Quality Standard Self-Assessment Tool

Vitreoretinal 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, Head of Professional Support beth.barnes@rcophth.ac.uk.

Disorders of the retina requiring a surgical approach are common (retinal detachment, macular hole, epiretinal membrane, severe diabetic retinopathy etc.) and care is largely delivered in the secondary care setting although cases may be identified in primary care, primary care ophthalmology, and general ophthalmic services.

Vitreoretinal (VR) service standards in this document apply to the care of these conditions which are most appropriately managed in a dedicated VR service.in the hospital setting.

1. Consultant leadership.
   There is at least one consultant with subspecialist VR training delivering vitreoretinal care:

   YES ☐ NO ☐

   There is a nominated lead for VR with this role specified in their job plan / job description (not essential):

   YES ☐ NO ☐

   Evidence / comments:

2. Patients affected by significant or serious VR disorders are seen within a dedicated VR service:

   YES ☐ NO ☐

   Evidence / comments:

3. Patients with VR disease are routinely supplied with information in an accessible format on their diagnosis, treatment and medication:

   YES ☐ NO ☐

   List available VR leaflets:

   Evidence / comments:

4. VR imaging and diagnostic instruments are available for use when appropriate:
   - Ultrasound YES ☐ NO ☐
   - Retinal photography YES ☐ NO ☐
   - OCT YES ☐ NO ☐
   - Fundus fluorescein angiography YES ☐ NO ☐
   - Wide field photography (e.g..Optos) YES ☐ NO ☐

   Evidence / comments:

5. Retinal detachment surgery.

At least 95% of patients who present with acute symptomatic macula-on rhegmatogenous retinal detachment are assessed by an ophthalmologist competent in examining and assessing the retina within 24 hours of initial diagnosis:

YES ☐ NO ☐

At least 95% of patients who present with acute symptomatic macula-on rhegmatogenous retinal detachment are scheduled for surgery in a timeframe which is appropriate to the clinical scenario:

YES ☐ NO ☐

Retinal detachment surgery is carried out by a surgeon who is competent to carry out the procedure (consultant VR surgeon, a trainee under the supervision of a consultant VR surgeon, or a senior VR trainee with sufficient experience to operate unsupervised):

YES ☐ NO ☐

VR surgery is carried out in a specifically equipped theatre with suitably trained staff and on planned lists where at all possible:

YES ☐ NO ☐

The unit has in place clear protocols to allow timely surgery including arrangements with other regional/national VR units for urgent cover:

YES ☐ NO ☐

Evidence / comments:

7. Where posturing is used in patients with intraocular gas tamponade, the unit instructs patients on risks and correct posturing technique:

YES ☐ NO ☐

Evidence / comments:

8. Facilities are available to allow adequate recovery from surgery which may include specific requirements for posturing for several hours after surgery before the patient is allowed in an upright posture:

YES ☐ NO ☐

Evidence / comments:

9. Audit.

Outcomes for VR surgery are audited, using recognised standards, and used for quality assurance and to improve services. Outcome audits should be case mix adjusted:

- Reattachment rates for primary retinal detachment YES ☐ NO ☐
- Closure rates of primary macular hole surgery YES ☐ NO ☐
- Major complications of VR surgery including endophthalmitis and iatrogenic retinal detachment YES ☐ NO ☐
- Departmental data is analysed and benchmarked using the vitreoretinal national dataset or equivalent (e.g. submitted to the BEAVRS) 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