

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 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.



Outcomes

In 2019, 1,098 patients were diverted to the NICE Clinic for postoperative assessment. The upskilled nursing team saw 887 patients, while 211 were referred to a doctor.

Average waiting times were reduced from four hours to just over two hours.

Postoperative care phone enquiries were reduced from 12 to one per month.

A patient survey indicated high levels of satisfaction and patient complaints dropped from five to one per month.

No adverse incidents were reported in the Incident Management System (IMS).

The NICE Clinic won a Westmead Quality Award in 2019.

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** Patient experience 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 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; followed by twelve months conducting assessments alone, with assessments duplicated and reviewed by a doctor, additional training as required.



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

- **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.

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

- Organisational change
- Training requirements

Enablers

- Pilot program random audits
- Pilot program patient survey
- Training the trainer
- Workforce training
- Stakeholder approvals

Quality statements

8. Postoperative care

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

safetyandquality.gov.au/cataract-ccs

Cataract Clinical Care Standard Case Studies

Explore more case studies:

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.