

DATA VALIDATION - FAQs

Q1: How do I validate my cataract audit data?

A1: To check your individual or centre outcome, you need to be registered on the RCOphth NOD Audit website, www.nodaudit.org.uk. Once you have successfully registered and logged in to the RCOphth NOD website, click on “**Analysis**” which is in the top right corner of the home page and then you can select the graph you wish to view in this section.

Please note that the data is presented as a funnel plot and your individual surgeon or centre outcome will be represented with an amber colour asterisk (*) on each graph i.e. for both the adjusted and unadjusted Posterior Capsular Rupture (PCR) and Visual Acuity (VA) loss rates. Surgeons and clinical audit facilitators should ensure that they check their individual and trust level data within the validation period and contact the audit team via email, noa.project@rcophth.ac.uk if they have reason to believe that their data are incorrect and there is a need to make changes before publication.

Q2: Our audit department needs to review our trust’s information. I am a clinical audit facilitator and tried registering as a user from a contributing trust but was unable to register. How should I proceed?

A2: If you are a clinical audit facilitator and want to validate your centre level data, you need to contact the RCOphth NOD audit team via email at noa.project@rcophth.ac.uk to authorise your registration on the website.

Q3: On logging on to the RCOphth NOD website, I and most of the surgeons from my centre do not see our individual data in the analysis section. Why is this not visible?

A3: There may be several reasons for your data not being visible. Surgeons need to have performed and recorded a minimum of 50 eligible cataract operations during the audit period. Typically, these situations arise where a trust has only recently joined the audit and submitted a low number of cataract operations. If this is the case, then it would be expected that the numbers would be much higher in the next audit cycle. Also, if the VA (pre-op and/or post-op) data is missing for more than 40% of the operations, the surgeon or centre data will not be included in the visual loss analysis.

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Q4: Why does my EMR system show a different result to the RCOphth NOD website?

A4: If the audit data collection period is not selected on the EMR (Electronic Medical Record) system, your data will not match the published results. In addition to this, the audit excludes operations that are not eligible for analysis (e.g. combined procedures, detailed inclusion and exclusion criteria available at www.nodaudit.org.uk/resources/methodology).

On the RCOphth NOD audit website we report both unadjusted and case complexity adjusted rates (adjusted for risk) while the EMR systems show the unadjusted rates. If you are using OpenEyes the case definition is not identical to that used in the national audit which includes zonule rupture with vitreous prolapse.

Q5: I feel my adjusted rate is too high, given my case mix of patients. What do I need to do?

A5: If the case complexity (risk factors) information has not been accurately recorded on the data collection tool (EMR systems/in-house databases), the audit analysis team are unable to account for unrecorded risk factors. It is important that surgeons collect accurate and complete data for each cataract operation undertaken. Please see the [statistical analysis plan](#) and the [guide for EMR users](#) on the RCOphth NOD website for more information about the risk factors.

Q6: My Visual Acuity (VA) loss data is wrong; my surgery virtually never leads to a patient losing vision. Is there an error in my result?

A6: See A5 above. Please note that the audit receives all VA data recorded on the EMR system which includes measurements from other eye clinics the surgeon may not be aware the patient was attending. If you are a Medisoft or OpenEyes EMR user you can check these data yourself using the cataract audit tool for pre- vs. post-op VA.

Q7: I do not like the results you have reported for me, what should I do?

A7: The audit team uses pseudonymised/ anonymised data and we do not know the identity of your cases. Your local EMR audit functionality should allow you to find the cases with complications. This is the best place to begin in terms of checking your data. Once you have identified your complications locally you can refer to the inclusion / exclusion criteria at www.nodaudit.org.uk/resources/methodology to check that they are eligible for the national audit. Once you have checked through all your complications, if you still believe that there is an error then email noa.project@rcophth.ac.uk and we will try to assist.

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Q8: I am not happy with my published data; can you remove my data from the NOD website?

A8: Where data errors are confirmed the audit team can amend or remove your data from the public facing section of the NOD website.

Q9: Is this a risk factor/I think this is a risk factor and you have not adjusted for this?

A9: The risk indicators were derived from analysis of around 200,000 operations over a four-year period. See www.nodaudit.org.uk/resources/methodology. To be statistically significant these risks need to be both sufficiently common and sufficiently important to appear in the model. There will always be rare high-risk cases which are missed by the model but these would be expected to be evenly spread across surgeons and centres. It is possible that there are risks which have not been recorded on the Medisoft EMR (which was used for development of the model) and which are therefore absent in the model. Please contact the RCOphth NOD audit team via email at noa.project@rcophth.ac.uk if you require more information.

Q10: My adjusted PCR and VA loss rates are worse than unadjusted rates, is there an error in my result?

A10: This can occur when your recorded case complexity is less complex than the average across all surgeons and centres. Our analysis gives credit for undertaking complex cases but we can only do so if you provide us with the correct information about your case complexity. It is important for surgeons who take on the most difficult cases to not be penalised for doing so and the risk adjustment is designed to do exactly that. Conversely, where a surgeon or centre only agrees to operate on straightforward cases, then that surgeon's or centre's results should reflect the fact that only 'easy' cases are being undertaken. The accuracy of these adjustments depends on accurate data being recorded by surgeons.

Q11: Where will my data be published in the public domain?

A11: Identifiable outcomes of individual centres and independent surgeons will be published on the [NOD Audit](http://www.nodaudit.org.uk) website. Centre level results are supplied to the Care Quality Commission (CQC) and Getting it Right First Time (GIRFT).

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Q12: Have the published national average numbers for posterior capsular rupture rate (1.1%) and percentage of patients losing vision (0.9%) been adjusted for co-morbidities or not?

A12: These results are the unadjusted (observed) rates with no adjustment for the complexity of the surgery. These values are considered when setting the benchmark values used in the audit, which are derived from these overall averages. These rates reflect the averages across all surgeons, all centres, and all patients, including the full range of co-morbidities.

Q13: What time window and Visual Acuity (VA) measurement does the audit use for VA analysis?

A13: For the September 2018 – August 2019 audit year, the time window used for a valid pre-operative and post-operative VA measurement has been widened. For pre-operative VA, we use the better measurement of Corrected Distance Visual Acuity (CDVA) or Uncorrected Distance Visual Acuity (UDVA) that is closest to the date of surgery, including the day of surgery and within 6 months prior to surgery. Pin Hole Visual Acuity (PHVA) measurements are not used for pre-operative VA.

For post-operative VA, we use the best measurement of CDVA, UDVA or PHVA between 8 days and 6 months after cataract surgery.