



The Quality Agenda in UK

Quality of Care Assessment: A Global Perspective

World Ophthalmology Leaders Forum

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'Rise' of Quality & Safety

“Hospital should do the sick no harm”

- Role of professional organisations in quality is longstanding
- World wide recognition of safety issues
- Evidence based care
- Consumerism
- Quest for Quality



Florence Nightingale 1863

NHS Quality

National Health Service (NHS), 'free' to user. Taxation

“Efficiency without quality is unthinkable; quality without efficiency is unsustainable”

Quality, Innovation, Productivity and Prevention (QIPP)



Many Incidents are due to Systems Errors including not following Guidelines or Evidence



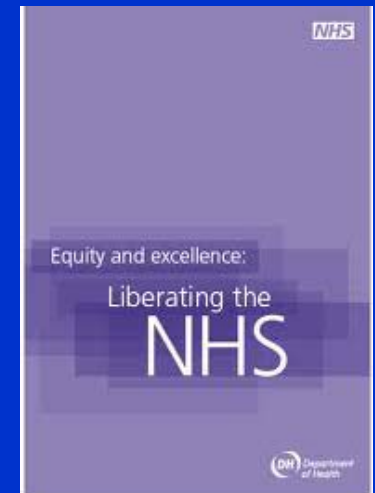
Focus on **PROCESS** or **OUTCOME**?
Follow the best evidence and 'mistake proof'



New UK administration

“..ensure that patient safety at the heart of the NHS....no production line approaches ... which focus on volume but ignore quality. No trade-off between safety and efficiency.....”

July 2010 White Paper *'Liberating NHS'*



Things can still go wrong,
despite your skills or plans



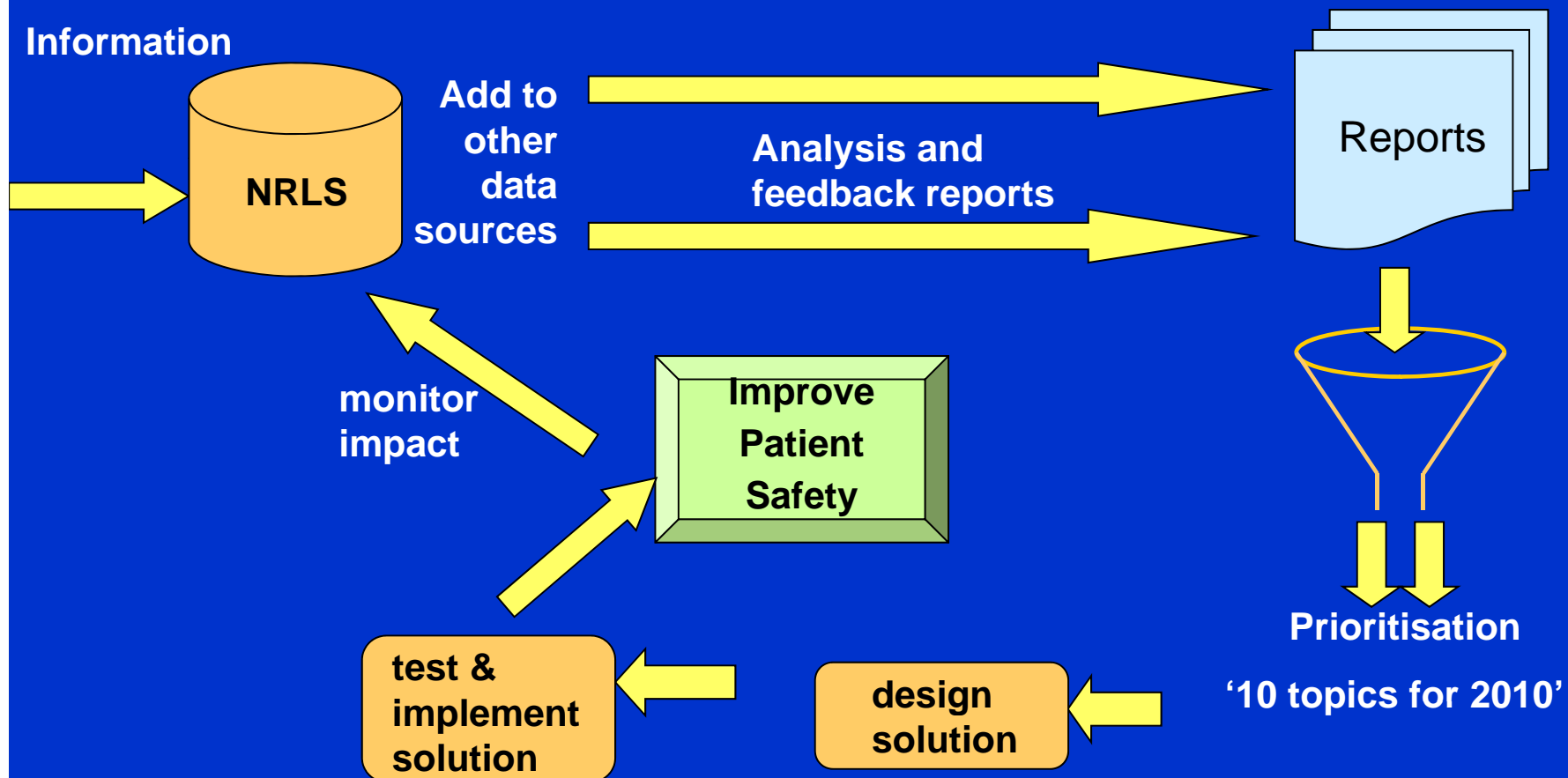
Titanic

We must learn from events

Learning from patient safety reports

NRLS

National Reporting and Learning System



What have we learned from NRLS?

- **4.5 Million reports**
- **27,000 reports ophthalmology**
- **Slips & falls**
- **Acute hospitals**

Exploring NRLS ophthalmology

1. Syringe hazards (medication errors and Luer lock)
2. Glaucoma follow up (NPSA Rapid Response Report)
3. Anti-VEGF agents
4. Wrong site surgery and Wrong IOLs

College response to WHO Checklist


Cataract specific checklist needed

Pilot in 12 sites, Then modify

Allow for local modification with Word format

Surgical Safety Checklist: for **Cataract Surgery ONLY**

(adapted from the WHO Surgical Safety Checklist)



NHS
National Patient Safety Agency

SIGN IN (To be read out loud)

Before giving anaesthetic

Has the patient confirmed his/her identity, site, procedure and consent?
 Yes

Is the surgical site marked?
 Yes

Is the anaesthesia machine and medication check complete?
 Yes Not applicable

Does the patient have a:
Known allergy?
 No Yes
Difficult airway/aspersion risk? (General Anaesthetic)
 No Yes, and equipment/assistance available
Any special requirements for positioning or draping?
 No Yes, surgeon notified
Is the patient taking warfarin?
 No Yes, last INR result available
Is the patient taking tamsulosin or other alpha blocker?
 No Yes, surgeon notified

Has pre-operative VTE risk assessment been undertaken?
 Yes Not applicable

TIME OUT (To be read out loud)

Before start of cataract surgery

Have all team members introduced themselves by name and role?
 Yes

Surgeon, Scrub Nurse and Registered Practitioner verbally confirm:

What is the patient's name?
 What procedure, and which eye?
 What refractive outcome is planned?
 What lens model and power is to be used?
 Is the correct lens implant present?

Anticipated variations and critical events

Surgeon:

Are there any special equipment requirements or special investigations?
 Are any variations to the standard procedure planned or likely?
 Is an alternative lens implant available, if needed?

Anaesthetist (GA or sedation)

Are there any patient-specific concerns?
 What is the patient's ASA grade?
 Any special monitoring requirements?

Scrub Nurse/ ODP:

Has the sterility of the instrumentation been confirmed (including indicator results)?
 Are there any equipment issues or concerns?

SIGN OUT (To be read out loud)

Before any member of the team leaves the operating room

Registered Practitioner verbally confirms with the team:

Has the name and side of the procedure been recorded?
 Has it been confirmed that instruments, swabs and sharps counts are complete (or not applicable)?
 Have any equipment problems been identified that need to be addressed?
 Are any variations to standard recovery and discharge protocol planned for this patient?

PATIENT DETAILS

Last name: _____

First name: _____

Date of birth: _____

NHS Number: _____

Date of Procedure: _____

*If the NHS Number is not immediately available, a temporary number should be used until it is.

www.nrls.npsa.nhs.uk

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Now on RCOphth & NPSA & WHO websites



College Guidance on Patient Safety

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www.nature.com/eye

SP Kelly

Guidance on patient safety in ophthalmology from the Royal College of Ophthalmologists

REVIEW

Abstract

Objective and method Safer care is a strategic priority for healthcare organisations. Yet, the detail of how to improve patient safety is complex. To this end the Royal College of Ophthalmologists has provided guidance to improve ophthalmic patient safety, and is presented in this paper. Which patient safety incidents to report and analyze in ophthalmic practice are outlined and how to do so is also discussed. The focus and setting of this review is on the current organisation of healthcare in United Kingdom and primarily—but not exclusively—within the National Health

Committee. The maintenance of such standards in ophthalmology at organisational level is achieved through adequate staffing levels, proper facilities, and appropriate managerial support. The quality of ophthalmic care for National Health Service (NHS) patients has greatly improved with new technologies, care pathway modernisation, improved investment and shorter patient referral to treatment waiting times. Strict attention to detail and careful consideration of the patient pathway is needed to maintain and to enhance ophthalmic patient care and service delivery.

However, despite the above mentioned,



Role of College in Quality

- **Stating standards, Guideline development**
- **Maintaining standards**
- **CPD**
- **Representation and liaison**
- **Training and revalidation**
- **External Clinical Advisory Team**
- **Example of seniors**



Quality & Improvement

- **Non burdensome tool**
- **Self assessment**
- **Internal governance**
- **Random external assessment**
- **Similar tools for comment ophthalmic conditions proposed**

www.rcophth.ac.uk/standards/quality_standards_development



Conclusion



- **Conditions can be improved, includes efficiency improvements**
- **Focus on Quality and Evidence based care**
- **Shift from Processes to Outcomes**
- **Quality and Safety watchwords in times of economic hardship**