

Trends in Practice

How Ophthalmic Nurses Can Make Your Practice More Efficient

By Laura J. Rongé, Contributing Writer

As medicine continues its metamorphosis — as reimbursements shrink in the face of ballooning knowledge, technology, expectations and documentation requirements — ophthalmologists are finding that the registered ophthalmic nurse can play a valuable role in private practice.

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According to Carol Ruehl, RN, Certified Registered Nurse in Ophthalmology (CRNO), a nurse brings a broad medical background and an independent license to an ophthalmic practice. As the immediate past president of the American Society of Ophthalmic Registered Nurses, Ms. Ruehl shared her insight on how the CRNO can help an ophthalmologist maintain first-rate quality care while reining in costs.

Patient Education

"Nurses can wear a lot of hats," Ms. Ruehl noted. One of their most valuable contributions in private practice is in patient education. "Our system has changed, but the patients' needs have not," she said. "They require the same amount of education and support; they need to understand what is happening to them and how they can participate in a successful outcome."

The nurse can participate in each patient visit — completing the documentation, answering questions, explaining instructions. Because the physician's care is being judged by outcomes these days, patients must have realistic expectations and a good understanding of their disease, their surgery, their treatment and the signs of complications. A nurse can save the ophthalmologist the time it takes to ensure that this knowledge goes home with the patient. The nurse can also perform clinical tasks such as fluorescein injections.

"We are seen as part of the team, and it has turned out to be a very successful arrangement for us. Sometimes we can save the doctor up to 10 minutes per visit, depending on the pathology," Ms. Ruehl explained. Multiply this over a day's patients and the time saving is significant.

Telephone Triage

Another important time-saver is in telephone triage. At Lieberman Eye Associates in Chicago, where Ms. Ruehl serves as clinical and surgical coordina-

tor, she regularly takes patient phone calls for the doctor. "I can make the judgement to bring that patient in or not," she said. Of course, she keeps Dr. Lieberman informed at all times. "As he is going between rooms, I can say, 'I did this with Mrs. Jones, what do you think?'"

When the practice is closed, a nurse can also help to take answering service calls. Ms. Ruehl remembers one Christmas Eve, when a patient who had surgery the week before called and asked the answering service if he could talk to her. "Because it was Christmas Eve, he didn't want to bother the doctor," she explained. After questioning him, she suspected the patient had endophthalmitis. She realized he needed immediate attention and tracked down the surgeon, who met the patient at the hospital. The patient had a very virulent pseudomonas infection, but in the end he had a 20/40 result. "Had it not been taken care of quickly, it could have been a whole different outcome," Ms. Ruehl said.

Follow-Up

A nurse can keep track of patients who need follow-up, for instance, an older woman with new glaucoma who lives alone and is frightened that she is not correctly using the eyedrops. "I call to ask how it's going, and if she tells me, 'I can't quite feel the eyedrops. I think they are going down my cheek more than into my eye,' I might suggest putting the bottle in the refrigerator so she can feel the drops in her eye," said Ms. Ruehl. "This saves her money and helps her to become compliant. It's a little thing, but it makes a huge difference to the patient. They feel well taken care of, and that is important."

"Vision is very precious," she added. "Probably next to the fear of cancer is the fear of blindness, and they really do need to have that reassurance."

The nurse can take a detailed medical history; tell the patient which medications to take; ask who will bring them to the hospital; explain any post-surgical instructions; and obtain informed consent.

Hospital Privileges

With the physician's approval, an ophthalmic nurse can obtain adjunct staff hospital privileges. This allows the nurse to begin the request for hospital consultations, review the medical record

and document pertinent findings, write progress notes and orders (later countersigned by the physician), and even dilate the patient in preparation for the doctor's visit.

In preparing a patient for surgery, the nurse can review preoperative laboratory work. Ms. Ruehl has been able to catch such things as undiagnosed diabetes. "A blood sugar comes across my desk, and it is 400, and this patient is scheduled for surgery," she said. She then calls the primary care physician with the news and cancels the surgery in advance.

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On the day of surgery, a nurse can take care of all the required chart documentation and patient interaction. "The physician does not necessarily see every patient and every family member in every case," Ms. Ruehl explained. "He concentrates on the procedure, and I take care of all of the other aspects."

A nurse can also assist in surgery. At Lieberman Eye Associates, one nurse works part time as a surgical scrub nurse and part time in the office setting. "We are much more efficient and can do more cases because we are not dealing with a new scrub nurse each time," Ms. Ruehl said.

management issues, policy and procedure development, and managed care contracting. Ms. Ruehl is currently developing the practice's guidelines for the new Medicare evaluation and management coding. With the physician's input, she uses her nursing background to assess the "monstrous documentation needs" and streamline the charting process.

She also helps the doctor to manage and educate the office staff. "It would be the ideal world if the ophthalmologist could teach everybody everything that he or she wants to happen in the office, but there are patients to see. So he has to feel he can trust another professional to help maintain the team," she said.

Reaping the Benefits

These are just a few of the countless ways that an ophthalmic nurse can help an ophthalmologist to assure high-quality patient care. "We do not market our practice," Ms. Ruehl pointed out. "We treat the patients very well and our patients don't leave us."

And providing this level of care is not only affordable but profitable when it is streamlined in this collaborative way.

If the goal is to see more patients without compromising care, she concluded, bringing an ophthalmic nurse on board can be an economical way to accomplish that.

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Tips For Efficiency

Ophthalmic RN can:

- Oversee staff/patient education
- Take detailed medical history
- Tell patients which medications to take
- Serve as liaison with other practices
- Take patient phone calls

Liaison

When a patient is referred to another practice, the nurse can handle all the arrangements: "I put together the information that goes with the patient and when we receive the report from the physician, I call the patient to ask how the visit went." The same is true when a patient is referred to their office: "Patients feel very welcome because we know they are coming," she said.

She also serves as a liaison for the practice with home health agencies, insurance companies, pharmacies and community groups.

Administration

Depending on the practice size, a nurse can take on an administrative role. This entails overseeing staff education, risk

For more information about ophthalmic nurses, contact the American Society of Ophthalmic Registered Nurses (ASORN) at 415-561-8513.

This is the first in an occasional series on how to work with ancillary personnel to streamline your practice.

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