AONA

VISION

NATIONAL NEWSLETTER

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Welcome to the December edition of The Australian Ophthalmic Nurses Association National Newsletter

AONA NSW

President's Report
Joanna McCulloch

It was very exciting that for the second time in 37 years, the AONA NSW Conference was held in conjunction with RANZCO. Congratulations on those who attended, for being involved in what I believe was a rewarding and stimulating journey into the field of ophthalmic nursing. The education team of AONA NSW have worked hard to build such a strong program, with international and national speakers from across this vast nation.

The conference allowed nurses from Australia, UK, NZ, Singapore and the Pacific Islands to discuss how to move the ophthalmic nursing profession forward. This educational event allowed an opportunity to share professional experiences with colleagues from across the land and sea.

AONA NSW in 2019 continues to provide quality educational opportunities via the Eye Tele C program and ophthalmic clinicals. For all these educational sessions to occur we need the support of our members. It is vital for nurses to join organisations like AONA; membership fees are essential to ensure that these events continue to occur. The AONA NSW Committee will be holding their annual planning day in January 2020, to not only reflect on 2019 but also to consolidate the planning of educational events for 2020.

AONA NSW is run by Ophthalmic Nurses for Ophthalmic Nurses. Eleven (11) dedicated people volunteer time out of their busy lives, to assist in the management of this professional body. I wish to thank Cheryl, Jenny, Narelle, Sandie, Clare, Gaby, Suzie, Julie, Bernie & Lesley for their dedication and professionalism.

On behalf of the AONA NSW Committee, I wish to wish you and your families a Merry Christmas and Happy New Year and thank you for your continued support and participation in our organisation whether at state level or national (AONANC).

AONAWA

President's Report
Andrea Montague

So here we are at the end of 2019, another busy year almost done and dusted.

AONA WA have had a pretty good year. We welcomed new committee members in September, some of whom have taken executive positions and are pleased with the enthusiasm they have bought to the table. Those bowing out have done an amazing job and continue to be a valuable resource as we endeavour to provide learning experiences and opportunities for ophthalmic nurses in our state.

Our final Sundowner meeting was held on Saturday 23rd November at Northern Eye Surgeons, a private practice where 3 of our committee members including myself work. We had a great turnout. Delegates were split into three rotating groups — Glaucoma, Cataract and Retinal - and taken on a patient's journey through the rooms. Practical demonstrations of the relevant tests and equipment used for each speciality were explained. It was a fairly informal session with lots of chatting, sumptuous grazing, drinks, and of course our raffle to close. The committee will next meet in January to plan events for 2020.

I was lucky to travel to beautiful Sydney for the AONA NSW conference, held in conjunction with RANZCO, earlier this month. I would like to congratulate the NSW committee on a wonderful day. There was much to be inspired by with experiences shared from nurses around the world who have overcome many obstacles with focus and determination to improve the quality and quantity of care for their patients. It was also great to hear stories from our own country's nurses who are learning, leading and expanding practice to improve patient care. As our population continues to age and with diseases such as Diabetes on the increase, our role needs to evolve and expand. I would like to thank those who shared their own journeys with us. These things all take time though, so we need to continue to work together as we prepare for the challenges ahead.

Wishing all readers a very Merry Christmas and safe and happy New Year.

THE FORMATION & EARLY DAYS OF AONA WA

Denise Lomax
AONA WA, Founding Member

It is now two decades since AONA WA was formed. At that time there was no formal Association to provide educational development for Ophthalmic nurses in WA as in other Australian states.

AONA WA was formed by a group of ophthalmic nurses who felt there was a great need for ongoing education and support from within the industry. The inaugural committee consisted of nurses from both the public and private sector. Our founding members were Cheryl Doran from St. John of God Hospital Subiaco, Yvonne Fletcher, Loretta Faneco and Betty Cork from Perth Eye Hospital, Julie Robson from the Lions Eye Institute Nedlands, and Eileen Nicol and myself from Fremantle Hospital. My role then was that of Editor and I worked alongside Eileen who was Secretary and general 'roustabout'!

From the beginning we had tremendous support from Doctors in the private sector. We would like to take this opportunity to thank them for their initial and ongoing support. Our eastern states colleagues also gave us a great helping hand and lots of encouragement in the early days. This was very much appreciated.

In 2000 we began our half day Saturday morning seminars which were well supported by our Ophthalmologist's, nurses and allied industry professionals who gave of their time freely. These seminars were always well attended which showed the nurses desire for knowledge! Over the years we have had seminars in Mandurah, Busselton (in conjunction with RANZCO), Fremantle Hospital, Royal Perth Hospital, Perth Eye Hospital, The Lions Eye Institute and Perth Modern school. We now hold our seminars in the Wollaston Education centre in Mt Claremont.

In 2002 we produced our very first newsletter 'Eye Spy' which was printed and mailed to all our members. How things have changed(!) with today's technological advances so well suited to better communication and education.

2002 was a very busy year for us. A few of our early members attended The International Congress of Ophthalmology in Darling Harbour, Sydney. What a great venue! We were invited to the nurse's conference to give a synopsis of how we formed our WA branch of AONA. We all came back from the conference inspired and enthused as we had met a network of nurses there who had given us such support and encouragement.

In 2007 WA hosted the RANZCO 39th Annual Scientific Congress in Perth. AONAWA concurrently hosted our first National Conference — 'Vision Matters' - at the Burswood Convention Centre. It was wonderful to reciprocate to our eastern states and international guests our WA hospitality. We had a wonderful opening evening at the Perth Mint which showcased the state of WA. We had a good conference with Professor Janet Marsden our key note presenter. Other speakers included Ms Mena Lewis, Ophthalmic nurse Co-ordinator for the Aboriginal Medical service from the Kimberley region and Dr Peter Dingle, an environmentalist, was our closing speaker. (We were ahead of the times!)

AONAWA have now hosted a number of National Conferences most recently "From Little Things Big Things Grow" in October 2018.

Back in 2002 we had 54 members. In 2019 our organisation has blossomed to 94 full members and four associate members. This is amazing!

We also have a few life members who have given of their time, knowledge and love for ophthalmic nursing. We thank them.

AONAWA is now in a good financial position and I would like to thank the early support we had from private donations and the accountants who gave freely of their time. This enables the association to provide financial support for members to attend conferences or courses.

AONAWA now also have input into the National nursing ophthalmic guidelines.

The committee had its ups and downs in the early days. We thought we were going to fold a few times but just rearranged ourselves and carried on! I resigned from the committee after ten years' service.

In closing I thoroughly enjoyed my time on the committee. As an AONA member I made lifetime friends, learnt a lot and enriched my nursing career. It is a wonderful branch of nursing. I would like to wish the new and subsequent committees every success and encourage everyone to get involved.

Keep up the good work,

Denise Lomax — Clinical Nurse Ophthalmology
(Fiona Stanley & Fremantle Hospital Group)

AONAVIC

President's Report
Ben Roberts

As 2019 comes to an end, I would like to introduce myself as the new President for AONAVIC. I have over 5 years ophthalmic nursing experience working in pre, intra and post-operative areas within private day hospitals. I would also like to take this opportunity to thank the dedicated team at AONAVIC for their hard work over the last 12 months.

Special thanks must go to Heather Machin, who has taken a step down from President to Treasurer from our 2019 Conference to focus on her PhD. The AONAVIC committee and members thank Heather for her hard work and dedication to the association over the years and we are all grateful that Heather remains a committee member and wish her the best with her PhD.

Clinical Events: Adelaide and Melbourne have wrapped up their clinical events for the year with success. Dates for 2020 will be confirmed and released soon. The AONAVIC committee will be meeting in Melbourne in February to plan for 2020 and beyond.

Conference: Heather and myself had the pleasure of attending the AONA NSW conference held during RANZCO in Sydney in early November. It was a great success and I would like to congratulate NSW for a great program. I had the pleasure of presenting a short talk to the conference about ophthalmic surgical services and its challenges in Tasmania.

Tasmanian Representative: Debbie McQueen has resigned from her position as Tasmanian representative, so I have agreed to cover the role until a new representative is found. I would like to thank Debbie for her work as the Tasmanian representative and wish her all the best in the future.

I am looking forward to 2020 as the International Year of the Nurse and Midwife and am looking forward to the challenges that ophthalmology will present us all with. I would like to wish all AONAVIC members a Merry Christmas and a safe and Happy New Year, I hope you all enjoy some well-earned rest and relaxation.

OCTOBER 2020 OPHTHALMIC NURSING FORUM

This event is supported by ophthalmic nursing associations and networks around the world. It will offer nurses the first opportunity to meet on the global stage, and network with a wide range of colleagues across global eye care. The Forum is free to nurses who register to attend the IAPB Global Assembly scheduled for the 12-14 October 2020. Registrations and abstract submissions will open in early 2020. Find out more: communications@iapb.org

AONAQ

President's Report
Pene Gill

It's been another wonderful year of education for AONAQ, with our final Clinical Meeting being held at the new Moreton Day Hospital at North Lakes. Dr Hay-Smith and Lesley Henderson along with their team kindly invited us into their workplace. Priscilla Madondo (Clinical Coordinator RN) provided an informative talk on Nurse Led 1st Day Post op Clinics. This was followed by an interesting look into the IDEAS Van that visits the Cherbourg Community – presented by Lesley Henderson (General Manager RN) and Nathan Morris (Ophthalmic Assistant EEN). We were lucky enough to tour their new facility and do some networking. Thank you again to the team at Moreton Day Hospital for hosting our clinical meeting. If your workplace would like to host one of our meetings in 2020, please contact us through the website. www.aona.org.au

Members continue to receive educational grants to attend conferences or meetings to help enhance their Ophthalmic knowledge. Remember, if you have been a financial member for 2 years, you are eligible for an educational grant up to $1000. Please see the website for further details.

We now are heading into the festive season. Enjoy your Christmas and New Years with those you love and stay safe. Thank you for your ongoing support and we look forward to seeing you all in 2020!

AONAQ ANNUAL CONFERENCE

Carmen Newman,
AONAQ Conference Convenor

AONAQ had another successful conference on Saturday August 17th 2019 at the Brisbane Convention & Exhibition Centre. Our 31st Annual Conference did not disappoint the 140 delegates that attended the day.

The academic programme was packed with amazing presentations from Queensland nurses and ophthalmologists, international nurses, ophthalmic patient perspectives and a discussion panel to end.

After reading the conference evaluation forms, delegates reported that some of their most enjoyable topics were **Advance practice in the UK** by Ophthalmic Nurse Adam Mapani from Moorfields Eye Hospital; **Cornea — past, present and future** by Queensland Ophthalmologist Dr John Hogden where the new acronym DWEK (Descemetorhexis Without Endothelial Keratoplasty) was a new one for many in the room; A patient perspective of surviving ocular melanoma given by Steve from Brisbane who assists Melanoma Institute of Australia (MIA) Speakers' Hub. Steve had the room in awe of his strength and determination to overcome his diagnosis and treatment.

My favourite presentation was Dr Sean Cheng's Vitreoretinal emergency & ocular traumas. The open globe trauma case presentation of anterior and posterior globe penetration by Taser device was definitely a unique case. Please see the poster abstract from November 2016, Clinical & Experimental Ophthalmology for further details.

UNIQUE CASE OF ANTERIOR & POSTERIOR GLOBE PENETRATION BY TASER DEVICE

Braden Meiklejohn[1], Sean Cheng[1,2] and Kenneth Hutchinson[1,2]
[1]*Princess Alexandra Hospital, Brisbane, Australia;*
[2]*RANZCO, Queensland, Australia*

Purpose: Taser devices have been widely implemented as a non-lethal form of physical restraint by police forces. This has caused an increase in Taser related morbidity including ocular trauma from erroneous firing.

Method: Review of the literature and description of unique case.

Results: There have been 5 previous published cases of globe penetration or rupture from a Taser device. This new case is the first to demonstrate complete penetration of the cornea, lens, vitreous, retina and posterior sclera with the barb tip resting on the periosteum of the posterior orbit. This lead to challenging surgical removal attributed to the unique configuration of the Taser dart's barbed tip.

Conclusion: Ocular injury from a Taser device can result in complete anterior and posterior globe penetration resulting in challenging surgical removal and poor visual outcome.

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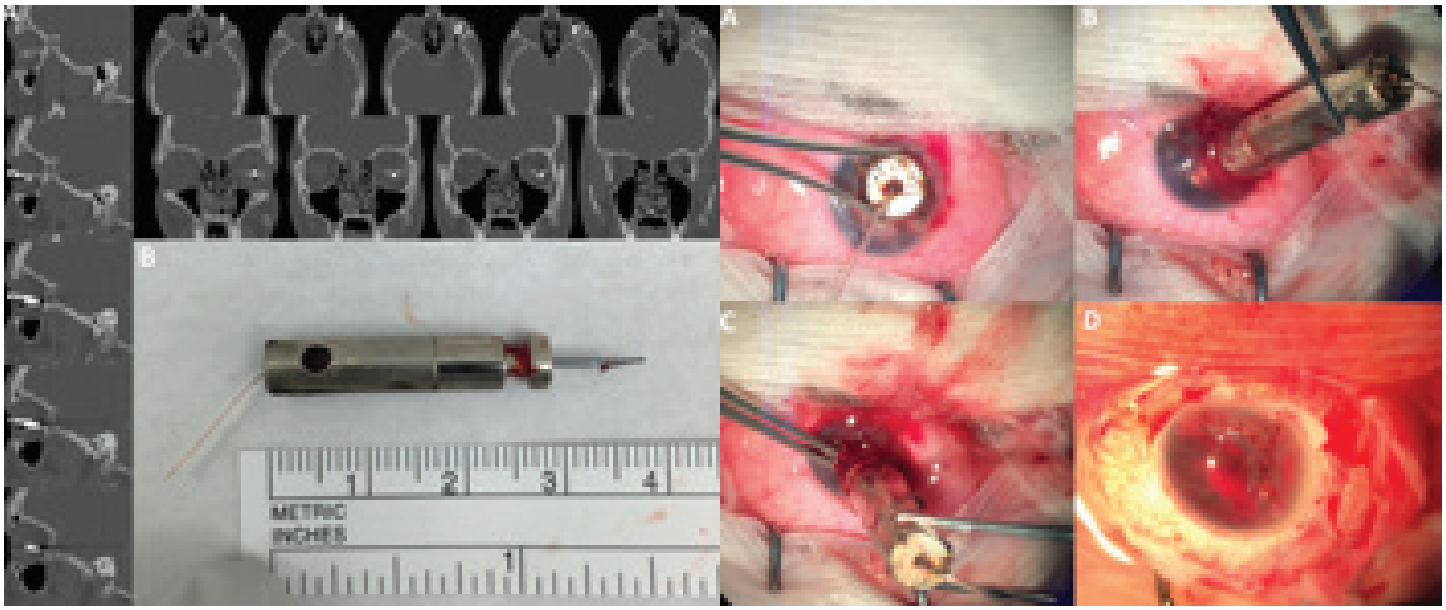

OPHTHALMIC HEALTH CARE REVIEW: GLAUCOMA

Hayley Hamilton

Graduate Certificate in Ophthalmic Nursing 2019

This paper explores how health promotion and education leads to early detection of disease resulting in improved outcomes for glaucoma patients.

1. Describe the ophthalmic issue in some detail that is of critical significance in your clinical area or of interest to you.

The ophthalmic concern which presents as a critical significant issue in my clinic is early detection and management of glaucoma in the community. Glaucoma is a term described as a group of ocular disorders which experience increased intraocular pressure which results in acute or chronic optic nerve damage (Kong, Gibbins, & Brooks, 2019). The damage to the optic nerve causes various degrees of vision loss depending on the type of glaucoma, from gradual unnoticed to acute sudden vision loss (Casson, Chidlow, Wood, Crowston, & Goldberg, 2012).

Due to the fact, glaucoma is most commonly a slow progressive disease, several of our patients are referred to the clinic in the later stages of the disease where they are currently experiencing significant vision loss. Unfortunately, vision loss from glaucoma is irreversible. Vision loss can result in a patient no longer being able to drive a car or work and has a significant impact on their independence and quality of life. Commonly, patients who arrive at the clinic with significant vision loss have a known family history of the disease, have several risk factors, do not attend regular eye checks or ignore changes in their visual field or visual symptoms.

Medical practitioners acknowledge that education, early detection and prompt treatment of glaucoma is imperative in reducing the side effects of the disease including significant vision loss (Kong et al., 2019). However, conversing with newly diagnosed glaucoma patients at my clinic, this is generally not the case, many of them receive limited education on the subject prior to diagnosis. As a result, many are diagnosed following irreversible vision loss and some patients will require the use of visual aid services. It can be confronting for me at times, nursing patients who have irreversible vision loss that may have been prevented with education and early intervention. Vision in my opinion, is our most valuable sense and therefore I am a passionate advocate for education and early intervention to ensure it is not lost through preventable/treatable causes.

2. Identify the origins of the factor as a problem or pressure in the system. Provide any relevant data about this ophthalmic issue.

Glaucoma is one of the leading causes of irreversible blindness worldwide with an estimated 50% of Australians currently living with the disease, asymptomatic and undiagnosed (Kong et al., 2019). Currently, in Australia it is estimated that 300,000 people are suffering visual loss or blindness from glaucoma and due to the aging population by the year 2025 that statistic is expected to rise to an estimated 380,000. This suggests, one out of every fifty Australians will be affected by the disease at some stage in their lifetime (Chiu, 2018).

At my local metropolitan private ophthalmic clinic, 30 patients aging from 52 - 79 who were diagnosed within the past 12 months were surveyed over a three - week period to discover how their glaucoma was detected. Additionally, the depth and quality of information they understood about glaucoma before their diagnosis.

8 patients were monitored by a local optometrist, these patients had their intraocular pressures checked frequently due to a significant family history of the disease. 19 patients were referred by either a general practitioner or optometrist due to the patient experiencing some degree of unexplained peripheral vision loss. 3 patients were diagnosed during a pre-cataract surgery assessment. Out of the 22 patients whom were not being monitored for changes in their intraocular pressures, 20 were unaware of what damage glaucoma does to vision and how it can be monitored and managed. Although this was a very small survey taken over a short period of time, the statistics remain alarming. The final 2 patients stated they were told they had risk factors for glaucoma but were too busy to be checked frequently by their optometrist.

Vision 2020 Australia (2019) comment that the total annual health cost burden in Australia from glaucoma alone is predicted to increase from $355 million in 2005 to $4.3 billion by the year 2025. This adds to the growing pressure on the Australian health system and reiterates that early detection is essential in keeping health care costs to a minimum in the treatment of glaucoma.

3. Describe how delayed detection of glaucoma is affecting either the health status of the population or the Australian health system and your own health service.

The Department of Health (2005) stated that for patients suffering from diseases of the eye with vision loss where it can no longer be prevented or treated, their quality of life can be greatly improved with the appropriate support systems and services. The main goal of the service providers is to keep the patients as independent as possible and improve their quality of life. However, these necessary services are extremely costly.

Tong, Mullen & O'Neill (2015) surveyed all low vision rehabilitation and service providers in Australia, in 2013, to assess the cost of their service. The total income budget from respondents was $188.2 million, $81 million had come from fundraising and bequests. Governments sources contributed $56 million. Each year the figures are expected to rise along with the number of patients diagnosed.

In our clinic, we check the intraocular pressure of all our patients at every visit. This is to monitor any slight changes in their intraocular pressure to provide the earliest intervention if they develop glaucoma symptoms. As part of our service, if a patient has a family history of glaucoma the ophthalmic nurses educate them on the risk factors associated.

4. Outline possible solutions that you have identified in the literature that may either prevent or manage the early detection of glaucoma.

A guide to glaucoma for primary health care providers was developed by Health and Council (2010) which purpose is to provide primary healthcare providers with recommendations, strategies and their responsibilities when identifying or diagnosing glaucoma patients. The guide has extensive details in risk identification, prognosis, diagnosis and management which includes medications, laser or surgical intervention.

By providing the health care workers with this information they have the resources to implement earlier interventions and provide their patients with quality education on the disease. In addition, they have the means to educate patients on receiving regular eye checks to monitor their intraocular pressure if they have risk factors associated with glaucoma preventing significant, irreversible vision loss.

Glaucoma Australia (2018) announced an electronic referral system to assist in the promotion of regular screening for at – risk patients, in addition linking diagnosed patients to supportive services and resources. Optometrists who use the Oculo system to refer patients to ophthalmologists also have the opportunity to refer patients to Glaucoma Australia, opening up the education and service pathway. The referral system is expected to provide educational resources and promote regular screening to patients who are at risk of developing glaucoma. A trial of the system data aimed at 200 patients provided evidence that communication from Glaucoma Australia within the first five months of diagnosis provided education which increased treatment adherence rates.

In addition, OPSM launched the "Eye Screen for Ice – Cream" initiative on March 11, 2019 held over world glaucoma week. It was Australia's largest glaucoma risk screening providing testing for around 2000 people over the age of 40. The consultations not only screened patients for glaucoma but also educated the public and talked about the risk factors associated with the disease (Glennen, 2019).

Screening initiatives like "Eye Screen for Ice – Cream" are important because they not only screen people for glaucoma but are also providing education on the associated risk factors. By screening people over the age of 40 they are targeting a wide age range in the population and hopefully encourage them to start having regular checks and prevent any significant vision loss.

5. Analyse the solutions identified in the literature for their strengths and weaknesses and indicate your assessment of the likely impact of each of these possible solutions on the population, Australian health care system and your workplace, which the ophthalmic issue may affect.

Three solutions have been identified to assist in the early detection and management of glaucoma in the community. The first intervention consists of primary healthcare providers receiving an extensive glaucoma risk factor and treatment guideline. Supplying the guideline to primary healthcare providers increases their education on the disease and as a result delivers better care to their patients.

The difficulty with this guideline is the majority of primary health care providers do not have the resources to adequately check a patient's intraocular pressure or do an extensive eye examination to adequately test for or diagnose glaucoma. However, the health care providers can be proactive and educate their patients who have glaucoma risk factors to receive regular eye checks.

The earlier patients are diagnosed with glaucoma, the better their prognosis. At our clinic, receiving referrals for patients with suspected glaucoma before they become symptomatic is crucial in providing a timely intervention. As a result, newly diagnosed patients will receive an intervention from ophthalmologist more quickly therefore, reducing the possibility of further optic nerve damage and vision loss.

The second intervention is the Glaucoma Australia electronic referral system. This intervention, whilst having some positive aspects including providing the patients with quality education, is limited to patients already diagnosed with glaucoma. It functions through the use of the Oculo referral system. If an optometrist is not using the Oculo referral system, then the referral to Glaucoma Australia will not be automatic. This is a huge barrier for this intervention by limiting the number of patients who receive an electronic referral to their system.

My clinic does not utilise the Oculo electronic referral system used by Glaucoma Australia and some optometrists. Therefore, the referral system would be ineffective for our glaucoma patients and they would have to be manually referred to Glaucoma Australia.

The third intervention associated with the early detection and management of glaucoma was the "Eye Screen for Ice – Cream" initiative launched by OPSM. This project reached approximately 2000 people over the age of 40, providing education on risk factors, early detection and screening for their participants. This service provided positive promotion for regular screenings of glaucoma however, the barrier for this intervention was that it was only held on one day during world glaucoma week in Martin Place, Sydney. Initiatives like this should be held throughout the year in several different locations to bring more awareness to the disease.

This initiative took place in Sydney, therefore did not have a direct impact on my clinic however, it did provide education to over 2000 Sydney residents. This was a positive initiative that provided a substantial size cohort over the age of 40 with valuable education in the early detection and treatment of glaucoma.

After analysing the interventions available, the most effective solution for early detection and management of glaucoma in the community is supplying primary health care providers with a glaucoma guideline. This guideline supports them with the tools and resources to educate their at - risk patients to receive regular eye checks with their optometrist and recognise the signs of glaucoma. By providing this service, patients are able to receive treatment before they become symptomatic or experience any further vision loss.

In conclusion, patients who experience increased intraocular pressure for an extended period of time develop optic nerve damage causing permanent vision loss. This disease is called glaucoma. Glaucoma is a slow progressive disease that can be asymptomatic and undiagnosed for several years. By the time a patient becomes symptomatic they have already developed permanent loss of vision. The cost burden of glaucoma is increasing with the aging population and by the year 2025 is expected to total $4.3 billion. Education on the risk factors associated with glaucoma and regular eye monitoring with an optometrist is essential in minimising the cost burden. Early interventions including medication, laser or surgery can provide the patient with a more positive prognosis.

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