NED NEWSLETTER

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e-CUSUM

Register Today

NED STATE MANAGER
— MESSAGE FROM THE EDITORS

Currently NED is managed administratively from CRC Selayang by the **Central Manager**. Her roles among others are to handle all the administrative tasks and to manage user passwords, SDP and surgeons lists including surgeons participating in eCUSUM.

Due to the high administrative workload, the **Central Manager** function has been diverted away from data management in particular data monitoring, cleaning and ensuring its usage.

In order to ensure effective data management, this role needs to be decentralized and transferred to users at state level. This transfer will enhance the quality of data through real time data cleaning besides ensuring ownership and better usage of the wealth of data available.

This new role is assigned to a senior Medical Officers (MO) in each state. This group of MOs are doctors who has served for a long time in the Ophthalmology departments and may be as senior as some of the Specialists. They had by various individual reasons decided to remain in the department without specialisation. Hence besides being experienced they are unlikely to leave the Ministry of Health (MOH) as opposed to Specialists who are either transferable, busy or likely to resign. This important new role would be a form of acknowledgement on their contribution and loyalty to the department.

Once the pathway of access authorization is done, these new managers will be functioning within their own states after initial guidance from the **Central Manager**.

This is a significant milestone after NED MOship, the outcome of which has been encouraging. MOs have been presenting data in individual departments and we indeed can see the increasing usage of NED data for service and publication in the MOH. The appointment of a State manager will bring this to another level.

Consultations on data management can be done locally and new ideas can develop. This will further propel NED forward as the main eye database in the country.

NOMINATION FOR STATE MANAGERS

State	State Manager	Hospital
Sarawak + Sabah + Labuan	Dr Lo Tze Wen	Hospital Umum Sarawak
Sarawak	Dr Nur Reza bt Mohd Noh	Hospital Sibu
Johor	Dr RM Nachammai A/P S Ramasamy	Hospital Sultanah Aminah
Melaka	Dr Goh Ching Teak	Hospital Melaka
Perak	Dr Wong Wai Kuan	Hospital Ipoh
Penang	Dr Lee Cheng Imm	Hospital Pulau Pinang
Kedah+Perlis	Dr Annie Lee	Hospital Sultanah Bahiyah
Kelantan	Dr Mariyani bt Mad Said	Hospital Raja Perempuan Zainab II
Terengganu	Dr Dzawati Amalin bt Basemin	Hospital Sultanah Nur Zahirah
Negeri Sembilan	Dr Nor Aisah Nasiruddin	Hospital Tuanku Ja'afar
Selangor	Dr Ho Siew Lee	Hospital Serdang
Pahang, KL and Putrajaya	Central Manager (Mdm Teng) until further notice	Hospital Selayang

ECMS (EYE CLINIC MANAGEMENT SYSTEM)

ECMS is an Electronic Medical Record system used in the MAIWP-Hospital Selayang Cataract Center. It is developed by Altus Solution Sdn Bhd and MOH. Being one of its kind in the country, it features unique functions not only for use on site but also has synchronization capability with the NED online.

In accordance with the specific Cataract Care Pathways, data entry will be synchronized with the NED (to MAWIP-HS SDP) periodically. As data are effortlessly synchronized, the users are not required to do double data entry (into ECMS and NED).

Therefore data in MAIWP-HS Cataract Center, subject to the level of user access, can be monitored and analysed remotely. This is important in particular for decision making by policy makers and also service improvement and publication by the local users.

Though data can be accessed remotely and centrally for monitoring it would be of no value if data quality is not maintained.

Similar to NED, web and workprocess improvement as well as data **Reliability**, **Validity** and **Completeness** can only be ensured when data are used for example during data presentation in **MAIWP-HS Departmental CME.**

> **One simple method to clean data is to regularly download and present the registry results in the departmental CME**

POOR QUALITY OF IOL DATA

IOL data are collected in the Operative Form of the Cataract Surgery Registry (CSR). Variables collected are **Material**, **Type** and **Brand**.

The objective of collecting these data is to facilitate the monitoring of usage trend and adverse incident related to IOL in MOH. User can download data in excel format and analyse them accordingly.

According to user access, among the descriptive ready results that can be extracted from the down-loadable data are, total number of IOL brand used, total number used per month/year, total number of monofocal/multifocal or toric IOL used, trend of usage etc

However, recent review of MOH data revealed unclean entry. Data are entered not following the correct model name (as released/marketed by the manufacturing company). Many are already listed in the drop-down list but written as slightly different brand in "Others" This has resulted in difficulty in merging these data and rendering them useless.

In hospitals with Electronic Medical Record (EMR) undesirable practice of copy and paste of info from the OT list onto the IOL data field in NED has resulted in unnecessary non analyzable data appearing as variable. For example:

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The importance and usefulness of IOL data collection cannot be overemphasized especially in the event of widespread untoward reaction. This calls responsible data entry by users at all levels. Our vision of having clean data in the NED cannot be achieved otherwise.

AVIS official logo

AMBLYOPIA AND VISUAL IMPAIRMENT SCREENING

Preschool vision screening activities for this year are due to complete soon. As of July 2017, a total of 1885 children have been screened by optometrists using the AVIS protocol. This figure is relatively very small due to the fact that majority of children attending kindergarten do not get access to this opportunity. This is due to shortage of Optometrists in the public sector.

Hence, networking with private optometrists and kindergarten teachers is very important to achieve wider coverage for screening. Training modules for teachers using Modified AVIS protocol is under development. This shall be tested in a pilot project for protocol improvement.

AVIS committee is also working into the provision of glasses to children found to have refractive error. To enable this, AVIS collaborates with the Association of Malaysian Optometrists (AMO) through the setting up of

the **AVIS glasses scheme.** It is hoped that problems in closing the loop for the screening of refractive error can be rectified in the near future.

AVIS Glasses Scheme has established criteria that categorises the cases as Simple, Complex and Add-on. Some charges may be incurred where necessary. Optometrists will receive guidelines on the details of the mechanism. Beside this other initiatives are also being considered by the committee.

STRENGTHENING PRIMARY EYE CARE

Upskilling of optometrists who work at hospitals without ophthalmologists is essential to reduce unnecessary presentation of ocular surface eye conditions to ophthalmology clinics in the country.

These eye conditions are largely non sight-threatening conditions

which can be safely managed by optometrists who are well-trained in conducting slit-lamp biomicroscopy and tonometry.

The main role for primary eye care optometrists is to be able to detect and make appropriate decision on the urgency of the cases for referral

to ophthalmologist. **Diagnostic algorithms need to be produced** to guide optometrists in the management of red eyes. National commitment and effort to privilege and credential the optometrists must follow in order to empower optometrists to act as the primary reference point for acute eye problems.

"The main role for primary eye care optometrists is to be able to detect and make appropriate decision on the urgency of the cases for referral "

Successful primary eye care services : Engagement * Cooperation * Collaboration * Communication * Training * Protocol * Evaluation

OCULAR TRIAGING

The aphorism in health care that "*the right people with the right skills are in the right place at the right time*" needs to be given due attention by all healthcare providers.

Triage in primary eye care and emergency eye care has the role of; 1) diverting patients to an appropriate service (or away from services entirely), and 2) determining the level of urgency of cases. This permits low risk patients to be triaged as not requiring immediate attention of an ophthalmologist, and appointments can be given accordingly. Hence ophthalmology resources can be better allocated to attending serious eye conditions which demand immediate treatment and surgical intervention.

NATIONAL EYE DATABASE

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The National Eye Database (NED) is a service supported by the Ministry of Health (MOH) as an approach to collect health information. It collects data on incidences and distributions, and evaluates risk factors as well as treatment outcome of visually threatening eye diseases such as cataract, diabetic retinopathy, glaucoma and contact lens related corneal ulcer. In the initial phase, NED will collect data on cataract surgery, status of diabetic retinopathy in new diabetic patients, contact lens related corneal ulcer and glaucoma patients. Besides disease registry, NED also collects monthly service census of MOH Ophthalmology departments. The census serves as an effort to monitor key performance indicators of each ophthalmology department in the MOH. Information collected in the NED is very useful in assisting the MOH, Non-Governmental Organizations, private healthcare providers and industry in program planning and evaluation, leading to eye disease prevention and control.

EQUALITY VERSUS EQUITY

It is assumed that everyone will benefit from the same supports. They are being treated equally
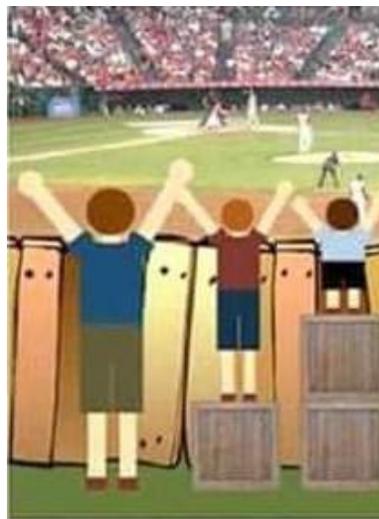
Individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably
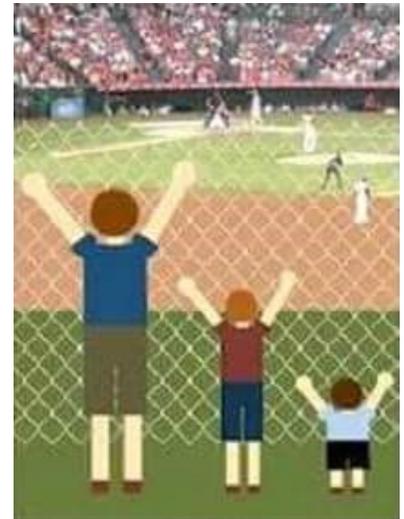
All individuals can see the game without any supports or accommodations because the cause of the inequity has been addressed. The systemic barrier has been removed