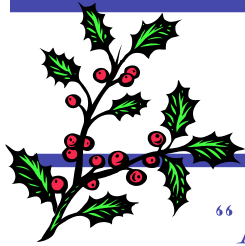




"The Victorian Branch of the Australian Ophthalmic Nurses Association aims to provide and communicate current information from a variety of clinical aspects including nursing, medical and allied health professionals."



December 2006

"A Global Vision"

AONA Victoria Conference

Ophthalmic Nurses Competencies Workshop Sunday 8th Oct 2006

Global was definitely the operative word for our

conference with representatives from New Zealand and our keynote speaker from the United Kingdom. It was wonderful to see so many delegates supporting us on their Saturday off to attend the AONA, Victoria conference at the Hotel Ibis on October the 7th. (especially in the middle of the spring racing carnival) though with the program provided this was understandable. Over 80 delegates from as far as Queensland, Western Australia and Tasmania, New Zealand and many country areas attended to hear our international keynote speaker, Janet Marsden RN, talk about Ophthalmic Nursing Competencies and Evidence- based Practice plus the latest developments in Ophthalmic care by a myriad of ophthalmic nurses, doctors and a pharmacologist. All endorsed by the RCN Australia. *Cont p2*

On Sunday, the morning following our

conference in October, representatives from the state organisations of AONA, along with members from Tasmania and key stakeholders Nigel Fidgeon - Chief Nursing Officer at the Royal Victorian Eye and Ear Hospital (RVEEH), and Marc Foley – Director of Surgical Services, RVEEH, plus ophthalmic nurses from New Zealand forgo their Sunday morning sleep in to meet to discuss the possibility of implementing a National Ophthalmic Nursing Competencies Framework in Australia similar to that developed in the United Kingdom (UK). We also took the opportunity to have Janet Marsden, who has been a key player in developing the UK framework, assist us with getting started here. It was also agreed that we would follow up for member representation from the Northern Territory, South Australia and the Australian Capitol Territory. *Cont p2*



Figure 1 Janet Marsden - keynote speaker

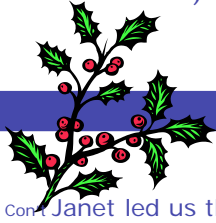
**For Christmas remember "glasses for Tanzania" –Julie Tyers @ DSF RVEEH
9929 8340**

2007 Events

❖ Live Surgery	March	Melbourne
❖ AONA NSW	June	Sydney
❖ AONA QLD	August	Brisbane
❖ AONA conference	Nov	Perth
❖ RANZCO	Nov	Perth

This issue:

p2	Presidents Letter
P3	AONA Victoria Conference
p3	Competencies Workshop
p3	Vision 2020 E Resource
p4	A Living Bandage
p4	Manchester Triage
p5	Manchester Triage flow chart



Con't Janet led us through the structure of the framework developed in the UK and where and how different areas of ophthalmic nursing fit into the structure and later discussed evidence based practice – why and how we use it and its importance if we are to develop the specialty of Ophthalmic Nursing. We all realized how far we have to go but this information and experience gives us a head start. Dr William Campbell started the day discussing new developments in retinal examination and surgery. The OCT was of special interest as we have recently seen it used in the emergency department @ RVEEH. Tracy Orr RN, followed giving us an example of how nurses can expand their practice in "The Diabetic Screening Clinic" program – lets hope some funding comes through to continue the program. Then Dr Guy Olorenshaw took us through the developments of laser surgery and Dr Howard Amiel continued the corneal theme, discussing the "evolution of corneal grafts".



Fortunately Dr Stephen Heery's graphic videos of cataract disasters was after lunch, then Pam Sandford RN, from New Zealand presented a case study of a patient with Acute Angle Closure Glaucoma, followed by Lachlan Shaw discussing the topical medications used for glaucoma – an area that is changing constantly with new drugs being constantly developed. The most satisfying component of the conference was the ratio of nurses presenting at the conference, it was a good example to all of us of what we can achieve. Hopefully with our next ventures we will be able to continue this trend.

Con't Thanks again to everyone for their time. From this workshop it was decided to form a national group of AONA representatives to work on national issues that affect us all. Thus was born the National Co-ordination Committee (NCOC). We will meet via teleconference. The first was held in November. This is not a new group but representatives from the current branches, these will continue to run normally. To develop the competencies framework it was decided the first tasks for the group were:

- ❑ Ascertain the number of ophthalmic nurses across Australia. AONA members throughout Australia will receive a survey letter to be completed and returned to their state branch.
- ❑ Ascertain what defines an Ophthalmic Nurse from an education, work and experience perspective – your perspective.
- ❑ Disseminate the UK framework to members and key stakeholders for comment and provide input on the Australian perspective.

In Victoria the committee has decided to offer members who respond to the survey the opportunity to be in a raffle for free membership for 2007/ *accommodation at our next conference venue (*for country or interstate members)

I believe this forum will provide an opportunity for members in all areas of practice to participate in the professional development of the specialty. We welcome interested members to comment via the nationalworkinggroup@aonavic.com.au , by participating in surveys or becoming a representative within this group.

It was wonderful to get a group of like-minded ophthalmic nurses together and create a network that traverses the world from the United Kingdom, New Zealand and across Australia in the international community of ophthalmic practice.

What a great voice for ophthalmic nurses

Report by
Pam Armstrong

More benefits for AONA, Victoria members!

Starting up a new day Surgery, looking for the latest info? Looking for the latest in eye care management? Well here's some news for you.....

AONA, Vic has a new resource at your fingertips....more than 600 eye care management articles prepared by eye care management professionals worldwide....

Vision 2020 had developed a unique, comprehensive collection of electronic resources in the management of eye care. It includes:

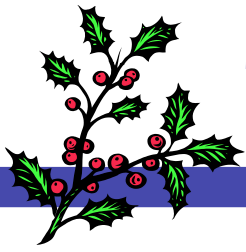
- ❑ Resource bank
- ❑ Events calendar
- ❑ Discussion forum
- ❑ Eye care management web links
- ❑ Sites news publications.

We are now an affiliate on our members behalf which will enable AONAVic members to access the website using the AONAVic user name and password

Login – aonavic
Password – aonavic

Access is available on the links page of our website –
www.aonavic.com.au

Happy exploring.....



A Living Bandage for the Human Eye

When an eye injury occurs in combat, there is

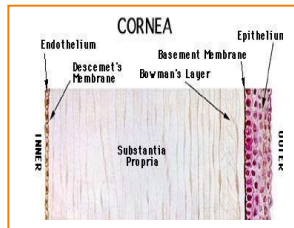
often a delay – sometimes as long as two weeks – between the initial diagnosis and full treatment in a hospital. Keeping the wound covered, clean and free from infection will increase the chances that sight will be saved.

“We believe that the more natural the bandage applied right after injury, the less likely there will be complications and infections,” says James Zieske, Ph. D., SERI

Senior Scientist. Creating a living bandage that could be applied right on the battlefield is the focus of Zieske and his team- Drs Nancy Joyce, Jeff Ruberti and Michael Gilmore.

For the past several years, Zieske, Ruberti and Joyce have been working on the creation of an artificial cornea, which they believe may ultimately replace donor corneas for corneal transplantation. Each is working on growing one of the three layers of the cornea. Joyce is working on the innermost layer, called the endothelium. Zieske is focused on the outer layer, known as the epithelium. And Ruberti and Zieske are developing an artificial stroma, which is the middle layer.

The team has had success in growing all three layers, and is now working to unite the layers to form an artificial, but living replica of the human cornea. The team agrees that Ruberti and Zieske's stroma layer is the most likely candidate for the living battlefield bandage. “This layer is the strongest and most structured,” says Zieske, who



adds that is also seems to be the easiest to grow and reproduce.

For his part, Gilmore, an expert in infectious disease, is determining the best ways to prevent infections taking hold before the soldier gets to the base hospital for acute treatment.

[The Schepens Eye Research Institute, www.schepens.harvard.edu/documents/sightings_fall05.pdf](http://www.schepens.harvard.edu/documents/sightings_fall05.pdf)

Artificial cornea – “...may ultimately replace donor corneas for transplantation...”

On Janet's whirlwind trip to Australia she paid

a flying visit to the Emergency Department @ the Eye and Ear Hospital to talk about the Manchester Triage System (MTS) with us. With an average of 120 emergency presentations per day at RVEEH, we are constantly looking for ways to improve our service and the MTS has provided some interesting ideas that we may be able to incorporate into our triage process.

Triage is one of the most vital activities in an emergency department and to be effective it must be both accurate and rapid. The role of the triage nurse is to obtain sufficient information to designate a triage category that will ensure the best possible outcome for the patient. This process could include an interview to ascertain a history, observations and an examination of the patient then designation of an appropriate triage category based on the findings. Often a nurse's decision is based on the possible differential diagnoses that the findings may indicate, and whilst this is not wrong it can be time consuming or misleading and a subjective decision based on personal experience. This can create variability in triage allocation. The major goals of the MTS were to develop consistency in the triage decisions, across all triage nurses, facilitate a rapid decision making process and enable an audit method to assess the triage process.

We are all familiar with the 5 categories used in triage, (1 - 5) MTS retains this system but uses colours to identify them (Red, Orange, Yellow, Green, Blue). There are 90 presenting complaints, created by the key stakeholders in the Manchester health area after extensive debate, which include the major presenting complaints to emergency. These are then sub-divided into the five triage categories. When the patient presents the nurse ascertains the “presenting complaint” then selects “presentational flow chart” appropriate for that complaint. They then use the “discriminators” listed under each flow chart to determine the appropriate triage category (see diagram p5). For example the presenting complaint may be chest pain, the triage nurse would open the chest pain algorithm and work her way from the top (red) category downwards until she gets a positive response to the questions. Red – Airway compromise, inadequate breathing, shock, - no, Orange – Severe pain, Cardiac pain, Acutely short of breath, Abnormal pulse – yes, this then becomes the patients triage category. This enables the triage nurse to stop the assessment process immediately and send the patient in to emergency for treatment. All users of this system are audited regularly to assess their accuracy of assessment and address any disparity. At the RVEEH we are examining the process to assess how we compare and if any improvements can be achieved through this system.



Presidents Letter

W

ell another year is all but over (though many are still waiting for the person in the red suit...) A year in which the committee has endeavored to provide a service to the health professionals in ophthalmic care. Another conference has been successfully rolled out (except for a slight technical hitch – we have plans in place to avoid a recurrence so things should run smoothly next time.) As I quote a recent conference delegate who said "...the conference was loaded with support, networking and information..." I am glad we are on track. Of the 50 evaluation surveys completed, we had positive feedback citing professional development requirements met with additional comments such as "...informative, interesting speakers... keeping abreast with the latest developments in ophthalmic surgery... invaluable update for ophthalmic nurses... general overview on a wide gamut of topics without feeling like it was information overload... enjoyed combination of speakers from nursing to medical – well presented..." And on review the committee has linked the most requested topics into the planning for 2007. We will also explore options for a new venue for the next conference. Any suggestions? – We welcome comments on venues people have been to. Our patron Wilson Heriot continues to support us and gave his apologies for not being able to attend. He is fully supportive of the advancement of ophthalmic nursing in meeting the challenges of ophthalmic health care.

What opportunities will 2007 bring for AONA Victoria members?

- ❑ Be part of an Australia wide professional group. A national working group has been formed to represent all AONA members across Australia to work together on issues that affect Ophthalmic nurses Australia wide, such as the National Ophthalmic Competencies Framework, defining an Ophthalmic nurse, calculating numbers across Australia and representing ophthalmic nurses on a wide variety of issues. The first task is to survey all members for your input, so we ask that you complete and return these surveys. Participants will be in the draw for a great prize – *you have to be in it to win it!!* See workshop report for further details.
- ❑ Quarterly newsletters
- ❑ Events –
 - Clinical meeting "live surgery" March
 - Clinical meeting – paediatric focus in June
 - Combined AONA/RANZCO conference late November in Perth. (see calendar of events for dates)

Further details will be available on the website early in the New Year.

I would like to take this opportunity to thank all of those providing the activities of the year. Firstly to our hardworking committee who gave their time and expertise so willingly to perform the varied jobs to such a high standard, it's always a challenge to organize a conference that meets the expectations of a wide variety of professionals.

Thanks also to the Ophthalmic Industry companies who so willingly gave their time and expertise at our events, sponsoring prizes and speakers as well as nurses to attend. We truly value their input.

The members and colleagues who support the association with contributions to newsletters, events and support to committee members, by changing shifts or other behind the scenes activities. Also committee member family and friends who do without them and pick up extra duties – thank you.

And thanks to all members who attended the events, making them interesting and great networking opportunities.

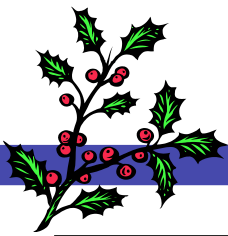
So take time out for a relax and a refresh over the Christmas /New Year break with our family and friends. On behalf of the committee we wish you a happy Christmas and a most enjoyable new year

Now read on for what's on and what's new.....

President

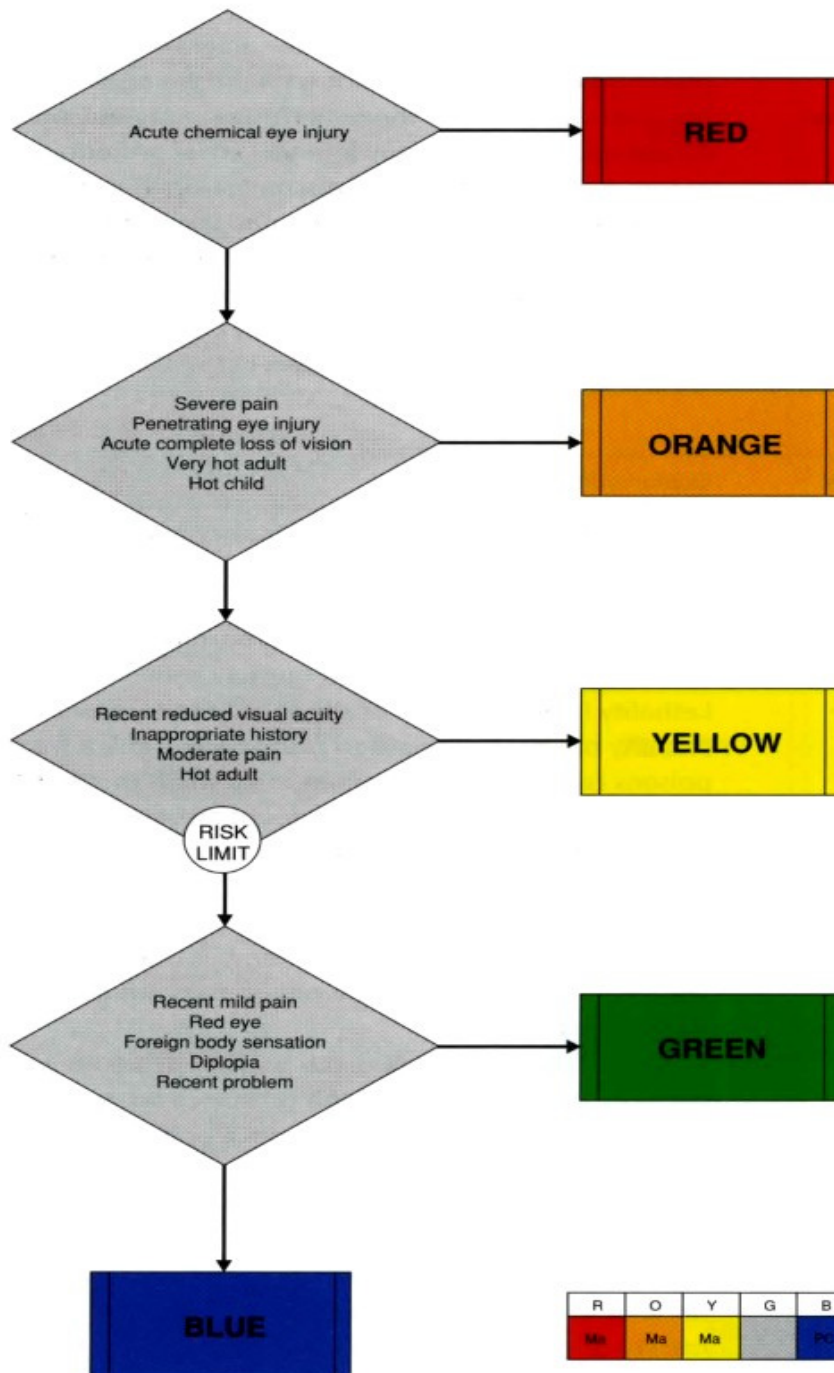
Pam Armstrong





90 Presentational flow charts

Eye Problems



R	O	Y	G	B
Ma	Ma	Ma		Pc