Improving the practice of cataract surgical outcome measurement

A successful cataract outcome monitoring and continuous quality improvement system will assist practitioners and centres to identify and implement ongoing improvements in eye care delivery.

Monitoring surgical quality allows clinicians and administrators to identify issues and take action to improve practice, outcomes and performance. LAOS

A study from Kenya showed that monitoring the visual outcomes of cataract surgery is associated with improving those outcomes. This suggests that we need to know how well our patients see after surgery to have the motivation and information to improve surgical results. Tools to help with this monitoring process, both paper-based and computer-based, have been developed and made freely available. However, the practice of monitoring outcomes has not yet become a routine part of running ophthalmic services other than in situations where it is demanded by regulatory authorities or funding agencies.

Why doesn't we routinely measure cataract surgical outcomes?

There are several challenges associated with routine measurement of cataract outcomes, including:

- Pressure on clinicians to generate high volume of surgical outputs
- Weak culture of quality assurance in surgical centres
- Low access to systems and tools to support continuous quality improvement
- Concern about management of complex cases
- Low rates of patient follow-up, because of the challenges getting patients to return to surgical sites several weeks following their procedure.

However, these issues can be addressed by setting up a good cataract outcome monitoring and continuous quality improvement (CQI) system. This can assist practitioners and centres to identify and implement ongoing improvements in eye care delivery.

### Table 1 Standards for postoperative visual acuity

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<thead>
<tr>
<th></th>
<th>PRECOG standards for postoperative assessment (1–3 days after surgery)</th>
<th>WHO standards for postoperative assessment (6 weeks after surgery)</th>
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</thead>
<tbody>
<tr>
<td>Good (6/6–6/18)</td>
<td>&gt;60%</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>Borderline (&lt;6/18–6/60)</td>
<td>&lt;35%</td>
<td>&lt;15%</td>
</tr>
<tr>
<td>Poor (&lt;6/60)</td>
<td>&lt;5%</td>
<td>&lt;5%</td>
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</tbody>
</table>
What needs to be in place?

The essential elements of a successful outcome monitoring and continuous quality improvement (CQI) system that can assist practitioners and centres to identify and implement ongoing improvements in eye care delivery are described below.

1 Quality standards
Defining a ‘good’ outcome, especially with modern small-incision surgery, is the foundation of an effective CQI system. The World Health Organization (WHO) provides standards for postoperative acuity at 6 weeks6 (see Table 1).

Table 1 shows the PRECOG standards for postoperative assessment 1–3 days after surgery alongside WHO standards for postoperative assessment 6 weeks after surgery.

2 Timely and routine data capture
Effective, accessible and easy-to-use data collection tools, whether electronic or on paper, improve data quality and reduce the burden of monitoring activities on clinicians and administrators.

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