

ENHANCING ADVERSE EVENT DETECTION: THE MODIFIED CATARACT SURGICAL TRIGGER TOOLS IN CATARACT SURGERY

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INTRODUCTION

The inherent risk of patient safety incidents during cataract surgery is accentuated by the swift nature of the procedure, high surgical volume, and rapid turnover. Conventional hospital efforts relying on voluntary incident reporting systems have demonstrated ineffectiveness.

AIM

This study proposes the use of a modified Cataract Surgical Trigger Tool, specifically designed to identify perioperative adverse events in cataract surgery. The tool aims to facilitate the easy and sustainable detection of unexpected incidents, addressing the challenges posed by the high-paced environment of cataract surgery.

METHOD

Retrospective observational study on patients undergoing cataract surgery during 2020- 2023. Focuses on identifying administrative triggers, clinical triggers, and adverse events (AE). Triggers were systematically identified, and a harm category was assigned. The category includes the grade indicating the potential avoidability of the AE and its correlation with the surgical procedure. Data analysis used descriptive statistics.

CONCLUSIONS

The Modified Cataract Surgery Trigger Tool presents a practical and user-friendly approach for detecting safety issues in surgical patients. It serves as a valuable tool for estimating the frequency of adverse events in a hospital and assessing the impact of interventions to reduce such events in surgical patients.

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RESULTS

This retrospective review analyzed 160 medical records of hospitalized adults undergoing cataract surgery. Findings indicate a yearly decrease in administrative and clinical harm triggers. Specific areas such as patient handovers, doctor documentation, informed consent completeness and patient reassessment exhibited significant declines ($p < 0.05$). Surgical complications also decreased significantly ($p < 0.05$), and no instances of wrong-side surgery, wrong procedure, or wrong IOL were observed from 2020 to 2023. Adverse events per 1000 hospital days and per 100 inpatient cataract patients demonstrated a consistent yearly decrease.

