



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Quality Standard Self-Assessment Tool

Cataract Services

The Royal College of Ophthalmologists champions excellence in care. In order to provide the best care for patients, and to generate improvements in care, it is important to be able to measure the quality of clinical services provided. In addition, measuring quality provides quality assurance data for patients, regulators and commissioners. There are many possible ways of measuring service quality including clinical audit, outcome measures and patient surveys.

The College's Quality and Safety Group provides a set of simple self-assessment tools for a number of clinical services: cataract, glaucoma, adnexal, medical retina (including age-related macular degeneration [AMD]), diabetic retinopathy, vitreoretinal surgery, neuro-ophthalmology, children and young adults and adults with learning difficulties. The tools focus on service provision not outcomes and do not attempt to assess every aspect of service but try to focus on a small number of key areas. It is not expected that most clinical services will answer 'Yes' to all of the question, and the results should be used in conjunction with other methods of quality assessment to support learning and improvement.

Please send feedback on the form and how you have used it to assess and change your services to [Beth Barnes](mailto:beth.barnes@rcophth.ac.uk), Head of Professional Support beth.barnes@rcophth.ac.uk.

Cataracts are very common and, if not severe enough to require surgery, are largely dealt with in primary care, primary care ophthalmology, and general ophthalmic services.

Cataract care standards in this document apply to the surgical pathway and are mainly aimed at providers of operative care.

1. There is a nominated lead for cataract with this role specified in their job plan / job description:

YES NO

Evidence / comments:

2. Care is compliant with The Royal College of Ophthalmologists cataract surgery guidelines. Staff are aware of and follow the RCOphth guidelines or use local cataract care guidelines based on the RCOphth publication:

YES NO

Evidence / comments:

3. Pre and post-surgical cataract patients are managed by appropriately trained clinical staff, or trainees under the supervision of fully trained staff, and appropriate protocols are adhered to:

YES NO

Where nonmedical staff see cataract patients, appropriate governance arrangements are in place including regular in-house training, extended role protocols and recorded competency standards:

YES NO

Evidence / comments:

4. Patients with cataract are routinely supplied with information in an accessible format on their diagnosis, treatment and medication:

YES NO

List available cataract leaflets:

Evidence / comments:

5. Cataract relevant imaging and diagnostic instruments are available for use when appropriate:

- Laser interferometry (optical) biometry YES NO
- A scan ultrasound YES NO
- Corneal topography and keratometry YES NO
- Autorefractor YES NO
- Retinal OCT YES NO

Evidence / comments:

6. Instruments are suitably calibrated and adjusted:

- Biometry equipment is calibrated regularly in accordance with manufacturer's instructions

YES NO

- Refractive outcomes are utilised to adjust biometric A constants for IOL calculation

YES NO

Evidence / comments:

7. A cataract surgery or ophthalmic specific WHO checklist is used:

YES NO

Evidence / comments:

8. Refraction and IOLs:

- The surgeon or trained clinician discusses the refractive aims with the patient preoperatively and document this YES NO
- There is an agreed protocol or system for the prevention of insertion of the wrong intraocular lens YES NO
- Surgical management of astigmatism is offered to appropriate patients YES NO

Evidence / comments:

9. Endophthalmitis management.

The unit has clearly documented systems for:

- the prevention of endophthalmitis YES NO
- monitoring rates of endophthalmitis YES NO
- management of endophthalmitis following cataract surgery YES NO
- identification and management of a possible cluster of cases of endophthalmitis YES NO

Evidence / comments:

10. Patient have clear written information and a clear, agreed pathway for seeking advice and care for postoperative concerns particularly for possible serious complications (such as retinal detachment, raised intraocular pressure and endophthalmitis) both in and out of hours:

YES NO

Evidence / comments:

11. Outcomes of cataract surgery are audited, using recognised standards, and used for quality assurance and to improve services. Outcome audits should be case mix adjusted. If necessary, postoperative data should be obtained from community optometrists:

- PCR rates YES NO
- Visual acuity results YES NO
- Refractive results actual vs intended YES NO

Departmental data is analysed and benchmarked using the cataract national dataset or equivalent (e.g. submitted to the national ophthalmic audit) and used to improve quality:

YES NO

Individual surgeon audit data is used for appraisal / performance management

YES NO

Evidence / comments:

Action Plan

Issue identified	Action to be taken	Who will lead action	Date for completion