
AONA

VISION

NATIONAL NEWSLETTER

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March 2019

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

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AONAQ

President's Report Pene Gill

Welcome back to 2019! I'm sure most of you are back into routine with work and family.

Not too much to report here as yet. Another exciting year to come with education, with our first clinical meeting back at the Queensland Eye Hospital.

Our executive committee will meet next weekend for our annual strategic meeting. We will plan our education and revise/update the goals for our association.

Remember to apply for an educational grant if you wish to attend any conferences or seminars throughout the year. Please check the website for conditions and applications.

Please contact us at admin@aona.org.au if you have any content you wish to put in upcoming newsletters or any thing you wish the executive to discuss.

We look forward to your continued support in 2019 and seeing as many of you at our educational meetings.

AUSTRALIA DAY AWARDS

AONAQ Member honoured

Lynette Grubwinkler RN and AONAQLD member received the Australian Medal (AM) award in the Order of Australia Medals, this Australia Day, for her significant service to international eye health initiatives as a clinical consultant, and to ophthalmic nursing.

"It has been a wonderful surprise and privilege to receive this award and to be recognised by my peers and the wider community. It is very humbling," says Mrs Grubwinkler

"The work I have done has not taken place in isolation and is a testament to those I have worked with and for, over my 20 years in ophthalmic nursing.

It is also a testament to my husband Rolf, family, friends, colleagues and my Christian faith, which has guided my work and volunteer choices. I primarily work internationally with YWAM Medical Ships Australia (MSA), where it has been an honour to serve God through my life's work and commitment to those in need of sight-restoring eye surgery.

I have been fortunate to serve in both public and private facilities across my home city of Brisbane and voluntarily with colleagues in the neighbouring Pacific Region and beyond.

This award also helps to recognise ophthalmic nurses and demonstrates the value of what we, as eye care professionals, can do to support those we care for," says Mrs. Grubwinkler.



Mrs Grubwinkler works at the Queensland Eye Hospital, Brisbane and as a volunteer Ophthalmic Advisor for YWAM MSA. To find out more about volunteering for YWAM MSA please visit ywamships.org.au/volunteer

AONAVIC

President's Report Heather Machin RN MBA

Our Committee started 2019 with a Strategic Planning day, held at the Centre for Eye Research Australia. We are thrilled to report that we are on track with our strategic plan, and we feel energised and ready to make some significant changes and investments in 2019.

Starting off, we will invest in the next phase of our website development, planning for improved automated systems and an up-grade. This will assist our team to respond to members enquires and reduce the burden on the Committee's State Representatives. We hope this will also improve the online experience for members and visitors to our webpage.

We will also start investing into young nurses, in the next membership financial year, by offering 1-year free memberships to graduate nurses involved in formal graduate nurse training transition programs. This will be offered to graduates whose programs involve a placement in a clinical area where ophthalmic patients are cared for. We welcome our members who work in facilities with graduate nurse programs, to contact our Committee Members for further details.

We will also commence planning for our 2019 State Conference, this year in Melbourne. We welcome and encourage abstracts from as many different clinical areas, and nurse expertise levels, as possible. Event and abstract details will be announced shortly.

Additionally, we have decided not to host a conference in 2020. This is to encourage members to use their limited leave and conference budgets, that year, to attend the many national and global celebratory events happening to mark the auspicious

year. We are keen for members to spread their wings and return to AONAVIC in 2021 with new ideas, knowledge, contacts and opportunities. Some key events include the International Council of Ophthalmology Congress in Cape Town, South Africa, International Agency for the Prevention of Blindness General Assembly, and the Asia Pacific Association of Ophthalmology Congress – with dates/location to be announced.

While AONAVIC will not hold an administrative role on the National Council this year, our Representatives will continue to represent the needs of members at the national level. We look forward to working with, and supporting, QLD and WA in those roles this year, and encourage our members to inform their State representatives of their ideas, desires and recommendations – so these can be conveyed to our national colleagues.

Our Committee will also be experiencing some changes in 2019, with veteran South Australian Representative Sharon Dennis stepping down from Committee life. We thank Sharon for her years of support to the nurses in SA and look forward to keeping in touch with her as she enjoys a well earned break.

Finally, our approach for this year is collaboration and sharing of knowledge and resources. We feel this is necessary to ensure our sector prospers here and elsewhere. We welcome any member, non-member or group to contact our Committee to discuss ways that we can leverage and support each other by pooling our resources and generating new growth opportunities together.

Thank you.

WHO announces 2020 YEAR OF THE NURSE AND MIDWIFE

January, the Director-General of the World Health Organization announced that 2020 will be the Year of the Nurse, celebrating nursing and midwifery! The announcement came during the 144th WHO Executive Board meeting.

The planned related activities in 2020 include World Health Day (April 7, 2020) and the 73rd World Health Assembly (mid-May) likely to feature nursing and midwifery themes as well as the launch of

the first-ever State of the World Nursing report and the State of the World Midwifery report.

Congratulations to the WHO Chief Nurse Elizabeth Iro and WHO Midwife Ms. Fran Mcconville and all nurses and midwives.

For further information and updates about the Year of the Nurse you can check the following links www.who.int

AONA NSW

President's Report Michelle Remington

The NSW committee would like to wish all a fabulous 2019.

I would like to introduce myself as the new president of AONANSW and tell you a little about myself.

I have been a perioperative nurse for over 30 years and have specialised in ophthalmology for the last 28yrs in primarily the private sector in NSW.

I am currently the Director of Nursing at Madison Day Surgery in Hornsby NSW, as well as SSD coordinator for the Presmed Group of which Madison is a part of.

My role is varied and challenging, and with a passion for education and training foremost in my role. I am very proud to be taking on the role of president of AONANSW.

I would like to take this opportunity to thank Jenny Keller, our outgoing president, and Joanna McCulloch our outgoing financial and membership committee member for all their hard work and look forward to their guidance and support in 2019 as they will both remain as committee members.

AONANSW held their strategic planning day on the 2nd February.

It was a wonderfully enthusiastic and positive meeting with great input from our newest committee members. We were able to plan the coming year's education sessions, review our IT and website needs going forward this year and in general, review AONANSW's processes to ensure we are meeting the needs for our association

The committee identified and recommitted to its dedication in ensuring its members get the educational support to assist them in their careers as an ophthalmic nurse.

We also hope to encourage membership growth and provide greater support to our regional areas through our Eye Tele C Sessions and being available to assist and support smaller ophthalmic groups in regions where it is just too far for them to travel to Sydney to attend our clinical sessions

Member requests for future educational topics were reviewed from surveys completed by members that attended the last 2 education sessions for 2018 to help plan for the clinical and Eye Tele C events for 2019.

We also identified the need to support encourage our junior colleagues in ophthalmic nursing.

With this in mind our first clinical on 23rd March will be held at the J&J wet lab. It will allow our junior staff to have the opportunity to be hands on with phaco, and to have a go at using phaco on artificial eyes, review lens types and lens loading, and general trouble shooting when doing cataract surgery.

Places are limited to 25, and we encourage those interested to register to attend on our website: www.aonansw.org.au as soon as possible.

We plan to have our calendar on our website in the members section within the coming weeks, so we encourage our members to log in and check it out.

This is also timely reminder that membership is due March 1 for NSW members, Reminders will go out via email, but we encourage you to log into the website and renew now.

This year AONANSW will not be holding an annual conference due to the RANZCO conference being held at Darling Harbour in November, 8-11th.

There will be a nurses session held on the Saturday, 9th November, and I encourage AONA members Australia wide to consider supporting this national session by attending. Details on how to register on the RANZCO website to be posted on our website soon.

We will hold a half day seminar in June to replace the conference where the AGM will be held at the end of the session. Date and details to be confirmed.

With a busy year ahead, I would like to take this opportunity to say "have a great one!"

AONAWA

President's Report Andrea Montague

Happy New Year AONA members! I hope you all had a lovely break and have started the year with enthusiasm and positive vibes.

The committee here in WA met for a strategic planning session. We are lucky to have a group who share a common purpose and goals, a diverse range of experience and who don't mind a laugh and a chat. Whilst we do get distracted with off topic emails we still got a lot done and have mapped out our seminars for this year.

We continue to make changes and try to adapt and keep up with technology. Our website and Facebook page are running well and online bookings and payments are being embraced by our members. This year we will start a new initiative to become paperless and have a surprise for delegates at our first seminar on 23 March.

We have been inspired by hearing about other states meetings and seminars and hope to broaden our range of experiences this year, in terms of locations and educational opportunities. We will continue to seek and encourage Nurses to present to us, anyone who thinks they have something that they could share with us please get in touch.

I was particularly inspired by Heather Machins "Call to Arms" appeal in the last AONA Vision. We are fortunate to have such a strong organisation dedicated to our speciality but it does rely on the members volunteering their time to continue this work. We have key office bearers resigning this year so it is imperative that we get new faces on the committee.

We are looking forward to meeting again at our March seminar, so please remember to book online and spread the word.

Take Care, until next time.

Do Health Promotion strategies contribute to reducing rates of diabetic retinopathy in ATSI populations?

By Dina Urbach, Primary Care Nurse Torres Strait Region
Post Graduate Certificate in Ophthalmic Nursing.

Due to high rates of Diabetes Australia wide, diabetic retinopathy has led to unnecessary vision loss among Aboriginal and Torres Strait Islander (respectfully referred to hereafter as ATSI) populations. (McCarty, 2003). Primary Health facilities across Australia that cater for ATSI populations have focused on health promotion strategies to improve empowerment of individuals own health status, choices, practices and health literacy skills. Such health promotion strategies encourage individuals with diagnosed diabetes to control their own blood glucose levels and comply with recommended pharmaceutical treatment, ultimately decreasing the likelihood of establishing secondary consequences from Diabetes such as retinopathy or vision loss (The World Health Organisation, 2013). A review of the literature shows how effective health promotion strategies can be. Ultimately contributing to reducing rates of diagnosed diabetic retinopathy and vision loss in ATSI populations. In this paper, discussions outlining constraints and challenges of effective health promotion and preventive health measures are explored.

Health promotion strategies require ongoing methods of improvements in order to sustain long term health related

outcomes. Kaidonis et al. (2014) conducted a comparison review of Diabetic Retinopathy in ATSI populations. The comparison found that Diabetes Mellitus associated deaths were 10 times the national average in ATSI populations. Kaidonis et al. (2014) mentioned that ATSI populations make up 23% of all diagnosed Diabetic Retinopathy patients within Australia. Using these statistics, Kaidonis et al. (2014) suggested that these high figures were due to "inadequate lifestyle modifications" and a "discrepancy between recommended and actual implementation of National Health Guidelines for management of Diabetic Retinopathy" in ATSI populations. Despite ongoing challenges with compliance and attitudes to screening and treatments Kaidonis et al. (2014) mentioned that there are gradual improvements to access and attitudes relating to health care. This confirms that there is a need to improve health promotion strategies to engage ATSI populations with health services and to encourage self-empowerment and control of individuals own health care practices especially glucose control, diet modifications, exercise and insulin compliance. Unfortunately some social determinants of health within communities can be a barrier for effective

behaviour change. Families and individuals may be aware of the need to improve their health but certain barriers such as domestic violence, drinking or smoking, can serve as obstacles to change the shift in thinking at an individual or community level. Even more so, improving health promotion strategies are necessary and crucial in order to positively impact and improve the health status of ATSI populations.

Strong health literacy skills are advantageous to improving health related choices and the health status of ATSI populations. Malseed, Nelson, Ware, Lacey and Ladner (2014) found that health promotion improves “chronic disease health literacy which therefore increases community engagement” within ASTI health services. During public health promotion events Malseed et al. (2014) utilised a pre and post survey where knowledge around health literacy was evaluated. Health education activities combined with a full comprehensive health screen took place prior to completing the post survey. The study found that ATSI individuals who participated were twice as likely to return to the Primary Health Centre for follow up, therefore improving health literacy skills. This is a valuable example of how to encourage ATSI populations to recognise potential consequences that result from unstable Blood Glucose Levels, ultimately reducing rates of poor health outcomes from diabetes such as diabetic retinopathy and vision loss. The concept used by Malseed et al (2014) can be utilised in all Primary Health Care facilities catering to ATSI populations. Unfortunately not all Primary Health Care facilities have the capacity or funding to implement health promotion events. This indicates the need for Primary Health Care Centres to recruit health promotion teams and officers. These teams would be delegated with the speciality to plan, implement and arrange ongoing community lead events and would allow regular staff at Primary Health Care facilities to continue with operations (Campbell et al., 2017). This strategy discussed by Malseed et al. (2014) displays effective engagement from individuals resulting in improved comprehension of potential negative consequences when healthcare is neglected. For this reason, pre and post surveys along with health promotion activities at community levels will contribute to enhancing knowledge, increase clinic attendance and follow up, improve medication compliance and influence positive lifestyle modifications.

Preventative health measures can be improved with the use of today’s technological advancement in electronic health records and recall systems. The Peer review article by Taylor, Usher and McDermott (2013) argues that health promotion programmes have only been ‘partially successful’ and state that an electronic recall system to remind clients of their appointments and glucose checks reduced hospital admission rates by 40% in ATSI populations with confirmed diagnosed diabetes. The review acknowledged that complications of diabetes could be reduced if ‘appropriate community based primary health care interventions were available’ to ATSI communities in remote locations. One of the major challenges discussed by Taylor, Usher and McDermott (2013) was the resistance towards utilising insulin which was available free of charge at local health care centres in rural areas. This ultimately contributed to increased rates of hospital admissions. Taylor, Usher and McDermott (2013) also discussed the unsuccessful attempts to reduce waistline and abdominal

circumferences with encouragement of physical activities. They concluded that certain cultural practices such as ‘island feasting’ or not having exercise routines separated into female and male groups contributed to the lack in sustainability in program participation. Aside from attempting to engage locals in activities that reduced waistlines circumferences Taylor, Usher and McDermott additionally conducted a 1 year cluster based randomised control trial assessing the effectiveness of electronic recall systems. They concluded that utilising an electronic recall system managed by ATSI health care workers improved overall outcomes of insulin compliance, changes in attitudes towards health prevention and decreased overall hospital admissions. The question remains whether initiating the need for care and compliance on behalf of individuals, removes the opportunity to ‘empower’ them. Electronic recall systems may also lead to individuals solely relying on ATSI health care workers to initiate, approach and remind them when health care is required as opposed to acting independently. Ultimately this strategy has the potential to remove an individual’s ability to take responsibility for understanding, monitoring and treating their own health conditions. Nevertheless, electronic data bases and recall systems can help reduce figures of hospital admissions and improve compliance and attendance, one of the major goals of Primary health care prevention strategies.

Health education is crucial to improve the health literacy in individuals’. Multiple strategies that strengthen comprehension and understanding are required for effective consolidation of health knowledge and lifestyle change. A systematic review by Schembri et al. (2015) concluded that health education is only a partial component out of a range of strategies to improve the chronic disease status and health literacy skills in ATSI populations. The aim of Schembri (2015) systematic review was to determine and evaluate the effectiveness of nutrition education provided to ATSI populations. Schembri et al (2015) found that nutrition education along with cooking skills, in store shopping selection techniques and group discussions were most effective as these methods were delivered in a “social nature”. Schembri (2015) found that community involvement in program design, structure and implementation especially with the use of ATSI health care workers lead to “long term collaborative partnerships between researchers, program staff” and were associated with improvements in health outcomes including improved blood pressures, reduced waistline circumferences and reduced BMI’s. These strategies allowed for ‘community ownership’ of the program that lead to sustainability of the program for 6 years onwards. Schembri et al. (2015) concluded that there is a gap between group and individual health promotion strategies. A focus to close this gap could allow for increased support resulting in positive behaviour changes such as improving nutrition and physical activity. This indicates that Primary Health facilities working amongst ATSI communities require ongoing improvement to implement educational programs. In general, health education is a partial yet crucial component of health promotion but a range of complimentary strategies are required for education to be effective and result in changes.

Honest and confidential feedback is an important tool that indicates how consumers feel towards structures, ideas, plans and agendas that are carried out by Primary Health Care facilities. In an

evaluation study conducted by O'Donoghue et al. (2014) a method of evaluation using "Audit and Feedback" techniques were trialled on health practitioners working in ATSI Primary Health Facilities.

Final outcomes indicated that health practitioners struggled to deliver effective health promotion strategies. The Study promoted a shift in thinking of 'individual health promotion' to implementing health promotion at an 'organisational level'. O'Donoghue et al. (2014) concluded these results with a standardised audit tool kits to collect information. This information was then utilised to continuously modify, reflect and plan future health promotion activities in order to meet community expectations at a local population level.

A review by McCalman et al. (2014) similarly concluded through the use of certain Audit and Feedback tools that Primary Health Care Centres have failed to deliver effective health promotion strategies to clients due to limited capacity and resources. McCalman (2014) discussed the importance of confidential client feedback and evaluations as an effective tool that allows for methods to improve health literacy in ATSI populations. McCalman et al. (2014) stated that they found only 5 of 74 studies to confirm strong health care improvements that positively impacted ATSI clients. They reinstated that there is a need for long term investment for organisations to review current use of health promotion tools in order to enhance overall health promotion strategies. For these feedback forms to be effective in ATSI communities, evaluations must be submitted in a manner that protects the privacy of each individual. If client feedback is not kept confidential biased feedback could result. This is the political nature of family relationships working within Primary Health facilities situated in small, remote and rural communities. Protection of confidentiality

in client feedback is a topic not discussed in any of the research found in the Summon search. Establishing strategies that maintain confidentiality for client feedback to ensure honest and constructive feedback, will ultimately encourage health professionals to alter practice within ATSI communities.

Poor health promotion techniques have proven to be a key contributor to the unsuccessful component of preventing chronic health conditions (Commonwealth of Australia, 2005). Holistic approaches that allow individuals to self-manage their blood glucose levels within culturally supportive environments that sustain educational interventions will impact a person's health status. Allowing for an increase in ATSI workforce involvement to enable culturally appropriate methods of education delivery, along with an effective electronic recall systems that allow for structured follow ups along with confidential client feedback and assessments of health literacy utilising pre and post evaluation tools, are aspects of health promotion recommended for consideration to improve practice at Primary Health facilities catering for ATSI populations. As discussed, these strategies are likely to improve service delivery ultimately improving the health literacy skills and empowerment of individuals. Ongoing research to improve health promotion techniques are warranted as effective health promotion strategies correlate with the potential to reduce rates of diagnosed chronic diseases. If rates of Diabetes Mellitus in ATSI populations are reduced due to effective health promotion strategies, ultimately the unwanted effects of diabetic retinopathy would decline. With adequate sustainability, these strategies have potential be the final solution to improving overall health outcomes in ATSI populations within Australia.

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