entry makes the whole dataset invalid and unreliable to be used for performance monitoring, service improvement, research and publication.

Medical Officer's Role in the Internal Reporting System



NED data completeness and quality is currently monitored by 3 monthly report cards. These report cards are mailed to the respective HOD every 3 months. Besides displaying the performance of each department in submitting core data, these reports cards also display performance of each department in achieving the standard for the selected indicators (visual outcome and PCR) in a league table. Therefore achievement of each department is visible and can be compared against other departments'. Some HODs may find this transparency as offensive, which is understandable as department data are exposed to scrutiny by other departments. This problem can be eliminated by engaging a dedicated medical officer from within their own department. These NED/census MO will be absorbed in the data management work process and function **internally** in Data Submission Completeness and Data Accuracy/Reliability Monitoring System

How to Implement?

Attachment will be for one or two months duration (subjected to approval from HOD). During this period, this MO will be doing on call duties and ward round as usual. He/she will not be excluded from district specialist visits, Operating Theatre (OT) or KKIM rotation but will be excluded from general or subspecialty clinics. Postgraduate trainees in the Masters Programme who are undergoing attachment posting in the departments will not be excluded. Indeed this post-

ing will benefit them as it can be considered as part of their training in data management. When they graduate as ophthalmologist, attachment as NED MO will allow them to optimise NED function for service or publication.

Key requirements for a successful posting outcome are:

1. Full protected working time
2. Compulsory presentation during department CME as check list/monitoring of

- work
3. Monthly or 2 monthly rotation

HODs are welcomed to contact NED secretariat to help in the implementation of this proposal. During the course of their work, NED MOs are encouraged to call us if they encounter any difficulty with the web-application. They are also encouraged to give suggestions for continuous improvement in the work process



Job Description

NED/Census MO' main tasks are:
 1.to ensure completeness of all registries/census
 2.to monitor data entry and data quality in particular Cata-

ract Surgery Registry
 3.to monitor completeness and data quality of other departmental census.

*NED/CENSUS MOs should not be given tasks to enter data
 *Brief guideline document is available and has been distributed to all HODs.



Learning Outcomes

At the end of the attachment period, the MOs are expected to have downloaded all the reports and presented the findings to the members in the departments and HOD. They are also expected to have acquired:

1. The complete understanding of all the web functions in

- the NED applications
2. The knowledge about NED workprocess from data entry to data cleaning and analysis
- 3.The understanding of the NED organization chart and the role of each individual or organization in NED
4. The understanding of the interaction between NED and

- other databases/departmental census.
5. The understanding of the role of data in policy making, service, clinical management and research
6. The understanding of the role of Primary Care and Public Health in Ophthalmology.





National Eye Database

The National Eye Database (NED) is a service supported by the Ministry of Health (MOH) as an approach to collect health information. It collects data on incidences and distributions, and evaluates risk factors as well as treatment outcome of visually threatening eye diseases such as cataract, diabetic retinopathy, glaucoma and contact lens related corneal ulcer. In the initial phase, NED will collect data on cataract surgery, status of diabetic retinopathy in new diabetic patients, contact lens related corneal ulcer and glaucoma patients. Besides disease registry, NED also collects monthly service census of MOH Ophthalmology departments. The census serves as an effort to monitor key performance indicators of each ophthalmology department in the MOH.

Manager,
National Eye Database,
c/o Clinical Research Centre
Level 4, Specialists Office
Selayang Hospital,
Lebuhraya Kepong Selayang,
61800 Batu Caves

Phone: 603-6120 3233 ext 4169
Fax: 603-6120 2761
Email: ned@acrm.org.my

Information collected in the NED is very useful in assisting the MOH, Non-Governmental Organizations, private healthcare providers and industry in program planning and evaluation, leading to eye disease prevention and control.

We're on the web

<http://www.acrm.org.my/ned>

National Eye Survey II—closing

Trainings and Surveys for the National Eye Survey II (NES II) were done simultaneously within the six administrative zones in the country between the months of September and November 2014.

The field work for all zones was completed on the 30th November 2014 as per schedule. As the NES II used RAAB methodology, individual zone' survey reports can be generated automatically using the software.

Closing ceremonies to cele-



brate data collectors with closed door preliminary discussions on the findings will be conducted separately by zones in January 2015. Local proposed action plans will be discussed during a se-

ries of national workshops proposed to be conducted from February to April 2015. Data from this survey will also be further subanalysed accordingly. Areas for publications will be identified.

