

# Clinical care standard indicators: Cataract

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# Clinical care standard indicators: Cataract

## Identifying and definitional attributes

**Metadata item type:** Indicator Set

**Indicator set type:** Other

**METEOR identifier:** 711408

**Registration status:** [Australian Commission on Safety and Quality in Health Care, Standard 27/09/2021](#)

**Description:**

The Australian Commission on Safety and Quality in Health Care has produced these indicators to support health service organisations to monitor how well they are implementing the care recommended in the Cataract Clinical Care Standard (ACSQHC 2021). The indicators included in this specification are a tool to support local clinical quality improvement and may be used to support other quality assurance and peer review activities.

A clinical care standard is a small number of quality statements that describe the clinical care that a patient should be offered for a specific clinical condition or when undergoing a specific procedure. The quality statements that are included in the Cataract Clinical Care Standard are as follows:

**1. Primary care assessment and referral:** A patient with visual problems and suspected cataract has an initial assessment in primary care of their visual impairment, vision-related activity limitations, comorbidities and willingness to have surgery. When referral is appropriate based on these criteria, the patient is referred for consideration for cataract surgery and this information is included in the referral form.

**2. Patient information and shared decision making:** A patient with suspected or confirmed cataract receives information to support shared decision making. Information is provided in a way that meets the patient's needs and is easy to use and understand. The patient is given the opportunity to discuss the likely benefits and potential harms of the available options, as well as their needs and preferences.

**3. Access to ophthalmology assessment:** A patient who has been referred for consideration for cataract surgery is prioritised for ophthalmology assessment according to clinical need, based on a locally approved protocol and following receipt of a detailed referral.

**4. Indications for cataract surgery:** A patient is offered cataract surgery when they have a lens opacity that limits their vision-related activities and causes clinically significant visual impairment involving reduced visual acuity, disabling glare or contrast sensitivity.

**5. Prioritisation for cataract surgery:** A patient is prioritised for cataract surgery according to clinical need. Prioritisation protocols take into account the severity of the patient's visual impairment and vision-related activity limitations, the potential harms of delayed surgery, any relevant comorbidity and the expected benefits of surgery.

**6. Second-eye surgery:** Options for a patient with bilateral cataract are discussed when the decision about first-eye surgery is being made. Second-eye surgery is offered using similar criteria as for the first eye, but the potential benefits and harms of a delay in second-eye surgery are also considered, leading to a shared decision about second-eye surgery and its timing.

**7. Preventive eye medicines:** A patient receives an intracameral antibiotic injection at the time of cataract surgery, in preference to postoperative topical antibiotics and according to evidence-based guidelines. After surgery, a patient receives anti-inflammatory eye drops when indicated.

**8. Postoperative care:** A patient receives postoperative care that ensures the early detection and treatment of complications of cataract surgery, and the patient's complete visual rehabilitation. Postoperative care is provided by the operating ophthalmologist or a designated team member. The patient is informed of the arrangements for postoperative care.

**Relational attributes**

**Indicators linked to this Indicator set:**

[Cataract clinical care standard indicators: 3a - Evidence of a locally approved protocol to allocate appointments for patients considering cataract surgery](#)

[Australian Commission on Safety and Quality in Health Care, Standard 17/08/2021](#)

[Cataract clinical care standard indicators: 3b - Proportion of referrals for consideration for cataract surgery received that included the required patient information](#)

[Australian Commission on Safety and Quality in Health Care, Standard 17/08/2021](#)

[Cataract clinical care standard indicators: 3c - Proportion of patients referred for consideration for cataract surgery that did not meet the criteria for referral](#)

[Australian Commission on Safety and Quality in Health Care, Standard 17/08/2021](#)

[Cataract clinical care standard indicators: 3d - Proportion of patients referred for cataract surgery who had cataract surgery](#)

[Australian Commission on Safety and Quality in Health Care, Standard 17/08/2021](#)

[Cataract clinical care standard indicators: 5 - Evidence of a locally approved protocol to prioritise patients for cataract surgery according to clinical need](#)

[Australian Commission on Safety and Quality in Health Care, Standard 17/08/2021](#)

[Cataract clinical care standard indicators: 7 - Proportion of patients who received intracameral administration of antibiotics at the end of surgery](#)

[Australian Commission on Safety and Quality in Health Care, Standard 17/08/2021](#)

## Collection and usage attributes

**National reporting arrangement:**

The indicator specification has been developed to assist with the local implementation of the Cataract Clinical Care Standard (ACSQHC 2021). These indicators are intended for local use by health service organisations to monitor how they implement the care described in the clinical care standard and support local quality improvement activities.

The data required by the indicator specifications cannot be sourced from routine collections. Local health services will need to conduct prospective collections or retrospective medical records audits of all patients referred with cataracts, for a specific time period. The time frame over which data are collected, or sourced, will be guided by the expected sample size. Samples need to be large enough to identify a change deemed meaningful between audit periods. This will vary by indicator.

Some indicators refer to local arrangements, process or protocols. These may include clinical guidelines, protocols, care pathways or any other documentation providing guidance to clinicians on the care of patients with cataracts.

**Comments:**

Monitoring the implementation of the Cataract Clinical Care Standard will assist in meeting some of the requirements of the National Safety and Quality Health Service (NSQHS) Standards (ACSQHC 2017).

## Source and reference attributes

**Submitting organisation:**

Australian Commission on Safety and Quality in Health Care

**Reference documents:**

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2019. Cataract clinical care standard. Sydney: ACSQHC.