



Research for VISION 2020



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We need good quality information to be able to carry out our eye care programmes in support of VISION 2020, to measure (and improve) our performance, and to advocate for the resources and support we need to succeed. Much of this information can be collected, analysed, and used as part of our daily work, as many of the articles in this issue show.

However, many of our questions can only be answered by dedicated research. With the outcomes of such a large amount of eye care research available internationally, we can be forgiven for thinking that no more research is necessary. Unfortunately, this is not so. For example:

- Treatment paradigms established by research in resource-rich areas may not be an appropriate basis for delivering care in resource-poor areas. We need to test them and see what works best.
- Health systems research, critical to inform our programmes and policies, is currently under-prioritised and under-resourced, and will not take place without more support.



Researchers in Cape Town are investigating blindness due to diabetic retinopathy. SOUTH AFRICA

Elmien Wolvaardt-Ellison

- New evidence is needed to help us plan eye care because the patterns of eye disease are changing constantly, both due to an ageing population and due to changing lifestyles.

In addition, even when the appropriate research is available, there tends to be a gap between existing research and the actual use of evidence in the planning of blindness prevention programmes in the field; this is because research is often not easily accessible or not reported in a way that enables translation into actions.

Good research cannot take place without skilled staff and sufficient funding, but research often has to compete with eye care programmes for these resources. Therefore, we should be able to explain why we need to do research, why it is important, and how the outcomes of the research will support VISION 2020.

In September 2010, IAPB and the International Council for Ophthalmology jointly convened a workshop at the Lions Aravind Institute for

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Priority list of global research themes

Diabetic retinopathy (DR)

- Research to develop and test new paradigms for earlier treatment of DR relevant to resource-poor settings
- Research to develop and test interventions and systems effective in promoting and monitoring lifelong adherence to treatment of diabetes and diabetic eye disease within the non-communicable disease (NCD) framework

Open-angle and angle closure glaucoma

Research to develop low-cost and effective modalities and systems for identifying, treating, and monitoring glaucoma as well as promoting adherence to care in resource-poor settings

Childhood blindness

Research to demonstrate and evaluate a model for populations of up to 10 million at all levels of care which is comprehensive

and integrated into child health programmes (includes evaluation of interventions to improve referral, uptake, coverage, and follow-up)

Low vision

Research to evaluate models and content for low vision care across the life spectrum as part of comprehensive health services in resource-poor settings

Advocacy/impact

Research to demonstrate and disseminate the economic, social, and quality of life benefits of eye care to individuals and societies

Health systems

- Research on the governance and structures within strengthened national health care and education systems necessary to optimise the delivery of, and demand for, cataract, trachoma, and refractive error services, leading to

elimination of blindness and visual impairment from these conditions

- Research on the governance and structures within strengthened national health care and educational systems necessary to optimise delivery of, and demand for, comprehensive eye care services across the life spectrum

Primary health

Research on how to create and strengthen the systems for, and determine the benefits of, integrating primary eye health into primary health care and community development approaches

Planning and monitoring progress

Research to develop and test indicators and information systems to monitor eye care service outcomes at the programme, local, national, and regional levels, as part of integrated health management information systems

Community Ophthalmology (LAICO) in Madurai, India, to consider research priorities and related issues. More than thirty representatives from different parts of the world and from a variety of research and programme backgrounds came together to generate an exciting new research agenda for the future.

There were four main outcomes from the workshop:

- 1 A priority list of global research themes was determined – see page 43. These global priorities were underpinned with more detailed regional priorities and research needs for advocacy and health system strengthening.
- 2 A strong desire to invest in the capacity building of research institutions based in low- and middle-income countries and the recommendation that IAPB seek funding to promote this.
- 3 The need to ‘translate’ research – this means not only making it accessible and available to the people who need it, but also making research findings more easily understood by programme managers and policy makers and trying to break down the special language beloved of academia.
- 4 The creation of an IAPB research work group that will drive forward the ideas and recommendations from the workshop and also promote collaboration amongst IAPB members to support research work.

Delegates used the criteria listed below to set research priorities. These can be adapted to your own setting if you have to make decisions about allocating limited resources for research on a local, district, or national level.

- What is the likelihood that this research would have a major impact on reducing avoidable blindness by 2020?
- What is the likelihood that this research would improve our capacity to plan and deliver services?
- What is the likelihood that this research would contribute to greater resources being available for eye care services (e.g., evidence can be used for advocacy)?
- What is the likelihood that the impact of this research would lead to more equitable health outcomes across the region (e.g., research could help all segments of society, not just the privileged)?
- What is the likelihood of this study being designed and carried out to make a difference by 2020?

You can find a copy of the workshop report on the VISION 2020 website: www.v2020.org

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Keeping good nursing re



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In the busy working day of a nurse, with the many urgent demands on your time, you may feel that keeping nursing records is a distraction from the real work of nursing: looking after your patients.

This cannot be more wrong! Keeping good records is part of the nursing care we give to our patients. It is nearly impossible to remember everything you did and everything that happened on a shift. Without clear and accurate nursing records for each patient, our handover to the next team of nurses will be incomplete. Needless to say, this can affect the wellbeing of patients.

In fact, the quality of our record keeping can be a good (or bad) reflection of the standard of care we give to our patients: careful, neat, and accurate patient records are the hallmarks of a caring and responsible nurse, but poorly written records can lead to doubts about the quality of a nurse's work.

Another important consideration is the legal significance of nursing records. If a patient brings a complaint, your nursing records are the only proof that you have fulfilled your duty of care to the patient. According to the law in many countries, if care or treatment due to a patient is not recorded, it can be assumed that it has not happened. Poor record keeping can therefore mean you are found negligent, even if you are sure you provided the correct care – and this may cause you to lose your right to practise.

In short, the patient's nursing record provides a correct account of the treatment and care given and allows for good communication between you and your colleagues in the eye care team. Keeping good nursing records also allows us to identify problems that have arisen

and the action taken to rectify them.

In this article, we discuss how to be effective in your record keeping and how to maintain the high standards required.

Who is responsible for record keeping?

Anyone on the nursing team who provides patient care can contribute to record keeping. However, if you are a qualified or senior nurse supervising unqualified colleagues, you should assume responsibility for providing guidance on documentation.

What should go into a patient's nursing record?

The nursing record is where we write down what nursing care the patient receives and the patient's response to this, as well as any other events or factors which may affect the patient's wellbeing. These 'events or factors' can range from a visit by the patient's relatives to going to theatre for a scheduled operation.

If you are in any doubt about what to write down, it may be useful to ask yourself the following: "If I was unable to give a verbal handover to the next nursing team, or the next shift, what would they need to know in order to continue to care for my patients?"

You want to ensure that

the patient's care is not affected by the changeover of nursing staff.

'Keeping good nursing records allows us to identify problems that have arisen and the action taken to rectify them'

How to keep good nursing records

The patient's record must provide an accurate, current, objective, comprehensive, but concise, account of his/her stay in hospital. Traditionally, nursing records are hand-written. Do not assume that electronic record keeping is necessary.

- Use a standardised form. This will help to ensure consistency and improve the quality of the written record. There should be a systematic approach to providing nursing care (the nursing process) and this should be documented consistently. The nursing record should include assessment, planning, implementation, and evaluation of care.