AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



FACT SHEET for clinicians

Cataract

Clinical Care Standard

Why this is needed

With increasing demand for cataract surgery, it is important that care pathways are optimised so that surgery is provided according to clinical need, when appropriate, in a transparent and consistent way.

The goal of this clinical care standard is to support clinicians and health service organisations to improve their pathways of care and access for people with clinically significant cataract. It aims to ensure that patients with cataract are offered cataract surgery or non-surgical alternatives according to their clinical needs, and that they have the opportunity to make an informed choice suitable to their individual situation, in the appropriate environment which includes primary care.

In this document, the term 'clinician' refers to all types of health professionals who provide direct clinical care to patients, including doctors, nurses and allied health professionals. Clinicians and health services can use this clinical care standard to support the delivery of high quality care.

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.

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 best corrected visual acuity, disabling glare or contrast sensitivity.

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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 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.

Questions?

For more information, please visit: www.safetyandquality.gov.au/cataract-ccs

You can also contact the Clinical Care Standards team at: ccs@safetyandquality.gov.au

Disclaimer

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

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