

Betsy Lehman Center

Expert Panel Project on Improving Patient Safety in Cataract Surgery

Discussion Guide

Thank you for agreeing to participate in a discussion of adverse events in cataract surgery. As I mentioned, the Betsy Lehman Center for Patient Safety (BLC) issued an advisory bulletin in May 2015 in response to an increase in serious reportable events related to cataract surgeries reported by Massachusetts hospitals and ambulatory surgical centers in 2014. The Center has convened an expert panel to better understand and address the risk of patient harm during cataract surgery, and Mathematica is providing research support for this project. The Center's goals are to develop and pilot a process to identify critical patient safety risks using adverse event data and respond to them by raising awareness, understanding root causes, and sharing strategies to reduce future harm to patients.

Purpose of discussion:

The purpose of this discussion is to gather information about cataract surgery practices and patient safety efforts among Massachusetts eye surgeons. I estimate that the discussion will take approximately 30 to 45 minutes.

How results will be used:

We will summarize the major themes and findings from these discussions to support the work of the expert panel convened by the Betsy Lehman Center. The panel will produce a report of key findings and develop recommendations for strategies to improve patient safety in cataract surgery. If we plan to attribute any statements directly to you in this summary or in the panel's final report, we will provide the statement to you for your review and approval.

[Greeting and Permission request at start of discussion]: Thank you for agreeing to talk with us today. We greatly appreciate your time and input on this important topic. We will take notes during the discussion; however, we would like to audiotape it to ensure that we have accurately captured your responses. Do we have your permission to record the discussion?

Background

1. How long have you been performing cataract surgery?
2. Where do you operate? [Confirm actual name of facility]. What type of facility is it?
[If “hospital,” clarify teaching vs. non-teaching; if surgical center, clarify physician owned ASC vs. hospital affiliated center]
3. Approximately how many cataract procedures do YOU perform in a year?

Contributors to patient safety risks in cataract surgery and safety protocols used at your facility

4. When thinking about the risk of harm to patients in cataract surgery, what are your biggest concerns?
[Probe if needed: implantation of wrong lens, wrong eye surgery or blocks, anesthesia complications, etc.]
 - a) What would you say are the most significant contributing factors to these risks?
[Probe: volume of surgeries, inadequate training, lack of teamwork, poor credentialing?]
5. What types of protocols does your facility use to avoid errors in cataract surgery?
[Probe: describe your timeout processes for cataract surgery. Do you have separate timeouts for anesthesia, lens verification, and OR? How many individuals are involved in the timeout? What are their roles?]

Anesthesia practices at your facility

6. Which types of anesthesia are used in the cataract surgeries you perform?
[Probe: retrobulbar block, peribulbar block, sub-tenon’s block, topical alone, topical with intracameral lidocaine, general anesthesia. Which are used most often?]
7. Do you have a preferred method of anesthesia?
[Probe: If so, why? Efficiency, his/her training, safety considerations, common practice at facility, long/complex procedure, patient preference]
8. Have your anesthesia practices or preferences changed over the years?
[Probe: Why?]
9. Do you provide your patients with a choice between types of anesthesia for their cataract procedure?
10. Do patients ever request a particular type of anesthesia?

11. Who generally administers the anesthesia for cataract surgeries at your facility?

[Probe: full-time anesthesiologists? *Locum tenens*? CRNAs? The eye surgeons themselves?] Does it differ depending on type of anesthesia?

12. Is there an orientation period for anesthesia staff at your facility?

i. **IF YES:** What does it involve?

ii. **Does your facility require a minimum number of supervised eye blocks before an anesthesiologist is permitted to administer blocks on his or her own?**

Did you take the Massachusetts Society of Eye Physicians and Surgeons recent survey on anesthesia?

Making cataract surgery safer

13. Do you have suggestions on how to make cataract surgery safer for patients?

Conclusion

14. Would you be willing to share any your facility's forms or policies with us to potentially use as model tools? [e.g., lens verification protocols, IOL selection forms, device implant manuals.

15. Do you have any literature or handouts explaining patients' anesthesia options? If so, could you share them with us?

16. Is there anything else you would like to share with us?