

NED NEWSLETTER

Volume 3 Issue 2

August 2015

Message From Editor

NED will continue to release Cataract Surgery Registry (CSR) results in parts. The objective is to highlight key findings in such a manner that the results will sufficiently trigger interests and actions among the readers. This issue will also introduce to the readers the Cataract-Free Zone Project which is part of the National Action Plan following National Eye Survey 2014, in which NED is the major contributor.

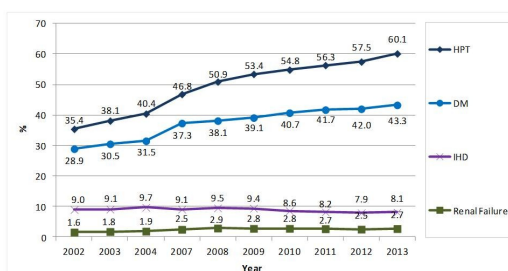
Special points of interest:

- Increasing percentage of presenting patients with Hypertension and Diabetes Mellitus
- Poor adherence to Day Care Concept and Practices
- Pre-operative VA and waiting time—artificial indicator for access to cataract surgery?

Increasing Percentage of Co-morbidities?

The following graphs of systemic and ocular co-morbidity are obtained from patients presenting for cataract surgery in the year 2013.

Systemic Co-morbidity



The common systemic co-morbidity were Hypertension, Diabetes Mellitus, Ischemic Heart Disease and Renal Failure. The overall percentage of such patients showed an increasing trend over the years. The percentages of patients with Hypertension and Diabetes Mellitus were in particular, increasing.

Inside this issue:

Co-morbidities in Cataract Surgery 1

Pre-operative Visual Acuity 2

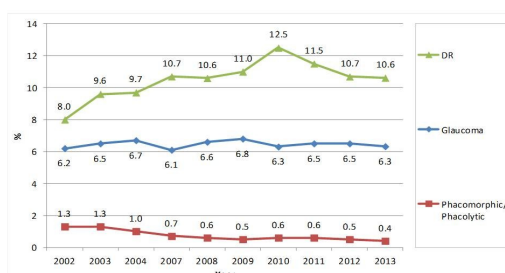
Day Care Surgery 2

Waiting Time for Cataract Surgery 2

eKPI 3

The Cataract-free Zone Project

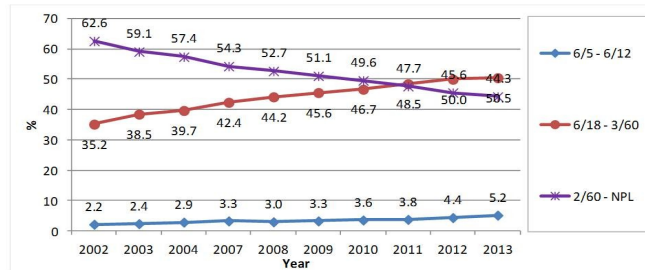
Ocular Co-morbidity



One third of the eyes had ocular co-morbidities. The commonest was Diabetic Retinopathy (DR) in any forms then followed by Glaucoma.

Pre-operative Presenting Visual Acuity (2002-2013)

Pre-operative Visual Acuity



There was a decreasing trend in the percentage of patients presenting with vision in the category of 2/60-NPL and corresponding increasing trend in the percentage of patients presenting with vision in the category of better vision (6/18-3/60 and 6/5-6/12).

The concept of outreach was introduced to the Ophthalmology Service as early as in the 1990s'. But only from 2010 onwards, it gradually developed and gained importance as part of the service agenda in all ophthalmology departments nationwide. It enabled case findings and emphasized the provision of physical/financial access to a wider group of population with eye problem in par-

ticular cataract.

Referring to the graphs, a careful observation and projection may point to a possible reverse trend starting from the year 2013 onwards. This could possibly be due to the increasing case findings activities and improving access to cataract services in the population.

The concern is, this pattern may also suggest that the increasing percentage of eyes with better vision presenting for cataract surgery before 2013 could pos-

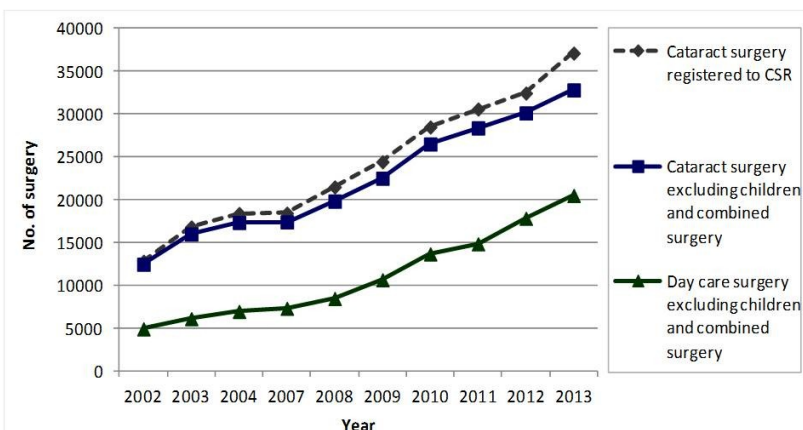
sibly be contributed mainly by the number of patients who were younger, physically fit and financially able to seek treatment.

This raise an important question whether, at the current capacity of cataract services in the country, this increasing trend for such group of patients with fairly good vision will limit access of treatment to patients with poorer vision, older and financially poorer.

The answer to this issue is indeed to increase Cataract Surgical Rate to ensure adequate provision of eye-care to the whole population with various levels of visual needs.

Poor Utilization of Day Care

Day Care Surgery



Daycare cataract surgery has been universally proven to be cost-effective. It decongests hospital wards, reduces the costs of in-patient care and allows early recovery at home. The surgical outcomes of patients operated as daycare are also proven to be comparable if not better than the surgical outcomes of patients operated as in-patients.

Data in 2013 although revealed an increasing number of patients operated as daycare, the increase was not sufficient and not proportionate to the increase in the number of patients registered to CSR.

Waiting Time for Cataract Surgery—artificial indicator for performance?

Waiting time for cataract surgery was previously a Key Performance Indicator (KPI) for Ophthalmology. It measured the ability of ophthalmology department in providing surgical services to patients with cataract.

However, upon major revision in 2011, it was removed as KPI and became Performance Indicator (PI) instead. This is because it cannot be used as a collective measure of departments' performance in providing cataract surgical

services to patients. It evaluates only the providers' capacity but does not take into account other barriers to access for patients to seek treatment.

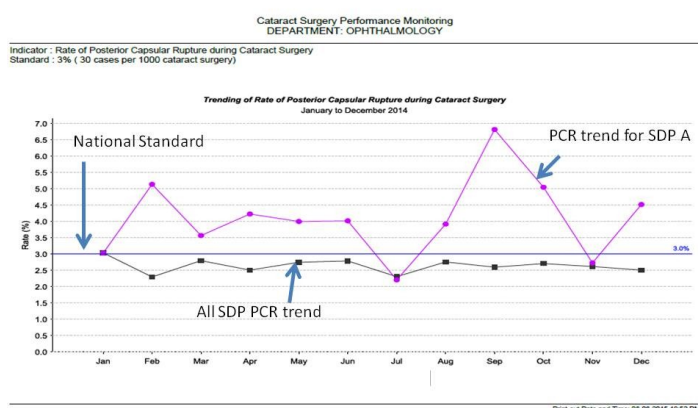
While waiting time of >16 weeks indicates that the hospital does not achieve the expected standard of performance or service capacity of the hospital need to be improved, hospitals with short waiting time could possibly face problem with patients' physical/financial access to treatment. These patients have been unable to come to the hospi-

tal to seek treatment because they are possibly old, blind, have no access to transportation and unable to afford the intraocular lens.

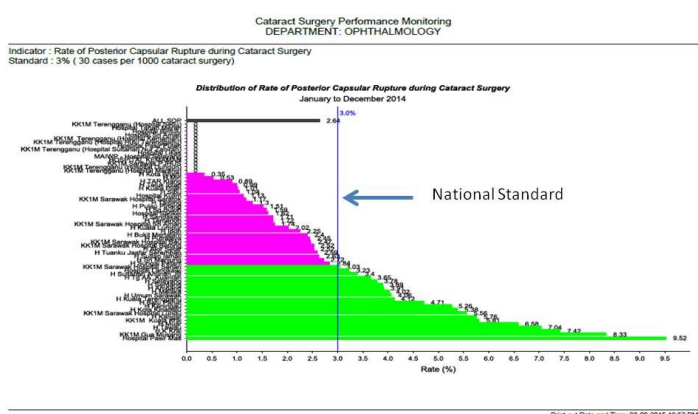
Short waiting time may also indicate that the service has been given bad publicity for example due to poor surgical outcome or it may plainly indicate that service marketing is not adequate that the population does not know that the service exists in the hospital.

e-KPI—Comparison and Trending Web-Function

Posterior Capsular Rupture (PCR) trending



Posterior Capsular Rupture (PCR) comparison



e-KPI is one of the web-applications hosted by NED. It manages data for Key Performance Indicators (KPI), Performance Indicators (PI) and PCR.

The results for the following indicators are downloadable in graphical reports:

1. KPI Post-operative Visual Outcome
2. KPI Post-operative Infectious Endophthalmitis
3. Posterior Capsular Rupture

Graphical report download allows user to filter data and generate the following desired charts:

- Indicator trending

This function allows user to generate achievement chart for their own hospital by months and by comparing it to the national standard and also to the achievement of all hospitals combined.

- Indicator comparison

This function allows user to generate achievement chart for their own hospital by comparing it to the national standard and also to other individual hospitals.



NATIONAL EYE DATABASE

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



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 health-care providers and industry in program planning and evaluation, leading to eye disease prevention and control.



The Cataract-Free Zone Project

a **Zero Prevalence of Bilateral Cataract Blindness** (defined as corrected vision in the better eye $>3/60$) within an average of 4-5 years in all the administrative Prevention of Blindness Zones.

It encompasses individual zone projects such as strengthening of Klinik Katarak 1Malaysia (KK1M) network of mobile, static or transit system and training of community and primary

health cataract finders. These projects aim to intensify case findings to increase the Cataract Surgical Rate (CSR) and Cataract Surgical Coverage (CSC) for the country.

Nationwide roadshow for planning and partial implementation is underway. Service data will be fed into the NED to monitor and evaluate the outcome of these projects.

This is part of the National Action Plan following the National Eye Survey which was conducted from the month of October to November 2014.

The aim of this project is to achieve