Royal College of Nursing

The nature, scope and value of ophthalmic nursing

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Introduction

The expectation of health care delivery has dramatically changed over the past two decades. The views and norms of society and of the health care professions have developed to embrace information technology, new health care delivery systems and priorities. Ophthalmic nurses are, in their turn, embracing the need to adapt, develop and evolve their practice in order to meet the diverse expectations of their patients, the public and policy makers.

This document represents the strategic vision of ophthalmic nursing and is a discussion of its fundamental nature, scope and value in the delivery of evidence based clinical outcomes for everyone involved in the delivery of ophthalmic services. Its purpose is to lead national developments in ophthalmic care and inform those in Europe and internationally.

This third edition of *The nature, scope and value of ophthalmic nursing* has been revised to reflect the current climate of clinical ophthalmic nursing care delivery and to bring the provision of ophthalmic nursing services in line with modern health requirements within diverse clinical settings and in the wider socio-political health care community. These provisions take the shape of 'standards', based on current empirical evidence which is regularly reviewed and reported.

For the standards to be effective, local implementation needs to be followed by local audit and, where standards are not achieved, practice should be reviewed. Regional variations in population, socio-economic climate and health care facilities are recognised and accepted. The flexibility built in to the standards facilitates contemporary practice which is reflexive.

The importance of looking not only at the needs of today's ophthalmic patients, but the needs of patients in the future has led to a positive intent to make this document address the changing nature of society and the subsequent development of ophthalmic nurses. We hope that it will motivate ophthalmic nurses in our continual striving for excellence. The standards effective use will publicise and inform our practice to ensure the provision of high quality ophthalmic nursing care throughout current reforms and beyond.

The document reflects our ideal. However, we recognise our limitations and the stresses and strains of our work environments within changing health care systems. We hope that this publication will help and motivate ophthalmic nurses in our goals and in our continuing strive for excellence.

RCN Ophthalmic Nursing Forum.

1 The fundamental nature of ophthalmic nursing

We believe that:

- our prime purpose is to promote and maintain ocular health. We believe this is achieved through developing a close and caring relationship with our service users*; through actively sharing our knowledge and expertise with colleagues working in other settings; and, through providing health education to the community and society
- the nurse-patient relationship is therapeutic and fundamental to nursing. It is the central focus of our actions and every relationship is unique. Through developing close and caring relationships with service users, we believe we will be better able to understand and meet the needs of our patients, helping and supporting them towards independence and self-care
- the care we give requires the use of specialist skills. It must be of the highest standard yet have regard for cost effectiveness. We believe that we should promote the patient as a person, not a condition, and that the relationship we share with all service users is an equal partnership, two-way and interactive. Such a relationship should provide continuity, maintain confidentiality and provide clarity in mutual expectations and goals
- ophthalmic nurses have an important role as teachers and advisors: in educating service users and carers; in providing health education in society; and by facilitating the development of other multi-disciplinary team members' knowledge and understanding of ocular health
- it is the role of the ophthalmic nurse to work with other organizations in a collaborative manner, to obtain better resources for ophthalmic service users; to draw on resources which will benefit care and use the resources that other professionals can provide, being prepared to accept their different knowledge, advice and skills. It is important that we acknowledge and respond to external influences which can influence care
- patients appreciate being treated as someone who really matters, deserving to be treated always with politeness and courtesy, accepted and understood for who they are and recognised as a person rather than an eye problem
- patients should be ensured privacy and dignity. They should be given access to appropriate, honest and sensitive information. Each patient deserves time and commitment from the nurse, so that they feel comfortable in being able to ask anything
- a patient's right to participate in decision-making should be actively promoted. We must always remember that the patient's wishes are paramount in respect of information given to others and this duty of confidentiality must be respected
- ophthalmic nurses have a contribution to make in situations wherever there are people with associated eye conditions or the potential for ocular damage. Ophthalmic nurses are competent to provide ophthalmic care in a diverse range of hospital and community settings. Ophthalmic nurses act as consultants and provide ophthalmic nursing expertise to other health care professionals

- the environment for patients with ophthalmic conditions should always be safe for both patients and staff and that current standards with regard to, for example, contrast and lighting are adhered to. The environment should be adapted to the needs of visually impaired patients and in its design and structure, consider patients' activity. Where the environment is the patient's own home, it is acknowledged that this is under the control of the patient and may be influenced by outside factors
- for ophthalmic nurses to fulfil their role, they need a knowledge base in physiology, psychology, sociology, education methods, interpersonal skills and research appreciation. Self awareness and reflection are important, as well as the ability to access resources in terms of service users, colleagues and other members of the multidisciplinary team
- nurses learn best about ophthalmic nursing by working in the specialty. Here they can acquire varied and appropriate experience, facilitated by experienced practitioners who help them to explore and understand the experience of the person with ophthalmic problems
- individuals learn best when their individuality is acknowledged and respected and previous knowledge is built upon, within an environment that supports, develops and motivates learners and facilitators, working in partnership
- the ophthalmic nurse should actively engage in life-long learning, in order to maintain and develop the highest standards of care. This should be facilitated by the nurses themselves, managers and other members of the multidisciplinary team.

* the term 'service users' includes all who use ophthalmic services in primary, secondary, tertiary and community settings and may include, but is not exclusive to, those who have ophthalmic and vision problems, carers, relatives and friends.

2 The scope of ophthalmic nursing

How can ophthalmic nurses contribute to ophthalmic health care?

Effective ophthalmic care aims to optimise the level of wellbeing in patients and promote their independence.

Ophthalmic nurses are able to utilise their skills to provide this care by:

- leading service development, working in partnership with the multidisciplinary team, proactively and in response to policy change.
- proactively initiating nurse-led clinics in diverse settings facilitating, for example, early detection and monitoring of eye conditions such as glaucoma
- assessing, diagnosing and treating a range of acute and chronic conditions autonomously, managing their own caseload
- managing and delivering the total care pathway, such as in the facilitation of cataract and age-related macular degeneration (AMD) pathways in order to achieve both clinical and national targets
- acting as a primary and secondary resource to patients, carers, health care professionals and others
- liaising with and referring to other agencies, for example the social and voluntary care sectors
- referring to other health care specialists, such as diabetes specialist nurses, rheumatology and sexual health nurses and other medical specialists
- acting as advisers and promoters of ocular health in areas like sports injuries, occupational injuries and infection prevention

- formal and informal networking within the specialty to facilitate the dissemination of new ideas and the rapid development and implementation of new services and evidence-based practice.

Some examples of ophthalmic nursing practice:

- in ophthalmic and general A&E departments, assessing, diagnosing, treating and discharging patients with eye conditions and injuries
- receiving referrals from GPs and other primary referral centres
- screening monitoring and initiate treatment pathways for patients with chronic ophthalmic conditions, such as glaucoma, diabetic retinopathy and dry eye
- pre-assessing, consenting, follow-up and discharge of patients undergoing cataract extraction and other minor and major ophthalmic surgeries.
- performing procedures such as YAG laser capsulotomy, fluorescein angiography, perform minor and adnexal surgery, all as part of an overall care episode
- managing the care of children with ophthalmic condition and advising others on their management
- acting as lecturer/practitioners, thereby maintaining their practical experience whilst educating others in ophthalmic nursing and ophthalmology
- initiating and lead research and audit within the field of ophthalmology incorporating governance and good clinical practice.

3 The value of ophthalmic nursing

Eye disease and trauma is prevalent throughout society and is potentially debilitating. Specialist ophthalmic nursing costs money, however, the expenditure can be considered a sound investment if it is considered in terms of the provision of effective ocular health. Ophthalmic nurses can improve the efficiency and effectiveness of the service offered by reducing waiting times, waiting lists and improving clinical effectiveness.

Ophthalmic nurses play a key role across the whole spectrum of ocular health. Research shows a positive correlation between the employment of qualified nurses and the quality of patient care (Mark et al., 2004; Needleman et al., 2001; 2002). The RCN Ophthalmic Nursing Forum's first survey, *Who cares for ophthalmic patients?* concluded that "Ophthalmic nursing as a specialism can be cost effective and can promote positively the processes and outcomes of patient care" (Waterman, 1995) However, there is still wide variation in the availability and accessibility of qualified ophthalmic nurses (Czuber-Dochan, 2006; Waterman, 1999).

There is a vast range of skills and expertise amongst ophthalmic nurses. Practice has developed both proactively and in response to the needs of particular settings.

What's so special about ophthalmic nurses?

The RCN Ophthalmic Nursing Forum surveys (Waterman, 1995; Waterman, 1999; Czuber-Dochan, 2006) give evidence to show that ophthalmic nurses are able to:

- be dynamic, flexible and proactive in all aspects of ophthalmic care
- challenge and develop current practices to meet the changing needs of the ophthalmic patient

- provide consultancy to colleagues and other organisations wishing to develop services for people with ophthalmic needs
- develop theory which underpins their practice and enables them to function at an advanced level with our patient group.

Why are ophthalmic nurses good value for money?

The National Health Service Management Executive (1992) estimated that if nursing staff were to carry out biometry, measure intraocular pressure, assess visual acuity and act as first surgical assistant, the annual gross savings for Scotland could be £455,000. There are around nine times as many ophthalmic nurses in the rest of the UK so the potential savings are obvious within this very small range of the roles that trained ophthalmic nurses undertake. Day surgery for ophthalmic conditions, particularly cataract has increased from 60% in 1996 to over 93% in 2003-4 (Audit Scotland, 2008; Aylin et al., 2005) in some areas and this is in direct response to the proactivity of ophthalmic nurses.

Ophthalmic nurses:

- update their knowledge continually and undertake some of the skills traditionally performed by other professionals. They are cost effective and can raise the standard of patient care
- provide all service users with the knowledge and skills to undertake relevant aspects of care such as the instillation of eye drops. This ensures the best use of scarce resources and promotes ocular health
- have a range of technical skills and practical competencies which allow them to nurse in diverse settings, maintaining high standards of care
- anticipate and meet the needs of patients within a rapidly changing specialty
- are also educated 'general' nurses and can therefore care effectively for patients with a range of systemic diseases in addition to their ocular conditions.

How can ophthalmic nurses contribute to ophthalmic health care?

Effective ophthalmic care aims to optimise the level of wellbeing in patients and promote their independence. Ophthalmic nurses are able to utilise their skills to provide this care by:

- acting as advisers and promoters of ocular health in areas such as, for example, sports injuries, occupational injuries and cross infection
- proactively initiating nurse led clinics, thus facilitating early detection and monitoring of eye conditions such as glaucoma
- assessing , diagnosing and treating a range of conditions without medical intervention such as corneal abrasions, meibomian cysts and conjunctival infections
- managing pre-operative assessment clinics which can reduce the number of patients cancelled due to ill health and allows for effective discharge planning. Additionally, this service enables an increasing number of patients to be selected as suitable for day surgery
- acting as a resource to patients, carers, health care professionals and others
- acting as liaison with other agencies such as the rehabilitation officer for the visually impaired or the Royal National Institute for the Blind
- referring to other health care specialists such as diabetes specialist nurses
- using formal networking within the specialty to facilitate the spread of new ideas and the rapid development and implementation of new services and evidence based practice

In order to enable ophthalmic nurses to maintain optimum effectiveness, it is imperative that continuing investment is made in ophthalmic nurse education and professional development.

4 Standards for ophthalmic nursing

Standard 1: Ensuring the maintenance of an appropriate and safe environment relevant to the needs of visually impaired people

Standard statement

The environment in which service users are cared for is safe and meets the needs of those who are visually impaired.

Rationale

A normally acceptable environment may become unfriendly, inconvenient and hazardous to visually impaired people.

Structure

- Fixtures and furnishings are arranged to ensure safety.
- Signs are easily read, understood and placed appropriately.
- Correct illumination and contrast of décor is provided (RNIB, 2008).
- Ease of access is provided throughout the environment.
- Good communication systems are established.
- Appropriate paediatric areas are available.

Process

The ophthalmic nurse:

- accepts responsibility for the local environment complying with all relevant regulations such as the Health and Safety at Work Act, 1996) and local policies
- carries out agreed safety checks to ensure that each area ensures safety and minimal risks
- seeks advice from relevant outside agencies in planning and maintaining a safe environment
- is actively involved in any planned changes or developments to the environment
- liaises with maintenance and building agencies to ensure each area is safe in accordance with agreed standards
- will continually assess visually impaired people's needs, anticipate safety risks and take appropriate action.

Outcome

All visually impaired people are cared for in a safe and comfortable environment.

Useful documents

Department of Health (2004) *The National Service Framework (NSF) for children, young people and maternity services*, London: DH.

Welsh Assembly Government (2005) *The National Service Framework for children, young people and maternity services in Wales*, Cardiff: WAG.

Parliament (2005) *Disability Discrimination Act*, London: HMSO.

Barker P Barrick J Wilson R (1995) *Building Sight*, London: HMSO/RNIB.

Royal National Institute for the Blind (2008) *Colour contrast*, London: RNIB. www.rnib.org.uk

Royal National Institute for the Blind (2008) *How the RNIB can help with your signage*, London: RNIB. www.rnib.org.uk

Standard 2: Patient-centred care

Standard statement

Each patient is assigned a named ophthalmic nurse accountable for the management of their nursing care.

Rationale

The expectations and the requirements of care of the ophthalmic patient can only be met when it is managed by a nurse with the appropriate competencies. The specialist needs of the ophthalmic patient can only be met effectively when the relevant expertise exists within the nursing establishment.

Structure

- The establishment reflects the patient case mix and dependency levels.
- The establishment reflects the unique competencies of the ophthalmic nurse.
- The ophthalmic nurse is educated to a level which enables them to have the ophthalmic knowledge and skills to deliver and manage specialist ophthalmic care required.
- Each nurse directly responsible for care has adequate resources for professional development and regular updating of competencies.

Process

Those responsible for the planning and provision of ophthalmic services will ensure the availability of a nursing service which provides specialist competencies, by enabling/facilitating and supporting the nurse to achieve appropriate levels of ophthalmic education.

Outcome

Every patient whose primary needs are of an ophthalmic origin will have their care managed by a nurse with appropriate education and skills.

Useful Documents

Royal College of Nursing (2005) *An integrated Career and Competence framework for ophthalmic nurses*, London: RCN. This competence framework is currently being updated and will be published later in 2009.

RCN (2007) *A joint statement on continuing professional development for health and social care practitioners*, London: RCN.

Standard 3: Assessment of needs

Standard Statement

Each service user has a relevant specialist assessment made by an ophthalmic nurse within an appropriate time frame the findings of which will be used to agree an action plan.

Rationale

The ophthalmic assessment identifies the individual needs of the service user.

Structure

- The ophthalmic nurse is available and competent to assess the needs of service users using a range of appropriate specialist clinical skills, knowledge and experience.
- The appropriate environment and specialist equipment is available.
- The nurse has access to patients' notes if necessary.

Process

The ophthalmic nurse:

- undertakes relevant assessment within an appropriate timescale
- gives careful explanation and information to the service user
- carries out a systematic and holistic assessment as necessary
- combines specialist knowledge and skills with sensitivity when making clinical judgements
- documents assessment and discusses findings and alternatives with the service user in order to agree an action plan.

Outcome

The service user understands the reasons for any assessment.

All service users obtain a timely ophthalmic assessment.

Each service users' needs are identified, agreed and documented.

Useful documents

Royal College of Nursing (2005) *An integrated Career and Competence framework for ophthalmic nurses*, London: RCN.

Standard 4: Working in partnership with service users

Standard statement

Each service user will be given the opportunity to actively participate in the planning of care.

Rationale

To establish a therapeutic relationship and partnership with each service user.

Structure

There is:

- sufficient time allowed for any assessment
- a suitable environment affording privacy, comfortable furnishings, control of lighting, heating ventilation and extraneous noise
- access to information relevant to the service user's needs using appropriate resources
- an ophthalmic nurse with whom to interact throughout the episode of care.

Process

The ophthalmic nurse:

- elicits the service user's expectations of the partnership during assessment
- identifies the service user's understanding of their condition
- works with service user's to meet their identified needs
- has respect for the service user's spiritual, cultural and emotional needs
- involves carers/relatives and others in the care episode within the boundaries of the patients wishes or needs
- evaluates and adapts the partnership in response to changing needs

Outcome

The ophthalmic nurse and the service users feel that a partnership is established, based on mutual trust and confidence where all parties state that they are active participants in care.

Useful Documents

Barker P Barrick J Wilson R (1995) *Building sight*, London: HMSO/RNIB.

Department of Health (2001) *12 key points on consent: the law in England*, London: DH.

Department of Health (2003) *Confidentiality. NHS Code of Practice*, London: DH.

Parliament (2005) *Disability Discrimination Act*, London: HMSO.

Parliament (2005) *Mental Capacity Act*, London: HMSO.

Parliament (2000) *Adults with Incapacity Act (Scotland)*, London: HMSO.

Royal National Institute for the Blind (2008) *Colour contrast*, London: RNIB. www.rnib.org.uk

Royal National Institute for the Blind (2008) *How the RNIB can help with your signage*, London: RNIB. www.rnib.org.uk

NHS Scotland (2003) *NHS Code of practice on protecting patient confidentiality*, Edinburgh: Scottish Executive.

Standard 5: Implementation of care

Standard statement

Each patient's care is implemented as planned and evaluated by an ophthalmic nurse.

Rationale

Every patient is entitled to the best possible standard of care. The optimum care for patients with to ophthalmic problems is from a nurse who has had specific education in this area. This education will enable the nurse to plan, implement, evaluate care which is tailored specifically to the ophthalmic patient's needs.

Structure

There is available:

- an ophthalmic nurse to deliver or directly supervise specialist care
- sufficient appropriately skilled support staff to assist the ophthalmic nurse in the delivery of care
- the necessary equipment to undertake specific procedures.

Process

The ophthalmic nurse will:

- ensure that informed consent is obtained before commencing any procedure and that ongoing consent is confirmed as appropriate
- use all the specialist ophthalmic skills required to work with this group of service users
- develop the service user's ability to cope with and understand conditions affecting the eye which may be accompanied by temporary or permanent visual impairment by explanation and education
- deliver multi-skilled interventions in the delivery of specialist care
- evaluate the therapeutic effects of nursing care and take the appropriate action.

Outcome

Each patient's care is implemented as planned and evaluated by an ophthalmic nurse.

Useful documents

Royal College of Nursing (2005) *An integrated Career and Competence framework for ophthalmic nurses*, London: RCN. This competence framework is currently being updated and will be published later in 2009.

Department of Health (2001) *12 key points on consent: the law in England*, London: DH.

Standard 6: Acting as an educator for service users

Standard statement

Each service user is provided with access to education which promotes an optimum level of independence.

Rationale

Providing service users with the knowledge and skills to undertake relevant aspects of ophthalmic care ensures the best use of resources whilst maintaining quality of care and promoting independence. All service users must be enabled to make informed choices.

Structure

There are:

- sufficient ophthalmic nurses with the relevant skills available to support appropriate education
- appropriate educational resources available including an appropriate environment.

Process

The ophthalmic nurse:

- assesses general and specific educational needs and discusses these with the service user
- plans, implements and evaluates individual learning requirements
- maintains an awareness of relevant research and the nursing implications of this
- identifies opportunities for structured learning and implements teaching as appropriate on an on-going basis and for identified groups
- actively participates in informal/spontaneous learning opportunities.

Outcome

Ophthalmic service users are able to demonstrate the requisite knowledge and skills for self care and to achieve optimal independence.

Regular teaching programmes are provided for identified groups.

Useful documents

Royal College of Nursing (2005) *An integrated Career and Competence framework for ophthalmic nurses*, London: RCN. This competence framework is currently being updated and will be published later in 2009.

Standard 7: Health education in the maintenance of ocular health

Standard statement

The ophthalmic nurse is proactive in the promotion of ocular health.

Rationale

Education will influence the prevention and treatment of ocular conditions and dispel the myths surrounding ophthalmic issues. Accurate information enables informed decision making about the maintenance of ocular health.

Structure

The ophthalmic nurse:

- has the educational skills to facilitate individual and group learning
- has knowledge of the factors which influence health behaviour
- has knowledge of potential hazards to ocular health and of actions which may influence these
- should ensure there are sufficient, relevant resources available.

Process

The ophthalmic nurse:

- assesses the educational needs of the service user in relation to health risks which impact on ocular health
- raises the general and specialist health awareness of the service user
- makes information available to enable informed health choices
- facilitates ocular health enhancement.

Outcome

The patient demonstrates an increased awareness of behaviours which promote ocular health.

The patient is able to state reasons for health choices.

Useful Resource

Health Promotion Agency – www.healthpromotionagency.org.uk

Standard 8: Acting as a specialist ophthalmic resource

Standard statement

The ophthalmic nurse is proactive in sharing knowledge and skills with colleagues and others, through teaching and advising, in relation to individuals with ophthalmic needs.

Rationale

Individuals with ophthalmic conditions are widely encountered, outside ophthalmic departments.

It is imperative that knowledge and skills are disseminated to the wider health and social care community in order to raise awareness of the requirements of people with ophthalmic needs and help to prevent further visual impairment from treatable eye disease.

Structure

- Colleagues and others are aware of the value and role of the ophthalmic nurse.
- There are systems in place for contacting ophthalmic nurses.
- The skills and knowledge of the ophthalmic nurse are utilised to their full potential.
- There is a structure in place to allow ophthalmic nurses to develop as a specialist resource.
- Time and funding are allocated to support the professional development of colleagues and others.
- Educational resources are available.

Process

Ophthalmic nurses:

- maintain their professional expertise and clinical credibility
- actively seek opportunities to collaborate and share expertise with colleagues and others
- are able to access available resources, identify resource needs and participate in their development and dissemination.

Outcome

Ophthalmic nursing expertise is promoted widely.

Colleagues from other disciplines have the ability to carry out first line treatments and understand the needs of individuals with ocular conditions.

Adequate standards of ophthalmic care are received by all individuals regardless of the setting in which care is delivered.

Useful Documents

Royal College of Nursing (2005) *An integrated Career and Competence framework for ophthalmic nurses*, London: RCN. This competence framework is currently being updated and will be published later in 2009.

Royal College of Nursing (2007) *A joint statement on continuing professional development for health and social care practitioners*, London: RCN.

Standard 9: Promote, develop and deliver evidence-based practice in ophthalmic nursing

Standard statement

The ophthalmic nurse uses evidence-based practice to develop and deliver care for ophthalmic service users.

Rationale

To support the delivery of effective evidence-based care to meet the changing needs of ophthalmic service users within the dynamic health and social care context.

Structure

- Opportunities are provided to develop research awareness, establishing links with institutions of higher education.
- Journals and text books are made available.
- Established groups of ophthalmic nurses discuss and relate research findings.

Process

The organisational culture supports and encourages
the research process and the utilisation of evidence-based practice.

The ophthalmic nurse:

- identifies the changing needs of ophthalmic patient
- is involved in research programmes to facilitate improved care
- utilises a network system to facilitate the collection and dissemination of research findings
- uses evaluated research findings and current practice to implement change.

Outcome

A credible evidence base is provided for ophthalmic nursing practice.

Research findings and evidence-based practice are disseminated.

Research findings are reviewed/assessed and implemented.

Useful Documents and Resources

Marsden J (2007) *An evidence base for ophthalmic nursing practice*, Oxford: Wiley

Sackett DL, Rosenberg JA, Muir Grey, JA Haynes, RB and Scott Richardson W (1996) Evidence based medicine: what it is and what it isn't, *British Medical Journal*, 312, pp.71-72.

Evidence-based practice tutorial
http://www.biomed.lib.umn.edu/learn/ebp

5 Audit

If nursing standards are to be used to maximum effect, monitoring tools are necessary to audit the extent to which the standards are attained. A monitoring system for ensuring that appropriate tools are used when needed is also necessary. Data used in audit may be readily available from ongoing clinical or management systems as well as from use of tools specially devised or acquired for audit. Methods used may include observation, use of data recorded for other purposes and questioning by interview or questionnaire.

A suggested audit tool is included here for the standard Working in partnership with service users (see page 16). This may be used as a model for the development of audit tools for the other standards, or other available models may be used.

This audit tool follows the format designed by the RCN Dynamic Quality Improvement Programme (1991) and requires the auditor to ask questions, make observations and check records. Whatever systems are used they should be understood and accepted by all unit nursing staff who must have access to the results and the opportunity to discuss them so that they can be used constructively to improve patient care. It is recommended that an experienced, qualified ophthalmic nurse conduct the audit.

Example of Standard 4: Working in partnership with service users

Standard statement

Each service user will be given the opportunity to actively participate in the planning of care.

Rationale

To establish a therapeutic relationship and partnership with each service user.

Structure

There is:

- sufficient time allowed for any assessment (S1)
- a suitable environment affording privacy, comfortable furnishings, control of lighting, heating ventilation and extraneous noise (S2)
- access to information relevant to the service user's needs using appropriate resources (S3)
- an ophthalmic nurse with whom to interact throughout the episode of care (S4).

Process

The ophthalmic nurse:

- elicits the service user's expectations of the partnership during assessment (P1)
- identifies the service user's understanding of their condition (P2)
- works with service user's to meet their identified needs (P3)
- has respect for the service user's spiritual, cultural and emotional needs (P4)
- involves carers/relatives and others in the care episode within the boundaries of the patients wishes or needs (P5)
- evaluates and adapts the partnership in response to changing needs (P6).

Outcome

The ophthalmic nurse and the service users feel that a partnership is established, based on mutual trust and confidence where all parties state that they are active participants in care (O1).

Audit Form

Audit objective:

To ensure that nursing activities, supporting knowledge base and the surrounding environment are compatible with the formation of the therapeutic relationship and partnership with each service user.

Time Frame: as agreed locally
Sample: as agreed locally
Auditor(s):
Date:

Target group	Method	Code	Audit Criteria	(Yes/No)
Environment	Observe	S2	Is the environment suitable – private and containing comfortable furniture and control of lighting, heating and ventilation?	
Environment	Observe	S3	Are relevant leaflets and information available?	
Environment	Observe	S3	Are relevant educational materials (booklets, brochures, audio and video tapes) available in language appropriate to the patient's/carer's needs?	
Environment	Observe	S3	Is an interpreter service available and readily accessible?	
Service User	Ask	S2	Does the service user feel that the environment is private enough and that comfort levels are adequate?	
Nurse	Ask	S1	Does the nurse feel that they have enough time for the initial interview/assessment?	
Nurse	Observe	S1	Are comprehensive notes made of the initial interview/assessment?	
Nurse	Ask	S4	Is there a system in place where an individual ophthalmic nurse is responsible for the whole episode of care?	
Service User	Ask	S4	Is the service user aware of which nurse is responsible for this episode of care?	
Service User	Ask	P2	Does the service user feel that the ophthalmic nurse is aware of their needs and expectations of this episode?	

Target group	Method	Code	Audit Criteria	(Yes/No)
Nurse	Observe	P1	Does the nurse identify the service user's understanding of their condition, using appropriate language?	
Nurse	Observe	P2	Does the nurse discuss the service user's expectations of this episode of treatment and care and the role of the service user and the nurse?	
Nurse	Observe	P3	Is their evidence during the initial interview and later in notes that the nurse has worked to meet identified needs?	
Nurse	Ask	P4	Can the nurse describe the service user's current spiritual, cultural and emotional needs in relation to their current episode of treatment and care and demonstrate how these are being met?	
Carer/Relative	Ask	P5	Do they feel that they have been involved in the care episode and are aware of what is going on?	
Service User	Ask (if appropriate)	P5	Do they feel that their carer/relative has been involved appropriately?	
Nurse	Ask	P6	Can the nurse evaluate the partnership and show that there has been a response to any change in needs?	
Overall	Evaluate	O1	Does the overall audit and the methods used show that the standard has been achieved?	

Conclusion

This publication is intended to reflect the nature, scope and value of ophthalmic nursing, today and into the 21st century.

The section which considers the value of ophthalmic nursing explains what ophthalmic nurses do and how they contribute to cost effective health care. The philosophy reflects what we feel ophthalmic nursing is and should be. The standards encompass the nature and scope of ophthalmic nursing, each standard providing a broad basis for the formulation of local standards and the audit tool providing a foundation on which to base effective audit. For the standards to be effective, local implementation needs to be followed by local audit and, where standards are not achieved, practice should be reviewed. Regional variations in population, socio-economic climate and health care facilities are recognised and allowed for by ensuring that the standards are flexible rather than specific and didactic.

The importance of looking not only at the needs of today's ophthalmic patients, but the needs of patients in the future has led to a positive intent to make this document address the changing nature of society and the subsequent development of ophthalmic nurses.

Effective use of this booklet, to publicise and inform our practice will help to ensure the provision of high quality ophthalmic nursing care for the future.

References

Audit Scotland (2008) *Day surgery in Scotland, reviewing progress*, Edinburgh: Audit Scotland.

Aylin P, Williams S, Jarman B and Bottle A (2005) Trends in Day Surgery Rates, *British Medical Journal*, 331, p.803.

Czuber-Dochan WJ, Waterman CG and Waterman HA (2006) Trends in the nature of provision in ophthalmology services and resources and barriers to education in ophthalmic nursing: 3rd National UK survey, *Nurse Education Today*, 26, pp.191-199.

Mark BA, Harless DW, McCue M and Xu Y (2004) A longitudinal examination of hospital registered nurse staffing and quality of care, *Health Services Research*, 39 (2), pp.279-300.

Needleman J, Buerhaus P and Mattke S (2001) *Nurse staffing level and patient outcomes in hospitals. Final report for health resources and service administration*, Boston: Harvard School of Public Health.

Needleman J, Buerhaus P, Mattke S, Stewart M and Zekevinsky K (2002) Nurse-staffing levels and the quality of care in hospitals, *The New England Journal of Medicine*, 346 (22), pp.1715-1722.

National Health and Safety and Management Executive in Scotland/Scottish Health Advisory service (1992) *Day case surgery for cataract*, Scotland: HMSO.

Royal National Institute for the Blind (2008) *Clear print guidelines*, London: RNIB. www.rnib.org.uk.

Royal National Institute for the Blind (2008) *Colour contrast*, London: RNIB. www.rnib.org.uk.

Royal National Institute for the Blind (2008) *How the RNIB can help with your signage*, London: RNIB. www.rnib.org.uk.

Waterman H, Hope K, Beed P, Clayton E, McQueen L, Owen C, Stott M and Studley M (1995) The nature
of ophthalmic services, and the education and qualifications of nurse: a national survey, *Journal of Advanced Nursing*, 22, pp.914-920.

Waterman H and Waterman C (1999) Trends in ophthalmic services, nursing skill mix and education: second national survey, *Journal of Advanced Nursing*, 30, pp.942-949.

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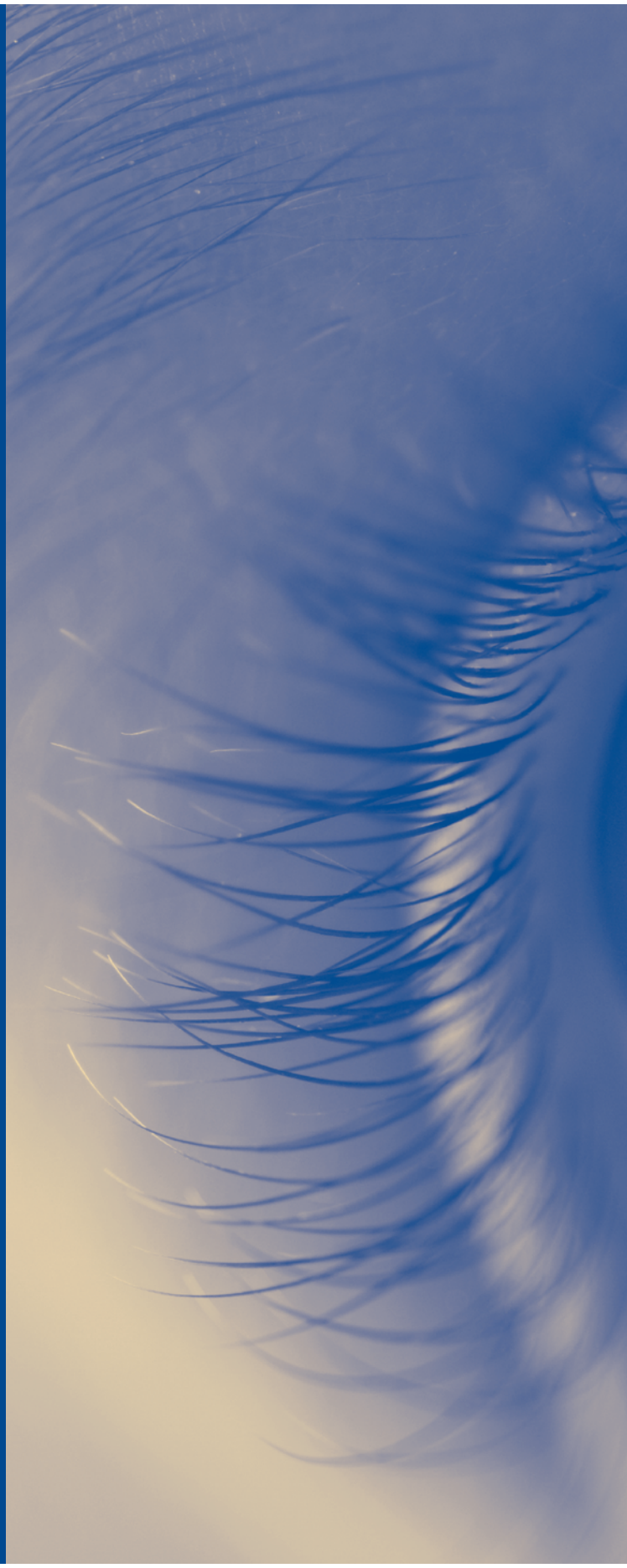
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