Abstract:

German legislation introduced in 1988 called for obligatory quality assurance (QA) practice to be initiated by health care providers. In 1992 the scope of the legislation was extended. Opportunities for introducing quality assurance practice in ophthalmology are demonstrated through examples. A necessary preliminary step to QA is to identify priority areas requiring action. A second necessary action entails the definition of quality indicators. Through their monitoring, these quality indicators allow identification of problem areas as reflected in the collected data. The final important phase of QA practice involves development of strategies to counteract identified problems. This process implies one or more cycles of: problem analysis, establishment of rectifying targets, actual intervention and finally evaluation of interventions made. Compulsory inter-hospital comparison of QA data calls for agreed standards within health care fields. In conclusions, QA practices in ophthalmology (with special reference to the pilot project on QA in cataract surgery) suggest that QA measures are well accepted by health care providers in this field.