



8543 Everglade Drive
 Sacramento CA
 95826-3616
 voice: 916/381-0769
 fax: 781/998-5587
 info@usaeyes.org
 www.usaeyes.org

Refractive Surgery Outcomes Data Submission Form

Surgeon _____

Patient ID _____ **Date of Birth** _____

Patient Street _____

Patient City _____ **State** _____ **Zip** _____

Patient Sex Male Female **Surgery Performed on:** OU OS OD **Monovision:** Yes No

Preoperative UCVA

OD 20/ _____ OS 20/ _____ OU 20/ _____

Preoperative BSCVA

OD 20/ _____ OS 20/ _____ OU 20/ _____

Preoperative Manifest Prescription

OD sph _____ cyl _____ axis _____
 OS sph _____ cyl _____ axis _____

Target Postoperative Manifest Prescription

OD sph _____ cyl _____ axis _____
 OS sph _____ cyl _____ axis _____

Type of Procedure(s) LASIK PRK AK ICL RK Intacs **Secondary Procedure(s) Performed** Yes No
 CLR SRP LTK Other _____

Current Postoperative UCVA

OD 20/ _____ OS 20/ _____ OU 20/ _____

Current Postoperative BSCVA

OD 20/ _____ OS 20/ _____ OU 20/ _____

Current Postoperative Manifest Prescription

OD sph _____ cyl _____ axis _____
 OS sph _____ cyl _____ axis _____

Date of First Surgical Procedure _____

Date of Last Surgical Procedure _____

Occurrence of Surgery Induced Complications During Patient Care

None Contrast Loss Ghosts Glare Halo Haze Photophobia Starburst
 A/C Entry (Perf) Axis Poor Central Island Debris Decentered Energy DLK Dry Eye
 Epithelial Defect Fixation Poor Flap Ablated Flap Buttonhole Flap Free Flap Incomplete
 Flap Thin Flap Split Small/Short Keratectomy Striae, Macro Striae, Micro Stromal Bed Irregular
 Other _____ Other _____ Other _____

Unresolved Surgery Induced Complications

None Contrast Loss Ghosts Glare Halo Haze Photophobia Starburst
 A/C Entry (Perf) Axis Poor Central Island Debris Decentered Energy DLK Dry Eye
 Epithelial Defect Fixation Poor Flap Ablated Flap Buttonhole Flap Free Flap Incomplete
 Flap Thin Flap Split Small/Short Keratectomy Striae, Macro Striae, Micro Stromal Bed Irregular
 Other _____ Other _____ Other _____

Date This Form Completed _____

Initials of Person Submitting Data _____



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Refractive Surgery Outcomes Data Submission Form

Instructions

General: All information must be submitted for *every consecutive refractive surgery patient* until instructed by CRSQA that the fiscal year limit has been reached. When in doubt, submit the data. Data must be submitted between 200 and 60 days after the initial surgery. We recommend six months postop.

Surgeon: Please provide at least the surgeon's first and middle initials plus last name. You may want to enter the surgeon's full name before photocopying the form.

Patient Identification Number: This can be any information that will allow us to locate the patient's chart during an audit. A chart number often is used. The patient's name may be used but is not required.

Patient Street: We will not contact the patient without prior surgeon authorization. Generally, we never contact patients.

Target Postoperative Prescription: This is what the surgeon expects to achieve (prior to any procedure but after an examination) through refractive surgery. This is also what the patient believes will be achievable. What the surgeon expects and what the patient expects should be the same. It may be valuable to note in the patient's chart when the target was stated to the patient. Targets are not guarantees, be sure the patient understands this too.

Type of Procedures: Check the appropriate box. If procedure performed is not listed, write what procedure was performed in "Other".

Secondary Procedure(s) Performed: If *any* secondary procedures were performed (laser, AK, flap lift, etc.), check "Yes".

Current Postoperative UCVA, BSCVA, and Prescription: This should be the most recent information available in the chart. We require that the surgeon have information from at least two postoperative examinations. The exams can be performed by comanagement professionals, but the information needs to be in the surgeon's chart. Most often surgeons who participate in comanagement will have the day-one exam and a three month exam unless the patient required additional care.

Date of First and Last Surgical Procedure: First is pretty obvious, but last includes any procedure for any reason that relates to the original refractive procedure. This would include flap lift, irrigation - anything - regardless of its purpose. If only one procedure, enter the same date in both boxes.

Occurrence of Surgery Induced Complications During Patient Care: Appropriately reporting complications is arguably the most important component of outcomes data submission. Anything a patient considers a problem that *did not exist to the same degree prior to refractive surgery* is considered a complication and must be reported. If any of the listed items or any other complication occurred (even if expected and a part of the normal healing process) from the time of the patient's first surgical procedure to the date of submission of this form, check the box. In the case of something not included in the checkboxes, write the complication in the "Other" box(es). The presence of complications during the 2-6 month healing process is not evaluated for the purpose of CRSQA certification *per se*. Only the Unresolved Surgery Induced Complications are evaluated. Occurrence of Surgery Induced Complications During Patient Care information is used to provide insight into the process experienced by the patient.

Unresolved Surgery Induced Complications: Anything a patient considers a problem that *did not exist to the same degree prior to refractive surgery* and exists at the time of submission of this form is considered an unresolved complication and must be reported. This is the information that is used to determine if the surgeon's outcomes are within CRSQA guidelines.

Date This Form Submitted and Completed: The Refractive Surgery Outcomes Data Submission Form must be submitted between 60 and 200 days after the first procedure. We want enough time to lapse that most problems will not only present themselves, but the surgeon will have the opportunity to correct the problems. If more than 200 days have passed, submit the form anyway.

Surgeon's Responsibility: It is understood that care may be provided by comanagement professionals and that staff will most likely complete this form, but the accuracy and completeness of information provided is the responsibility of the surgeon. It is, after all, the surgeon who is CRSQA certified and the surgeon who would suffer the consequences of incomplete or inaccurate information.