



MOHS/CRC/30.13(NS)

NED Newsletter

Message from Editor

NED newsletter has come to the end of its 3rd year of publication. It will continue to be used as a platform for dissemination of data/info not only for Cataract Surgery Registry (CSR) but also for NED in general. This newsletter will also continue to provide the readers with the updated issues and activities related to the Prevention of Blindness Programmes in the country. It has always been the vision of the editor that the contents of this newsletter will inspire the readers to continue feeding data to NED and enhancing its workprocess as part of our concerted effort in improving the general eye-health care in the country.

Inside this issue:

Cataract Care Pathway	1
Performance Monitoring	1
2013 CSR facts	2
Cataract Care Pathway for the Country	3
Cataract Care Pathway Evaluation Project	3
Action Plan 2016-2019	3
NED in HANOI	4

Cataract Care Pathway

Conventional ophthalmology practice perceives the pathway as consists of pre-operative, operative and post-operative care. Each step has its own mandatory specific check lists, person responsible, standards/guidelines, recommendations and quality documents.

The objective of subjecting patients with cataract to this care pathway is to ensure quality in both service provision and the surgical/visual outcome.

As the service expands,

other essential items such as systematic data collection and performance monitoring indicators shall be incorporated into the care pathway to enhance its workprocess and capabilities.

However, due to surgical technique revolution, demographic transition and demand for earlier surgery and better visual outcome, many cataract-care providers are not aware that they are neglecting this important aspect of cataract service while addressing the

high surgical volume or while running after good income. The best examples are, counseling of patients and relatives during pre and post operative care and check lists prior to surgery.

It is indeed a justified concern whether we are indeed subconsciously giving examples of a poor practice to the young generation of care providers in particular the surgeons. If it is so, there is an urgent need to evaluate our practice and amend the mistakes before it is deemed too late.

Performance Monitoring in Cataract Surgery—what have we achieved?

NED has been recognised as one of the most established eye registries internationally. This is due to its large pool of data and its performance monitoring capabilities. Through its general monitoring, NED reports data on general statistics eg total number, percentage of day care, types of surgery and many others. In Cataract Surgery Reg-

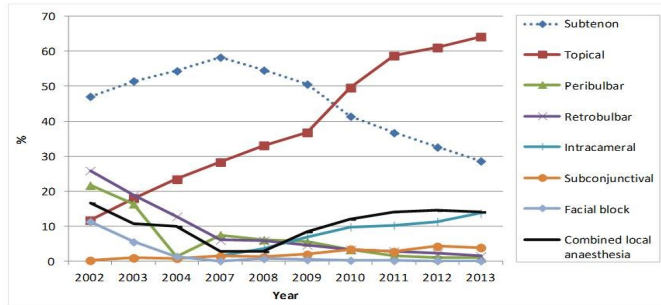
istry (CSR), eKPI monitors both national and departmental collective performance while eCUSUM monitors individual surgeon's performance. As part of the steps to enhance monitoring, the service management has imposed NED MOship and evaluation of CUSUM charts before any specialist can be certified or enter the sub-speciality programme.

But the true impact is still questionable. Have you read any of the annual report or newsletters? Have you visited the webpage? When was your last login? When was the last time you discuss CUSUM chart or KPI charts in your department CME?



2013 Cataract Surgery Registry Fact

Type of Anaesthesia

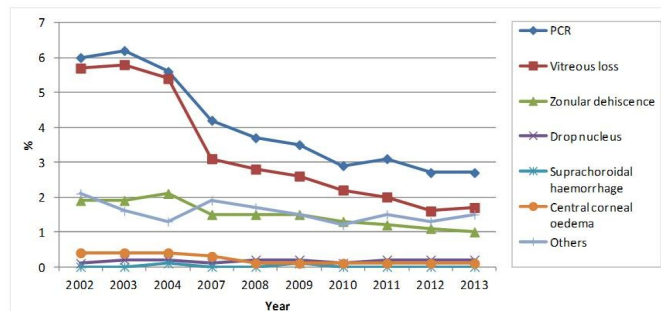


Majority of cataract surgeries were done under local anaesthesia (LA). There was a shift from subtenon to topical anaesthesia as the preferred method of LA.

The percentage of surgeons using combined, subconjunctival and intra-cameral LA appeared to be increasing.

2013 Cataract Surgery Registry Fact

Intra-operative Complication

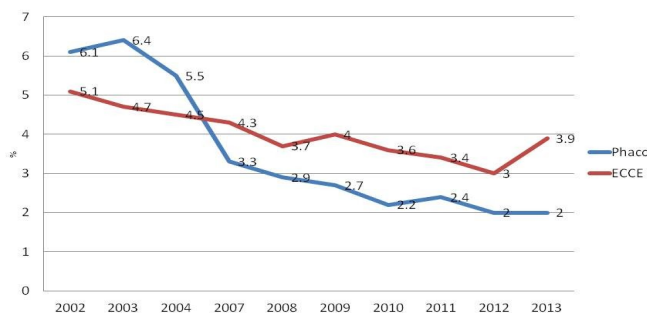


The percentage of intra-operative complications in particular, posterior capsular rupture (PCR) showed a decreasing trend.

The more serious complications such as drop nucleus and suprachoroidal haemorrhage were not frequent and the trend remained unchanged throughout the years.

2013 Cataract Surgery Registry Fact

Posterior Capsular Rupture Phaco vs ECCE



During the early years of phaco surgery in MOH, the percentage of PCR for phaco was higher than ECCE. This was reversed from 2007 onwards possibly due to improvement in surgical technique. In general, both method of surgery showed a decreasing percentage of PCR, except for ECCE in the year 2013 (3.9%).



Cataract Care Pathway, Alternative Pathway for Co-morbidities and Quality Cataract Indicators —where are we?

Cataract Services in the country have significantly evolved to the extent that we have been appointed as technical consultant by WHO to develop guideline and indicators for other countries.

We do have standard quality indicators which we have developed throughout the years. They

are in the forms of KPIs and other indicators such as waiting time for surgery and percentage of unplanned return to OT.

However, besides not optimizing the use of these indicators, there is also no national guideline in existence. Most hospitals in MOH practice differently. Although small, variations in prac-

tices may lead to complications, poor outcome, patients' dissatisfaction and ultimately medicolegal ramifications.

It is therefore mandatory for the country to have a standard guideline both for hospitals and KK1M to improve quality of service in our quest to address the country's high cataract blindness backlog.

Inter-hospital Cataract Care Pathway Evaluation Project—2016

This project will be carried out throughout the year of 2016. It will involve 38 hospitals providing cataract surgical services in the Ministry of Health. All KK1M locations will be excluded as outreach has its own concept of pathway and workprocess. Although Hospital Keningau, Hospital Lahad Datu and Hospital Likas will also be excluded due to issues

with manpower and limited work-process to be evaluated, the results and the recommendations will ultimately be compiled, standardized and extended to all hospitals in MOH.

The pairs of auditors and the hosts have been randomised. Eg, Hospital A will evaluate Hospital B, but Hospital A will be evaluated by Hospital C. Evaluation process will follow a standard Evaluation Docu-

ment which will be released in January 2016.

This evaluation exercise is strictly not punitive. One of the novel objectives is for the auditors and hosts to learn new knowledge and share experiences. The expected output from this project is a standard revised version of MOH Cataract Care Pathway Guideline including alternative pathway for patients with co-morbidities.

Action Plan Prevention of Blindness: 2016-2019

A preliminary workshop was organized by the MOH Prevention of Blindness and Cataract Services Monitoring from 23rd-24th November 2015 in Hospital Shah Alam. This was conducted in conjunction with the visit and briefing by the Regional Manager for the International Agency for the Prevention of Blindness (IAPB) on 24th November (2nd Day of Workshop)

This particular stage of meeting was only attended by selected Ophthalmologists and Optometrists in MOH

as part of the steps to expose the new members to the current MOH prevention of blindness (PBL) activities. It also aimed for the participants to achieve a common understanding and direction of planning before attending the next stage of meetings with other planners and stakeholders. Ultimately, the expected output of these series of workshops is a final outline and reference document for Action Plan year 2016-2019. Dur-

ing workshop, Action Plan was discussed according to group of major disease/problem (cataract, refractive error, diabetic retinopathy and visual rehabilitation). Group discussion was followed by presentation and draft outline of the action plan. Besides other stakeholders meeting, the outlines will also be presented during PBL slot meeting in the National Ophthalmology/Optomety Conjoint Conference in November 2016.



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

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.

We're on the web

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

NED visited Ha Noi



UN office in Hanoi where the Vietnam WHO office is located

Following the recent regional action plan meeting in Manila, we were invited by the WHO to share with our colleagues in VietNam, our experiences in cataract surgery surveillance. Ministry of Health (MOH) VietNam specifically requested us to help them develop cataract care pathway guideline and quality indicators for cataract surgery.

The trip was arranged by WHO Hanoi office from 7-12th December 2015. It involved a 2-day workshop with pre-workshop extensive discussion and post-workshop briefing from WHO representative on the last day of the trip. We would like to specifically congratulate MOH and WHO VietNam for a well organized workshop despite of language barrier and despite of conducting it for the first time. It was well strategized as it was conducted by stakeholders at the highest level in the health structure of Viet Nam (MOH and WHO). The participants consisted of directors of hospitals and key people who formulate policies on eye health. Decision made or agreement achieved from this workshop therefore will hopefully be relayed and implemented as it goes down the eye health structure in the country.

Viet Nam has not developed any local guideline nor quality indicators on cataract surgery. This was a big step by the MOH Viet Nam to improve the quality of cataract services in the country. Their aim is to ultimately develop a surveillance system similar to NED in future. We are indeed feel honoured to be part of this project.