



NED Newsletter

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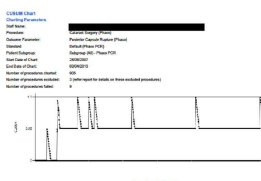
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WHO Global Data on Visual Impairment

In 2010, WHO estimated that 285 million people globally were visually impaired. Of these 39 million were blind and 246 million had low vision. Visual impairment was found to be more frequent among older age groups with 82% of those blind and 65% of those with moderate and severe blindness being older than 50 years of age. (Table 1)

The causes of blindness are cataract, 51%, glaucoma, 8%, AMD, 5%, childhood blindness and corneal opacities, 4%, uncorrected refractive errors and trachoma, 3%, and diabetic retinopathy 1%, the undetermined causes are 21%. (Figure 1)

Global target on the re-

Ages (in years)	Population (millions)	Blind (millions)	Low Vision (millions)	Visually Impaired (millions)
0-14	1,848.50	1.421	17.518	18.939
15-49	3548.2	5.784	74.463	80.248
50 and older	1,340.80	32.16	154.043	186.203
all ages	6,737.50	39.365 (0.58)	246.024 (3.65)	285.389 (4.24)

Table 1: Global estimates of the number of people visually impaired by ages in 2010. All ages: number in bracket represents prevalence (%)

duction of the prevalence of avoidable visual impairment from the baseline in 2010 is 25% by 2019.

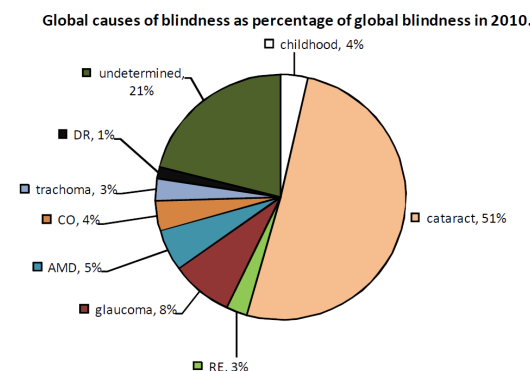


Figure 1

National Eye Survey II (2015-2016) - First Announcement

Updated country data on the prevalence of avoidable visual impairment is not available. In order to obtain data and commit ourselves to the WHO global target, another national eye survey is required.

Preliminary planning has started. The survey will be

conducted in collaboration with the Institut Kesihatan Umum using the National Health and Morbidity Survey framework.

A pilot survey is scheduled to be done in August 2014. The survey is tentatively scheduled in 2015/2016. It will be car-

ried out on all residents ≥ 40 years of age throughout the country identified by multi-stage stratified cluster random sampling.

An application will be developed in the NED website to manage data entered online at selected sites.

Post-Operative Endophthalmitis – Please Notify

The NED report in 2011 revealed a declining trend in the occurrence of post-cataract surgery endophthalmitis reported by MOH facilities throughout the country. (Figure 2) However due to the devastating impact of endophthalmitis on both the patient's visual outcome and eye care costs, monitoring should continue to be mandatory.

The other rationale for continued monitoring is increasing number of cataract surgeries through expansion of MOH cataract surgical services via outreach programmes and establishment of satellite facilities.

Post op Endophthalmitis

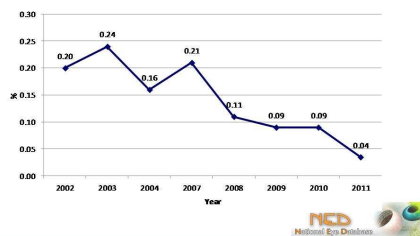


Figure 2: Percentage of Post Operative Endophthalmitis by Year

Point to note: **All cases** suspected to have post-operative endophthalmitis require notification within 24 hours.

Widespread clusters of infection can be controlled through early notification if possible sources are from commonly used items like OVD, IOL and other disposable/consumables.

Notification can be done in the website. An automated email will be sent to the reporting person after one month to submit data on outcome.

Please notify

Cataract Surgery Registry—facts

- Despite decreasing trend, a large percentage of patients still presented with vision in the category of 2/60-NPL (advanced cataract)
- Bimodal pattern of presenting visual acuity. Less percentage of patients presented in the vision category of 5/60-1/60. This pattern is noticed yearly in all ophthalmology departments in MOH

Pre-operative VA (unaided/presenting) – all eyes

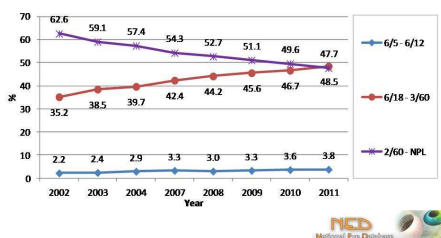


Figure 3: Presenting Visual Acuity by Year

Pre-operative VA

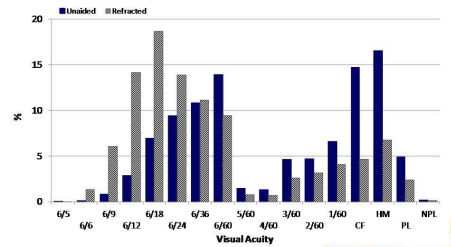


Figure 4: Bimodal Pattern of Visual Acuity

Cataract Surgery Registry—facts

- Increasing percentage of eyes operated using topical anaesthesia over the years.
- Decreasing percentage of intra-operative complication over the years (except for Posterior Capsular Rupture)

Anaesthesia

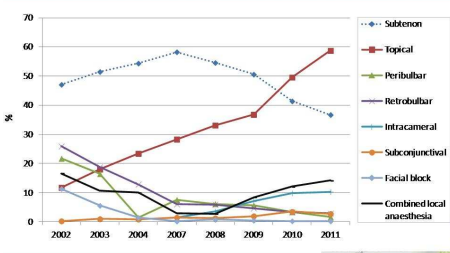


Figure 5: Type of Cataract Anaesthesia by Year

Intra-operative Complication

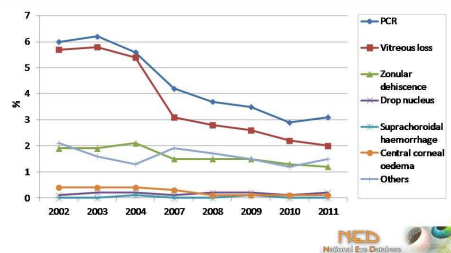


Figure 6: Type of Intra-operative Complication by Year

e-KPI

Performance monitoring through KPI was launched in February 2008 with the aim of assessing the overall performance of services provided by Clinical Departments in the MOH. These KPIs measure quality and safety aspects of performance within the dimensions, of clinical or technical effectiveness and productivity.

The list of indicators for Ophthalmology was revised in January 2012 and currently there are 7PIs with 3KPIs to measure service performance.

Performance Monitoring – KPI

		INDICATOR	STANDARD
	PI	Percentage of patients with waiting time of < 90 minutes to see the doctor at specialist clinic	≥ 80%
	KPI1	Percentage of diabetic patients who were given an appointment for first consultation within 6 weeks	≥ 80%
	PI	Percentage of patients with waiting time of within 16 weeks for cataract surgery	≥80%
NIA	KPI2	Rate of infectious endophthalmitis following cataract surgery (2 cases per 1000 operations)	< 0.2%
NIA	KPI3	Percentage of patients with post-operative visual acuity of 6/12 or better within 3 months following cataract surgery in patients without ocular co-morbidity (850 cases/1000 operations)	> 85%
	PI	Cancellation rate of patients listed for cataract surgery under local anaesthesia	≤10%
	PI	Number of mortality/morbidity audits/ meetings conducted in the Department (in 6 months)	≥6

KPI = Key Performance Indicator
 PI = Performance Indicator
 NIA = National Indicator Approach
 CSR = Cataract Surgery Registry

Percentage of Posterior Capsular

Rupture during Cataract Surgery has been removed both from KPI and NIA lists but remains as individual performance monitoring in eCUSUM.

eKPI allows online documentation, auto-measurement and download function. KPI2 and KPI3 automate data from CSR therefore no direct data entry is required. However, KPI1 and other PIs are downloadable subjected to data quality and data entry by the individual department.

Outreach Programme Census application in NED



Ministry of Health (MOH) is the biggest provider of ophthalmology service in the country. This includes the provision of services to the population outside the hospital especially in rural areas (outreach).

However, data for these activities are not readily available and most are not properly documented.

With the expansion of these outreach services and launching of the mobile services it is imperative that data with regards to this service is properly compiled and analysed at the central and departmental level for the purpose of service evaluation and improvement.

Data entry can now be done online.

Scientific Writing Committee—you are invited to join us

This committee is formed under the NED steering committee.

- The current members are:
- Dr Goh Pik Pin (Chairperson)
 - Dr Mariam Ismail
 - Dr Mohamad Aziz Salowi
 - Dr Lee Ming Yueh
 - Dr Mokhlisoh Mohd Apandi
 - Puan Tasha Hilda Adenan

This committee reviews CSR dataset and identifies potential



Interested? Please contact NED manager or committee members.

areas for research and publication by identifying potential variables for analysis. The ultimate aim is generate publications from CSR in a form of scientific manuscripts

and general information for dissemination to the users.

Meetings are held monthly on Thursday 8am—5pm at the meeting room, Level 1, CRC, MMA building, Jalan Pahang. (Opposite HKL)

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NATIONAL EYE DATABASE

We're on the web

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



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.

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 as well as continuous improvement of ophthalmic service in the nation.

NED visited Langkawi—June 2013

One of the strategies in the Ministry of Health (MOH) Ophthalmology Service and Prevention of Blindness Programme is to develop and maintain an organized central eye health information system.

Although it receives limited data contribution from the private sector and the universities, NED has been functioning as such in MOH. It collects and manages data on visually threatening eye diseases in the coun-

try. The function is also expanding to involve disease notification, performance monitoring and collection of data from the outreach services.

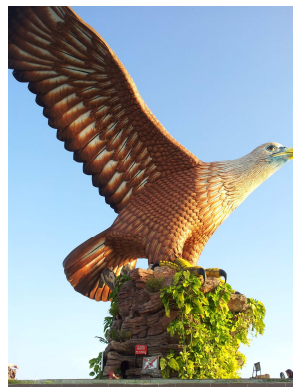
In the MOH Prevention of Blindness (PBL) and Cataract Services Monitoring Committee meetings, NED report and update are one of the main fixed agendas in each meeting

The second PBL meeting of the year was conducted in Langkawi from 26-27 June 2013 in conjunction with the Klinik Katarak 1Malaysia Zone Timur and Sarawak meeting with YBhg Dato' Dr Azmi.

This meeting was held in Langkawi as a symbolic support for YBhg Dato' Dr Haslina for organizing a cataract surgery project in Hospital Langkawi during the weekend.



Pantai Chenang



Dataran Lang



Some of the committee members: MOH Prevention of Blindness and Cataract Services Monitoring