**CASE STUDY**  
Cataract Clinical Care Standard

Streamlining the patient journey with nurse-led postoperative care

**Nurse-led Cataract Postoperative Examination (NICE)    
Eye Clinic, Westmead Hospital**

In 2017, the Eye Clinic at Westmead Hospital, which provides cataract care for community members across Greater Western Sydney, was challenged by long waiting lists and congested clinics at every point of the patient pathway.

Clinical Nurse Consultant (CNC) Ophthalmology, Tracey Wilson, Nurse Unit Manager (NUM), Lai Bergan, and Head of Ophthalmology, A/Prof Andrew White, were keen to investigate how an upskilled nursing workforce could take some of the pressure off the clinic’s ophthalmologists and help drive down wait times for patients. They identified three possible points for intervention: the initial ophthalmological assessment, the day-one postoperative care examination, and one-month postoperative care examination.

Given the very low prevalence of postoperative complications within the first 24 hours, the team selected the routine, day-one postoperative care examination as the trial ground for their first nurse-led clinic.

The Nurse-led Cataract Postoperative Examination (NICE) Clinic began piloting in 2018, and has now been adopted into standard care.

## How does the NICE Clinic work?

Specially trained nurses in the NICE Clinic manage postoperative care for routine cataract surgery, freeing up the ophthalmologists and reducing overall waiting times, without reducing the quality of care.

* Patients who have had routine cataract surgery in Westmead Hospital are assessed in the postoperative clinic by specially trained nurses rather than ophthalmologists. Nurses also assess patients’ understanding of postoperative care and their need for additional support.
* Patients who are identified by nurses as having signs of postoperative complications are escalated to the attending ophthalmologist.
* Patients with complex needs, non-routine cataract, or co-morbidities are reviewed by ophthalmologists in a parallel clinic. How were the new referral and triage processes implemented?

After the onset of the COVID-19 pandemic, in-person visits to the NICE Clinic were replaced by nurse-led telehealth checks for all routine postoperative care. Patients with complications are still required to come to the clinic in person, to be seen by a specialist.

## Key enablers of the initiative

* **Pilot program random** audits The NICE Clinic was launched with a pilot program designed to enable evaluation of outcomes. Tools included retrospective random audits to determine whether any day-one pathology had been missed. No issues were detected.
* **Pilot program patient** survey The experience of pilot program patients was assessed via a four-question survey, with responses on a sliding scale from ‘strongly agree’ to ‘strongly disagree’. The questions were: 1) Are you satisfied with the nursing education today; 2) Was the information you received today easy to understand; 3) Would you know what to do if you have a problem with your eye; and 4) Are you happy overall with the care you received today. Across all four questions, 90 percent of patients responded ‘strongly agree’ and 10 percent responded ‘agree’.
* **Train the trainer** The first ophthalmic nurse to be trained to conduct routine postoperative checks was the CNC Ophthalmology. Her training included:
* one month observing day-one postoperative assessments, learning how to use a slit lamp, and how to judge patient need for further support; and
* twelve months conducting assessments alone, with assessments duplicated and reviewed by a doctor, additional training as required.

At the end of the training period, the CNC Ophthalmology was assessed for competency by the Head of Ophthalmology after which she was permitted to see patients independently for routine postoperative care.

* **Workforce training** Once assessed for competency, the CNC Ophthalmology began training her team. The format was similar to her own training, with the CNC providing oversight and managing practical and theoretical competency assessments. There were no set timelines, with nurses progressing according to their personal levels of competency and confidence.
* **Stakeholder approvals** The team developed a protocol that was reviewed and approved by Westmead’s Policies and Procedures Committee. With the support of the Westmead Executive, trained nurses conducted assessments according to the approved protocol.

## What were the outcomes of the NICE Clinic?

In 2019 [CHECK], 1,098 patients were identified as having had ‘routine’ cataract surgeries and were diverted to the NICE Clinic for postoperative assessment. Of these, 887 were seen independently by the upskilled nursing workforce, and 211 were referred on to a doctor.:

* Average clinic waiting times were reduced from around four hours to just over two hours.
* Phone enquiries regarding postoperative care were reduced from 12 to one per month.
* Patient complaints dropped from five to one per month.
* No adverse incidents were reported in the Incident Management System (IMS).
* A patient survey indicated high levels of satisfaction with the NICE Clinic service.

In 2019, the NICE Clinic won a Westmead Quality Award.

Issue

Large volumes of patients and long waiting times, across all points of the patient journey from initial specialist assessment, through surgery, to postoperative care.

Solution

Freeing up ophthalmologists’ time by upskilling nurses to manage postoperative care assessments after routine cataract surgery

Barriers

* Stakeholder approval
* Training requirements

Enablers

* Pilot program random audits
* Pilot program patient survey
* Training the trainer
* Workforce training
* Stakeholder approval

Quality Statements

8. Postoperative care

Read more about the Quality Statements in the Cataract Clinical Care Standard:

[safetyandquality.gov.au/cataract-ccs](https://safetyandquality.gov.au/cataract-ccs)

### Cataract Clinical Care Standard Case Studies

Explore more case studies: [safetyandquality.gov.au/defining-cataract-care-case-studies](https://safetyandquality.gov.au/defining-cataract-care-case-studies)

* Improving referral processes to improve triage pathways for cataract patients
* Diverting assessment of routine patients to an upskilled nursing workforce
* Changing practice around the inappropriate use of postoperative topical antibiotics
* Improving cataract care pathways for Aboriginal and Torres Strait Islander communities

|  |
| --- |
| “After about two years we had three nurses up and running. It had a significant impact on the clinic. The nurses had a very strict protocol they had to follow: they were to assess for routine cataract surgery only. Any complications whatsoever, the patient was to be referred on to the doctor.” **Tracey Wilson, Clinical Nurse Consultant** |

[**safetyandquality.gov.au**](http://www.safetyandquality.gov.au)

Creative Commons Licence© Australian Commission on Safety   
and Quality in Health Care 2021