AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

MEDIA RELEASE

Clinical Care Standards

Tuesday 17 August 2021

New standard to improve care for Australians with cataract

The first national standard of care for patients with cataract will streamline how patients are prioritised for the most common elective surgery in Australia – and ultimately improve access to care.

Cataract is a leading cause of vision impairment and occurs when the clear eye lens degenerates and becomes opaque. When cataract is first identified it may not need surgery, but about 50% of older Australians are likely to develop significant cataract by their seventies[i].

Each year more than 250,000 people undergo cataract surgery[ii] to replace the eye lens with an artificial one. Almost 70% of these surgeries are performed in private hospitals[iii]. Many more Australians await cataract surgery, with admission to public hospitals in areas with socioeconomic disadvantage more than double that of wealthier areas[iv*].

Today's release of the *Cataract Clinical Care Standard* by the Australian Commission on Safety and Quality in Health Care (the Commission) will help to define clear pathways of care so that decisions about cataract surgery are more consistent nationally and based on clinical need.

Conjoint Professor Anne Duggan, Commission Chief Medical Officer, said the new standard would ensure cataract treatment is appropriate and more efficient, with patients who are more likely to benefit from surgery being clearly identified.

"With increasing demand for cataract surgery due to improved surgical methods and an ageing population, it's never been more important to ensure that we have the right care pathways," she said.

"We need to ensure that cataract patients are prioritised for surgery or non-surgical alternatives based on both clinical need and individual circumstances. An additional benefit will be reduced public hospital waiting times."

During the COVID pandemic, the necessary suspension of non-urgent elective surgery in some states and territories has delayed cataract surgeries, and led to growing waiting lists.[†]

"While the standard was in development before the pandemic, COVID has increased the need for us to work together across the healthcare system to manage prioritisation for cataract surgery, with the common goal of improving the efficiency, effectiveness and equity of care," Professor Duggan said.

Care for people with cataract begins with the initial assessment and referral by a general practitioner, optometrist or specialist clinic. The *Cataract Clinical Care Standard* highlights the importance of ensuring that both visual impairment and a person's individual situation are considered in decisions about surgery.

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* Admission rates to public hospitals for cataract surgery in areas with socioeconomic disadvantage are more than double those in areas with socioeconomic advantage (3.4 and 1.3 per 1,000 population respectively. Source: *Second Australian Atlas of Healthcare Variation 2017*.

† Impact of COVID-19 on 2019–20 Elective surgery activity. Source: AIHW https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery (Access date 13 Aug 2021)

"Without robust systems for managing referrals, we have a mixture of patients being referred to public hospital clinics – those in obvious need of the procedure and others who are unsuitable or unwilling to have it. One way to address this would be to improve referral and triage processes," Professor Duggan explained.

"If we get better at sharing knowledge at the referral stage, this will enable clinicians and health service organisations to identify patients at risk from delayed surgery and their relative priority. Improving our referral, assessment and prioritisation process for cataract is central to the new clinical care standard."

Additionally, Professor Duggan said the new standard would help to balance the disparity in cataract care. This would lead to more efficient and equitable access to care for people in areas of socio-economic disadvantage[v], as well as Aboriginal and Torres Strait Islander peoples.

Concerning findings in the *Second Australian Atlas of Healthcare Variation 2017*, which examined the occurrence of cataract across the country, led to the development of the *Cataract Clinical Care Standard*.

Similar to other high income countries, Australia has seen an upswing in rates of cataract surgery in the past 25 years. High volumes of cataract surgery are performed in Australia, which has twice the rate of cataract surgery (8,000 per million) compared to New Zealand, although lower than France, the Netherlands and the United States. However, the Atlas found uneven access to care across Australia, with significant geographic variation in rates nationally.[vi]

Putting patients at the centre of cataract care

According to Professor Duggan, providing more clarity and certainty to patients should be a priority for all health professionals.

"The patient-centred *Cataract Clinical Care Standard* provides a clear framework to deliver more consistent and evidence-based care to people with cataract," she said.

"The new standard supports a more uniform approach to managing patients with cataract right across Australia, so we can consistently deliver a better standard of health care. It is designed to facilitate a more informed discussion between the patient and their GP or other healthcare professional around the management of cataract.

"With this standard, the patient is placed firmly at the centre of the cataract journey – as they should be."

For more than a decade, Tracy Siggins, Director of Ambulatory Care at The Royal Victorian Eye and Ear Hospital, has been at the helm of improvements at the Melbourne facility. During this time, the team has introduced innovative ways to prioritise cataract patients, leading to a 79% decrease in patients waiting for assessment.

"Applying standardised referral criteria for both referrers and triaging staff has been critical in supporting The Royal Victorian Eye and Ear Hospital to deliver timely cataract care to patients," she said.

"Our experience has shown it's crucial to have a clearly documented approach, which provides clarity to triage patients based on their clinical needs. The quality of the referral received is key to the effectiveness of the referral management processes.

"The primary driver for our hospital to increase capacity and see more new patients was the development of standardised post-operative pathways. These changes have helped to remove bottlenecks and made a substantial difference to our level of patient care," Ms Siggins added.

The new standard will be launched today via a live-streamed event. The panel discussion will be hosted by GP Dr Liz Marles and includes the Commission's Conjoint Professor Anne Duggan and Tracy Siggins from The Royal Victorian Eye and Ear Hospital.

ENDS

Access the new standard online from Tuesday 17 August at: safetyandquality.gov.au/cataract-ccs

Tune in at 12:30pm AEST Tuesday 17 August: https://kapara.rdbk.com.au/landers/2fd2f0.html

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About the Commission

The Australian Commission on Safety and Quality in Health Care is an Australian Government agency that leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations, the Commission aims to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care. www.safetyandquality.gov.au

About Clinical Care Standards

A clinical care standard comprises a small number of nationally agreed quality statements. They describe the care that health professionals and health services should be providing to patients for a specific clinical condition or defined part of a clinical pathway in line with current best evidence. Clinical care standards indicators help health services review the performance of their organisation and make improvements in the care they provide.

The Commission develops clinical care standards in partnership with clinicians, researchers and consumers. Clinical guidelines form the evidence base for the clinical care standards. The Commission has previously released clinical care standards on peripheral intravenous catheters, third and fourth degree perineal tears, colonoscopy, venous thromboembolism, heavy menstrual bleeding, antimicrobial stewardship, acute coronary syndromes, acute stroke, delirium, hip fracture and osteoarthritis of the knee.

References

i Australian Commission on Safety and Quality in Health Care. *Second Australian Atlas of Healthcare Variation 2017*, Chapter 4.6: Cataract surgery hospitalisations 40 years and over. ACSQHC; 2017

ii Australian Institute of Health and Welfare (AIHW) Admitted patient care 2018–19: Australian hospital statistics, Chapter 6: What procedures were performed?. AIHW; 2019

iii Australian Institute of Health and Welfare (AIHW) Admitted patient activity – Elective admissions involving surgery 2019-20. AIHW; 2020

iv Australian Institute of Health and Welfare (AIHW). Admitted patient care 2016–17: Australian hospital statistics. Health services series no. 84. Cat. no. HSE 201. Canberra: AIHW; 2018

v Australian Institute of Health and Welfare (AIHW). Admitted patient care 2016–17: Australian hospital statistics. Health services series no. 84. Cat. no. HSE 201. Canberra: AIHW; 2018

vi Australian Commission on Safety and Quality in Health Care. *Second Australian Atlas of Healthcare Variation 2017*, Chapter 4.6: Cataract surgery hospitalisations 40 years and over. ACSQHC; 2017