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NED Newsletter

Message from the Editor

One of the objectives of collecting service data is to use them as tools to improve service. For such purpose, it is essential to use only quality data, otherwise the novel effort of using data for improvement of service will become futile. This is because the collected data may not represent the actual problem/situation in the service that we hope we would be able to rectify/improve. Quality in this context is defined as complete, reliable and accurate.

Quality data are the product of complete collection of data as per requirement. They result from a standardised method of collection within a defined institution. Data collection has to be incorporated into the daily work-process to minimize added burden to the staff. Data can then be used in many ways. Data can be descriptively presented to department members for information dissemination and action or statistically analyzed for journal publication, both leading to improvement in the provision of service to patients

e-CUSUM

Register Today

Data collection

The various web-applications in the NED require data to be separately entered online. Although MAIWP-HS cataract center allows synchronization of cataract surgery data in its local Eye Clinic Management System (ECMS) to NED, it still requires data for other application such as IOL or endophthalmitis surveillance and census to be entered online separately. Until such time when a total hospital information system (HIS) allows essential data to be captured automatically from its system, manual extraction is the only way we can optimize the use of data for the service.

NED has never imposed any specific method to collect data. This is because data collection is unique for each hospital. Applying a standard method will interrupt the preexisting process and adds burden to clinicians and staff.

It is the general operational policy of the NED that we incorporate data collection in the pre-existing system or work process. This can be seen in data collection for Cataract Surgery Registry (CSR) where data are collected as the patient moves along the cataract care pathway. This minimizes data collection burden on the cataract care providers at the same time maximizing the quality of data.

The HOD who is familiar with how general data are collected in their department will extract necessary data from that system instead of creating a new mechanism to collect data.

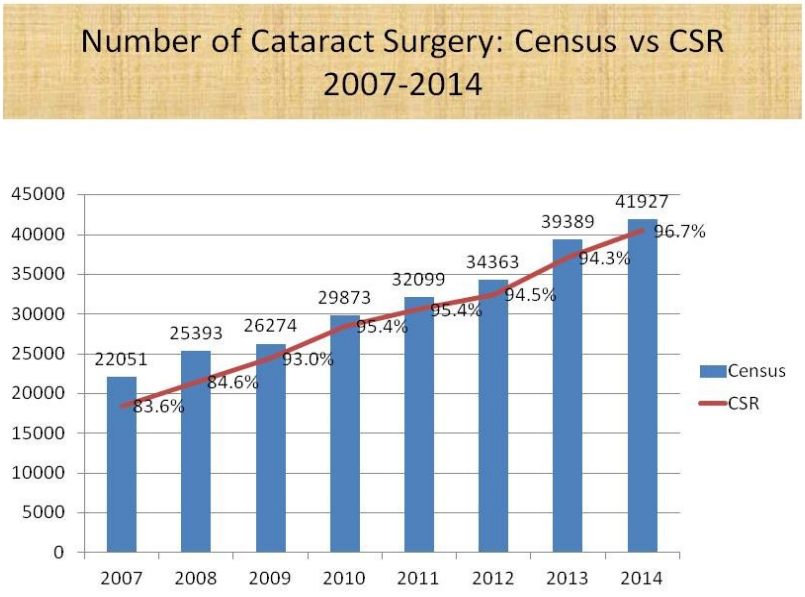
Extracting ophthalmology related data from the general system is essential to make these data usable for publication or service improvement. This is exactly the function of the Monthly Ophthalmology Census – to extract minimum standard census data from the system to be presented in a structured format, understood by all level of staff and applicable to ophthalmology/optometry services.

As much as the national service collectively benefits from quality data in term of evidence for policy making and national service planning, it is the HOD and members of the department who will directly benefit in term of budget improvement, manpower justification or procurement of assets and many others resulting from proper data management in their departments.

Inside this issue:

MAIWP = Majlis Agama Islam Wilayah Persekutuan
HS = Hospital Selayang

2007-2014 Cataract Surgery Registry Fact



Although the total number of cataract surgery by Census and CSR showed an increasing trend from 2007 to 2014, CSR numbers were constantly lower than Census numbers.

Detail calculation showed that approximately 5-10% of cataract surgeries done in MOH premises were not reported to CSR yearly.

It is indeed an uphill and long journey to make CSR country representative. But as a start, we shall work together and enhance our effort by collecting complete data in our departments and make it MOH representative.

Census is the number of surgery as documented in the Operating List. It serves as denominator or reference number which can be used to determine whether all surgeries have been reported to CSR or otherwise.
Ideally CSR number should be equal to the Census number.

2007-2014 Cataract Surgery Registry Facts– are our outcome results representative?

Cataract surgery outcome will usually be submitted within 12 weeks after surgery. Required data include refraction and post-operative complication. Refraction in particular is important because it is required to calculate the difference between target and actual refraction (one of the measurements of surgeons' achievement).

In an ideal set up, the number of outcome submission should be equal to the number of surgery done.

However, allowance shall be given for outreach surgeries where some patients may not be able to come for repeated follow up due to logistic reasons. CSR consensus determined that in this group of patients, the best vision immediately/one week after surgery shall be taken as an outcome.

Poor outcome submission can also be contributed by the number of patients who continue their follow up in other hospitals. CSR consensus determined that in this group of patients, the optometrist from that hospital shall inform and update the optometrist of the hospital where surgery was done, regarding the outcome.

From 2007-2014, approximately 10-20% outcomes were not submitted (refer graph next page)

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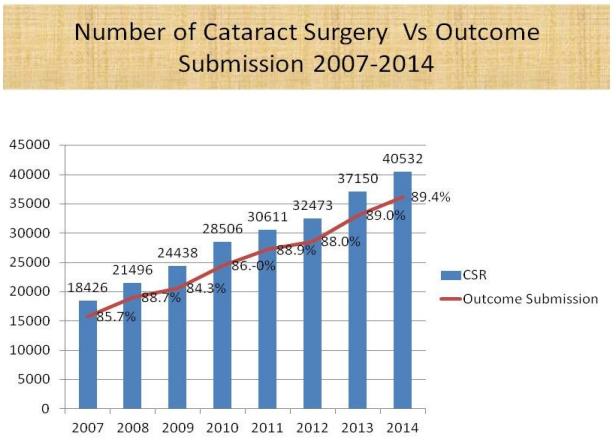
2007-2014 Cataract Surgery Registry Facts– are our outcome results representative?



KPI 3 = Percentage of Eyes with Post-operative Visual Acuity 6/12 or better within 3 months following Cataract Surgery in patients with no Ocular Co-morbidity Standard = >85.0%

By giving sufficient allowance for outreach surgeries and patients who decided to go elsewhere for follow-up, we would like to have a maximum outcome submission to ensure representativeness.

A simple but logical explanation behind this is, those patients who did not turn up for follow up could either be happy or became blind and disabled after our surgeries from post - operative complications. These groups of patients were not captured by the system.

While some of us were easily satisfied when we had achieved the standard in KPI 3, we might not be aware that those patients with poor vision were not included in the KPI calculation.

Cataract Free Zone (CFZ) Project–Plenary Lecture

The 31st Malaysia-Singapore Joint Ophthalmic Congress was held from 4th-6th March 2016 in Kuching Sarawak.

It was an honor for the Editor to be invited to deliver this lecture during a Plenary Session where no other concurrent sessions were running.

Indeed, this was the first time since its launch that the project was presented in its full version to a big crowd full of multi level eye care professionals, from paramedics to master trainees, Optometrists and Ophthalmologists.

Appreciation goes to the organizing committee for allowing us to disseminate information, in particular, explaining the methodology and presenting the preliminary monitoring results of CFZ to a larger audience.

Inter-hospital Cataract Care Pathway Evaluation

This project was initially planned to be carried out by each MOH Ophthalmology Department in the country throughout the year of 2016. But due to budget constraints, it was downscaled to become pilot projects prior to the actual project later. In order to save costs, these evaluation pilot projects will involve randomised hospitals nearby to each other sufficient to allow auditor to use land transport to reach their destinations.

Items for the evaluation covers pre-operative, operative and post-operative care. It also contains documents pertaining to processes involved in cataract surgery and check list/task for guideline.

They are all subjected to recommendation for improvement by the auditors and the hosts teams. The auditor and host are also encouraged to give feedback to improve each document. Progress of this evaluation shall be periodically discussed in HOD meetings.

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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.

Taipei, TAIWAN

The 31st Asia Pacific Academy of Ophthalmology Congress was held in Taipei, TAIWAN from 23rd to 27th March, in conjunction with the European Society of Ophthalmology and the 57th Annual Meeting of the Ophthalmological Society of Chinese Taipei.

During the Gala Dinner, five Ophthalmologists from Malaysia received APAO awards in different categories:

1) Distinguished Service Award: Dr Lim Kian Seng (ISEC) and Datin Dr Thayaniti a/p Sandragasu (HKL)

2) Outstanding Service in the Prevention of Blindness Award: Dr Mohamad Aziz Salowi (Selayang)

3) Achievement Award: Dr Fang Seng Kheong (ISEC) and Professor Dr Visvaraja Subrayan (UMMC)

The PBL award in particular, is timely and carries a significant meaning as far as we in MOH are concerned as it indicates that our PBL work for the past few years has at this stage, received significant recognition from others.

The award belongs to each one of us and shall drive us further forward in our quest to do more for the needy.

TAIPEI 101 and Taipei International Conventtion Center