



eye&ear

*Celebrating
our 2000th
cochlear implant*

FROM BIONIC EAR
TO BIONIC EYE

INCREASING ACCESS
TO SPECIALIST SERVICES

ABORIGINAL HEARING
SCREENING GRANT



**The Royal Victorian
Eye & Ear Hospital**
caring in every sense

|||||

[illegible]

32 Gisborne Street East Melbourne Victoria 3002



11

TRAINING
FUTURE
CLINICIANS



8
OUTREACH
TO ABORIGINAL
COMMUNITIES



10
CARING FOR
YOUR VISION

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cover

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*Three year old Abby Paulet
– Proud recipient of 2000th
cochlear implant performed
at the Eye and Ear*

FROM THE QUALITY COMMITTEE CHAIR



Roger Greenman AM
Chair Quality Committee



The Royal Victorian Eye and Ear Hospital is a state-wide provider of eye and ear health care and in 2009/10 we cared for over 240,000 patients. One of our core values is excellence and we translate that into our commitment to provide safe, high quality health care with accountability for the services we provide.

This report is intended to tell you more about the research, training and clinical care that takes place at the Eye and Ear and also to be open and transparent about our quality and safety processes.

The Eye and Ear is your hospital and we believe one of the best ways of improving the care we give is by listening to you. Our Community Advisory Committee is representative of our community and gives you, the community, a voice.

Patient-centred care runs through every facet of the Eye and Ear. As part of our continuous improvement this year we have developed a Quality Plan based on the Victorian Quality Framework and implemented strategic priorities which ensure the Eye and Ear has a coordinated, organisation-wide approach to quality and safety.

Our focus is on improving access to our specialist services for all Victorians. We continue to work closely with the Department of Health (DH) on planning for redevelopment and we have extended our state-wide service this year by establishing telemedicine and performing elective surgery at regional hospitals.

This year we have worked alongside our Aboriginal community. I am delighted to announce that after a successful hearing screening program for Aboriginal children, we have recently been awarded grants to expand this service and implement new initiatives.

The Hospital was awarded by the Department of Health for improving access by providing a new model of care for the management of cataract services. We focused on streamlining the service for the patients' convenience and decreasing waiting times for operations. We also set up a Saturday surgery list that successfully reduced waiting lists and gave patients choices about their surgery.

Our commitment to research and partnerships is evident in the groundbreaking research that has occurred this year. Our patients have helped translate the research of the University of Melbourne, the Centre for Eye Research Australia, La Trobe University, the Bionic Ear Institute and Hearing CRC into patient-centred clinical care.

As for the future, we are looking forward to expanding from being the home of the 'bionic ear' to becoming the home of the 'bionic eye' in 2013. This dream is due to become a reality because of our role as a national centre for excellence in research, training and clinical care.

On behalf of the Board of The Royal Victorian Eye and Ear Hospital, I would like to thank all hospital staff and volunteers for their contribution to improving the quality of our services. I hope you find the report interesting and informative and I welcome your feedback.

Meet some of the team who co-ordinate improvements in quality and safety



Jan Boxall
Chair Board
of Directors



Ann Clark
Chief Executive
Officer



Mike Zafiropoulos AM
Chair Community
Advisory Committee



Dr Caroline Clarke
Executive Sponsor
of Quality and Risk
Committee



Linda Miln
Risk and Quality
Manager



Kellie Michel
Community
Development Officer



**The Community
Advisory Committee
includes a diverse
membership of
thirteen community
members**

YOUR PARTICIPATION

The Eye and Ear is committed to consumer participation. Your input enables us to provide services that are responsive to your needs as we strive to improve the quality of our service and the safety of our environment.

Hearing Screening Grant

The Eye and Ear has been awarded funds by the Commonwealth Department of Health and Ageing to undertake a one year project to develop ear health promotion materials in partnership with the Aboriginal community.

The health promotion materials will be distributed when our ear specialists conduct hearing screening on Aboriginal primary school children at two Victorian pilot sites, one in a semi-rural area and one in an outer metropolitan area.

By combining health promotion materials with the hearing screening program, the Eye and Ear aims to bring key ear health messages into the communities and play a role in reducing the health inequalities experienced by the Aboriginal community.

Redeveloping the Eye and Ear

With demand for our specialist services set to increase dramatically over the next 20 years, we recognise the need to improve the Eye and Ear facilities.

A Hospital redevelopment will enable staff to more efficiently provide latest advances in technology and treatments to our patients.

To do this, we will be seeking your input and consulting with the community to ensure the Eye and Ear redevelopment meets your needs and the needs of future generations.

Community Advisory Committee

Established in 2001, the Eye and Ear's Community Advisory Committee (CAC) includes a diverse membership of thirteen community members and three Board Directors. The CAC assists and advises the Board on effective consumer and community participation in service development and delivery. Meetings are held bi-monthly with a newsletter and CAC internet chat room keeping members informed between meetings.

Community Participation Plan

The CAC developed and now monitors the Community Participation Plan, a tool which is used to guide management and staff in achieving high levels of consumer participation. The Community Participation Plan aims to:

- Create a welcoming environment
- Engage the community
- Encourage patients to be involved in their own health care
- Advocate community needs in the Hospital's redevelopment

'Doing it with us not for us'

The Department of Health's 'Doing it with us not for us' policy (2006) guides the Eye and Ear on consumer, carer and community participation and measures our success. The CAC plays a key role in implementing this policy. Page 4 shows a table which gives an overview of our achievements this year.

The Eye and Ear has also successfully implemented the 'Doing it with us not for us' priority action areas as demonstrated below:

- Involving consumers, carers and community members from the planning stage through to evaluation and monitoring (priority action area 6)

The Department of Health recently awarded funding to the Eye and Ear to undertake an *Evaluating Effectiveness of Participation Project*, which will develop a consumer participation educational resource. Community members have been involved in the planning and development and will continue to play a key role in the implementation and evaluation of this project.

- Communicate and provide evidence based information about treatments and care to consumers and carers that is developed with consumers (priority action area 4)

The Eye and Ear provides evidence-based, treatment information and other relevant information to our consumers and carers. Developed in consultation with the CAC, the range includes anaesthetic, medication and outpatient information.

- Create welcoming and accessible services for the diverse members of your community (priority action area 7)

Information was recently translated into different languages for our culturally diverse community and is available on the Hospital website. We are currently developing a Disability Action Plan in consultation with the community which will focus on access and inclusion of people with a disability.

The Department of Health recently released the new 'Doing it with us not for us' strategic direction 2010-13. The Eye and Ear is reviewing its practice against the new policy and will start collecting and reporting on the comprehensive suite of indicators in next year's Quality of Care Report.

181,009

CLINIC
PATIENTS
PER YEAR

This table shows how the Eye and Ear has implemented the Department of Health's 'Doing it with us not for us' 2006 policy.

'DOING IT WITH US NOT FOR US' 2006 POLICY

INDICATOR	ACHIEVEMENTS
1. The governing body is committed to consumer, carer and community participation and meets the Australian Council on Healthcare Standards to the level of Moderate Achievement ('MA').	The Eye and Ear met the Australian Council on Healthcare Standards for consumer, carer and community participation during the 2007 organisation-wide, accreditation process and received an 'EA' (Extensive Achievement).
2. There is participation in higher level decision making and consumers, carers or community members are on key governance committees.	Consumers, carers and community members are actively involved in the following committees: Primary Care and Population Health Advisory Committee; Cultural Diversity Committee; Community Advisory Committee; Clinical Quality Committee; and the Human Research and Ethics Committee.
3. A Community Advisory Committee has been established and operates in accordance with the non-statutory guidelines.	The Community Advisory Committee (CAC) was established in 2001 and operates in accordance with the guidelines.
4. The service reports openly to its communities on quality and safety, and participation in its processes.	Each year, the Eye and Ear reports on quality and safety initiatives through its Quality of Care report. The report is widely distributed to its communities and made available to patients throughout the Hospital. Feedback from the community on the previous year's report was reviewed and incorporated into this report. The 2010 report was developed in consultation with the CAC and the community.
5. A Community Participation Plan has been developed and is being reported against annually to the Department of Health.	The Community Participation Plan is currently being implemented and is monitored by the CAC. Progress is reported annually to the Department of Health.
6. There is consumer and, where appropriate, carer participation in clinical care and consumer participation in decision making about their care and treatment is assessed on the Victorian Patient Satisfaction Monitor's Consumer Participation sub-index.	Rights and Responsibility brochures are distributed throughout the hospital and readily available to patients. The Victorian Patient Satisfaction Monitor results are reviewed by our patient representative and reports are provided to the CAC.
7. Appropriate information is available to enable all consumers and carers, where appropriate, to choose to share in decision making about their care.	Information is provided to our patients to help them make an informed decision regarding their care. The CAC has reviewed information that is provided to patients.

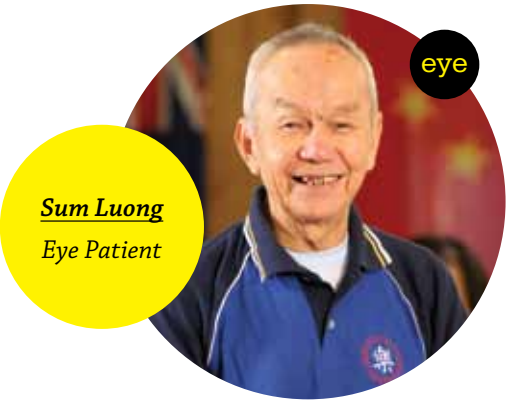
YOUR FEEDBACK

Our aim is to continuously improve this report. This year we have consulted with the CAC on articles of interest and themes. We surveyed patients, staff and volunteers and have incorporated their opinions into this report.

CULTURAL DIVERSITY

“I am grateful for the care I received. The treatment helped me stay active.”

我很感谢医院对我的治疗，这些治疗让我能保持活跃。



The Eye and Ear is committed to providing a welcoming environment for patients from diverse backgrounds and cultures. With guidance from the CDC, the Hospital encourages community participation, inclusiveness, respect and a sense of belonging.

During our Orientation Program, all Eye and Ear staff are trained to understand the needs of our culturally diverse patient community. In every aspect of care, staff strive to give culturally sensitive care and encourage patient participation in decision making through the use of our interpreting service.

Cultural Responsiveness Framework

The Eye and Ear is in the process of developing a new Cultural Diversity Plan to address the Department of Health Cultural

Responsiveness Framework.

Recently, a gap analysis was undertaken to assess the Hospital’s current practice against the four domains of the framework:

- organisational effectiveness
- risk management
- consumer participation and
- effective workforce

We are now developing a plan in consultation with the community which will address these gaps and identify opportunities for improvement.

Interpreting Department

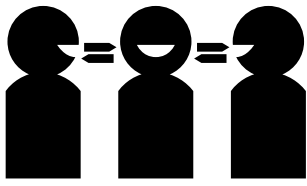
Collectively, Eye and Ear patients speak more than 85 languages and our Interpreting Department is dedicated to facilitating participation in care for those patients who come from non-English speaking backgrounds.

One of the largest in Victoria, our interpreting

service provides in-house translation for people who speak Greek, Vietnamese, Italian, Mandarin, Cantonese, Turkish, Croatian, Serbian, Bosnian, Arabic, Lebanese, Amharic, Tigrinya and Sudanese.

This year, the Interpreting Department provided 15,518 occasions of service of which only 19% required the services of an external agency for languages not covered in-house.

Following the production of patient information leaflets in languages of high demand – Greek, Vietnamese, Italian, Chinese, Arabic and Turkish – some gaps in communication with non-English speaking patients had been identified, steps have been taken to increase liaison between the Interpreting Department and staff while service improvements have been made.



NEED AN INTERPRETER?

An interpreter service is available. To book an interpreter for your appointment, phone (03) 9929 8234.

Greek
Προσφέρεται υπηρεσία διερμηνείας, τηλεφωνήστε στο (03) 9929 8234 για να κλείσετε διερμηνέα για το ραντεβού σας.

Vietnamese
Chúng tôi có dịch vụ thông ngôn, xin quý vị gọi số (03) 9929 8234 để dàn xếp thông ngôn viên cho ngày khám của quý vị.

Chinese
我们提供口译员服务, 就诊时若需要口译员请致电 (03) 9929 8234 预约。

Italian
È disponibile un servizio interpreti, se avete bisogno di un interprete per il vostro appuntamento telefonate al numero (03) 9929 8234 per fare la prenotazione.

Turkish
Sözlü çevirmen hizmeti sağlanmaktadır. Randevunuza bir çevirmen sağlanması için (03) 9929 8234 numaralı telefonu arayın.

ear

Belgin Nazligul
ENT Patient

THIS YEAR THE INTERPRETING DEPARTMENT PROVIDED
15,518
OCCASIONS OF SERVICE

The Eye and Ear acknowledges the importance of providing appropriate care for our culturally diverse patients.

“With an interpreter at my side I know I am getting all the information I need.”

“Yanimda tercüman oldugunda, isteyecegim bilgileri alacagimi biliyorum.”

GET YOUR EYES TESTED ON WORLD SIGHT DAY

PUT THE 14 OCTOBER IN YOUR DIARY AS YOUR YEARLY REMINDER TO GET YOUR EYES CHECKED

- AGE RELATED MACULAR DEGENERATION
- CATARACT
- DIABETIC RETINOPATHY AND
- GLAUCOMA

ARE PREVENTABLE BUT IF LEFT UNDIAGNOSED CAN LEAD TO BLINDNESS

Caring about Diversity

The Eye and Ear celebrated Harmony Day to recognise Australia's success as a vibrant, cohesive and diverse nation. As part of the celebrations, representatives from the Chinese, Vietnamese and Arabic communities were invited for a 'Harmony Day – Come and See Tour'.

The tour gave community groups the opportunity to get to know the Eye and Ear and for us to learn how we can better service their needs. The tour was an initiative of the Cultural Diversity Committee (CDC).



The Royal Victorian Eye & Ear Hospital
caring in every sense

44,623

EMERGENCY
PATIENTS
PER YEAR

The table below shows how the Eye and Ear is performing against the cultural diversity reporting requirements.

CULTURAL DIVERSITY

MINIMUM REPORTING REQUIREMENTS

ACHIEVEMENTS

1. Understanding clients and their needs

Cultural Diversity training is provided to all staff within the Orientation Program.

2. Partnerships with multicultural and ethno-specific agencies

This year, the Hospital celebrated Harmony Day by inviting community leaders for a tour of our services. Members of the CDC and the CAC represent culturally diverse communities. These members have extensive links to the multicultural and ethno-specific organisations and advise the Hospital on how best to meet the needs of these communities.

3. A culturally diverse workforce

Cultural diversity is reinforced by our Human Resources policies and as a result, over 49 different nationalities are represented by our staff.

4. Using language services to best effect

Servicing the needs of our culturally diverse patients, the Hospital has translated an Outpatient Information Sheet into six languages: Arabic, Greek, Italian, simplified Chinese, Turkish and Vietnamese. The translated fact sheet has recently been evaluated by a selection of our culturally diverse patients, most reported they were happy with the translated information. Recently the Hospital reviewed its policy for providing care to people from culturally diverse backgrounds.

5. Encourage participation in decision-making

The CDC and the CAC ensure that the Hospital meet the needs of the culturally diverse community and encourage participation in decision-making. Interpreters are available to all culturally diverse patients enabling them to participate in decisions about their care and treatment.

6. Promoting the benefits of a multi-cultural Victoria

Each year the Hospital participates in Harmony Day to ensure that multiculturalism is promoted throughout the Hospital and into the community. The Hospital also has a cultural diversity internet and intranet site to help promote cultural diversity.

ABORIGINAL EYE AND EAR HEALTH



The Eye and Ear is committed to working with the Aboriginal community to provide culturally appropriate eye and ear care. Our Aboriginal and Torres Strait Islander Committee provides advice to the Executive on meeting the needs of the Aboriginal community and convenes bi-annually with a representative from the Victorian Aboriginal Health Service as part of its membership.

In 2009/10, the Eye and Ear undertook several key projects to improve the eye and ear health of Aboriginal children. Working closely with the Aboriginal community and community organisations, the Eye and Ear facilitated hearing screening for children at the Victorian Aboriginal Child Care Agency playgroups and Darebin Primary Schools.

Recent Aboriginal initiatives at the Eye and Ear have been featured in the 2010 Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) calendar, the Victorian Aboriginal Health Service newsletter, and via a presentation at the Audiology Australia National Conference.

Minister for Health
Daniel Andrews
with Professor
Stephen O'Leary,
Audiologist Dominic
Power and patient
Stormy Glasby at
a primary school
hearing screening

13,429

INPATIENTS
PER YEAR

The table below shows the Eye and Ear's achievements against key result areas of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program.

ICAP PROGRAM

KEY RESULT AREA	ACHIEVEMENTS
1. Establish and maintain relationships with Aboriginal Community Controlled Organisations and Services.	The Eye and Ear has been working closely with Aboriginal organisations to ensure care is provided in a culturally appropriate way, particularly for the Eye and Ear's screening projects. On both the Hospital's Aboriginal and Torres Strait Islander Committee and Community Advisory Committee, there is Aboriginal community representation.
2. Provide or coordinate cross-cultural training for hospital staff.	As part of the Eye and Ear's Aboriginal and Torres Strait Islander plan, the Hospital is currently developing a new cultural-awareness training program.
3. Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.	<p>As part of the primary school hearing screening project, specifically designed, culturally appropriate, follow-up clinics were established.</p> <p>The Hospital has been working in collaboration with the Victorian Aboriginal Health Service (VAHS) to ensure our services meet the cultural needs of the Aboriginal community. Discharge information for the Aboriginal community is available on the Hospital's intranet site.</p> <p>Members of the Hospital's Continuum of Care Committee also attend the Aboriginal and Torres Strait Islander Committee meetings.</p>
4. Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.	The Hospital's intranet site contains information on appropriate referral pathways for Aboriginal patients following their care at the Eye and Ear. The established partnership with VAHS as part of the primary school screening has ensured that staff are able to provide appropriate care to the Aboriginal children, including referrals.

Hearing Screenings

Working in partnership with the Darebin Best Start Partnership, the Victorian Aboriginal Health Service, and the Northern Metropolitan Region Primary School Nursing Program, Eye and Ear specialists screened the hearing of over 100 Aboriginal primary school children this year. Children identified with problems were referred to culturally-appropriate clinics.

NAIDOC Week

To celebrate NAIDOC Week in 2010, staff from the Victorian Aboriginal Health Service (VAHS) were invited to meet with Hospital staff to discuss opportunities to work in partnership and ways in which the Eye and Ear can provide services to the Aboriginal community. VAHS staff also participated in the Eye and Ear's unveiling of a plaque to acknowledge the Wurundjeri people as the traditional owners of the land that the Hospital stands on.

Alice Springs Partnership

Aboriginal communities served by Alice Springs Hospital now benefit from regular, ongoing, ENT, specialist care. Each month an Eye and Ear team consisting of an ENT surgeon, theatre nurse and audiologist visits communities around Alice Springs for up to a week. The team run clinics, manage chronic conditions and perform ear surgery, helping up to 40 Aboriginal children each day.

CARING FOR YOUR VISION

MEET SOME OF THE PROFESSIONALS WHO ARE CARING FOR YOUR EYE HEALTH



Dr Alex Harper
Ophthalmologist
Head of Medical Retinal Clinic



Dr William Campbell
Ophthalmologist
Head of Vitreoretinal Clinic



Dr Rasik Vajpayee
Ophthalmologist
Head of Corneal Clinic



Professor Jonathan Crowston
Ophthalmologist
Head of Glaucoma Clinic



Dr Richard Stawell
Ophthalmologist
Head of Ocular Immunology Clinic



Dr Alan McNab
Ophthalmologist
Head of Ocular Plastics Clinic

75% OF VISION LOSS IS PREVENTABLE OR TREATABLE

GENERAL EYE CLINIC

SPECIALIST CLINICS REQUIRING GP, OPHTHALMOLOGIST OR OPTOMETRIST REFERRAL

Medical Retinal Clinic For patients with retinal conditions such as diabetic retinopathy	Vitreoretinal Clinic For patients who require retinal surgery	Fast Track Cataract Clinic For patients requiring cataract surgery	Ocular Diagnostic Clinic For patients with vision problems of uncertain cause	Corneal Clinic For patients with corneal conditions such as Keratoconus	Glaucoma Clinic For patients with glaucoma, a group of diseases that destroy the optic nerve
Ocular Motility Clinic Primarily treats children with ocular muscle conditions such as squints and double vision	Ocular Rheumatology Clinic For patients with an inflammatory condition affecting the eye	Ocular Immunology Clinic For patients with immunological conditions affecting the eye	Ocular Plastics Clinic For patients with conditions affecting external anatomy of the eye and tear ducts	Corneal Ocular Plastic Clinic For patients with a combination of conditions that fall under the remit of various other clinics	Glaucoma Monitoring Clinic For patients with complex but stable glaucoma who require ongoing monitoring
Pterygium Clinic For patients with growths around the eye	Angiography Clinic For patients requiring diagnostic angiography tests	Neuro-ophthalmology Clinic For patients with neurological disorders affecting vision	Contact Lens Clinic Treats patients for whom ordinary contact lenses are not suitable	Laser Clinic Laser treatment for conditions such as glaucoma and AMD	Oncology Clinic For patients with vision impairment due to cancer

EMERGENCY DEPARTMENT – 24 HOURS A DAY/7 DAYS A WEEK

INTERNATIONAL LEADERSHIP

Meeting of Minds

The Eye and Ear was acknowledged as one of the finest, specialist eye hospitals in the world due to its leadership role in eye health, treatment and research at the Annual Meeting of the World Association of Eye Hospitals (WAEH).

As a testament to the Eye and Ear's standing in the international eye health community, the Hospital hosted this year's conference.

The conference discussions were very relevant to the challenges that face the Eye and

Ear as we move forward with redevelopment of the Hospital and work towards the first Australian Bionic Eye implantation, anticipated in 2013.

Over forty delegates, including experts and eye hospital CEO's from USA, UK, Asia, Europe and Australia presented on the latest innovations in eye health care delivery.

Eye health leaders shared ideas and built collaborations with colleagues from around the world while the exchange of information and sharing of knowledge was beneficial to everyone.

Ann Clark, CEO, Eye and Ear with Kees Sol, President of the World Association of Eye Hospitals and other international eye health leaders



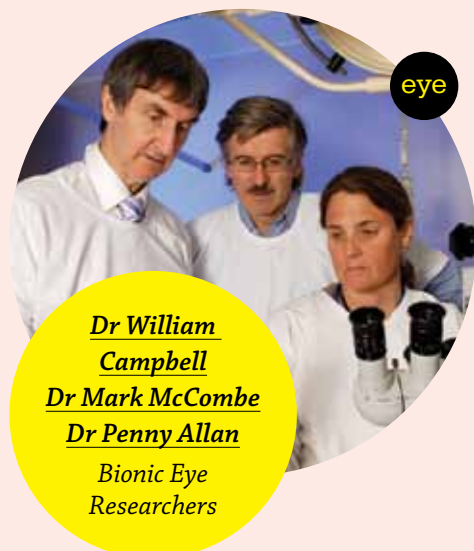
SHARING IDEAS

In May 2010 the Eye and Ear sent representatives to Moorfields Eye Hospital in London, one of the world's pre-eminent eye institutions to conduct a detailed review of its operations in order to exchange ideas and promote improvements at both facilities.

David Lau (Executive Director Ophthalmology Services) and Dr Michael Coote (Clinical Director Ophthalmology Services) looked at the similarities and differences between services at the hospitals. The trip established that Moorfields is substantially similar to the Eye and Ear and serves as an effective international benchmark. In many instances, these similarities are much closer than those shared with other Melbourne metropolitan hospitals.

In addition to fact-finding, the trip to Moorfields was about relationship-building. Important outcomes of the visit were identifying key people in the organisation to contact and discuss issues with in future, a promise of coordinated performance monitoring and benchmarking, and other opportunities for business development.

EYE AND EAR RESEARCH



Dr William Campbell
Dr Mark McCombe
Dr Penny Allan
Bionic Eye Researchers

From Bionic Ear to Bionic Eye

The Eye and Ear restored hearing through the Bionic Ear and with this year's Government announcement of funding for Australia's first Bionic Eye, the Hospital will be the clinical site of the first implantation, anticipated in 2013.

The Eye and Ear is part of Bionic Vision Australia, a consortium of world-leading, research organisations, including the Centre for Eye Research Australia and the Bionic Ear Institute that are working together to develop an advanced Bionic Eye.

The Bionic Eye will improve quality of life for patients suffering from degenerative vision loss caused by retinitis pigmentosa and age-related macular degeneration.

The device, which is undergoing tests, consists of a miniature camera mounted on glasses that captures visual input, transforming it into electrical signals that directly stimulate surviving neurons in the retina.

The implant will enable recipients to perceive points of light in the visual field that the brain can then reconstruct into an image.

Eye and Ear Trials New Technology

The Eye and Ear sees 1600 patients every year who suffer from vertigo, imbalance and dizziness. Accurately diagnosing a vestibular disorder has, up to now, involved the use of a Head Impulse Test where patients have to wear an uncomfortable contact lens.

The Eye and Ear is now trialling a new, non-invasive diagnostic test which is portable, easier for patients to undergo and much less expensive.

Developed by Dr Hamish MacDougall from the University of Sydney, the new technology monitors eye movement through glasses fitted with a camera that feeds data directly into a computer to diagnose balance problems.

Closer to a Cure

Retinal specialist, Professor Robyn Guymer has dedicated the past fifteen years to finding a cure for age-related macular degeneration (AMD), the most common cause of preventable blindness in Australia.

Recently, the work of her team at the Centre for Eye Research Australia and colleagues around the world has come to fruition with the introduction of a new treatment for AMD called Lucentis. The injectable drug, trialled at the Eye and Ear, halts progression of the disease and restores sight to people with AMD.

Now, Professor Guymer is forging ahead with a major research project that could revolutionise the treatment of AMD. Professor Guymer has initiated the world's first clinical trials of a new laser therapy that could stop or partially reverse AMD before vision loss occurs.

The laser device has been specially designed to deliver a controlled nanosecond dose of laser energy into the retina at the back of the eye.

Preliminary research suggests that the laser can eliminate yellow deposits, known as 'drusen' that cause loss of vision in people with AMD.

If successful, the laser therapy will be a major breakthrough in AMD treatment and will potentially benefit millions of people world-wide.

Squint Gene Found

Dr Jon Ruddle, Eye and Ear specialist and researcher at the Centre for Eye Research Australia, has uncovered one of the genes responsible for strabismus. Strabismus, the condition that causes 'squint' or 'crossed eyes' is the most common eye disorder in children.

The study, published in the prestigious science journal, *Cell*, also showed that strabismus is primarily a disorder of the nervous system rather than simply an eye muscle disorder. With a better understanding of the effect of nerve development on the eye muscles, researchers can now explore new treatments for children suffering from this condition.



Dr Jon Ruddle
Glaucoma and Genetics Specialist

cover story

It was a wonderful moment when three year old Abby turned to respond as her mum called her name. Just 18 months ago Abby would have been unaware her mother was speaking. Abby was the recipient of the 2000th cochlear implant at the Eye and Ear, the device that has opened up the world of sound to thousands of people since it was invented by Professor Graeme Clark more than 30 years ago.

In August this year, 150 patients, staff and carers joined Professor Clark to launch 99 balloons into the Melbourne sky to mark this significant milestone. The balloons carried patient stories, which expressed the life-changing impact this wonderful device has made on their lives.

Abby received her first cochlear implant when she was 26 months and her second implant this year. With the gift of sound, Abby has developed normal speech and language and continues to progress well. Her delighted mum said: "Abby is a beautiful little girl with a bright future filled with more opportunities."



ear

Abby Paulet
pictured with
sister Ruby

2000th cochlear
implant recipient

COCHLEAR TIMELINE

1978

World's first cochlear implant performed at the Eye and Ear. Rod Saunders is the recipient.

1982

The first device for world-wide clinical trial was implemented at the Eye and Ear.

1983

The Eye and Ear opened the world's first public hospital-based cochlear implant clinic.

1985

First paediatric implantation performed at the Eye and Ear, with ground-breaking implications for speech development in deaf children.

2002

Bilateral cochlear implantation is offered to deaf children after research from the Eye and Ear and the University of Melbourne showed that it produces better language and developmental outcomes.

2008

30th anniversary of the first cochlear implantation.

2010

2000th cochlear implant performed at the Eye and Ear. Three year old Abby Paulet is the recipient. Cochlear Hybrid is developed.

1970 2010

CARING FOR YOUR HEARING

MEET SOME OF THE PROFESSIONALS WHO ARE CARING FOR YOUR EAR HEALTH



Associate Professor Robert Briggs
Otorhinolaryngologist
Head of Otology Clinic



Professor Stephen O'Leary
Otorhinolaryngologist
Head of Vestibular Clinic



Mr David Marty
Otorhinolaryngologist
Head of Rhinology Clinic



Ms Elizabeth Rose
Otorhinolaryngologist
Head of ENT Paediatric Clinic



Ms Ann Cass
Otorhinolaryngologist
Head of Head and Neck Clinic



Ms June Choo
Otorhinolaryngologist
Head of Voice Clinic

1 IN 6 AUSTRALIANS ARE AFFECTED BY HEARING LOSS

GENERAL EAR CLINIC

GP REFERRAL

Head and Neck Clinic
For patients requiring investigations and treatment of conditions of the tongue, palate, tonsils, larynx, pharynx and nasopharynx

Otology Clinic
For patients requiring investigations and treatment of ear disorders, mastoid conditions and cochlear problems

Rhinology Clinic
For patients requiring investigations and treatment of nasal polyps, sinus conditions, nasal and post-nasal space conditions

Vestibular Clinic
For patients requiring investigations and treatment of balance and neurological disorders

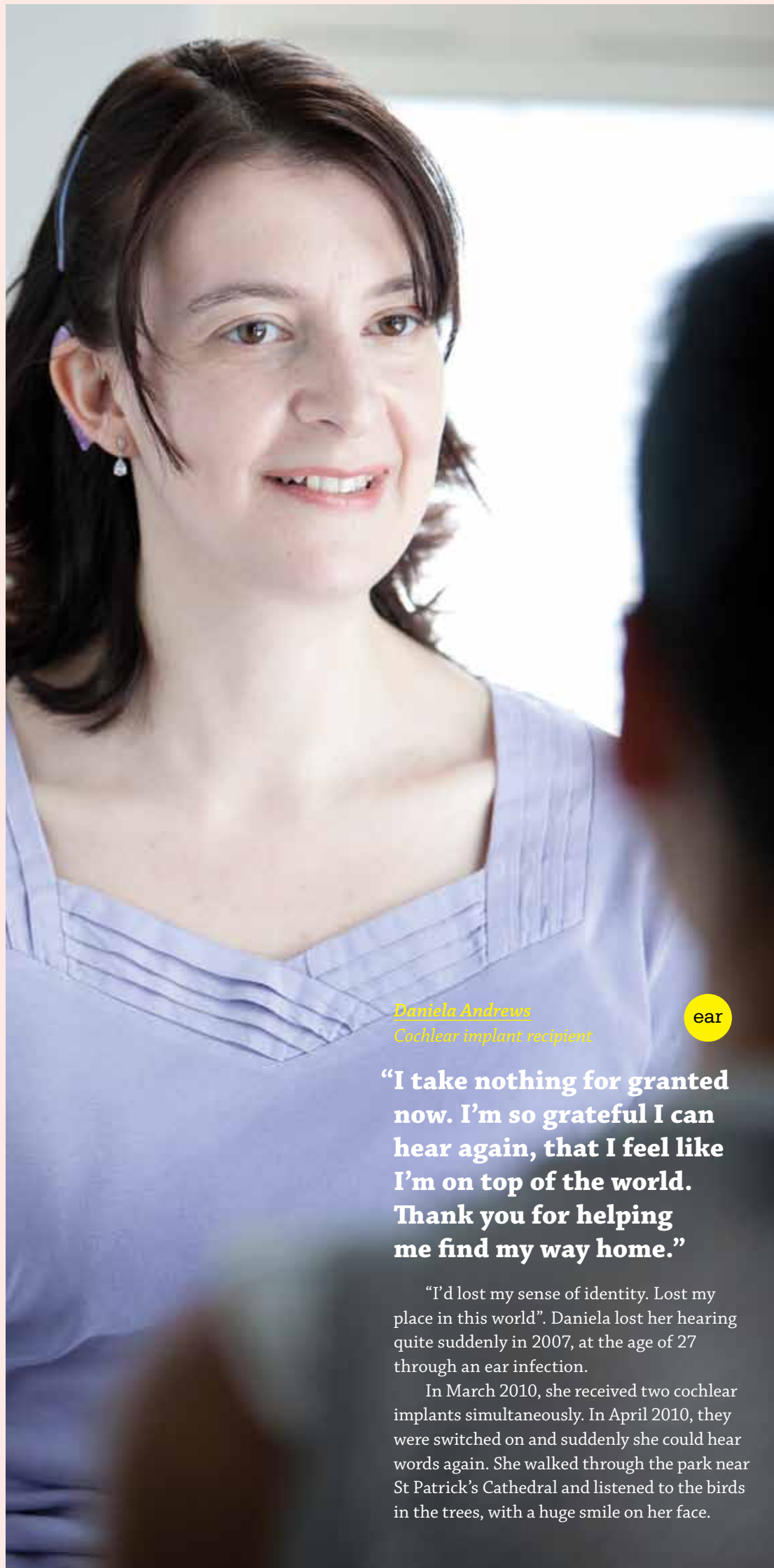
Voice Clinic
For patients requiring investigations and treatment of voice dysphonia resulting from plaques, nodules and/or growths

Botox Clinic
For patients from the voice clinic (only) for injections of Botulinum Toxin into vocal cords to treat spasmodic dysphonia

PAEDIATRIC CLINIC – FOR CHILDREN UNDER 17 WITH ENT CONDITIONS

EMERGENCY DEPARTMENT – 24 HOURS A DAY/7 DAYS A WEEK

THE EYE AND EAR PERFORMS ALL VICTORIAN AND TASMANIAN PUBLIC COCHLEAR IMPLANT SURGERIES, A TOTAL OF OVER 230 EVERY YEAR.



Daniela Andrews
Cochlear implant recipient



“I take nothing for granted now. I’m so grateful I can hear again, that I feel like I’m on top of the world. Thank you for helping me find my way home.”

“I’d lost my sense of identity. Lost my place in this world”. Daniela lost her hearing quite suddenly in 2007, at the age of 27 through an ear infection.

In March 2010, she received two cochlear implants simultaneously. In April 2010, they were switched on and suddenly she could hear words again. She walked through the park near St Patrick’s Cathedral and listened to the birds in the trees, with a huge smile on her face.

Loud Shirt Day

Loud Shirt Day is an annual event dedicated to teaching deaf and hearing-impaired children to listen and speak with clear natural spoken language, like their hearing peers.

To celebrate Loud Shirt Day children from our Cochlear Implant Clinic shared their listening experiences on paper shirts that were pegged on mini washing lines around the Hospital.

Once a child receives a cochlear implant at the Eye and Ear, they undertake an intensive therapy program focused on the development of listening and spoken language. This program is parent-focused, aiming to train and educate families to enable them to work on therapy targets in everyday listening environments at home.



Awarded for Excellence in Innovation

This year, the Eye and Ear was recognised for its contribution to a new cochlear implant hybrid that enables people with partial hearing loss to benefit from cochlear implant technology.

The 2010 Award for Excellence in Innovation was awarded to the Eye and Ear following the successful development of Cochlear Limited’s Cochlear™ Hybrid™ System, and in particular for the development of the Hybrid-L electrode array.

The new system resulted from a collaborative partnership between the HEARing CRC, the Eye and Ear’s cochlear implant clinic, Cochlear Limited and The University of Melbourne. This partnership is supported through the Commonwealth Department of Innovation, Industry, Science and Research’s CRC Program.

Cochlear implants continue to be a global success due to the marriage of excellence in bio-medical engineering, device reliability and excellent bio-safety.

Our multi-disciplinary team consisting of ENT surgeons, Audiologists, Speech Pathologists and Patient Support Workers provide care and support for over 230 implants on patients from both Victoria and Tasmania, each year.

HIGH QUALITY AND SAFE CARE: OUR PRIORITY

EXCELLENCE IN QUALITY AND SAFETY

The Eye and Ear is committed to providing high quality and safe care to each and every patient. The Hospital maintains an excellent record of safety and quality by following rigorous standards, monitoring performance against objectives and implementing improvement initiatives. Our management of safety and quality involves the following:

- Accreditation by the Australian Council on Healthcare Standards
- Clinical governance initiatives
- Credentialing of staff to ensure safe healthcare practice and
- Risk management strategies

1. Accreditation by the Australian Council on Healthcare Standards

Accreditation by the Australian Council on Healthcare Standards (ACHS) indicates that the Eye and Ear provides an adequate standard of patient care and undertakes appropriate quality improvement processes, over a four-year cycle. The Hospital underwent an organisation-wide survey by the Australian Council on Healthcare Standards (ACHS) early in 2007 and was delighted to receive “Extensive Achievement” in 18 out of a total 45 standards. Areas in which the Hospital rated highly included medication management and risk management. The Eye and Ear is currently preparing for the next major review in December 2010 when quality improvement activities to be showcased will include:

Policy and procedure review

The Hospital has developed an improved, more systematic approach to the development and review of all corporate and clinical policies and procedures. A major part of this process will include: ensuring appropriate links to legislation, best practice guidelines and strict document control. This major undertaking will benefit patients and staff as the system now links policies and procedures to relevant legislation via the internet and hospital forms on our internal intranet.

Introduction of the Victorian Health Incident Management System (VHIMS).

VHIMS is an incident reporting system that will apply a standardised data set and method for incident and consumer feedback management which will be deployed across all publicly funded health services. De-identified information is forwarded to the Department of Health on a monthly basis to inform state-wide learning from incident reviews and incident trend data.

Safety Walk Rounds

The Hospital introduced Safety Walk Rounds in February this year. The Walk Rounds are led by one of the Executive team and attended by the Quality and Risk Manager and the Manager of Occupational Health and Safety (OH&S). The team visits nominated departments to review implemented safety and quality improvements and agree initiatives to be introduced as a matter of priority. An evaluation of Safety Walk Rounds, completed in April, indicated that staff were grateful for the opportunity to discuss issues openly with the Executive in the environment where they occur.

2. Clinical Governance Initiatives

Clinical governance is the framework by which a health service is accountable for continuously improving the quality of their services, safeguarding high standards of care and creating an environment that promotes clinical excellence. The Hospital has developed a Quality Plan 2010-2011 based on the Department of Health’s Clinical Governance Framework highlighting the four domains of quality and patient safety including:

- Consumer Participation
- Clinical Effectiveness
- Effective Workforce and
- Risk Management

The plan will see a number of objectives met to improve quality and safety in the Hospital including the provision of medico-legal lectures to further educate staff on the importance of privacy; patient rights; the consent process and documentation. There will also be a review of consumer participation to

ensure the consumer’s voice is heard. Other safety initiatives include an extension of our medical leadership programs and improved communication with GPs.

3. Credentialing of Staff to Ensure Continued Safe Practice

All medical staff employed at the Hospital undergo a credentialing process. Based on national standards, credentialing verifies the qualifications, experience, registration, professional standing and other relevant attributes of our medical practitioners, to ensure they are competent and suitable to provide safe, quality healthcare services.

There are four levels of practice: medical practitioner, specialist, sub-specialist and emergency/complication management. Scope of practice is determined and approved by the Medical Appointments and Credentialing Committee, with input from the head of the respective clinical service. Scope of practice is formally reviewed every three years or at appointment renewal. We are currently implementing the Victorian Department of Health’s framework for performance management of senior medical staff, which encourages leadership and mentoring amongst our medical workforce.

During the year 2010/11, the Hospital will implement a system to consider limited operating rights for advanced trainees. The system will take into account individual experience, personal observation by the respective Head of Department, exam status, discussion with previous supervisors, and examination of the log book used to record procedures performed by individual doctors. The Head of Clinic will then recommend what limited operating rights (including procedures) can be performed with or without direct consultant supervision to the Chief Medical Officer via the Director of Clinical Training.

The Hospital has a new Technology and Clinical Practice Committee responsible for overseeing the introduction of new clinical practices into the organisation, this encompass staff skills and competencies.

4. Risk Management Strategies

The Eye and Ear was praised during two independent audits of its risk management framework. The major risk areas for the Hospital are patient safety, staff safety, environmental safety, financial viability, business continuity and reputation.

Every member of our staff has the opportunity to identify a potential risk and report it to an Executive who adds it to our

Risk Register. Once the potential risk has been reported, the risk is assessed, the effectiveness of any Hospital controls are checked, required improvements are implemented and a monitoring process is put in motion.

All Executive and Managers attended a workshop in March this year on the newly released Risk Management standards (ISO31000: 2009) that focused on identification, effective management and evaluation.

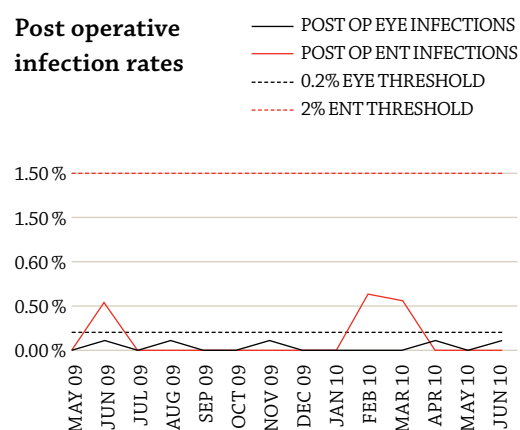
As part of the Hospital's risk management strategy, below we highlight improvements and monitoring results in six key risk areas:

- Infection control
- Medication errors
- Patient falls
- Prevention of pressure ulcers
- Protection of vulnerable children and
- Complaint management

This table shows some examples of risks identified and actions implemented.

RISK	ACTION	OUTCOME
Inaccurate discharge of patient	Discharge risk assessment plan to be commenced at pre-admission	100% patients commence discharge plan at pre-admission
Inaccurate communication after discharge of patient	Letters and discharge summary to be sent to GPs who have referred patients to Emergency	Letters sent daily with improved liaison between the Hospital and GPs in relation to coordination of ongoing care
Patients with special needs not met	Implement on-line ALERTS booking system and train staff	ALERT system informs staff of special needs such as interpreter, low vision, hard of hearing, special diet

Post operative infection rates



Preventing and controlling the spread of infection

In 2009/10 the Hospital had exceptionally low post-operative infection rates of 0.04% for eye patients and 0.1% for ear, nose and throat patients. This is well below the agreed thresholds of 0.2% for eye patients and 2% for ENT patients. Some of our key infection control initiatives during 2009/10 included:

- Infection prevention patient information brochures provided to all inpatients, available in ten different languages

- Comprehensive infection control orientation program targeting all clinical staff
- Internal and external audits on infection control, cleaning standards, waste management and sharps disposal
- Regular testing for theatre air quality
- Monitoring of sterilisation processes, with all instruments being sterilised on-site
- Participation in the Victorian Quality Council's Hand Hygiene Project, which saw a new handwash, demonstrated to be very effective in reducing the risk of the spread of infection, used throughout the Hospital

**In 2009/10
the Hospital had
exceptionally low
post-operative
infection rates**

**LASER IN USE
NO ENTRY**

Preventing and acting on medication errors

Medication errors have been identified as one of the most common causes of harm in Western healthcare systems. The Eye and Ear has been working to minimise the risk of medication error. The Pharmacy Department and Medication Safety Committee play an active role in medication error prevention initiatives, some are listed below:

Medication Safety Committee

The Medication Safety Committee meets every eight weeks to review medication error reports and develop strategies to prevent recurrence. The Committee comprises pharmacists, doctors, a specialist anaesthetist and nursing staff. In 2009/10 the Medication Safety Committee reviewed 670 medication error reports, of which only two were classified as serious adverse events. The remaining 668 were non-serious events that did not result in any patient injury or harm. The Committee continues to implement measures to reduce the risk of medication error.

Medication Reconciliation Pharmacist

In 2010, the Pharmacy Department implemented a Medication Reconciliation Pharmacist system on admission to ensure continuity in each patient's regular medication during their stay. The pharmacist interviews all high risk patients and prepares a medication chart for the doctor to review and sign. Following this implementation, the number of reported medication incidents significantly reduced to 3.5%.

Alert posters

The Pharmacy Department develops six medication safety alert posters each year. The posters serve as an education tool to raise awareness of current medication safety issues within the Hospital. 2009/10 alert posters focused on topics such as previous allergy and adverse drug reaction recording; drugs that can affect kidney and liver function; and handy electronic drug references.

Patient education and medication counselling

All patients who have medications dispensed by the Pharmacy Department receive medication counselling. On the ward, pharmacists and nursing staff work together to ensure that all patients being discharged are informed about their new medications.

Error reporting culture

An active reporting culture for medication near misses and incidents is promoted throughout the Hospital. A centralised, electronic reporting tool is used to record medication errors. These are reported monthly to the Department of Health.

Preventing and monitoring falls

Research by our partner, the Centre for Eye Research Australia, demonstrates a direct correlation between vision impairment and an increased risk of falls (Clear Insight 2004). With the high risk posed by the large number of vision impaired patients at the Eye and Ear, the Falls Prevention Working Group has implemented a number of strategies following a comprehensive falls risk assessment process.

Some of the key initiatives of the Falls Prevention Working Group include:

- Regular audits of clinical areas, prompt reporting and removal of environmental dangers
- Review of our Risk Assessment form to develop a plan for those at risk
- Use of a "Wanderer" Alert System for patients who have been assessed as at risk
- Education of nursing staff on compulsory reporting of all falls through completion of our Incident Reporting System, which allows the Hospital to review falls and implement strategies to reduce the risk of falls.

The number of fall-related incidents at the Eye and Ear continues to be exceptionally low.

Preventing pressure ulcers

Pressure ulcers occur when prolonged pressure restricts the blood supply to a particular area of the skin. Patients with a higher risk of developing pressure ulcers are the elderly, those with a number of medical conditions or those undergoing long procedures. The average age of our ophthalmic patients is 76 years and our paediatric patients undergo long, surgical procedures.

The Eye and Ear has implemented a procedure whereby all admitted patients are assessed for their actual or potential risk for developing pressure ulcers and occurrences are reported. This year, there were seven reports of disruption to skin integrity, such as skin tears but no pressure ulcers were reported. Monitoring skin integrity, safe positioning, regular changing of position while keeping skin clean and dry is an essential part of our nursing care to prevent pressure ulcers.



Medication incidents have been significantly reduced to 3.5%



Patient Representative feedback

“I would like to thank all the doctors and nurses for their patience with my son who has a disability. They were exceptionally helpful and understanding of my son’s needs.”

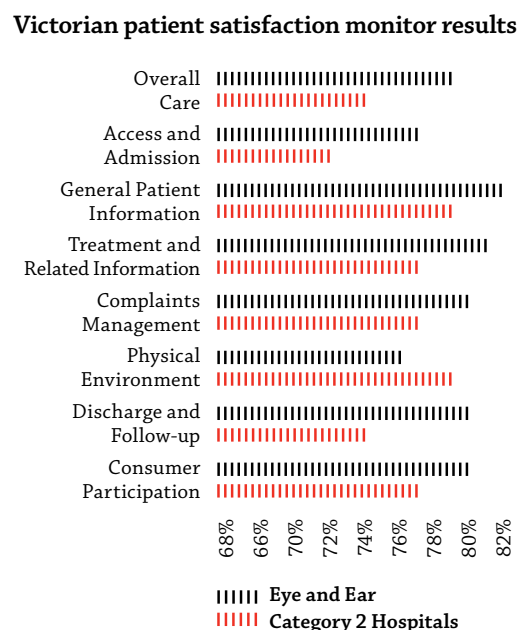
Protecting vulnerable children

In 2007, the Eye and Ear developed the Vulnerable Babies, Children and Young People policy to inform and guide staff on how to better meet the needs of vulnerable children in accordance with the Victorian Government’s 2005 Children, Youth and Families Act. The Vulnerable Children’s working party, includes social workers, speech therapists, audiologists, the Hospital co-ordinator, nursing representatives, a patient representative and is chaired by the Director of Ophthalmology Services. Initiatives aimed at providing better information to and communication with children, their families and community agencies and GPs as a result of the policy and working party include:

1. An online learning tool available on the Eye and Ear social work intranet site assisting health professionals to understand their role in the protection of children
2. A Child Protection and Child First Register, where each child that has contact with our social workers is registered
3. Liaison between our social workers, the Eye and Ear and GPs to identify children at risk and provide follow up
4. The development of an admission pack, specifically for children to make the Eye and Ear more child and parent friendly.

Managing patient complaints and feedback

The Eye and Ear is committed to providing exemplary service to all patients and to listening and responding to patient feedback on our services. We recognise and protect every patient’s right to make a comment or complaint and endeavour to provide a fair and accessible framework for the receiving and resolution of complaints and issues based on the Australian Standard AS 4269-1995 Complaints Handling. The Hospital has appointed a Patient Representative to monitor and manage patient feedback and provide reports to our Quality Committee about complaints and feedback. The Hospital also participates in the Victorian Patient Satisfaction Monitor, tracking how it is performing in comparison with other similar hospitals and where required, developing strategies to increase patient satisfaction.



This graph shows Eye and Ear patients are more satisfied with overall care and service provision as compared to other hospitals of a similar size.

Patients and visitors are encouraged to provide feedback by:

- Completing a Feedback Form – located in the Hospital and on the website
- Speaking directly to a staff member
- Contacting the Patient Representative

Hand hygiene

The Department of Health has continued to provide funding for the monitoring of hand hygiene compliance.

Research has shown that thorough hand washing is the single most effective way to reduce the risk of hospital-acquired infections.

At the Eye and Ear, hand hygiene is a set agenda item of the Infection Control Committee.

Hand hygiene education begins during staff orientation and continues throughout various health care groups while monitoring of compliance is reported to the Department of Health via the Victorian Hospital Acquired Infection Surveillance System (VICNISS).

Ward 4*	Ward 8*	DH Benchmark
65%	70%	60%

This table shows that the Eye and Ear is exceeding the DH standards

(*NB Ward 4 and 8 are the Eye and Ear’s only wards as only 5.6% of our patients are admitted)



Being told I wasn't going blind was like winning lotto. I can keep doing the things I enjoy most – camping fishing and tinkering in the shed



Herbie Hopton
AMD patient



eye

The Eye and Ear provides State-wide specialist eye and ear health care. Through feedback from our patients it has been identified that access to outpatient services and surgery is a concern. To address this issue, a working group has been established to determine areas of priority. Meanwhile, this year we have continued to increase access to outpatient clinics, review clinics and monitoring clinics through various initiatives as well as reducing waiting times for elective surgery and streamlining cataract services for the benefit of patients.



Improved access to cataract surgery awarded

More than 6500 patients had cataract surgery at the Eye and Ear last year and numbers are set to increase. However, thanks to the new, Fast-track Cataract Service, waiting times for cataract clinic appointments have been reduced by 49%. In recognition of this achievement, Professor Rasik Vajpayee and his multi-disciplinary team of ophthalmologists, orthoptists and nurses won a Silver Award in the Improving Access-Providing

Timely and Accessible Health Services category at the Victorian Public Healthcare Awards. The innovative service, established in 2007 in response to increasing demand for cataract surgery, has streamlined the process with patients now only requiring one visit to the Eye and Ear before having surgery. As part of the Fast-track Cataract Service, GPs carry out visual function tests prior to referral to establish the need for surgery. At the patient's Eye and Ear clinic appointment the need for surgery is simply confirmed, consent obtained, pre-admission assessments and scans carried out and the surgery date is set. Surgical sessions have been increased from four sessions to six and the number of patients booked per session increased from six to eight while post-operative appointments have also been streamlined.



ACCESS INITIATIVES FOR SPECIALIST CLINIC SERVICES

The Outpatient Booking Unit (OBU) now provides outpatient appointments for all patients from a centralised department. All referrals received for both new and review type appointments are coordinated in OBU under the direction of the Associate Nurse Unit Manager, the lead Orthoptist and the Head of Clinic. Each referral is assessed to determine how urgently an appointment is required and administrative staff are then able to allocate patient appointments within a clinically appropriate timeframe. The major outcome of this initiative is that 94% of all referrals are authorised and processed within 48 hours of receipt. Other improvements in waiting times have been the Fast-track Cataract Clinic has maintained an 8 week waiting period for eligible patients for the last 24 months and hearing screening initiatives have improved access to ENT services for Aboriginal children over the last 12 months.

SPECIALIST NURSES FOR SPECIALISED SERVICES

eye

Emma Brock
Nurse



Emma Brock joined the Eye and Ear graduate nursing program two years ago from Deakin University and hasn't looked back. "I love working with people and find eyes and eye surgery fascinating so working in the operating theatre is the perfect job for me," she said. Emma goes on to say that her skills of communication and time management and a good understanding of physiology, anatomy and pharmacology are being put to good use. Asked where she sees her career going in the future, she says: "I've landed on my feet, the Eye and Ear is a fantastic place to work. You'll find me here in theatres in five years time."

MEET SOME OF THE PROFESSIONALS WHO ARE CARING FOR YOUR EYE AND EAR HEALTH



Dr Carmel Crock
**Director of
Emergency Services**
Our emergency
department is one
of the busiest in the
State and is open 24/7



Dr Andrew Walpole
Anaesthetist
A doctor trained in
anaesthesia and
peri-operative
medicine



Tram Nguyen
Registered Nurse
Our nurses are
trained to provide
care to people with
vision and hearing
disorders



Brooke Paisley
Audiologist
Specialising
in identifying,
diagnosing, treating
and monitoring
the ear



Fran Logan
Speech Pathologist
Specialising in early
listening skills and
communication
development



Stephanie Tsonis
Orthoptist
An eye care
professional providing
early detection and
monitoring of eye
diseases

6227

6227 patients underwent
elective surgery in the six
months to the end of
December. Up by 16% on
the previous six months.

633

All 633 Category 1, urgent,
elective surgery patients
were admitted within the
benchmark 30 days in the six
months to the end of December.

94%

94% of Category 2, semi-urgent,
elective surgery patients
were operated on within the
benchmark 90 days in the six
months to the end of December.

REDUCING THE WAIT FOR ELECTIVE SURGERY





The Hospital has successfully met all the Department of Health activity targets for waiting list management this year. In the last few months of the financial year, the Eye and Ear added new surgery lists on eight consecutive Saturdays to provide surgery to 275 patients who had been on the waiting list for more than a specified time.

At the same time the Hospital provided operations for all patients who were waiting longer than their expected category times. Patients benefitted from staggered admission times that in turn reduced waiting times for patients and relatives, reduced traffic and made parking easier. Positive feedback was also received from staff who commented on streamlined efficiencies and cohesive teamwork.

Continued Success of the Orthoptic-led Review Clinic

The introduction of our Orthoptic-led Review Clinic has continued to increase access to specialist clinic services with 4000 patients being successfully reviewed since it started. The initiative helps ophthalmologists manage patients who require review appointments 12 months after an initial, general eye clinic consultation.





Easing Glaucoma Monitoring

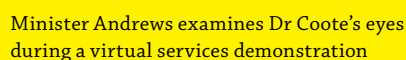
The Glaucoma Monitoring Clinic has been a great success, providing ease of access to monitoring services for over a 1000 patients annually.

Established by Professor Crowston and Dr Green, the clinic is for patients with complex but stable glaucoma who don't currently require surgical intervention.

Assessment is carried out by a team that includes: orthoptists, nurses and optometrists, resulting in shorter waiting times for patients. The clinic has also provided an ideal environment for clinical teaching and training.

Photographed above are:
Associate Professor Zoran
Georgievski – Orthoptist,
Leanne Nguyen – Optometrist and
Dr Cathy Green – Ophthalmologist

“



eye ear

of respondents were satisfied or
very satisfied with correspondence

The Hospital is exploring ways to improve these figures, including IT technical options that could lead to a more streamlined letter writing and delivery process for specialists.

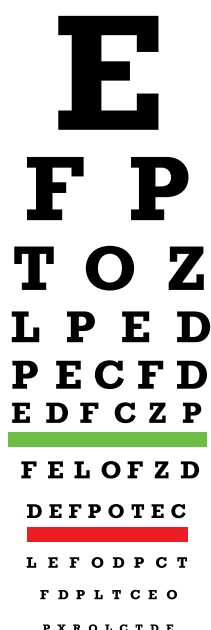
eye ear

- In consultation with the community, identify, implement and evaluate service initiatives to address access issues experienced by under represented groups.
- Enhance mechanisms for all departments to gain regular patient feedback, including annual customer surveys and initiate improvements to address identified issues.
- Develop and implement procedures for consumer involvement.
- Implement streamlined models of care in outpatient services.

eye

COMMUNITY EYE CARE PARTNERSHIP

Patients with stable diabetic retinopathy, age-related macular degeneration or glaucoma, were offered the option of on-going monitoring closer to home, as part of a demonstration trial funded by the Government.



Eye and Ear accredited, urban and rural, primary care providers including GPs and optometrists are now able to carry out routine monitoring appointments to save long journeys to the Eye and Ear for patients. With high levels of patient satisfaction and significant cost savings, the Eye and Ear will continue to build on the foundations of the community eye care partnership to bring a better service to patients.

eye ear

VIRTUAL SPECIALIST SERVICE



More patients will be able to consult with an Eye and Ear specialist in their local hospital thanks to an expansion of the innovative Virtual Service.

The Virtual Service allows specialists in Melbourne to give advice and guidance, via video conferencing, to staff treating patients with eye and ENT injuries in the emergency departments of hospitals in South West Victoria.

Specialist slit lamps, ENT scopes and software are used to enable specialists in the Eye and Ear emergency department to directly see the eye, ear, nose or throat condition of a patient, despite being many kilometres away.

The Virtual Service is running at South West Health Care in Warnambool, Portland District Health, the Western District Health Service in Hamilton and Colac Area Health.

8500

PATIENTS ASSISTED BY VOLUNTEERS



Vision-friendly Volunteers

Where would we be without them? This year our volunteers provided 5500 hours and supported more than 8500 patients.

An active part of the Hospital community for more than 80 years, volunteers are the welcoming smile, the person who sits with you in the waiting room, the one giving you those vital directions.

To make sure our vision impaired patients get the best service possible, 40 of our volunteers and staff received Vision Friendly Training this year. Provided by Guide Dogs Victoria, the training program gives volunteers and staff the opportunity to learn how to safely guide a person with vision impairment.

The Eye and Ear has a strong partnership with Guide Dogs Victoria and was delighted to show its support with an exhibition stand at their open day manned by a team of staff and volunteers. An estimated 9,000 people attended the open day raising more than \$35,000 to fund Guide Dogs Victoria's excellent work with blind and vision impaired people in our community.

eye ear

eye ear



GP Liaison Initiative

The Eye and Ear General Practitioner Liaison Officer co-ordinated an Ophthalmology edition of the Royal Australian College of GPs Check Program with five of the six authors being Eye and Ear specialists. The Check Program is an independent learning program for GPs that is published monthly. The Check Program on Ophthalmology publication is available on our website.

This year, the Eye and Ear also hosted an education evening for GPs focussing on common and emergency Eye and Ear conditions, how to better diagnose and manage them and when it's best to refer to a specialist.

Feedback from the 30 GPs who attended was excellent with 84% indicating that it entirely met their learning needs.

YOUR FEEDBACK 2009

We care about your thoughts and appreciate your feedback. The 2009 Quality of Care Report was distributed to the community via our website, at various distribution points in the hospital and was sent out to most community group leaders.

We asked readers for their feedback through postcards attached to the report, and conducted a survey of our clinic patients and volunteers.

The majority of the feedback we received was that readers liked the presentation of the report but would prefer a more manageable size, printed on environmentally friendly paper, with dark text on light backgrounds.

Distribution of this report

The 2010 Quality of Care report will be distributed at The Royal Victorian Eye and Ear Hospital Annual General Meeting and also posted to GP clinics, healthcare partners and community leaders.

Copies will be available to patients, carers and the general public in Eye and Ear foyers and at www.eyelandear.org.au

We welcome your feedback about all aspects of our services and this report.

Please keep us informed by:

Telephone (03) 9929 8666

Email info@eyelandear.org.au

Mail Patient Representative

The Royal Victorian Eye and Ear Hospital

Locked Bag 8 East Melbourne VIC 8002

In Person You can speak to any member of staff or our Patient Representative

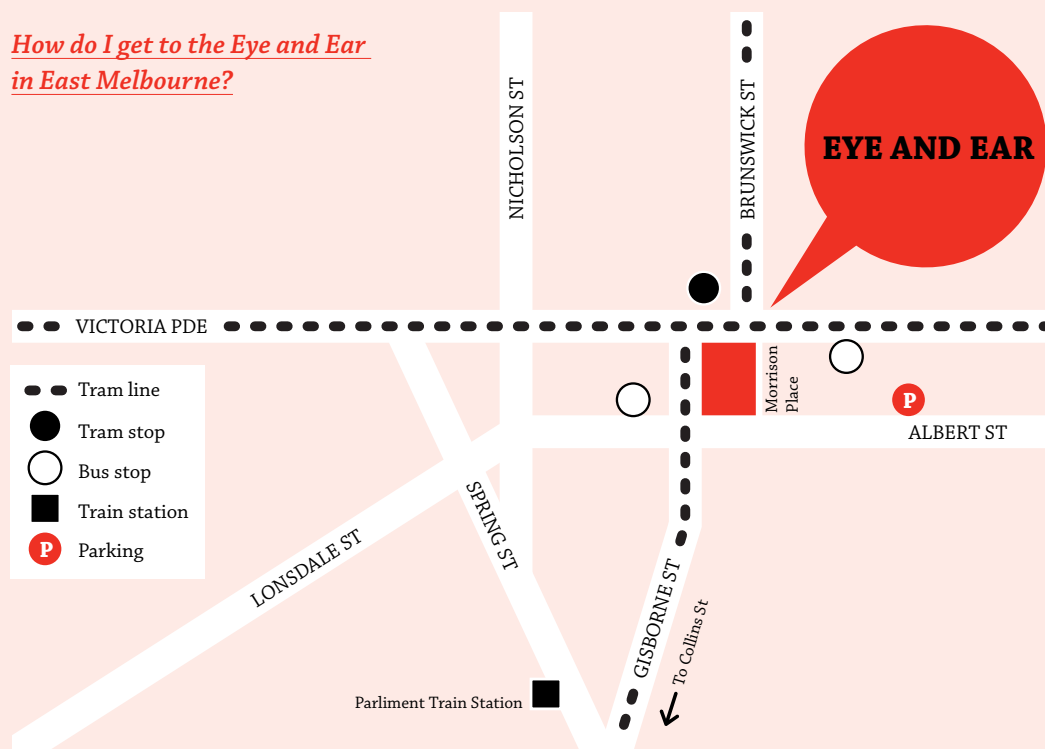
我們是提供眼、耳、鼻、喉專業保健服務方面的領導機構，對此我們深感自豪，而且我們還將繼續在服務、研究、培訓方面追求卓越。該報告以不同方式提供；這包括大字本和錄音磁帶，報告中的某些部份已譯成希臘文、意大利文、越南文和中文。撥打 (03) 9929 8689 或電郵 info@eyelandear.org.au，聯絡公共關係處，即可獲得。

ωτορινολαρυγγολογικών υπερησίων και συνεχίζουμε να επιδιώκουμε διακρίσεις στην παροχή υπηρεσιών, επιστημονική έρευνα και εκπαίδευση. Μπορείτε να έχετε πρόσβαση σε αυτή την αναφορά σε διάφορα σχήματα. Συμπεριλαμβανομένων έντυπα με μεγάλα γράμματα και μαγνητοφωνημένες ταινίες. Επίσης μέρη της αναφοράς διατίθενται στα Ελληνικά, Ιταλικά, Βιετναμέζικα και Κινέζικα. Μπορείτε να λάβετε ένα από αυτά τα έντυπα με το να επικοινωνήσετε με το Τμήμα Δημοσίων Σχέσεων στον αριθμό (03) 9929 8689 ή στην ιστοσελίδα info@eyelandear.org.au

Chúng tôi rất hân hoan trong vai trò dẫn đầu, để cung cấp các dịch vụ y tế chuyên môn về mắt, tai, mũi, họng và luôn tìm cách tốt nhất để phục vụ, nghiên cứu và huấn luyện. Quý vị có thể tìm được thông tin này qua nhiều hình thức khác nhau, điều này bao gồm cả bản in chữ lớn và băng ghi âm và nhiều phần trong thông tin này được viết bằng tiếng Việt, Ý, Hy Lạp và Trung Hoa. Xin hãy liên lạc phòng thông tin, quảng bá (Marketing and – Communication) Tel(03)99298689 hoặc email – info@eyelandear.org.au, để có được thông tin này.

Siamo orgoglioso del nostro ruolo preminente nel campo dell'assistenza medica specializzata nella cura degli occhi, orecchi naso e gola, ed aspiriamo ad eccellere sempre nelle prestazioni dei servizi, nella ricerca e nella formazione professionale. Questa relazione é disponibile in diversi formati, tra questi una versione su audiocassetta ed una versione stampata a grandi caratteri. Alcuni brani della relazione sono disponibili in greco, italiano, vietnamita e cinese. Per ottenerne copia contattate l'ufficio Marketing and Communications telefonando al numero (03) 9929 8689 o scrivendo a info@eyelandear.org.au.

How do I get to the Eye and Ear in East Melbourne?



Trains:

The Hospital is located near Parliament Station. Exit at the Lonsdale/Nicholson Street entrance and walk up Albert Street towards the Hospital.

Taxi:

Taxi ranks are located directly outside the Hospital. A free phone line direct to the taxi service is available and located near the Morrison Place entrance.

Trams:

109 (Box Hill)
112 (Preston)
24 (Nth Balwyn)
The tram stop is outside of the Hospital on Victoria parade.

Buses:

302, 315 (Box Hill)
303 (Nth Ringwood)
305, 905, 908 (The Pines)
309 (Donvale)
313 (Doncaster)
318 (Deep Creek)
350 (La Trobe Uni)
402 (Footscray)
906 (Warrandyte)
907 (Mitcham)

GLOSSARY

Acronyms used to make this report more readable are explained below.

ACHS
Australian Council of Healthcare Standards

Allied Health
Health professionals who are not physicians or nurses, including orthoptists, dieticians, and speech pathologists

Benchmarking
Benchmarking is used to evaluate various aspects against best practice

CAC
Community Advisory Committee

CALD
Culturally and Linguistically Diverse

CDC
Cultural Diversity Committee

Clinical Governance
The system by which the hospital staff share responsibility and accountability for quality of care

Credentialing
Refers to the formal process used to verify the qualifications, training, experience and professional standing

DH
Department of Health

ED
Emergency Department

Elective Surgery
Non-emergency surgery

EQuIP
Evaluation and Quality Improvement Program

Inpatient
Patient admitted to the hospital for one or more nights for care

Outpatient
Patient who attends the hospital for a daytime visit

PCP
Primary Care Partnerships

Separations
The administrative process by which a hospital records the cessation of an episode of care for a patient within one hospital stay

VESI
Victorian Elective Surgery Initiative

VPSM
Victorian Patient Satisfaction Monitor

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The Royal Victorian Eye and Ear Hospital Quality of Care Report 2009–2010

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YOUR
FEEDBACK
2010

Please tell us what you think of our Quality of Care Report

We would like to improve future reports, please share with us your impressions of our 2010 Quality of Care Report. Please complete this short survey and return it to:

The Royal Victorian Eye and Ear Hospital
32 Gisborne Street
East Melbourne Victoria 3002

Did you find the content of the report easy to understand?

Yes No

What did you like most about this report?

What could we improve about this report?

What information would you like to see in this report?

Do you have any suggestions or feedback on other services the Eye and Ear could offer the community?

Thank you for your comments.

Please send me further information

Eye and Ear newsletter Volunteering at the Eye and Ear

Title: First name:

Surname:

Address:

State: Postcode:

Email:



IF YOU
ARE OVER
50, HAVE
A FAMILY
HISTORY
OF EYE
DISEASE
OR HAVE
DIABETES,
**GET YOUR
EYES
CHECKED.**
IT COULD
SAVE YOUR
SIGHT.

**THE EYE AND EAR IS
HELPING HEALTHY AGEING**



*Leda Pregara
Cataract Patient*

“My eyes are improving everyday.
My confidence is back to drive to
my seniors club for Line Dancing
and Tai Chi.”



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