
AONA

VISION

NATIONAL NEWSLETTER

MARCH 2020



March 2020

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

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AONA NSW

President's Report Joanna McCulloch

2020, the year of the Midwife and Nurse as well as Vision 2020, an excellent year for professional growth and personal challenge for all ophthalmic nurses. AONA NSW had its planning day on the 18th January planning educational events for 2020. We also took the opportunity to review AONA NSW strategic direction for this year. The emphasis will be on continued delivery of quality education for its members as well as updating our constitution to reflect the current environment.

AONA NSW actively endeavours to respond to its' member's requests and needs. Feedback from our members in 2019 strongly indicated an area of concern was around pharmacology, repeatedly members felt they needed more education and information to meet expectations and requirements of their patients within a complex clinical environment. AONA NSW first education event for 2020 is the Eye Tele on the 29th February 2020 at 0930 (EST) - **Drops in Glaucoma: What do we use and what are the options?**

AONA members from all states & territories are welcome to join the NSW Eye Tele C education sessions, when registering please ensure that you let us know which AONA membership you are in (VIC/SA/TAS/NT, QLD or WA). Having members from other states has been very rewarding, it's the first step to a national approach to education for ophthalmic nurses.

In 2020 all AONA events for the first time (yes another first) registration will be via the Events page. Having all events registered this way, enables the committee to have an electronic record of events, attendees and reduces administration for the committee.

AONA NSW Dates for 2020

Clinicals

March 28th – Sydney Private Hospital “Skills Workshop” supported by ZEISS + Johnson & Johnson

June 27th – ICC Sydney 38th AONA NSW Annual Conference

19th September – Clinical focusing on Pediatric - The Children's Hospital at Westmead

21 November – Hunter /Newcastle – Venue to TBC supported by Bausch & Lomb

Eye Tele C

29 February – Glaucoma Pharmacology

16 May – Endophthalmitis

8th August – Eye Emergency

Editor's note: Due to the Covid-19 situation, many of the published events have been changed. Please check the AONA website for updates.

AONAWA

President's Report Andrea Montague

Hello and Happy New Year from Western Australia, I hope everyone had a safe and enjoyable holiday season. I am grateful that here in Perth, and most of WA, we were spared from the disastrous bushfires that other states have endured. We send our sincere condolences to families and communities who were affected by them.

Our AONAWA committee met early in the new year for a planning meeting. We have a relatively large committee now and we met as usual for breakfast. We enjoyed a brainstorming session and came up with proposals for three of our four seminars for the coming year. It is always a bit challenging to plan a years worth of activities ahead, but we do so with a flexible mindset. Often we find the need to change our plans if other opportunities present themselves, or planned speakers find their schedules have changed and they can no longer accommodate us. We always give our members a "Save the Date" for the upcoming seminar initially. We then release more details as they are confirmed. We also book our usual venue for the year ahead, but again this is open to change if necessary.

We always try to keep interest amongst our existing members, while trying to attract new faces. There is always the dilemma between tried and true formats and being bold and trying something new. We are mindful of the various workplaces that our

delegates are from and try and include content relevant to all in each seminar. We have had our Facebook page up and running for some time but have now created an Instagram account as well. We would love you all to follow and interact with us. Find us on Instagram @aona_wa. We believe social media is a great way to stay in touch, teach, learn and connect with like minded

Our newsletter article this quarter is written by one of our committee members Lauren Entwistle. She is currently undertaking her Masters in Clinical Nursing at Edith Cowan University here in Perth. She is also an RN working in the Ophthalmology Clinic in Royal Perth Hospital. She has been asked to write a chapter for a nursing textbook, Gerontological Nursing in Australia and New Zealand. Her chapter will be called 'Vision'. The book is due to be published around the middle of this year. Her article in the newsletter is her reflection of what she learnt from the process of writing the chapter. We feel privileged to have such a talented writer on our WA committee and thank her for her interesting and thought provoking contribution.

To close, WHO has declared 2020 as International Year of the Nurse and Midwife, so wishing us all a successful and fulfilling one.

AONA SA

Committee Member Report Anne Lentakis

AONA SA 2019 Education sessions culminated with a Members Christmas Dinner held at Feathers Pavilion in December. The evening was sponsored by Johnson and Johnson and it was a great opportunity for representative Christine Yeo to meet the members and showcase their range of intraocular lenses.

Evening education events held throughout 2019 were sponsored by Novartis and were well attended with an average of 40 attendees at each session. Topics covered included; Oculoplastics, Neurophthalmology, Corneal Surgery and VR Emergencies. Format for education sessions in 2020 will be the same as previous years with x4 evening education sessions throughout the year and a Christmas event for Members in December.

If members have any suggestions on possible topics and/or speakers please email

AnneL@kingswoodeyecentre.com.au

Dates for 2020 will be forwarded to members shortly, the first session to be held in April.

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PLAYING TO THEIR STRENGTHS: AGE-RELATED CHANGES TO VISION AND HOW WE CAN HELP

Lauren Entwistle
AONA WA, Member

As ophthalmic nurses we're used to seeing pathology. In fact, sometimes we can slip into the bad habit of identifying individuals by their pathology. I know I'm personally guilty of referring to "the chalazion" and "the angle closure" instead of "Mark" and "Sarah". When we're so fixated on the diagnosis, sometimes we forget to see the person as a whole. Older adults are undergoing age-related changes to their eyes over and above any pathology that may be present, and it changes the way they perceive the world and how they operate within it.

When we forget this, we are at risk of minimizing their experience, and potentially overestimating their visual acuity, even if we have their Snellen chart VA score jotted down in the notes. Someone may be able to read our chart tolerably well, but what does it mean for their experience when light adaptation time has changed? When dark adaptation time has changed? When colour and contrast sensitivity, pupil size and photoreceptor numbers start to decrease? (Hernandez-Zimbron et al, 2017; Huether & Rodway, 2019; Purbrick, Ah-Chan & Downes, 2013; Pescosolido et al, 2016; Harris, Subhi & Sørensen, 2017) When nursing on the wards, in the clinic, and in the home, are we taking a step back, slowing down and remembering the experience of our elderly patients?

As a millennial nurse, fixed to my phone and at risk of an aneurysm when my WiFi is slow, it can be challenging to change my pace. But to really care holistically for my older patients, I need to remember what is happening to their visual perception of the world around them. What can I do to step more into their world? For a start I can support them when ushering them into and out of differently lit areas, like our the morbidly dark visual fields testing room. I can lobby for changes to the physical environment of our clinic – for example, the use of bright contrasting colours to highlight important areas such as the restroom door, or the consultant room numbers, or the reception desk. I can make sure areas of my clinic are well lit at all times – keeping the restroom light on for instance is a small effort but could reduce an elderly patient's

anxiety when they don't have to fumble around for the light switch upon entering. I can make an effort to ask elderly patients how they're going with figuring out which eye drop is which and perhaps help them to identify markers for each bottle (since the font on those labels is miniscule, like a cruel joke).

However, one of the best health promotion actions we can do as ophthalmic nurses is combat the issue of uncorrected refractive error. This is a contributor to falls, loss of independence, depression, malnutrition, medication errors, and an overall decrease in quality of life. The National Eye Health Survey (2016) found that uncorrected refractive error made up two thirds of Australia's cases of vision impairment. While this global issue affects all ages, it is more prevalent among the elderly (Ye et al, 2018; Nael, Moreau, & Monferme, 2019). Encouraging our elderly patients to attend optometry appointments and sort out their glasses could be the simple intervention that dramatically improves quality of life, especially since with aging comes presbyopia and increasing astigmatism (Collier Wakefield, Annoh & Nanavaty, 2016; Naesar, Savini & Bregnhøj, 2018).

Ophthalmic nurses are so well placed to deliver health promotion and patient education. If we can take an active role in ensuring older patients can optimise their vision and play to their strengths, we will have won half the battle.

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AONAVIC

President's Report Robyn Johnston RN

It was with regret we received the resignation of Ben Roberts from the position of AONAVic President. The Committee wish Ben all of the very best for his future.

The Committee met for the annual Strategic Planning meeting on Saturday February 1, 2020 at CERA in East Melbourne. At this meeting I was voted in as President (having been the Vice President for three or so years). I am honoured and have accepted this position. I am looking forward to 2020 being educative and rewarding for our members.

Our final Clinical Meeting in Victoria was hosted by Vermont Private Hospital in the eastern suburbs of Melbourne – thank you Helenka. Our range of topics was varied with our first speaker being Dr Danielle Buck (Ophthalmologist) who spoke about Christmas Eye Disease and Ophthalmic conditions and injuries that can occur particularly over the festive season.

Elise Chick (RN) presented 'What happened in Tanzania?' Elise's presentation and comments were amusing and revealing. Elise was the AONAVic Grant recipient who went to Tanzania in October 2019 to co-represent the Global Ophthalmic Nursing Community & Australian Nurses alongside UK representative from the European

Society of Ophthalmic Nurses and Technician, amongst others.

Committee member Angelina Shi (RN) made her inaugural presentation concerning nursing specific responses to medical emergencies when a patient is undergoing ophthalmic surgery. Well done Angelina.

Our final speaker was Anaesthetist Dr David Lam who provided an excellent and informative presentation and discussion on Eye Block Complications. The day finished with a delicious light lunch (thank you Colleen), sitting around the OR staff room table. There was plenty of networking happening and fun with the Quiz that Kris organised.

The next Melbourne Clinical Meeting will be held on Saturday May 2, 2020 at CERA, Level 7, 32 Gisborne Street, East Melbourne (Royal Victorian Eye and Ear Hospital). This education event welcomes all Victorian, South Australian, Tasmanian and Northern Territory members. More details will be published closer to the time

I am looking forward to seeing you at the next Clinical Meeting.

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AONAQ

President's Report Pene Gill

Welcome all to 2020! I have to say, it has got off to a flying start! After the Christmas break, who is ready to get involved in the world of ophthalmic nursing and see what we can contribute or take from it?

At the beginning of the month we held our annual strategic meeting. As some of you may be aware, we are doing things a little differently this year. The Annual RANZCO Scientific Meeting will be held in Brisbane this year at the Brisbane Conference and Convention Centre. We will run our annual conference in conjunction with this in October. This will be the final clinical meeting for the year, with our August meeting being a regular one. We have not got a venue for this August meeting, so if your workplace would like to host, please contact the committee via the website.

Another exciting date is fast approaching – our first clinical meeting for the year is this weekend. Susan Blaikie and her staff from Westside Private Day Hospital have kindly invited us to hold our meeting there. Dr Adam Quinn and Dr Chris Stewart will give presentations on Moh's and Oculoplastic Repairs. We look forward

to attending and touring another workplace. Thank you again Susan for hosting, we hope to see many of our members attend.

Our May meeting this year will again be held at the Gold Coast University Hospital. This has proven to be a popular event, with normally 50 colleagues attending. Planning is well under way and we hope that many of you can come and enjoy.

Additional to our four regular meetings, we will hold a regional meeting up north this year. Please watch the website and your emails for further information regarding these wonderful events.

Educational grants are still available, so if there is a meeting, conference or educational event you want to attend, please apply. Please refer to the T's and C's in the members only area.

Here's to another great year for AONAQ!

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IAPB WELCOMES PIVOTAL EYE HEALTH RESOLUTION BY WHO EXECUTIVE BOARD

Tejah Balantrapu

International Agency for the Prevention of Blindness (IAPB)

IAPB, the peak body for the global eye care sector, welcomes the approval of a World Health Assembly resolution on eye health in the year 2020.

The World Health Organization (WHO) Executive Board approved a resolution on ‘integrated people centred eye care’ in an effort to tackle the rising numbers of people living with vision impairment and blindness.

- The WHO Executive Board resolution notes that 2.2 billion people are living with blindness or vision impairment, of which at least 1 billion cannot access the treatment they need.
- By 2050, three times as many people will be blind as now, and half of the world will be living with short sightedness
- The resolution calls for countries to implement ‘integrated people centred eye care’ to reduce the numbers of people living with vision impairment and blindness.

Peter Holland, Chief Executive of the International Agency for the Prevention of Blindness (IAPB), the peak body for eye health organisations worldwide, said “these predictions are not inevitable. Simple and cost-effective interventions are available to reverse the rapid growth of the problem. As the WHO recommends, it is therefore essential that governments include eye care in their national health plans and essential packages of care”.

The resolution gives effect to the World Health Organization’s first ‘[World report on vision](#)’ which was launched by the WHO Director-General, Dr Tedros Adhanom Ghebreyesus in October last year. The report found that more than 1 billion people worldwide are living with vision impairment simply because they cannot access the care they need for conditions like short and far sightedness, glaucoma and cataract. This is particularly concentrated in low and middle income countries, where the unmet need is estimated to be four times than in high income countries. The report recommends integrating and scaling up a ‘people-centred approach’ to eye care, as part of all countries’ journeys towards Universal Health Coverage.

2020 is a pivotal year for global eye health. It marks the conclusion of [VISION 2020](#), which has guided action over the past two decades, and the WHO’s ‘Universal Eye Health Global Action Plan 2014-2019’.

IAPB’s Head of Policy and Advocacy, Jessica Crofts-Lawrence, addressed the WHO Executive Board, stating “we are now entering a decade of accelerated action on the Sustainable Development Goals and Universal Health Coverage, neither of which can be

achieved without eye care”. She told us “this is not just a health issue. Vision needs to be placed alongside other development priorities. Improving eye health helps reduce poverty, and deliver quality inclusive education, decent work and gender equality”.

The resolution was led by Australia and Indonesia and had strong country support, including by Burkina Faso, Eswatini, Ethiopia, Kenya, Israel, Malaysia, Myanmar, Singapore, South Africa, Thailand, Bangladesh, Chile, Peru, Montenegro, Poland, Turkey, the United Kingdom, the United States and the European Union.

During the discussion, Member States recognised the urgency in addressing this issue, noting that the growing prevalence would pose a significant cost to national health systems. Many Member States took the opportunity to highlight both the challenges as well as their efforts in tackling this issue at a national level. It was agreed that the resolution should serve as a catalyst for further action by the WHO and Member States.

The resolution will now be put before the 73rd World Health Assembly in May for adoption.

“We commend the WHO and members of the Executive Board for their leadership in addressing this issue” said Peter Holland. “This is a major step forward, but this is only part of the way. We need leadership from all 194 Member States to endorse the resolution at the 73rd World Health Assembly in May – committing the words into action as a global agreement”.

Brandon Ah Tong, Head of Public Policy and Advocacy at [The Fred Hollows Foundation](#), “This resolution shine’s a light on the urgent need to address barriers in access to eye care, as we know those often left behind are the poorest and most disadvantaged in our communities – women and girls, people with disability and people living in hard to reach places. It will require all countries to strengthen eye care in their health systems, enable the development of feasible global targets, and provide the WHO with a mandate to develop additional country guidance and approaches on eye care, so no one is left behind.”

IAPB would like to acknowledge the support of its membership in driving this resolution, especially [CBM](#), [Light For The World](#), [Sightsavers](#) and The Fred Hollows Foundation.

