IMPROVING UNASSESSABLE RATE IN CENTRAL MERSEY DESP

NEC

NEC Care

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'An adequate image set is one where the area of interest is positioned within the defined limits and has enough clarity for a reliable decision on the individual's status'

INTRODUCTION

In Central Mersey DESP, our figures for unassessable images has been increasing over the last few years. Our target should be 4% and under, and this has been increasing since 2021 towards 6%.

Our screening programme has had lots of changes over the past year and a high increase in new screeners. I wanted to work with our team to see if I could give them some confidence and guidance to get clearer photographs. I put together a plan to get all staff involved and on board. I wanted to see if taking extra images in screening would help with our figures. The project was planned to happen throughout May, June and July 2024.

REASONS FOR THE PROJECT?

- To improve our programmes unassessable rate which has been steadily increasing
- To ensure we are minimising extra appointments for one month recalls and slit lamp
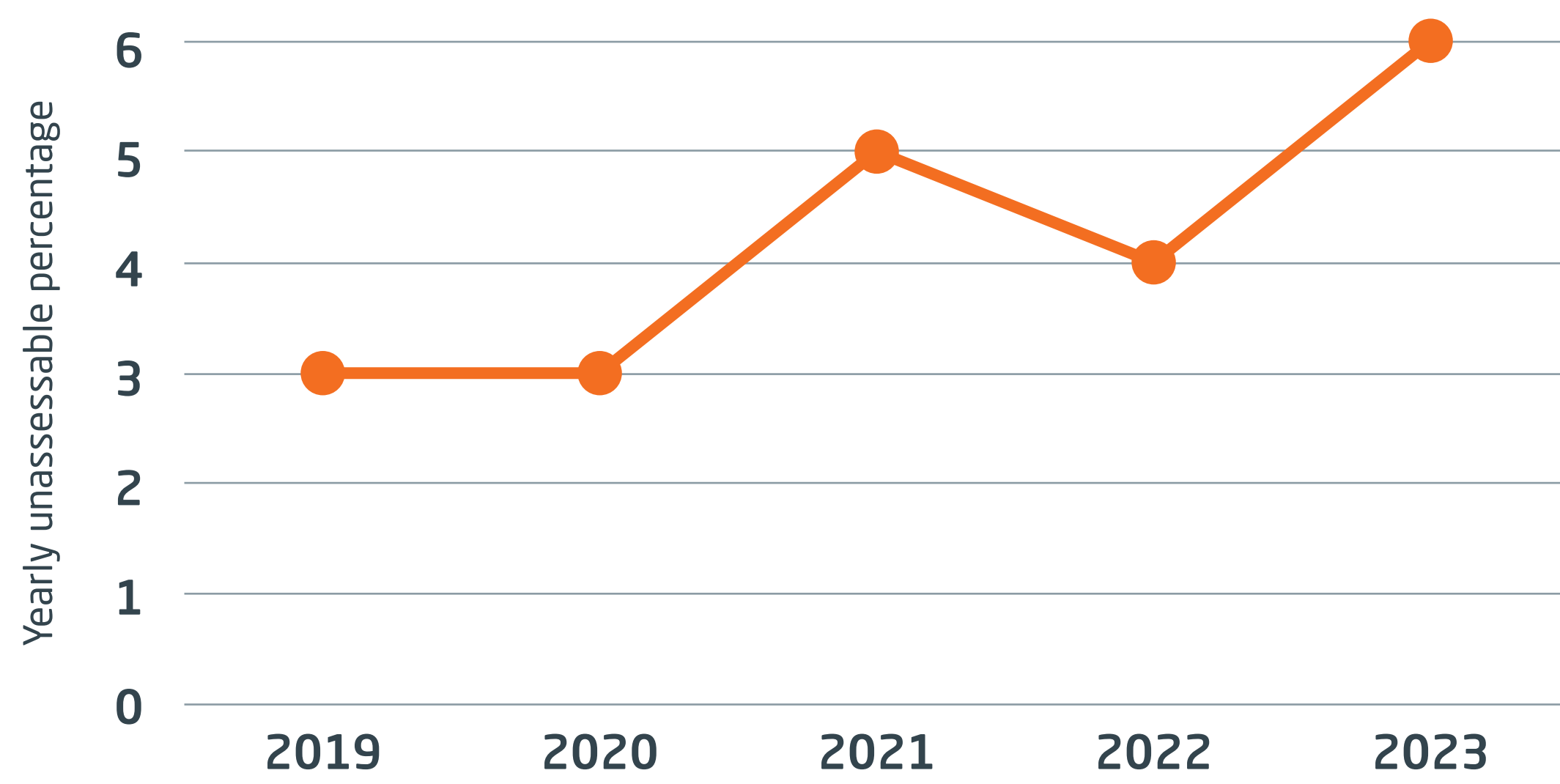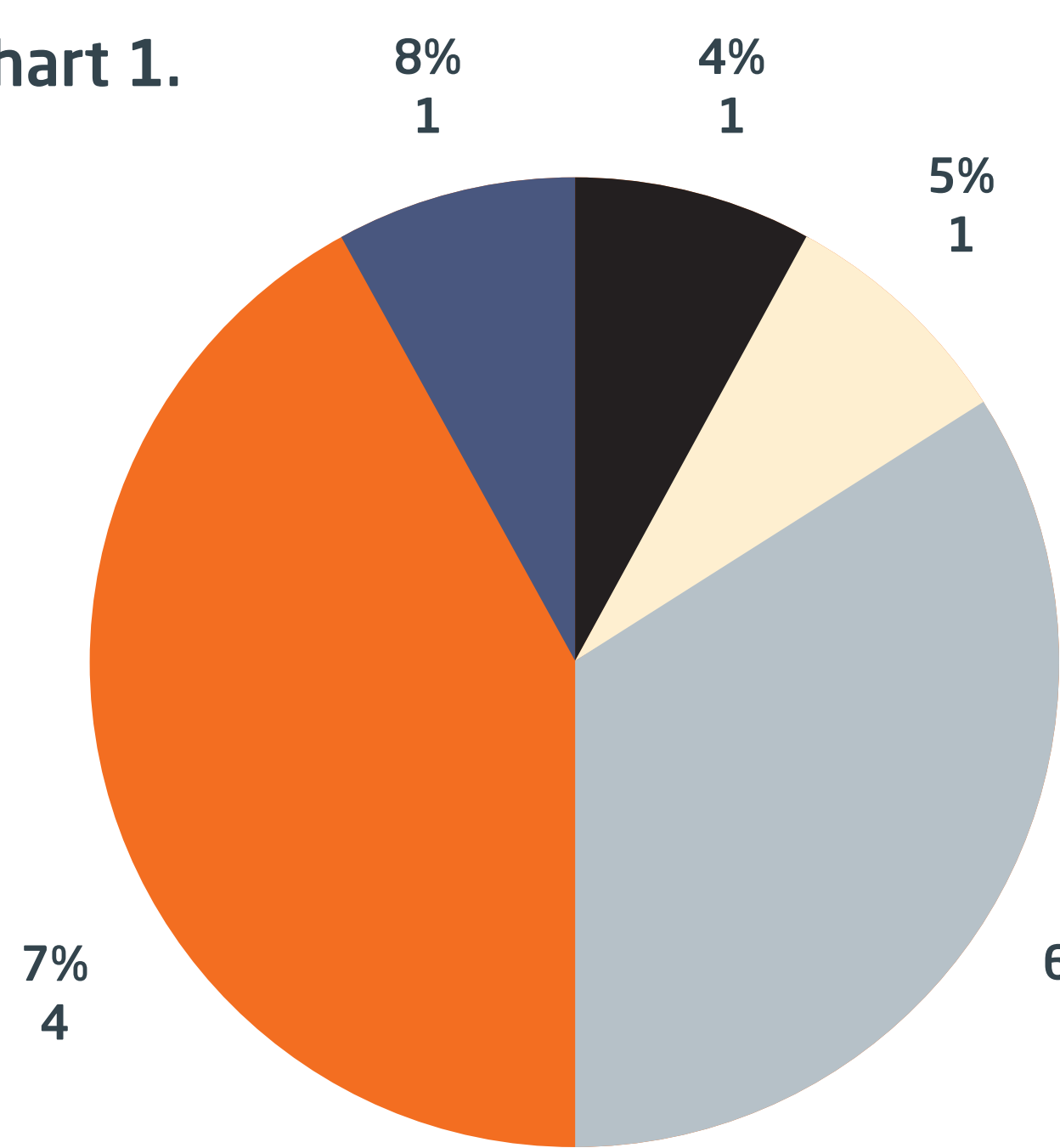
## PREVIOUS FIGURES

Fig.1

Pie Chart 1.

This Pie chart 1. shows our screeners (10) that the rate of unassessable images between January and April 2024 were very high and averaged at 7% , with most screeners (7/10) averaging at 6% (3) and 7% (4) well above the national target of 4% (Pie Chart 1).

THE PLAN

MORE USE OF THE SMALL PUPIL SETTING

This setting really helps to lighten parts of the retinal images and to get clearer views, particularly over the macula. Not all staff were using this regularly, so this project really focused on getting the best out of the camera.
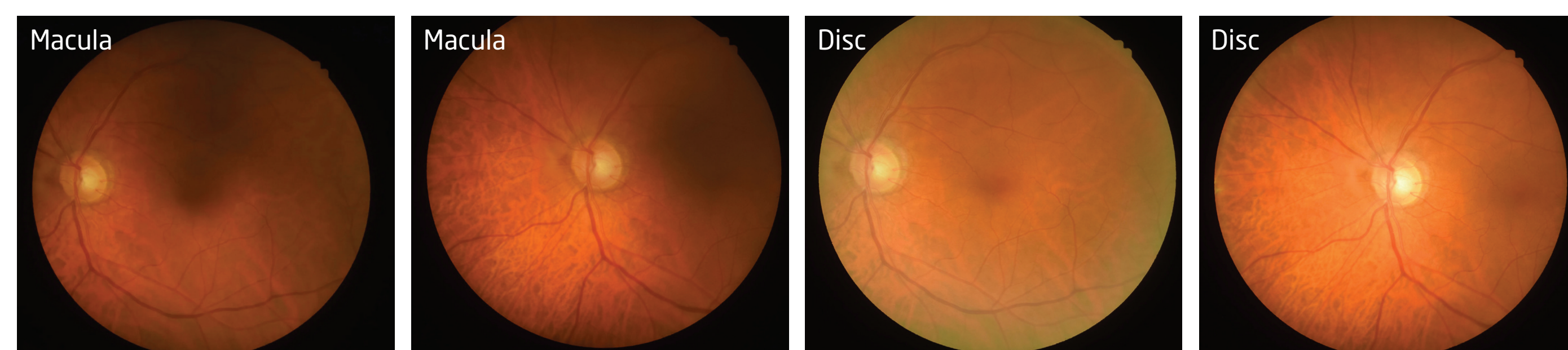

ADDITIONAL IMAGES

Screeners were encouraged to take extra photographs when required. After discussing in detail, some of our screeners were worried to take too many photographs. I explained over this trial period that there is no limit on the number of images. When there was a more challenging situation and the screeners were unable to achieve adequate Macula, Central and Disc images, then additional images were encouraged to aid grading and hopefully avoid another appointment for the patient.

AN EXTRA CENTRAL IMAGE

This was so we could get a clearer view of the macula and avoid the central artefact on some of our cameras. This was more visible on people with small pupils and developing cataracts.
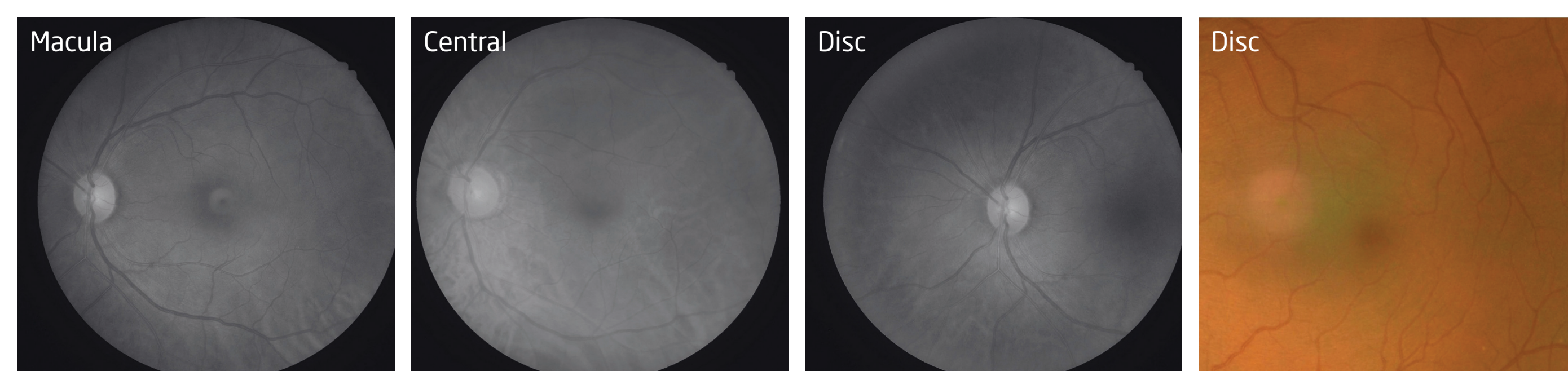
WE USE 3 DIFFERENT RETINAL CAMERAS IN OUR PROGRAMME, WHICH ALL WORK SLIGHTLY DIFFERENTLY

Kowa Nonmyd 7
This camera does not have a Central view, so I requested all staff to take extra nasal images with the small pupil setting, which ensured we were getting a good clear second view of the macula.

Kowa Nonmyd 8S
This camera we have in a lot of our clinics, but over the past couple of years some have started to show central artefacts on the lenses. These artefacts cover the fovea so I asked all staff to take extra central views to see the macula more clearly.

Canon CR-2AF
We have a couple of these cameras, and the photo quality sometimes feels a little hazy. I asked all screeners to take extra central views as well on this one, which provides a second view of the fovea.
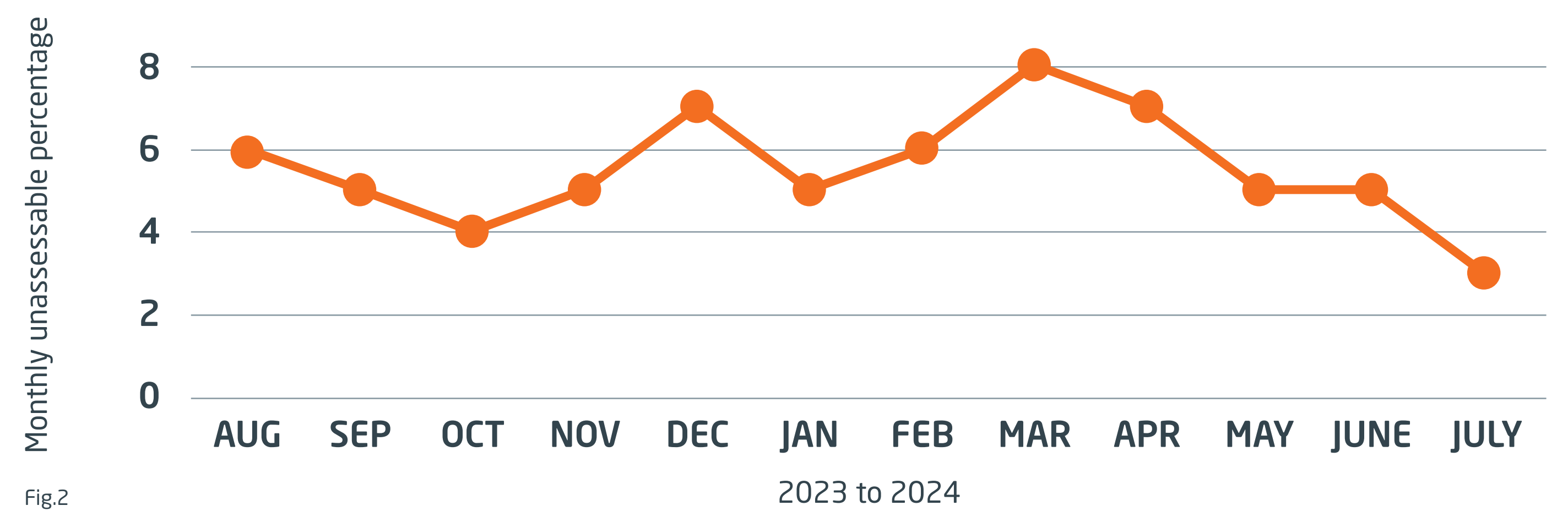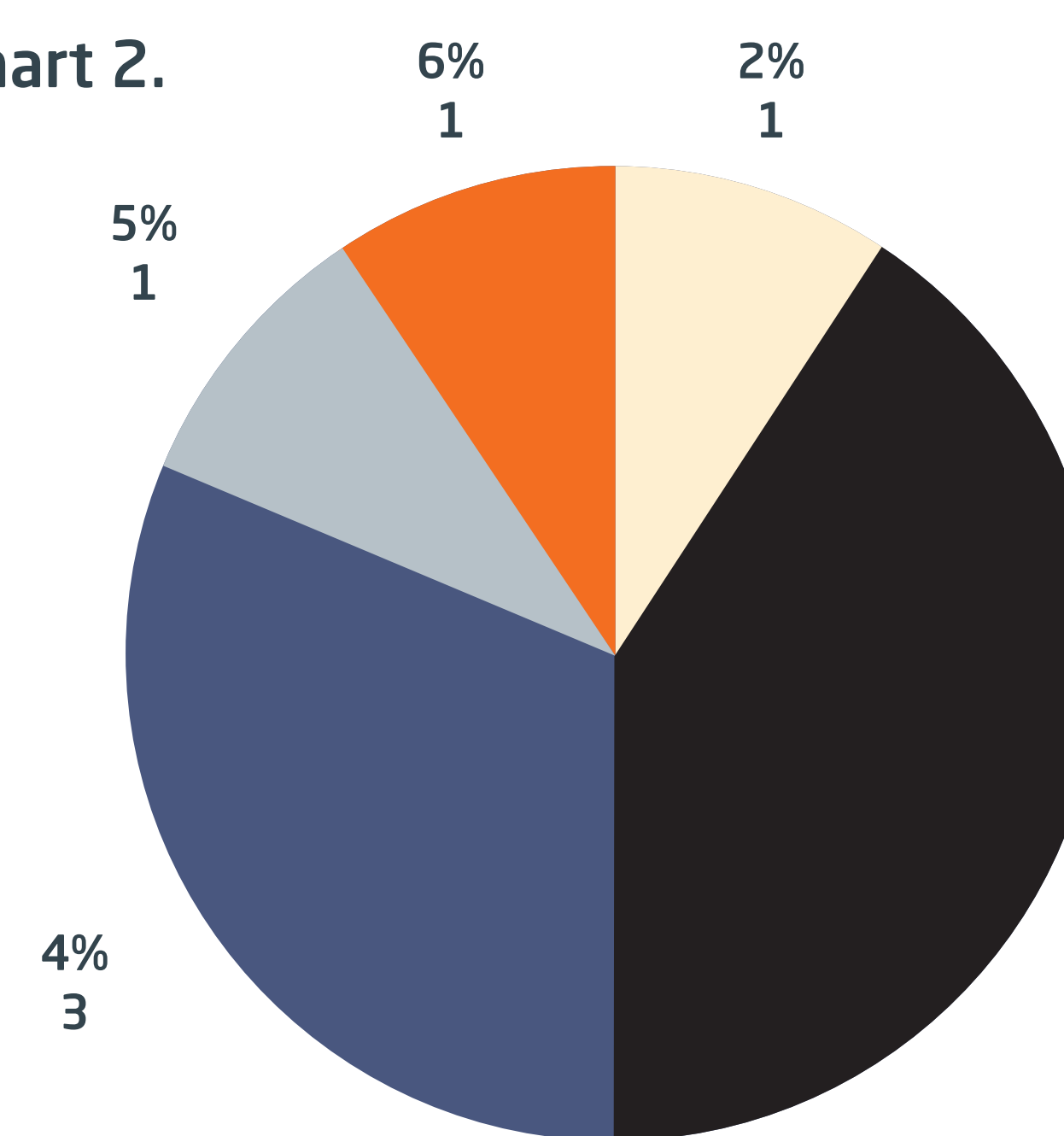
LATEST FIGURES

Fig.2   2023 to 2024

Pie Chart 2.

This Pie chart 2. shows our screeners (10) percentage from 1st May 2024 to 31st July 2024 and we can see in the 3 month trial project that figures have improved.

CONCLUSION

The results for individual members of our team have improved considerably with the overall percentage of unassessable images being much lower at 3-4%. This is a great improvement and something we are all proud to achieve. We still have some work to do. However, I do feel this project has highlighted some concerns in our programme which we have addressed and have improved as individuals and also for our team.

When going through our 3 months of data and checking back on patient files, it was good for us to see what reasons there were for unassessable images. Apart from cataracts, the following reasons were:

- Undilated pupils due to patient's driving
- Eyelashes
- Images missing
- Poor dilation
- Images out of focus
- Tropicamide allergy
- Excluded patients (dementia etc)

Some of the other reasons which we were unable to control included Computer issues/Patients refusing) but we will take on board ways to reduce the other known reasons listed above. Our programme is also conducting camera servicing on all cameras. Our team meetings now discuss any concerns with clinics/patients and look at ways we can improve our knowledge and actions in clinic.

The percentage of unassessable images has fallen by approximately 30% from 6% to 4% (Fig 2). Most of the screeners (8/10) have achieved the target of 4% and under (Pie Chart 2).