

eye&ear

Quality of Care Report 2008–2009

COMMUNITY ADVOCATE

Corporate lawyer,
Jenny Taing
takes on a new
brief for eye and
ear health.

READER SURVEY

What do you think?
Complete our lift out
survey.

A FLYING START

A new Eye and Ear
service takes off in
central Australia.

A GOOD STORY

What do a farmer,
a nurse and a
DIY enthusiast
have in common?
Read their story.



The Royal Victorian
Eye & Ear Hospital
caring in every sense

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The Eye and Ear is Australia's leading provider of eye and ear health care. Through world class clinical care, research collaborations and innovations in eye and ear treatments, the Eye and Ear is addressing the eye and ear healthcare needs of Australians today and into the future.

The Eye and Ear has over 50 different outpatient clinics to diagnose, monitor and treat eye and ear, nose and throat conditions. The Eye and Ear undertakes half of Victoria's public general eye surgery, up to 90 percent of specialised eye surgery and nearly all of Victoria's public cochlear implant surgery.

The Eye and Ear also provides primary care through a 24-hour, 7 days-a-week emergency eye and ear health service.

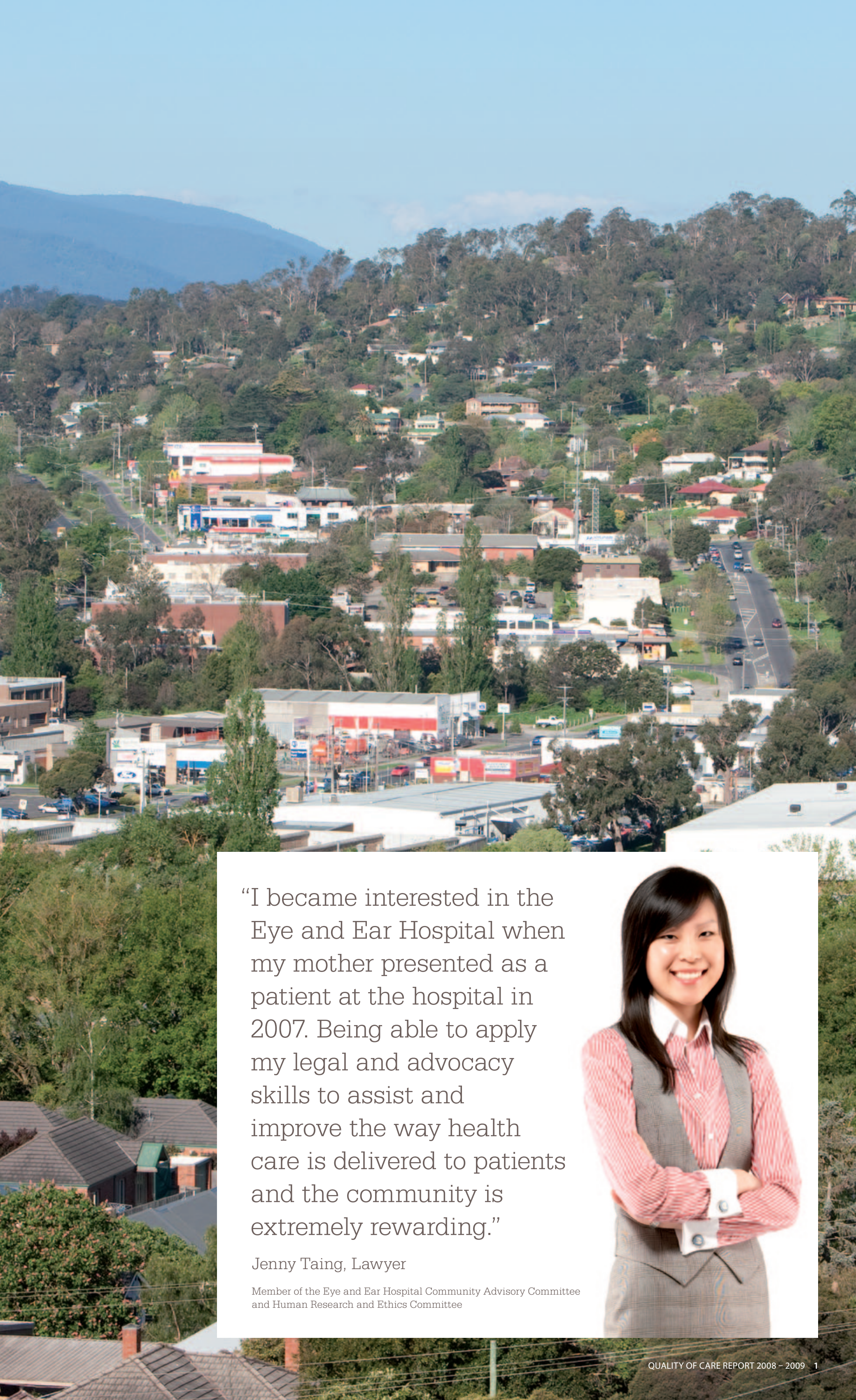
The Eye and Ear collaborates in world-quality research, through partnerships with the University of Melbourne, The Centre for Eye Research Australia and the Bionic Ear Institute.

Almost all of Victoria's ear, nose and throat (ENT) surgeons and all specialist ophthalmologists are trained at the Eye and Ear.

The Eye and Ear Hospital operates from a central hub at East Melbourne, with spoke services located at Yarra Ranges Health (Lilydale), Broadmeadows Health Service and Taralye Oral Language Centre (Blackburn). The Eye and Ear also delivers cochlear care services at the Royal Children's Hospital, Parkville.

Lilydale, the gateway to Victoria's picturesque Yarra Valley, is the new location of the Eye and Ear spoke service. Since February 2009, greater access to specialist eye care day surgery services has been available for residents in Melbourne's outer eastern growth corridor.





“I became interested in the Eye and Ear Hospital when my mother presented as a patient at the hospital in 2007. Being able to apply my legal and advocacy skills to assist and improve the way health care is delivered to patients and the community is extremely rewarding.”

Jenny Taing, Lawyer

Member of the Eye and Ear Hospital Community Advisory Committee and Human Research and Ethics Committee



**Welcome to our
Quality of Care Report**

The Eye and Ear Hospital is Australia’s leading specialist eye and ear hospital, and is a dynamic and fascinating place. It is also home to leading research organisations who partner with the hospital to produce new treatments, making an almost immediate difference to patients. This “translational research” enables new discoveries from lab work or clinical trials to be directly applied to new treatments for eye and ear conditions. With access every day to this level of specialist expertise, Victorians visiting the Eye and Ear are often the first in the world to benefit.

During the last year, the Eye and Ear has been looking into the future to better understand the impact of technological advances, and how services can be optimised to respond to increased demand for eye and ear treatments. The use of new technology and early intervention is important in this process.

Designed for an earlier time when many eye and ear treatments required an overnight stay, the Eye and Ear facilities are ageing. Due to treatment and technology advances, the majority of Eye and Ear patients now attend clinics and day surgery for ‘same day’ care. Redesigning the hospital’s layout will enable the Eye and Ear to make the experience for patients and carers even better and to meet increasing demand as our population ages.

The 2009 Quality of Care Report highlights many projects in which Eye and Ear staff and clinicians are innovating, delivering improved clinical care, integrated with research and education. Initiatives involve new treatments, improvement to our processes, e-ophthalmology and information technology.

In this report, you will read about the Cerner clinical systems, Redesigning hospital care and the Community eye care partnership. We have further streamlined Eye and Ear cataract and glaucoma services and have reviewed the world-renowned cochlear implant program, based on the needs of our patients. The hospital is home to the ‘bionic ear’ and we are planning to be the clinical home of the ‘bionic eye’.

Several Eye and Ear committees monitor the quality of our eye and ear healthcare services. Committee members have overseen improvements in medication management and information alerts are now made available to eye and ENT specialists beyond the hospital. Action has been taken to improve the quality of catering for inpatients and a better result in the last patient survey reflects these catering improvements.

The Audit Committee, with the support of the Quality committee, commissioned an internal review of operating theatres, which has provided a great deal of practical advice about management of theatre bookings and usage, and most advice has been implemented during the year.

The Eye and Ear provides services to a very diverse community. The Community Advisory Committee and the Cultural Diversity Committee have been engaged in a community mapping study which has given us a better understanding of our patients and where services, such as interpreter services, are needed most. We are actively engaging the Indigenous community to meet their needs, and as a result have begun work on several projects, both locally and in Alice Springs. We have implemented a new volunteer training and development program for community members who now offer support and companionship for patients.

This year we welcomed Ann Clark as chief executive officer, and several new senior executives as a result of a patient-focused reorganisation of our management.

On behalf of the Eye and Ear Board, I would like to thank all hospital staff and volunteers for their contribution to improving the quality of our services. It is really a team effort.

The Quality of Care Report provides the community with the actions we have taken to continually improve and check that the quality of our services meets community expectations. We welcome feedback on the report.



Catherine Brown
Chair
Quality Committee

welcome

“Patients come from all parts of Victoria to the Eye and Ear, and friendly, trained volunteers are here to assist.”

Coral, one of a team of 30 new concierge volunteers



Highlights



William Gibson Chair ENT lecture

Eye and Ear Hospital ENT surgeon, Professor Stephen O’Leary (third from left) gave the first public lecture as William Gibson Chair in Otolaryngology, which was attended by Eye and Ear Hospital Patron, Mrs Jan de Kretser, and Governor Professor David de Kretser. Also pictured are Board director, Ms Catherine Brown and Board Chair, Ms Jan Boxall.



Fast track cataract award

The Eye and Ear’s innovative fast-track cataract service won Silver in the Improving Access category at the Victorian Public Healthcare Awards.



Alice Springs partnership

A new partnership was established with Alice Springs Hospital in February 2009 to bring Eye and Ear Hospital specialist ENT care to central Australia.



Premier in Walk for Harmony

The Eye and Ear took part in Victoria’s first Walk for Harmony in July 2009.

The communities who use the Eye and Ear services

In December 2008, the Eye and Ear released a comprehensive study describing the communities in Victoria who use the hospital’s services. A snapshot of Victorians who visited the hospital in twelve months in 2007 showed:

- 58,925 people attended the Eye and Ear at least once (2% lived outside Victoria)
- Over 184,000 separate episodes of care were provided
- 627 patients attended for both Eye and ENT care
- There were 49,313 ENT episodes of care, including 26,833 Outpatient visits and 14,775 Emergency presentations
- There were 130,566 Eye episodes of care, including 75,105 Outpatient visits and 26,954 Emergency presentations.

The study was an initiative of the Community Advisory Committee. Research Fellow, Dr Cherylee Lane of Centre for Eye Research Australia and Kellie Michel, Eye and Ear Hospital Community Development Officer collaborated on this unique community mapping study.

The rigorous research design used patient and visit data extracted from the Eye and Ear’s patient information management system.

Diversity

- A higher proportion of eye (46%) and ENT (37%) patients were born outside Australia compared to the overall Victorian population (26%)
- Patients spoke 85 different languages
- More patients required interpreters than the proportion of Victorians with low English proficiency (13% eye; 8% ENT; 4% Victorians).
- Non-English speaking patients represented 18% of total eye attendances, but only 7% of emergency presentations.

Services used by men and women

- Young men, aged 20-39 years made up 19% of all eye emergency presentations; however they represented 27% of the most urgent eye emergency presentations.
- Twice as many men aged between 34 years and 44 years attend the Eye and Ear for eye conditions as women in the same age group.

Rural and regional patients

- There was a lower proportion of patients from regional and remote areas than the Victorian population.
- For specialised eye and ear conditions primarily conducted only at the Eye and Ear, the distribution of patients was more consistent with the Victorian population.

In 2007, the top 10 languages where an interpreter was required were Arabic, Cantonese, Croatian, Greek, Italian, Macedonian, Mandarin, Russian, Turkish and Vietnamese

The community mapping study confirmed the Eye and Ear’s role as a state-wide provider of eye and ear care.

The study also identified community groups that were under-represented at the Eye and Ear. Further consultation revealed potential access barriers that these groups experience.

The findings of the study are informing the Eye and Ear Hospital redevelopment and other strategic planning.

Results

Age of Eye and ENT patients

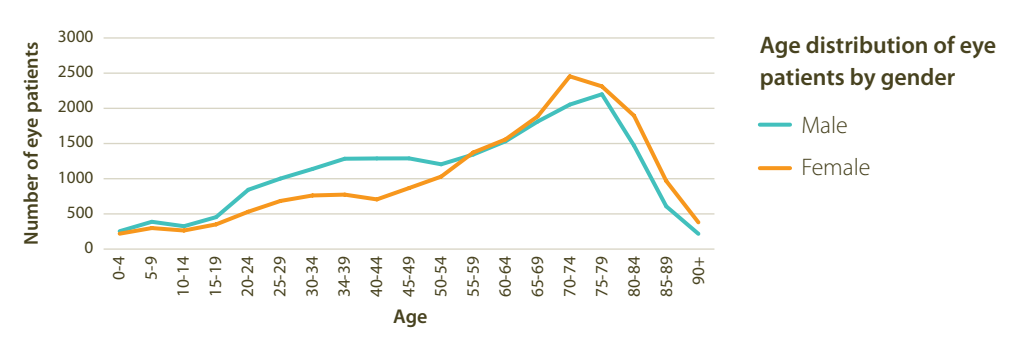
- The greatest proportion of eye patients were aged 60-79 years (40%).
- A high proportion of ENT patients were under 10 years (18% of total ENT attendances)

Indigenous status

- 0.7% of ENT and 0.5% of eye patients identified as Indigenous. In comparison, people of Indigenous background represent 0.7% of Victorians.
- Given the high prevalence of eye and ENT conditions among the Indigenous population the relative proportion of Indigenous patients would be expected to be higher.

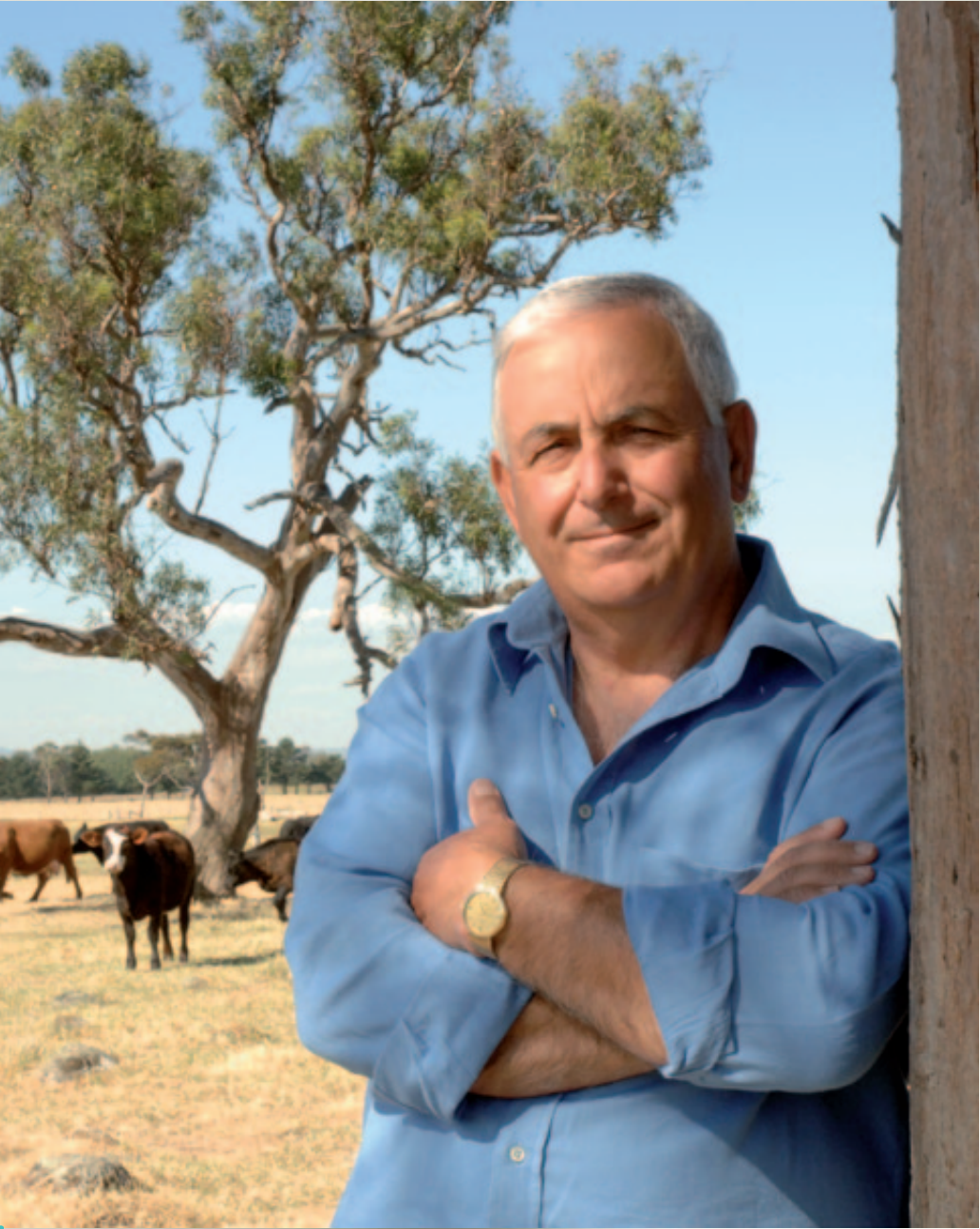
Referrals

- GPs were the major outpatient referrer of ENT patients over 20 years (39%), while audiologists (36%) were the major referrer for patients under 19 years.
- GPs were the major referrer for eye patients under 19 years (27%) but the proportion of referrals from optometrists increased with age from 6% for under 19 years to 12% for over 80 years.



“I made a bad judgement while putting in new fencing and within seconds, I thought I had lost my eye.”

Pat Micelotta



“Thankfully, after receiving emergency care I’m going to be OK and I can continue to work my farm and enjoy time with my grandchildren.”



improving patient access

By 2024, it is projected that the rate of eye disease will double and by 2050, 1 in 4 people will suffer hearing loss. It is expected that as our population ages, the demand for eye and ear services will increase. To meet the growing demand, the Eye and Ear has implemented improvements to increase access to eye and ear specialist services.

Taking care to growing suburbs

The Eye and Ear now provides outpatient ophthalmology services to residents in the outer eastern suburbs of Melbourne. The Eye and Ear eastern spoke services were relocated from Maroondah to the new super clinic established by Yarra Ranges Health in Lilydale in February. The facility includes general, orthoptic, pre-admission and post-operation specialist services.

Orthoptists assess a patient's vision, and develop a suitable eye care plan in consultation with each patient. This may involve discharge of a patient to their referring GP when appropriate, or engaging a community based optometrist conveniently located nearer the patient's home, who can closely monitor their eye condition.

Patients who require more timely attention due to their particular eye condition are triaged promptly to the general eye clinics where they access appropriate medical care.

The Eye and Ear orthoptists are fast developing specialised skills. In order to improve services for patients and share skills within the team, senior orthoptists have been assigned to roles in cataract care, in glaucoma monitoring and in diabetic retinopathy screening.

Cataract care is a core aspect of their work and ensuring standards remain high is crucial.

Treatment in the Eye and Ear fast track cataract clinic is streamlined and patient-focused, with patients now only requiring one visit to the Eye and Ear before surgery

At Lilydale, patients from surrounding areas now have better access to specialist eye care.

Faster cataract care

A cataract is the clouding of the lens in the eye and is one of the leading causes of vision impairment and blindness in Australia. With proper care, cataracts are preventable and treatable.

The fast track cataract clinic at the Eye and Ear responds to increasing demand for cataract surgery. Since the clinic was established in 2007, capacity has progressively grown.

The fast track clinic is a safe and effective pathway for patients requiring cataract care. Treatment is streamlined and patient focused. Patients now only require one visit to the Eye and Ear before having their cataract surgery and the number of post-operative follow up appointments have also been reduced.

In 2007/08 854 patients were seen in the fast track clinic and in 2008/09 this increased by 5% to 900 patients.

The Eye and Ear was recognised for increasing access for cataract patients, when the fast track clinic won Silver at the Victorian Public Healthcare Awards.

Orthoptic Led Clinic

An orthoptist-led service has been developed to assist ophthalmologists with managing patients who require review 12 months after their previous outpatient visit to general eye clinics.

There are six orthoptists with experience in glaucoma monitoring. In monitoring and treating diabetic retinopathy, Eye and Ear orthoptists provide a photo-screening and reporting service for St Vincent's Diabetic Clinic. Eye and Ear orthoptists are also partnering with the Centre for Eye Research Australia to conduct research in diabetes care, as part of a major Australian Research Council Linkage project.

New treatment rooms

The Eye and Ear has been the centre of breakthrough treatments in age-related macular degeneration – one of the leading causes of blindness. Lucentis, now widely used for the management of AMD, was first trialed in Australia at the Eye and Ear by retinal specialist, Professor Robyn Guymer in 2004.

Two injection rooms have been created in the specialist outpatients clinics to meet the increasing demand for Lucentis intravitreal injections.

A third treatment room in Emergency has also been allocated to treat all cases of endophthalmitis. Endophthalmitis is an inflammation of the internal tissues within the eye, which can lead to vision loss. All endophthalmitis cases are treated as emergency cases and a room in Emergency allows for patients to be treated promptly without delay.

The rooms meet the Department of Health Guidelines for Hospitals and Day Procedure Centres 2005.

Monitoring glaucoma

Glaucoma affects 1 in 10 Australians. It is estimated that half of those are unaware that they have the condition, as glaucoma progresses slowly and can often go unnoticed.

The Eye and Ear Glaucoma Monitoring clinic consists of six orthoptists, two ophthalmic nurses, two optometrists and an ophthalmologist.

In 2007/08, 925 patients were seen in the glaucoma monitoring clinic and this increased to 1,000 patients in 2008/09, an increase of 8%.



Sharing eye care

A new initiative is bringing eye care for patients, closer to home. The Community Eye Care Partnership brings together eye specialists from the Eye and Ear, local optometrists and general practitioners to monitor the eye health of patients who are at risk of chronic eye diseases: glaucoma, age-related macular degeneration and diabetic eye diseases.

The partnership helps overcome travel and distance barriers to care, as patients visit an eye health practitioner in their local area.

Individualised web-learning packages have been developed by eye specialists, and through regular forums, community practitioners explore and share learnings, discussing eye disease diagnosis and forms of treatment.

Patients monitored through the Community Eye Care Partnership can be quickly referred to the Eye and Ear if their condition advances or they require further treatment.

This type of shared care model in the community is the first of its kind in Australia.

Ear wax safety

Some people are more prone to ear wax blockages than others, and hard ear wax can become embedded in the ear and can cause pain and loss of hearing.

Ear, nose and throat (ENT) doctors use gentle suction to remove ear wax and this procedure is a common one at a specialist ENT hospital like the Eye and Ear.

To increase access for patients to this treatment, a new *wax away* service is available at the Eye and Ear. Patients who attend Eye and Ear Emergency with impacted ear wax are referred to the Wax Away clinic where trained nurses and audiologists help manage patients with the condition, under the supervision of an ENT specialist.

Redesigning hospital care

Improvement in a patient’s healthcare journey will not necessarily improve with just more staff, more equipment, and more facilities. It is really important to understand the process and what happens to the patient along the way to be able to make improvements. The Eye and Ear is building

a culture where every staff member is enabled, encouraged and capable to work with others to improve patient care.

The Eye and Ear is participating in the Victorian Government’s Redesigning Hospital Care Program. This four-year state-wide initiative builds capacity and capability for improvement work and redesign that will significantly improve Victoria’s public hospitals.

A staff workshop tracked the patient’s journey from referral to outpatients, to operating theatre to discharge. This helped to identify opportunities for future improvement.

Emergency staff have tracked the patient’s journey through the department identifying delays, rework and movement or travel of patients and equipment. Removing the causes of these issues will enable a reduction in the waiting times for patients.

The Outpatients Booking Unit has tracked patient referrals looking at the information provided, the delays, rework and movement of paper. With some simple changes in processes, there has been a significant reduction in the number of follow up phone calls for extra referral information. This means reduced delays in getting on the waiting list for an outpatient appointment and potentially reduced waiting time.

Cerner clinical systems

Quick access to information and effective communication between Eye and Ear staff means quicker treatment to potentially save a patient’s eyesight. These are the Eye and Ear’s key motivations in installing the new Cerner clinical systems.

Eastern Health and the Eye and Ear are the two health services in Victoria leading the way in this new project, which is an initiative of the Department of Health.

The Cerner clinical systems is a suite of information technology applications, which allow specialists to record, store, and recall clinical information about the patients and their eye and ear condition.

Clinical information, including pathology results and medical images, is stored within the one place. It provides instant access to all of a patient’s clinical information and it allows multiple users to securely access a patient record simultaneously. Cerner clinical is planned to roll out in December 2009.

Taking ENT care to central Australia



Since February 2009, an Eye and Ear specialist ENT team has made a scheduled monthly visit to Alice Springs and surrounding communities.

An Eye and Ear team, including an ENT surgeon, theatre nurse and audiologist, visits Alice Springs for up to a week. The Eye and Ear ENT team provides additional clinical resources and expertise, runs a consultative clinic, manages chronic ear conditions and performs specialist ear surgery such as repairing eardrums.

The Eye and Ear Hospital, as a leader in Australian eye and ear health, is committed to sharing its knowledge and expertise to increase access for rural and regional Australians to specialist care.

Key facts about Australian eye health

More than 80 per cent of vision loss in Australia is caused by five conditions:

Age-related macular degeneration (AMD) – a leading cause of blindness. Nearly one person in four who lives into their nineties will eventually lose vision from this condition.

Cataract – the most common of all elective surgery procedures and the eye condition responsible for the largest single direct health cost. However, cataract surgery is one of the most cost effective operations.

Diabetic Eye Disease – almost all vision loss caused by this condition can be prevented by timely treatment.

Glaucoma – early diagnosis and treatment are important to control glaucoma and protect sight. Half of those with glaucoma are undiagnosed and untreated.

Refractive Error – over half of the people who present with visual impairment could have their vision improved with the correct glasses.

Your guide to eye health

Get your eyes tested. Have an eye test without delay if you notice change in your vision.

If you are over 40 have a regular eye test.

Have an eye test at least every two years if you have diabetes, are 75 years and older, have a family history of glaucoma or age-related macular degeneration, are of Aboriginal and Torres Strait Islander descent.

If you are under the care of an eye health professional, follow their advice.

Protect your eyes. Wear sunglasses and sun hats whenever you are in the sun.

Quit smoking.
Wear eye protection at home and at work.

Use access support services. If you have low vision, contact a local access support service for advice on services, equipment and training.

eye health professionals



Left to right: **Ophthalmic Nurse**. Sandra Clews. The ophthalmic nurse links the patient and their eye specialist team. “I talk to the patient and their family about their procedure as well as to the medical staff about the patient’s circumstances.” **Optometrist**, Australian College of Optometry, Carlton. Frances Ryan. In addition to measuring a patient’s vision, an optometrist will monitor, treat or refer patients with eye conditions. “Often being one of the first points of contact in the community, I can help detect changes and work closely with GPs and specialists to benefit patients.”

Ophthalmologist
Dr Sanj Wickremasinghe
“My special interest is in the retina – the back of the eye. As a researcher in AMD trials, I am excited about the possibility of discovering new therapies for patients.”

Ophthalmologist,
specialising in retina diseases such as AMD and diabetic retinopathy.
Dr Alex Harper
“Diabetes is one of the leading causes of blindness in working Australians. I gain satisfaction from providing patients with significant improvements in their quality of life as a result of our interventions.”

Orthoptist and project leader, Community Eye Care Partnership. Bich Thai.
Orthoptists work in specialist eye care settings, alongside eye surgeons, and investigate and assist with treatment of patients with eye disease, before and after eye surgery. An orthoptist will assess vision status and prescribe glasses as necessary, and perform diagnostic investigations in order to develop a suitable plan for patients’ ongoing eye care.

Glaucoma Fellow
Dr Brian Chua
“An ophthalmologist is an eye doctor who has completed additional specialist training to comprehensively diagnose, manage and treat all aspects of eye disease. Ophthalmologists, or eye specialists, are skilled in medical, laser and surgical treatments to prevent blindness and vision impairment. In my fellowship year I am specialising in glaucoma.”

Ophthalmologist and retinal specialist
Dr Mark McCombe, part of the team developing an Australian model of the bionic eye. The bionic eye aims to restore vision to people with degenerative or inherited retinal conditions.



community participation

It is important to involve patients in improving the quality and safety of hospital services, as this enables the Eye and Ear to provide services that respond to the needs of the community.

The Community Advisory Committee

Since 2001 the Eye and Ear’s Community Advisory committee has advised the board on effective consumer and community participation in service development and delivery. The committee includes nine community members and three board directors from diverse backgrounds. It meets six times a year and members are kept up to date between meetings with a newsletter and Community Advisory committee online discussion forum.

The Community Advisory committee has developed recommendations in response to findings in the Community Mapping study.

The Department of Health conducted a review of community advisory committees in 2008 to ensure health services were meeting the Community Advisory Committee Guidelines (2006). The evaluation found that the Eye and Ear’s Community Advisory committee met the requirements of the guidelines.

The Eye and Ear received a recommendation to respond to the findings from the Consumer Engagement and Community Participation Audit. As a result, this is a key project in the Community Participation Plan 2009-11.

‘Doing it with us not for us’ (2006)
The Eye and Ear is committed to ensuring high levels of consumer participation. The Department of Health ‘Doing it with us not for us’ (2006) policy is a key way of measuring our success. The projects below demonstrate the Eye and Ear’s commitment to that policy:

The Eye and Ear's Community Participation Plan aims to create a welcome environment for patients and engage the community

For instance, the Eye and Ear’s website has been made more accessible for people with vision impairment and changes made to the built environment aim to meet the needs of Indigenous patients.

Community Participation Plan

The Eye and Ear’s Community Participation Plan 2009-11 outlines the Eye and Ear’s commitment to consumer engagement and community participation. The plan aims to:

- create a welcome environment
- engage the community
- encourage patients to be involved in their own health care
- advocate community needs in the Eye and Ear’s redevelopment.

The Community Participation Plan outlines three key projects:

- To create an environment that is welcome and friendly to all consumers, with consideration for the needs of the sensory impaired.
- To review the actions and recommendations from the Consumer Engagement and Community Participation Audit undertaken in 2006.
- To identify the ways that patients are involved in their own health care at the Eye and Ear.

The plan was developed by the Community Advisory committee and endorsed by the Board and Executive Committee. It will also guide staff and management in achieving high levels of consumer engagement and community participation.

‘Involving consumers, carers and community members from the planning stage through to evaluation and monitoring’ (priority action area 6)
The Community Advisory committee identified the need to study the communities serviced by the Eye and Ear. The committee was involved in planning and implementing the Community Mapping Study, developing recommendations and monitoring their implementation.

‘Create welcoming and accessible services for the diverse members of your community’ (priority action area 7)
A recommendation of the Community Mapping Study has been to make the Eye and Ear website more accessible to the vision and hearing impaired. Changes have been made including: the ability to increase/decrease font size; default website font larger for vision impaired audience; the ability to adjust the contrast; a ‘welcome’ message in the top 5 patient languages; improved information regarding the location of the Eye and Ear and available transport services.

‘Integrate participation of consumers, carers and community members, representatives or nominees into the quality and safety program’ (priority action area 12)
The Community Advisory committee actively develops the Quality of Care Report. It ensures the Report meets the needs of the community. A Community Advisory committee member also attends the Quality committee meetings. The Community Advisory committee reviews information provided to patients and has provided feedback on the implementation of the smoke free policy at the Eye and Ear.

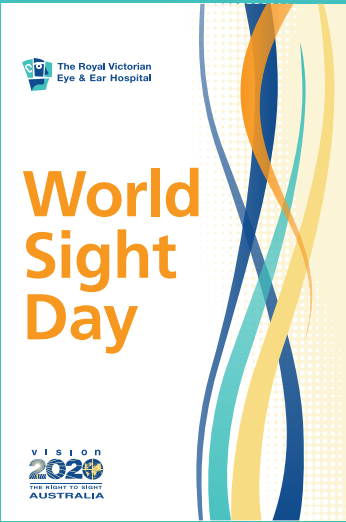
World Sight Day

World Sight Day is an international day of awareness to focus attention on the global issue of avoidable blindness and visual impairment. Worldwide, there are approximately 314 million people living with low vision and blindness.

World Sight Day is an initiative of Vision 2020 for the elimination of avoidable blindness, a joint programme of the World Health Organization and the International Agency for the Prevention of Blindness.

In Australia, Vision 2020 Australia is an alliance of 50 member organisations leading advocacy efforts and raising community awareness about good eye health and vision care.

The Royal Victorian Eye and Ear Hospital is a member of Vision 2020 Australia and proudly supports World Sight Day.



World Sight Day
Thursday
14 October 2010

Achievements against the Department of Health
Participation Performance Indicators:

| RECOMMENDED | STANDARD INDICATOR | PROGRESS |
|--|--|---|
| GOVERNANCE | | |
| The governing body is committed to consumer, carer and community participation. | Health service meets the accreditation standards in the Evaluation and Quality Program (Australian Council on Healthcare Standards 2002): 'The governing body is committed to consumer participation' (currently Standard 2.4) or its equivalent, to the level of 'MA' (Moderate Achievement). | Achieved In 2007 the Eye and Ear was accredited for four years to 2011. The hospital received an 'EA' (Extensive Achievement) for the ACHS standard 'the governing body is committed to consumer participation'. Comments from ACHS include: "Considerable effort and time has been applied to engaging consumers in a meaningful way... The Community Advisory committee has a diverse and committed membership who is engaged in various activities related to the strategic directions of the organisation. The committee has been influential in encouraging a more patient focused approach in the planning for redevelopment instead of the traditional medical focus. As a specialist hospital, the Eye and Ear is heavily engaged in patient support and consumer groups related to sight and hearing. It is also influential in supporting various public health initiatives and publicity events that are conducted for the welfare of patients." |
| There is participation in higher level decision making. | There are consumers, carers or community members on key governance and clinical governance structures. | Achieved There are consumers, carers and community members involved in the following committees: Primary Care and Population Health Advisory committee, Cultural Diversity committee, Community Advisory committee, Quality committee, and the Human Research and Ethics committee. |
| | A community advisory committee has been established in accordance with the Health Services Act 1988 section 239. | Achieved The Community Advisory committee was established in 2001. |
| | A community advisory committee has been established in accordance with the non-statutory guidelines. | Achieved The Community Advisory committee operates in accordance with the guidelines. Following a review by Department of Health in 2008, the Eye and Ear was found to be compliant with the Community Advisory Committee Guidelines (2006). The Department of Health recommended the hospital act on findings from the consumer engagement and community participation audit. This has been included as a key project in the Community Participation Plan 2009-11. |
| ACCOUNTABILITY | | |
| The service reports openly to its communities on quality and safety, and the participation in its processes. | The Quality of Care Report outlines quality and safety performance and systems in the key care areas that address the health care needs of the service's communities, consumers and carer populations. | Achieved The Eye and Ear has reported on quality and safety initiatives within this Quality of Care Report. This Report is distributed widely to patients and the community. It is developed with input from the Community Advisory committee and community feedback about last year's Quality of Care Report. |
| | A community participation plan has been developed and is being reported against annually to the Department of Health. | Achieved The Community Participation Plan 2009-11 has been developed by the Community Advisory committee and is currently being implemented. The Community Advisory committee monitors the plan and the hospital reports annually to the Department of Health on its progress. |
| HEALTH CARE AND TREATMENT | | |
| There is consumer and, where appropriate, carer participation in clinical care. | Consumer participation in decision making about their care and treatment is assessed on the Victorian Patient Satisfaction Monitor's Consumer Participation sub-index. | Achieved The patient representative reviews the Victorian Patient Satisfaction Monitor results and themed reports are provided to the Community Advisory committee. |
| | Appropriate information is available to enable all consumers and carers, where appropriate, to choose to share in decision making about their care. | Achieved The Community Advisory committee has reviewed information that is provided to patients. The information helps patients understand hospital process and enables them to make a decision regarding their care options. |

“Words cannot express our joy about the possibility of Sarah regaining her hearing.”

Lul Nyamai



“Sarah, being the last of five children, is the most loved among all of us. You can imagine how shocking and confusing it was to learn that our beloved Sarah is deaf. It was only in the Eye and Ear Hospital I heard and knew about the cochlear implant.”

الكلمات لا تعبر عن فرحتنا بإمكانية إستعادة سارة لحاسة السمع لديها.

بما أن سارة هي الأصغر لدينا من بين خمسة أطفال، فقد حُظيت بحبنا جميعاً أكثر من غيرها. ولك أن تتخيل كيف كانت صدمتنا واضطرابنا لما علمنا أن محبوبتنا سارة فاقدة لحاسة السمع. إلا أنني سمعت عن زراعة قوقعة/حلزون الأذن وعرفتها فقط في مستشفى

Eye and Ear Hospital



celebrating diversity

Every year the Eye and Ear participates in events and undertakes initiatives to support patients from diverse cultural and language backgrounds.

Promoting harmony

Harmony Day is held annually in March, during Victoria's Cultural Diversity Week.

The Eye and Ear held an afternoon tea celebrating Harmony Day and Cultural Diversity Week on 24 March 2009. Patients who attended were from the seven largest cultural groups – Italian, Greek, Chinese, Vietnamese, Arabic, Turkish and Croatian – using the Eye and Ear services.

The Italian Women's Choir, Le Canterine del Fogolar entertained guests who included

Patient factsheets in several languages

Easy to read factsheets are now available in several languages for patients and carers to take home with them, after treatment at the Eye and Ear. The factsheets are in English and several other languages including Greek, Arabic, Vietnamese, Chinese and Italian.

Both the Eye and Ear's Cultural Diversity committee and the Community Advisory Committee were involved in developing the factsheets. The project was funded by a grant from the Louis and Lesley Nelken Trust, which is managed by ANZ Trustees.

One factsheet explains the correct use of eye drops for glaucoma treatment, with tips to help patients or carers instil the drops at home

Interpreter services now provide in house service for 75% of interpreting requests. In house languages are: Greek, Vietnamese, Italian, Mandarin, Cantonese, Turkish, Croatian, Serbian, Bosnian, Arabic, Lebanese, Amharic, Tigrinya, Sudanese and Saho.

Chair of the Victorian Multicultural Commission George Lekakis, patients, members of cultural community groups, board members and hospital staff. Aboriginal elder from the Wurundjeri people, Aunty Dianne, provided the Welcome to Country.

'Walk for Harmony'

The Eye and Ear participated in the 'Walk for Harmony' on Sunday 12 July 2009. The Premier led the community walk to reaffirm Victoria's commitment to a multicultural community and members of the Eye and Ear were there to show support for Victoria's cultural and religious diversity.

Interpreter Services

Collectively Eye and Ear patients speak more than 85 languages.

The Eye and Ear offers an in-house interpreter service to support the language requirements of patients.

This year, we have increased the number of full time in-house interpreters from three to eight. As a result 75% of all language services required are attended to in-house, and interpreter services to Emergency and the surgical wards have increased.

The Eye and Ear is the only hospital in Victoria to have a full time Horn of Africa interpreter and the only hospital to have full time Arabic and Turkish interpreters based in one location. This helps to support the increasing number of patients from a Horn of Africa and Arabic background who attend the Eye and Ear.

so they have maximum benefit. Pharmacy staff and glaucoma specialists collaborated to produce this fact sheet, and Communications staff liaised with Interpreters to ensure the formatting and layout of the fact sheet was accurate and easy to use.

Another factsheet explains the hospital's services available to patients and families when visiting a specialist outpatient clinic. The factsheet explains how patients or their carers can gain additional information or support from the diabetes educator, interpreter or transport service. The content of this factsheet was recently improved to include an easy to read location guide to finding the hospital, including which public transport stop near the hospital has wheelchair access.

The factsheet is now sent to all patients before they attend a clinic appointment for the first time. The factsheet has also been translated into the five most frequently spoken languages by patients and the Greek and Turkish versions are currently being trialled with patients.

After evaluating the feedback from patients, further language versions will be made available.

Information in various languages will also be available from the Eye and Ear website which has recently been enhanced to support large print. Many patients with low vision will then be able to print off information in their preferred language.

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

| MINIMUM REPORTING REQUIREMENTS | OUTCOME |
|---|---|
| Understanding clients and their needs | Achieved <ul style="list-style-type: none">– In 2008-2009 cultural awareness training was incorporated into new staff orientation sessions to reach a greater audience. The training was run by hospital staff and concentrated on increasing awareness of the needs of the culturally diverse community, including patients and staff.– The Cultural Diversity committee has reviewed results from the Community Mapping Study, which identified the communities who access the hospital and any under-represented groups. The Cultural Diversity committee has assisted with implementing the Community Mapping Study recommendations.– The Eye and Ear also developed a cultural diversity internet site, which includes information about cultural diversity at the hospital, the Cultural Diversity committee, and their plan and the 2009 Cultural Diversity Week celebrations at the hospital.– The Eye and Ear has also created a cultural diversity corner in the staff newsletter, which informs staff of significant cultural dates and initiatives. |
| Partnerships with multicultural and ethno-specific agencies | Achieved <ul style="list-style-type: none">– In March 2009 the Eye and Ear celebrated Harmony Day. Representatives from various multicultural and ethno-specific agencies joined in our celebrations.– The Cultural Diversity committee and Community Advisory committee include members who represent the cultural and linguistically diverse community. As a result of inclusive membership, the Eye and Ear has continued to improve relationships with other multicultural agencies.– As a result of Harmony Day celebrations, the Eye and Ear established a relationship with the Italian Women’s Choir, Le Canterine del Fogolar. |
| A culturally diverse workforce | Achieved <ul style="list-style-type: none">– Human Resources policies demonstrate the Eye and Ear’s commitment to encouraging a culturally diverse workforce, which was reflected in the composition of staff in 2008-2009. |
| Using language services to best effect | Achieved <ul style="list-style-type: none">– Since January 2009, 4 extra interpreters have been employed increasing the in-house interpreter base from 3 languages to 13. Interpreter services now provide in house service for 75% of interpreting requests. In house languages are: Greek, Vietnamese, Italian, Mandarin, Cantonese, Turkish, Croatian, Serbian, Bosnian, Arabic, Lebanese, Amharic, Tigrinya, Sudanese and Saho.– The Eye and Ear has recently translated information for culturally diverse patients, including the outpatient fact sheet. |
| Encourage participation in decision-making | Achieved <ul style="list-style-type: none">– Representatives of the Cultural Diversity committee and Community Advisory committee participate in decision-making processes within the Eye and Ear, such as the translation of information and the volunteer concierge trial.– The Cultural Diversity committee and the Community Advisory committee report to one another to ensure they work in partnership. |
| Promoting the benefits of multi-cultural Victoria | Achieved <ul style="list-style-type: none">– To celebrate Australia’s culturally diverse society and united values, the Eye and Ear held an afternoon tea in March and invited patients and the community to attend. |

Cultural Diversity Week

Cultural Diversity Week is Victoria’s largest event for the promotion of cultural, linguistic and religious diversity and community harmony. The Week, held annually between **15-21 March**, provides an opportunity for all Victorians to celebrate our cultural, linguistic and religious diversity. It also marks the United Nations Day for the Elimination of Racism on 21 March and affirms our belief in the right for all Victorians to live without fear of racial and religious discrimination.

Find out more about Cultural Diversity Week. www.culturaldiversity.vic.gov.au

Sum Luong’s story



“You need good eye sight to play ping pong, which is why I am grateful for the care I received.”

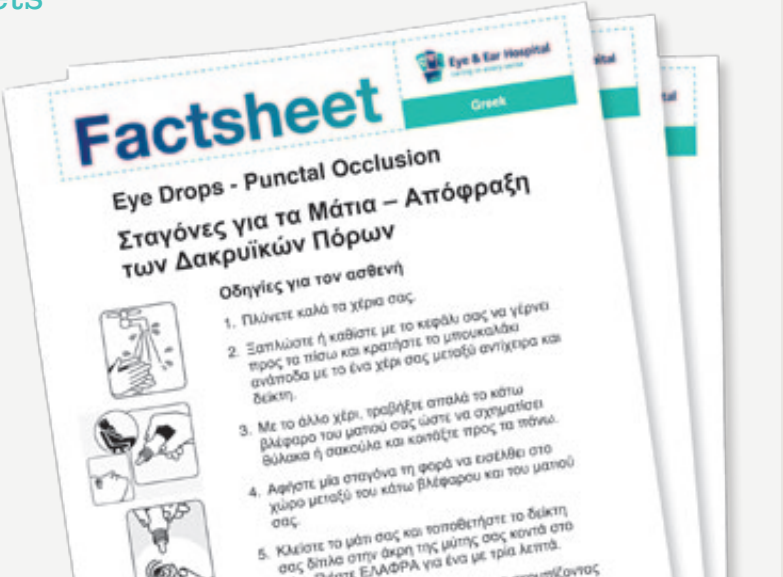
“Treatment at the Eye and Ear helped me stay active and it pleases me to know that the same services are available for my association’s members and all in the community.”

“我眼睛受到護理後，自己可以繼續打乒乓球；得知我們協會的會員都能享受同樣的服務，我感到很高興。”

Mr Sum Luong, President Ethnic Chinese Happy Age Association.

Eye and Ear Factsheets

Easy to read factsheets are now available in several languages for patients and carers to take home with them, after treatment at the Eye and Ear. The factsheets are in English and several other languages including Greek, Arabic, Vietnamese, Chinese and Italian.



ear health professionals



Left to right:
ENT registrar, Mr Ben Wei,
surgeon scientist.
ENT specialist, Mr Chris Brown.
ENT surgeons specialise in
diagnosing and treating ear, nose
and throat (ENT) conditions.

Emergency Nurse
Gerard Walsh
A registered nurse with
specialist eye and ENT
emergency experience,
emergency nurses provide
emergency care for all eye
and ENT patients. “We care
for the patients whilst they
are here and support them
in finding care for when they
leave. I feel like a valuable
part of a team of experts.”

Anaesthesiologist
Dr Andrew Walpole
Eye and Ear anaesthetists
manage the medical care
of patients before, during
and after surgery and are
specialists in anaesthesia for
procedures involving the eyes
and the ears, nose and throat.
Special techniques and great
care are needed with surgery
close to, or involving the
airway. Anaesthetists weigh
the risks and benefits of
different techniques to arrive
at a treatment plan which will
maximise benefit, minimise
risk and keep the patient as
comfortable as possible.

Speech pathologist
Frances Logan
Following a medical
review, generally by an
ENT specialist, the speech
pathologist provides
assessment and intervention
for speech, language, voice,
and swallowing safety.
“Being able to express
‘who I am’ is vital, and I’m
pleased to help facilitate
this for patients.”

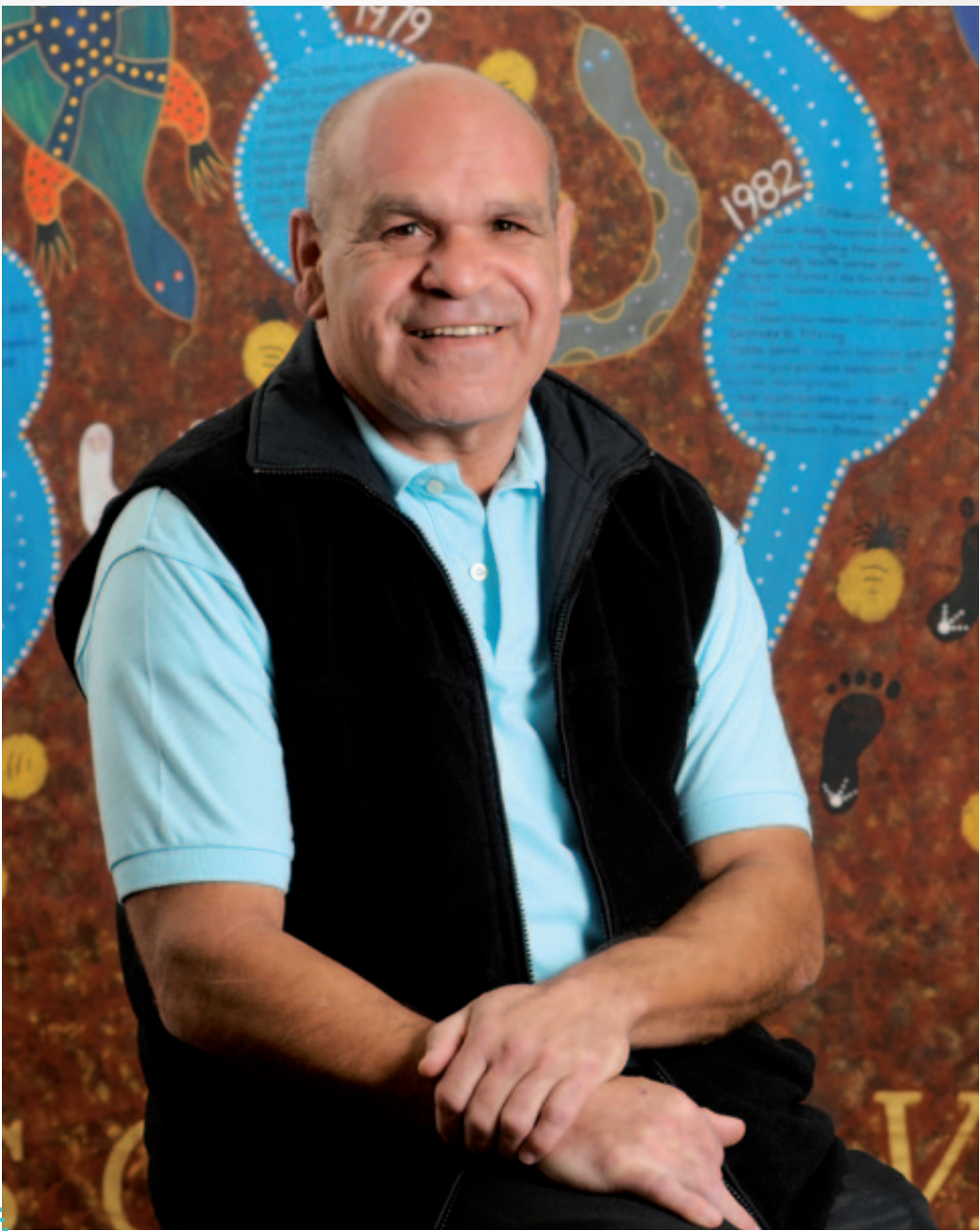
Audiologist
Dominic Power
As a member of the ENT allied
health team, an audiologist
measures the level of hearing
loss and helps manage a
patient’s hearing treatment.
“Communication is vital for an
individual and hearing loss
can have a huge impact on
a person’s life. So helping to
diagnose and treat people is
very rewarding.”

Registered Nurse
Operating Theatre
Lisa Maguire
Nurses care for the
needs of the patient from
the time they enter the
theatre to when they
leave recovery, as well as
supporting the surgeon and
anaesthesiologist during
the surgery. “Knowing the
patient will leave and have
benefited from having been
here is very satisfying.”

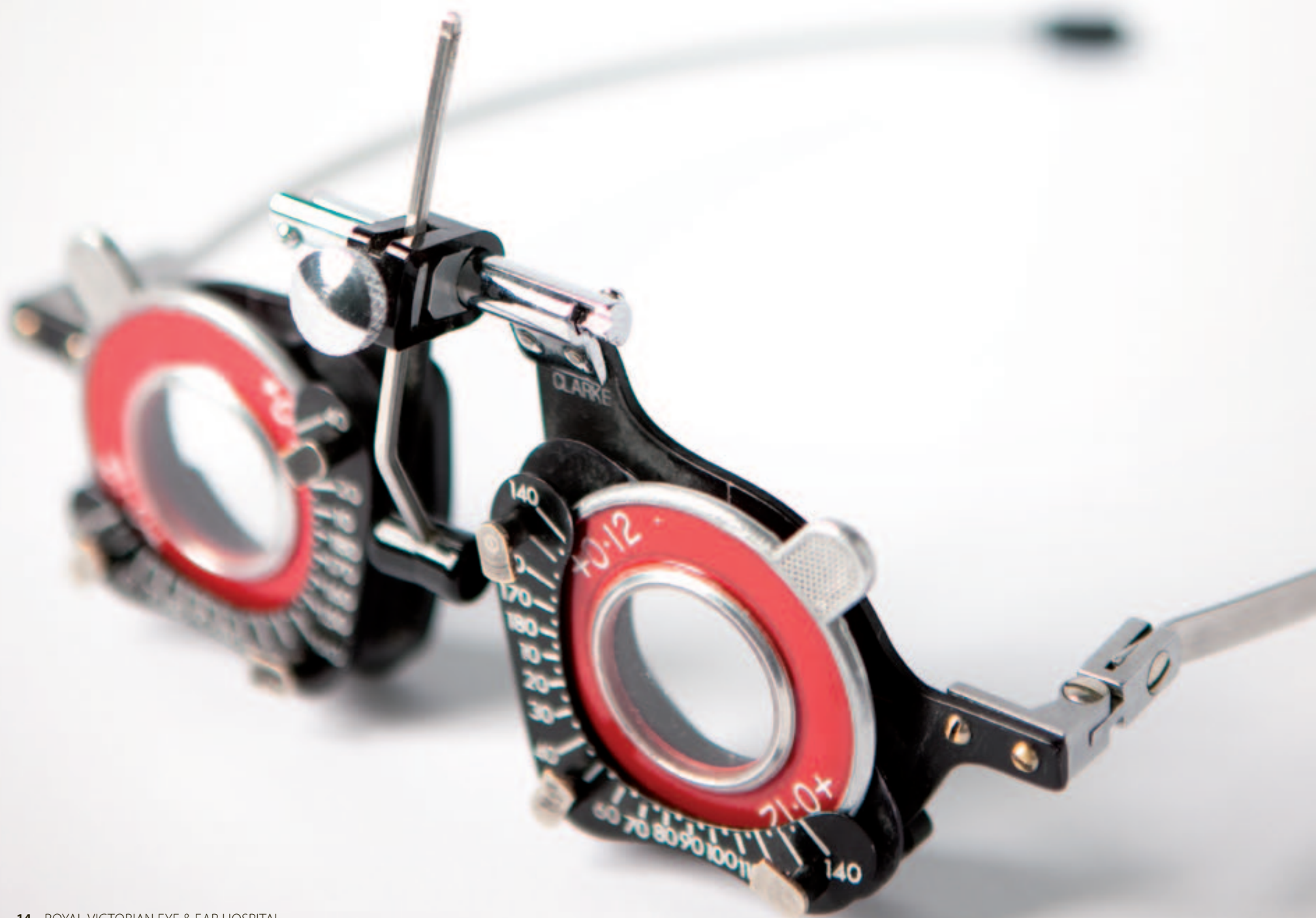


“Quick treatment
saved my sight
when I got a grass
seed in my eye
mowing the lawn.”

Reg Thorpe,
Victorian Aboriginal
Health Service



“I work in community health and know how daunting
it can be waiting for treatment. The Eye and Ear
responded to my injury quickly and appropriately.”



Indigenous eye and ear health

The Eye and Ear is committed to improving the eye and ear health of Aboriginal and Torres Strait Islander members of the community.

The Eye and Ear has an active Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) committee, which advises Executive about Aboriginal and Torres Strait Islander issues. The ICAP committee includes representatives from the Centre for Eye Research Australia and various departments within the Eye and Ear including an Aboriginal staff member. The committee operates in accordance with the Department of

Pilot Eye Health Elective Certificate IV for Aboriginal and Torres Strait Islander Health Workers

Training workshops for Aboriginal and Torres Strait Islander Health Workers were held at the Eye and Ear in May 2009. The pilot eye health elective for Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care was developed in partnership with Vision 2020 Australia and the Victorian Aboriginal Community Controlled Health Organisation.

Six health workers from around Victoria attended workshops presented by the Eye

“I wish to welcome you from the tops of the trees to the roots in the ground and if you look after my Country, it will look after you.” Aunty Di Kerr

Health Improving Care for Aboriginal and Torres Strait Islander Key Result Areas.

The ICAP committee continues to work towards the ICAP Plan and has successfully completed a number of initiatives. The Eye and Ear now proudly flies the Aboriginal flag every day, which acknowledges our commitment to improving the eye and ear health of Aboriginal and Torres Strait Islander people.

A ‘welcome to country’ is made at Eye and Ear events and Wurundjeri elder, Aunty Di Kerr provided a moving version when she visited the hospital for Harmony Day, offering her hand in friendship and ‘as a symbol of reconciliation so that we can walk together in peace and harmony.’ On behalf of the Elders, Aunty Di welcomed guests ‘from the tops of the trees to the roots in the ground and if you look after my Country it will look after you.’

Highlights

Eye and ear screening at Aboriginal Playgroups

The Eye and Ear has recently partnered with the Victorian Aboriginal Child Care Agency to provide eye and ear health checks for Aboriginal children attending their playgroups. A team of health professionals including audiologists and orthoptists have visited two playgroups and plan to visit another two to test the children’s eye and ears. So far, the Eye and Ear has screened close to 25 children at the two sites and a number of eye and ear conditions have been detected.

and Ear, the Centre for Eye Research Australia (Population Health Division), the University of Melbourne (Indigenous Eye Health Unit, Melbourne School of Population Health), the Victorian College of Optometry and the Victorian Aboriginal Community Controlled Health Organisation. The workshop also included a comprehensive tour of the Eye and Ear from the patient’s perspective.

The health workers also participated in a workshop on National Sorry Day with members from the hospital’s ICAP committee and Vision 2020 Australia staff. The workshop discussed the experience of an Aboriginal person attending a mainstream health service and the cultural barriers they face.

NAIDOC Week

NAIDOC week (National Aborigines and Islanders Day Observance Committee) celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander people.

This year the Eye and Ear proudly celebrated NAIDOC Week by promoting the celebration to staff and patients. Display boards were placed around the hospital with information explaining the significance of NAIDOC Week. Information and photos were also displayed on the ICAP Committee and some of their achievements this year were highlighted.

Members of the ICAP committee also visited the Victorian Aboriginal Health Service and the Victorian Aboriginal Community Controlled Health Organisation on their open days during NAIDOC week.

The table below shows how the Eye and Ear is performing against the ICAP key result areas.

| KEY RESULT AREA | OUTCOME |
|---|---|
| 1. Establish and maintain relationships with Aboriginal Community Controlled Organisations and services. | Achieved <ul style="list-style-type: none">– The Eye and Ear has continued to strengthen their relationships with Aboriginal Community Controlled Organisations and services.– In partnership with Vision 2020 Australia and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the pilot eye health elective for Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care was held at the hospital. The health workers also participated in a Sorry Day workshop.– The Eye and Ear has conducted eye and ear screening at the Victorian Aboriginal Child Care Agency playgroups and identified children with vision and hearing difficulties.– The Community Advisory committee has an Aboriginal member, to provide representation for the Aboriginal and Torres Strait Islander community.– Members of the Eye and Ear Improving Care for Aboriginal and Torres Strait Islander committee attended NAIDOC Week open days at both the Victorian Aboriginal Health Service and VACCHO. |
| 2. Provide or coordinate cross-cultural training for hospital staff. | In progress <ul style="list-style-type: none">– The Eye and Ear is currently developing a new cultural-awareness training program. The training looks at providing staff with an overview of Aboriginal history, Aboriginal eye and ear health and training on how to ask the questions of Aboriginal status.– The Eye and Ear is proudly flying the Aboriginal Flag and a Welcome to Country has been included at formal events. |
| 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. | On Target <ul style="list-style-type: none">– Results from the Community Mapping Study specific to the needs of Aboriginal and Torres Strait Islander people has been considered in service planning and redevelopment to ensure the Eye and Ear meets the cultural needs of our Aboriginal and Torres Strait Islander community.– Discharge information for the Aboriginal and Torres Strait Islander community has been made available on the Eye and Ear’s intranet site. By improving relationships with community organisations, this ensures that the needs of Aboriginal and Torres Strait Islander patients discharged back into the community are addressed.– The Continuum of Care committee is currently developing a resource on cultural awareness of the chaplaincy and pastoral care services and religious needs of patients at the Eye and Ear. There will be information on the Aboriginal and Torres Strait Islander community included in the resource. Members of the Continuum of Care Committee also attend the Improving Care for Aboriginal and Torres Strait Islander Committee. |
| 4. Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies. | On Target <ul style="list-style-type: none">– The development of an Aboriginal and Torres Strait Islander patient section on the Eye and Ear’s intranet site has ensured that staff can make effective and appropriate referrals.– Staff awareness of Aboriginal and Torres Strait Islander Health Workers has been improved through the pilot eye health elective at the Hospital. The pilot elective has also increased the Health Workers’ awareness of the Eye and Ear and the key contacts when bringing their clients to the hospital. |

Eye and Ear Storyboards

Reassuring storyboards in the Eye and Ear foyers assure patients of specialist care in Australia’s leading eye and ear health facility. To help reassure Indigenous patients, a storyboard with Indigenous art themes is prominently displayed.



Indigenous eye and ear health



Our flags
Both the Australian flag and the Aboriginal flag fly daily from the Eye and Ear flagpoles.



Young eyes and ears
Eye and Ear audiologists and orthoptists help promote healthy eyes and ears for children enjoying playgroups of the Victorian Aboriginal Child Care Agency.



In rural and remote areas beyond Alice Springs, many small indigenous communities have limited access to ENT care.



Local health workers at Titjikala, 120 km south east of Alice Springs, are proactive about community health. Although initially shy, children responded well to the Eye and Ear ENT team.

caring for the community

Maintaining vision living with diabetes

Diabetic eye disease is one of the leading causes of vision loss. It is a complication of diabetes, which causes damage to the small blood vessels of the retina in the eye. If detected early, 98% of the vision loss caused by diabetic eye disease can be prevented.



Most patients who attend the Eye and Ear for management and treatment of their diabetes-related eye disease have been living with diabetes for some time.

The Eye and Ear diabetes educator is now based in the specialist outpatients clinics. This is an early intervention and education strategy to help prevent patient’s vision from deteriorating and assist them in living with diabetes.

Patients are offered physical, emotional, educational and clinical support. The diabetes educator ensures patients are able to access a diabetes service in their local area for ongoing support and education and ensures patients have a GP diabetes management plan.

Helping prevent and overcome depression

It’s estimated over 180,000 Australians have irreversible vision impairment. Vision impairment can significantly impact a person’s independence and quality of life. The Eye and Ear is collaborating with Centre for Eye Research Australia and *beyondblue* to identify the best ways to support patients to prevent and overcome depression related to their vision loss.

The ‘Identifying depression in people with vision impairment and developing pathways to care’ project aims to direct people with depression and vision loss to appropriate care.

The program aims to:

- identify and manage depression in patients with vision impairment
- identify the treatment needed
- understand how to refer the patients on to the appropriate care

The training program has begun at the Eye and Ear, with orthoptists, ophthalmic nurses, clerical staff and social workers taking part.

The project is funded by *beyondblue*, as part of the National Depression Initiative.

Bushfire recovery

Like all in the Victorian community, Eye and Ear staff were deeply affected by Victorian bushfires in February 2009. Several Victorians came to the Eye and Ear emergency for treatment for eye injuries caused by the fire.

The Eye and Ear pays tribute to our community, recovering and rebuilding lives.

Emergency response

During 2009, the Eye and Ear has upgraded its response capabilities, should they be required to assist with a community wide emergency.

A new emergency control room provides the Eye and Ear with an organisational response (code brown) and coordination point for dealing with external and internal emergencies.



Training in the highly regarded Incident Control Systems (ICS) emergency management system (also used by police and other lead agencies) was undertaken on site.

Introduction of the smoke-free environment

Research shows that smoking significantly increases the risk of developing eye disease, particularly age-related macular degeneration.

Othoptists, ophthalmic nurses, clerical staff and social workers are developing pathways to care to help patients with a vision impairment prevent and overcome depression.

Medical equipment and other supplies were also reviewed and upgraded for use in specialist eye, eye, nose and throat (ENT) and general mobile medical kits. They are to be used by Eye and Ear specialists at the scene of a disaster or other emergencies outside hospital buildings.

In May 2009 the Eye and Ear implemented a smoke-free policy. No smoking is permitted in the buildings or within the boundary of the hospital grounds. The Eye and Ear’s Community Advisory committee was consulted to ensure the needs of the community were met before implementing this policy.



Children's vision

The ability to participate fully in the vast array of options and activities life has to offer is critical for children to reach their potential. The multi-disciplinary team at the Eye and Ear Educational Vision Assessment Clinic helps children with a vision impairment and their families with the appropriate care, guidance and management to flourish in school and in life.

The clinic identifies children who require additional support from the Visiting Teacher Service and access to materials in alternative format. Up to 100 children attend the clinic each year, referred by an ophthalmologist, or teachers, early intervention workers, and parents.

The clinic team includes two ophthalmologists, an orthoptist, and two education officers and a psychologist from the Statewide Vision Resource Centre.



Children’s hearing

“Ben and Lochie were born deaf and I never thought I would hear baby babble – now they both chatter away.”

Naomi – Ben and Lochie’s mum.

“With cochlear implants at an early age, our research shows deaf children have the same opportunities as their peers.”

Professor Richard Dowell, Audiology specialist.

“My eyesight has improved so much that I can watch my favourite basketball team again.”

Ainslie Fitzsimons



“After being part of a trial for new treatment for the eye condition keratoconus, I can see my favourite team, the Melbourne Tigers better than ever!”



improving quality and safety

Monitoring patient satisfaction

The Eye and Ear participates in the Victorian Patient Satisfaction Monitor, which is funded by the Department of Health. The monitor tracks how the Eye and Ear is performing against other similar hospitals by surveying public hospital patients' opinions. Strategies are developed in response to the feedback received from the monitor.

When compared with other Victorian hospitals the Eye and Ear exceeded the average standard in five out of seven areas: discharge and follow-up, physical environment,

Catering for patients

The Eye and Ear aims to provide a welcoming and comfortable environment for patients. The prospect of undergoing surgery or simply attending a hospital can increase anxiety.

Satisfaction with the quality of food for inpatients at the Eye and Ear has increased significantly since February 2008. In its analysis of patient satisfaction from September 2008 to February 2009, the Monitor indicates that there has been a 17% increase in patient satisfaction with the quality of food and a 7% increase with the quantity.

When compared with other Victorian hospitals' patient surveys, the Eye and Ear exceeded the average standard in five out of seven areas.

treatment and related information, general patient information, general patient information, and overall care.

Consumer feedback enables the Eye and Ear to improve our quality of care.

The Eye and Ear recognises and protects a patient's right to make a comment or complaint and aims to handle complaints in a fair and accessible way. The Eye and Ear framework for the taking and resolution of complaints and issues is based on the *Australian Standard AS 4269-1995 Complaints Handling*.

The patient representative is a staff member dedicated to the handling of complaints and the management of consumer feedback. The patient representative assists patients with their queries and addresses any issues with hospital systems and processes that are identified as a result. Regular reports are provided to the Eye and Ear Quality committee and outline trends in complaints and feedback. This information is then relayed to staff, to help improve patient care.

Complaints: July 2008 to June 2009

| | |
|----------------|-----|
| Access | 86 |
| Administration | 68 |
| Atmosphere | 6 |
| Communication | 121 |
| Cost | 13 |
| Rights | 21 |
| Treatment | 105 |
| Total | 420 |

| | Feb 2009 | Feb 2008 |
|------------------|----------|----------|
| Quality of food | 91 | 74 |
| Quantity of food | 89 | 82 |

After receiving the Victorian Patient Satisfaction Monitor results from February 2008, staff liaised with caterers about the patient catering menu, using patient feedback as a guide. Research into religious dietary requirements, for example halal, was also conducted and discussed.

The results in 2009 indicate that the new catering measures have been welcomed by patients.

Patient Comment Cards were also introduced into the Short Stay Centre and Day Surgery Facility to offer patients more opportunities to share their opinion about hospital services and quality of care. Feedback from the comment cards in October 2008 shows that patients are highly satisfied with the food service and quality of food in the Short Stay Centre and Medihotel.

Online feedback tools capture patient comments

Patient opinion is now incorporated into the Feedback module of RiskMan.

RiskMan is an online risk management tool used by staff to register compliments, complaints and any incidents that have

occurred. It allows for patient feedback to be recorded more accurately and it enables staff to respond quickly to any issues that may arise and in turn affect the experience of patients. Managers are able to be more hands on in the handling of issues as they occur in their area as well as in developing strategies for improving risk management processes.

A resource kit on the principles of complaint management and on the use of the RiskMan feedback tool was developed to educate staff in this new function.

After a period of development and fine tuning, managers were trained in:

- complaint handling
- early intervention to prevent potential complaints
- using the Feedback tool to lodge all complaints
- following the progress of issues that had been lodged.

Clinical Governance

Clinical Governance is defined as the system by which all Eye and Ear staff are responsible and accountable for the quality and safety of Eye and Ear services. Staff strive to cultivate an environment of excellence in care by reducing risks and improving the environment in which they work. The focus remains on the consumer/patient.

To ensure this standard of excellence, the Eye and Ear reviewed its Clinical Governance Policy in May 2009. The Victorian Clinical Governance Policy Framework, Enhancing Clinical Care 2008 document provided by Department of Health was used as the key guideline.

The policy changes ensure the focus is on the consumer’s experience throughout the continuum of care.

Credentialing

The credentialing process for Eye and Ear senior medical staff involves a rigorous examination and assessment of previous experience and qualifications, evidence of good standing,



commitment to continuing medical education and other desirable attributes. It is crucial that senior medical staff are able to deliver the highest quality of care to patients. The process is undertaken by an expert panel appointed by the Medical Appointments and Credentialing Committee. The panel members are well respected experts with representatives from Eye and Ear senior medical staff, Executive and the University of Melbourne. Appointments

The Clinical governance policy encourages an innovative and effective workforce in an environment that minimises risk and delivers safe, high quality care.

are then recommended to the Eye and Ear’s chief executive officer for approval.

A clinician is granted a scope of practice which includes a doctor’s primary specialty in ophthalmology, ENT or anaesthesia. It may also include credentials to practice in sub specialty areas at the Eye and Ear. These include otology, cornea, medical retina, ocular immunology, ocular motility, oculoplastics and lacrimal, vitreo-retinal surgery, medical retinal, laser therapy, paediatric anaesthesia and emergency care.

The policies that govern appointments and credentialing are reviewed regularly to ensure they comply with the national guidelines of the Australian Commission for Quality and Safety in Health Care, Victorian Department of Health handbook and regular updates *Credentialing and defining the scope of practice.*

The Victorian Department of Health is currently working on a framework for performance management of senior staff, which will complement the appointment and credentialing process.

Hospital Accreditation

The Royal Victorian Eye and Ear Hospital has been accredited by the Australian Council on Healthcare Standards (ACHS) until April 2011.

Accreditation is an important process that ensures the Eye and Ear, entrusted with the eye and ear healthcare of the community, meets accepted standards of care. The accreditation process is a four-year program with one assessment per year. In the recent assessment in December 2008 the Eye and Ear gained seven commendations for exemplary performance in:

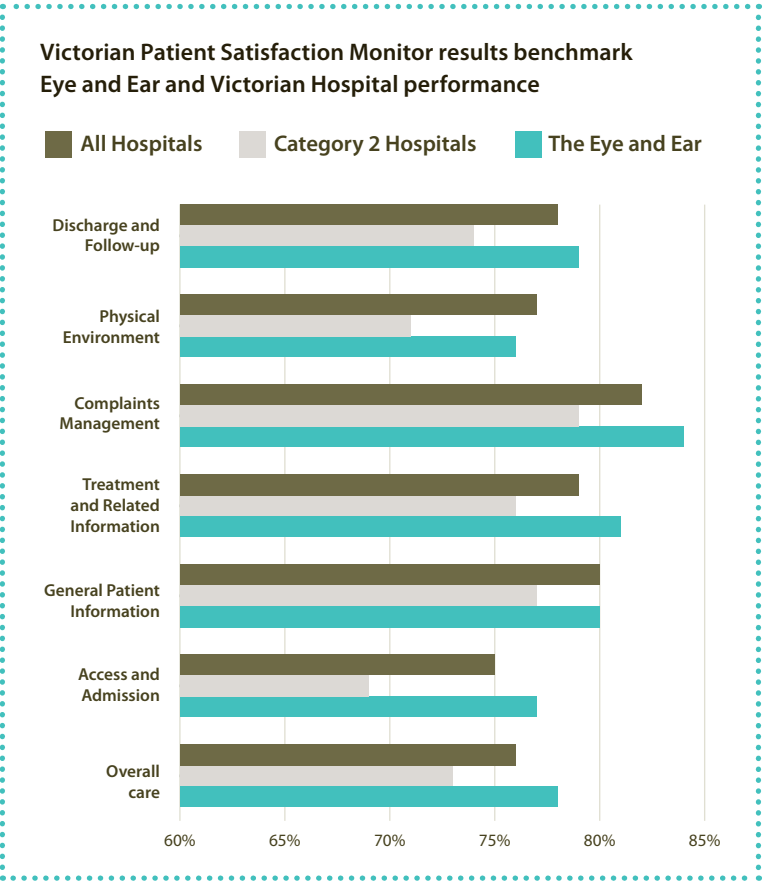
- Patient assessment
- Care delivery in partnership with patients
- Consent processes
- Discharge processes
- Health records management and documentation

- Infection control management
- Incident and Complaint management.

Review of operating theatres

An audit of the operating theatres at the Eye and Ear was conducted to gain an understanding on how to maximise their use.

Following the audit, new policies were recommended. Overall the policies aim to fill under-utilised and cancelled theatre sessions to improve access to surgical appointments for Eye and Ear patients.



Essential criteria for management of patient centred care
(adapted from ACHS Risk Management and Quality Improvement Handbook 2007)

| | | |
|-------------------------------|----------------------------------|--|
| Health promotion | Blood management | Outcome focussed pathways |
| Staff skills and competencies | Pressure area management | Infection prevention |
| Patient assessment | Consumer/ patient | Correct patient, correct procedure, correct site |
| Medication management | Credentialing | Evidence based care |
| Falls prevention | Admission and discharge planning | Managing deterioration and dying patient |

Nursing at the Eye and Ear

The Eye and Ear offers a supportive environment for nurses with diverse professional development opportunities.

Nursing in Australia’s leading eye and ear tertiary service provider is a stimulating career. Whilst patients benefit from multi-disciplinary specialist care at the Eye and Ear, the nurse is a consistent role throughout the patient journey.

Nursing roles are available in eye and ear emergency, eye and ENT theatres, 50 specialist eye and ENT clinics, pre-admission, acute care and medihotel.

The Eye and Ear offers a graduate nursing program offering nursing experience in several specialist clinical areas. The innovative Certificate in Clinical Nursing specialising in ophthalmology is offered by the Eye and Ear in conjunction with the Australian Catholic University and incorporates the standards of relevant specialist professional groups.

For more information, contact Eye and Ear Nurse Education or visit. www.eyearandear.org.au



Measures are also being put in place to monitor theatre activity and theatre booking processes in order to improve efficiency.

The Quality committee is currently monitoring the implementation of the recommendations.

Risk Management

Over the past year RiskMan has played an important role in helping to review quality, safety and risk management. The RiskMan system is used to manage incident reporting, register and act upon complaints and/ or compliments and as the hospital risk register. The risk register records all risk that may prevent the Eye and Ear from achieving its goals and measures to diminish those risks. The risks are reviewed by the Executive and hospital Board to ensure the Eye and Ear operates proficiently.

Over 200 staff have been trained to use RiskMan. A near miss is any event that could have potentially led to injury, harm, damage or loss. Reporting near misses translates to improved services and care for patients. Each incident is reviewed by the department head, investigated and rated on its severity. Any plans to reduce risk are put into place and evaluated for effectiveness.

A catastrophic event may be a patient falling and sustaining a significant injury or serious medication error. If a catastrophic event occurs, the RiskMan system sends a message to the executive team via their mobile phones to ensure they respond immediately. Catastrophic or severe event occurrences are co-ordinated by an “incident response team”. The team will meet with the family, explain clinical facts, answer questions, discuss and plan ongoing care, and take action to prevent the re-occurrence of such an event. This process including an expression of regret for any harm caused is referred to as “Open Disclosure”.

Since the introduction of the RiskMan system, one severe event has been recorded, which involved administering an antibiotic to the incorrect eye of one of the patients. This procedure had minimal impact upon the patient but highlighted issues within the specialist outpatient clinic.

The incident was reviewed by the Patient Safety committee. Recommendations for improving the process included the development of a Correct Site procedure in the specialist outpatient clinics. This requires all clinicians to mark the eye and perform

“time out” (a process for verifying the patient’s identity, checking the patients consent and confirming the side and site of administration) prior to performing the injection.

“Time out” is routinely performed in the operating theatres prior to all surgery but was not routinely performed in the outpatient setting prior to this policy.

The RiskMan reports allow the Eye and Ear to gather information and to proactively identify issues, root causes, and to assess risks. In turn, this encourages open communication about hospital procedures, and a systems approach to learning from incidents and near misses.

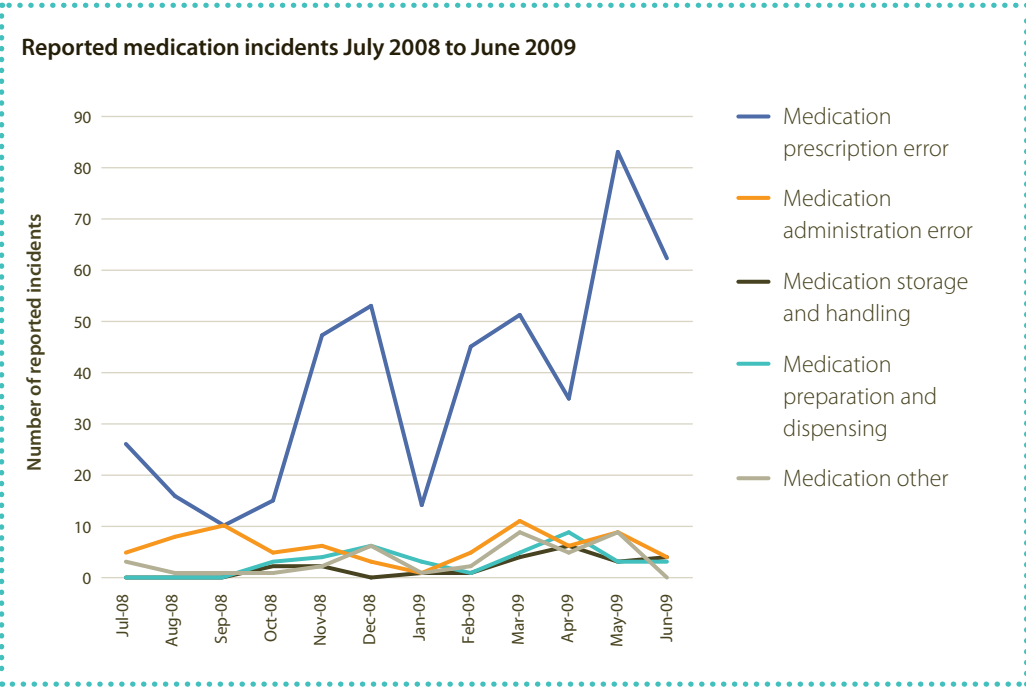
Promoting Medication Safety at the Eye and Ear

Various measures are in place to ensure patients are accurately prescribed the medications they require.

The Eye and Ear has a multidisciplinary Medication Safety committee who monitors this process. The committee meets bimonthly to review medication incidents and improve medication safety at the hospital.

Pharmacy and nursing staff play an important role in identifying medication errors and ensuring they are corrected before reaching the patient. These errors are known as ‘near misses’. Since the implementation of RiskMan, 93% of the medication incidents reported have been near misses. An example of a near miss would be a doctor inadvertently prescribing a medication to which a patient has a known allergy. When patients present to the pharmacy with a prescription, pharmacists ask patients about any medication allergies they may have, and check that the medication prescribed by the doctor is safe and appropriate. If an error is identified by the pharmacist, they immediately contact the prescriber and the medication is changed.

RiskMan, the online risk management system, also helps staff to identify any issues in medication safety at the Eye and Ear and ensures information about any incidents is easily accessed. Medication incidents are classified in the system as prescribing errors, administration errors, preparation or dispensing errors, storage and handling errors or other. By reporting any incidents on RiskMan, staff members are able to attend to incidents at a faster rate and to track any trends or patterns in prescribing medications at the Eye and Ear that may be occurring.





The Eye and Ear performed above average in 7 of the 10 key elements when benchmarked against results from the 143 Australian hospitals participating in the National Medication Safety Self Assessment in June 2008. The audit assessed ten key areas of medication practice such as drug storage, drug information and patient education. A multidisciplinary medication safety working party completed the audit.

A medication quality plan for the Eye and ear has now been developed to guarantee patient safety when medications are prescribed. Several projects from the plan have already been completed. They include:

- the development of a medication safety web page
- the implementation of electronic infusion pumps with inbuilt safety mechanism
- a review of drugs used in the sterile field in the operating theatre
- the inclusion of pharmacy and medication safety education at registrar orientation and
- improved discharge medication counselling.

A re-audit is planned for 2010 to monitor ongoing improvements and projects and identify any new safety goals for the Eye and Ear.

In order to promote medication safety and alert staff to current issues, the Medication Safety committee also publishes and distributes a promotional poster every two months. Past topics have included ‘Safe Clinical Handover’ and ‘Warfarin a high risk drug’.

A new emergency code

In October 2008 the Medical Emergency committee introduced a “Respond MET” policy. The purpose of this policy is to ensure that patients whose medical condition deteriorates have rapid access to medical services.

Nursing staff are provided with criteria to identify deteriorating patients and a process to summon rapid assistance.

The team consists of an anaesthetic registrar/ consultant, ophthalmology admitting officer, ear, nose and throat admitting officer, and emergency registrar/ medical officer. MET personnel carry code pagers to maximise their accessibility between the hours of 8am – 6pm, Monday to Friday. After hours the resuscitation team responds to calls.

Since the introduction of the Respond MET policy, four patients have been transferred to higher acuity facilities to provide ongoing care. The Medical Emergency committee reviews all codes including the Respond MET policy and have congratulated the team on early intervention, positive patient outcomes and streamlined care.

It is important that staff comply with good hand hygiene practices.

Hand hygiene refers to washing hands with antimicrobial soap or water or cleaning hands with alcoholic chlorhexidine hand rubs.

Since 2006, the Eye and Ear has been improving its hand hygiene practices. A Hand Hygiene project encourages staff members to use alcohol chlorhexidine hand rubs as opposed to antimicrobial soap and water to wash their hands, in order to reduce the risk of transmitting infections.

Compliance of inpatient ward staff with project guidelines in 2008/2009

| | Ward 4 | Ward 8 |
|---------|--------|--------|
| Nov 08 | 60.00% | 70.19% |
| July 09 | 67.30% | 79.60% |

Of 10,678 eye surgeries performed, there were five infections recorded. Of 2,150 ENT surgeries performed, there was one ENT infection recorded.

Preventing infection

Post-operative infection rates: Eye and Ear, Nose and Throat (ENT)

The Eye and Ear has adopted the internationally accepted working guideline for post-operative endophthalmitis as not higher than 0.2%. Given the potentially serious consequences of an eye or ENT infection, the Eye and Ear takes great care to minimise the risk of infection. We are thankful that our exceptionally low infection rates are recognised as leading practice. Of 10,678 eye surgeries performed, there were five infections recorded. Of 2,150 ENT surgeries performed, there was one ENT infection recorded.

Post-operative infection rates at the Eye and Ear are measured against the acceptable threshold and show how the Eye and Ear is working to ensure infection rates are below the international threshold.

Hand Hygiene

As a healthcare setting, the Eye and Ear needs to take precautions against infections and infectious diseases that may harm patients, staff members or visitors. By simply touching others, people can be placed at risk.

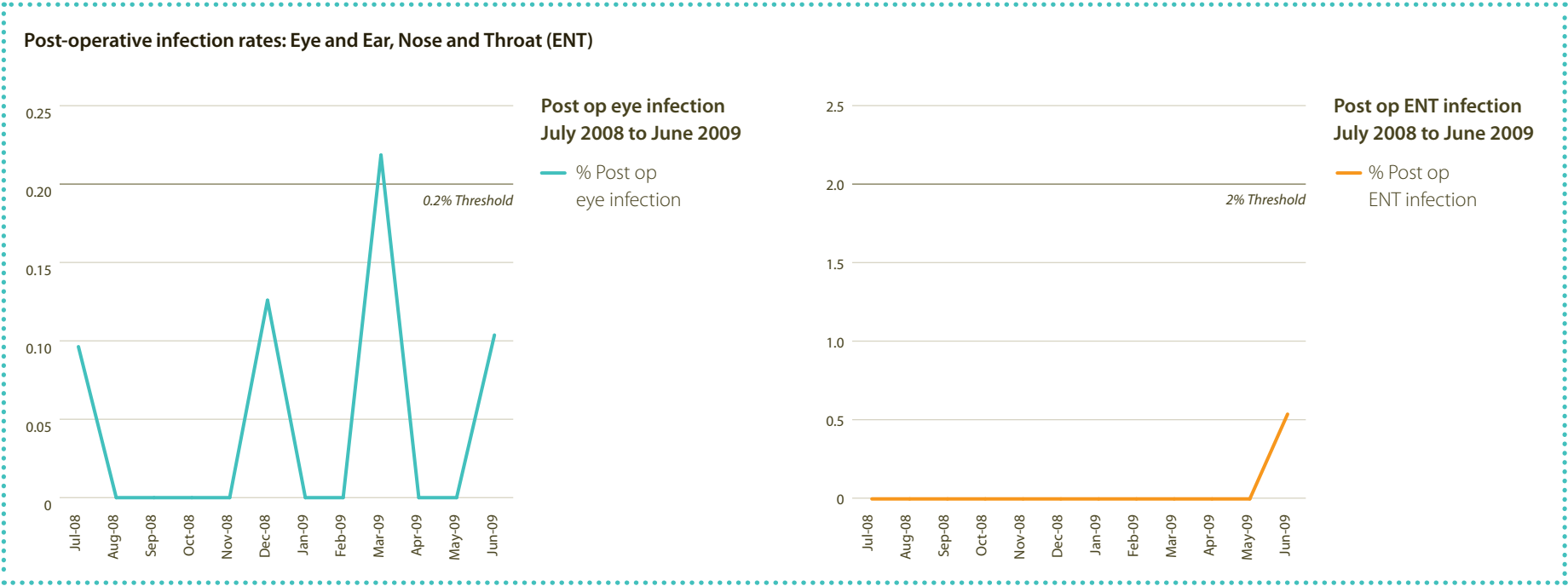
The Department of Health has continued to provide funding for the monitoring of hand hygiene compliance and the Infection Control Consultant continues to supervise the project.

Preventing Pressure Wounds

Pressure ulcers occur when prolonged pressure restricts the blood supply to a particular area of the skin, resulting in damage to the skin and underlying tissue. This occurs most often to patients who spend considerable periods of time resting in one position. Most eye and ear patients stay for a period not greater than one day. As a result, pressure ulcers are not a significant issue and the Eye and Ear did not have any recorded pressure ulcers for 2008-2009.

Nonetheless, staff remain attentive to the possibility of pressure ulcers. Patients are assessed on admission to identify if they are at risk of developing ulcers.

Barrier creams, position changes and continence aids are used as required. Operating theatre staff also remain vigilant to ensure those patients under anaesthetic are positioned optimally by utilising heel supports and gel pads to prevent pressure areas from developing.



Eye and Ear Pharmacy

GROUND FLOOR
SMORGON WING



Hours:

Monday to Friday
9 am – 6 pm

Ward service (inpatients):

8.30 am – 5 pm

Pharmacy services:

- Dispensing emergency and discharge prescriptions for outpatients
- Counselling about prescriptions filled at the pharmacy
- Helpful advice on how to instill eye and ear preparations
- Medication administration and instruction charts

Pharmacy manufactures specialist eye and ear preparations in a safe, sterile environment.

Your Eye and Ear pharmacist will check for any medication allergies and review the patient's medication history.

Pharmacists select medication and label it using easy to read large print labels.

Communicating with GPs

Communication between doctors at the Eye and Ear and patients' GPs in the community is important. We acknowledge that in the past we have fallen short of excellent communication and we have been proactive and determined to improve this.

From June 2008 a working group, led by our GP liaison officer, has developed strategies and protocols to improve the amount of letters sent to GPs about their patient's attendance at Eye and Ear Emergency.

With the cooperation of our doctors, clerical and information technology staff, we trialled a number of different strategies and protocols until we found a way that resulted in the greatest number of letters sent by the simplest means.

Now, a letter template is printed and attached to patient notes by clerical staff so that the doctors can fill it in with ease. Clerical staff then mail the letter to the patient's GP, once the patient has been discharged.

By June 2009, this has resulted in approximately 20 times more letters being sent compared with January 2009, when our GP liaison officer first audited the process.

As this is a very important part of caring for patients seen in Eye and Ear Emergency, we are determined to continue to improve our process and rates of letters sent. We will continue to monitor our success and feedback to doctors and staff.

Preventing Falls

Visual impairment is linked to a higher risk of falls.

Research shows that visually impaired and elderly patients in particular have an increased risk of falls, especially in an unfamiliar environment.

At the Eye and Ear, patient susceptibility to falls is minimised by ensuring that the hospital environment is well organised and tidy, and by ensuring patients are well orientated to their surrounds.

To minimise falls, each department has a representative who attends the Falls Working Group. The working group has reviewed and put into practice a Falls Risk Assessment

Tool into RiskMan. This tool helps to improve staff awareness and supervision of high-risk patients, improves the management of floor level beds and provides enhanced continence management.

With over 97,893 presentations of care there have only been 22 falls since July 2008, with one patient being transferred after tripping over outside the hospital.

Protecting Children

In 2005, following the introduction of the Children, Youth and Families Act, the Eye and Ear developed the Vulnerable Babies, Children and Young People policy.

The Vulnerable Children's committee was also formed. It is a multidisciplinary committee to improve the identification and management of vulnerable children at the Eye and Ear and to maintain and develop children's services. The Ophthalmology Services Executive Director is chair of the committee. Members include social workers, speech therapists, audiologists, a hospital co-ordinator, inpatient and outpatient nursing representatives, the patient representative and the community development officer.

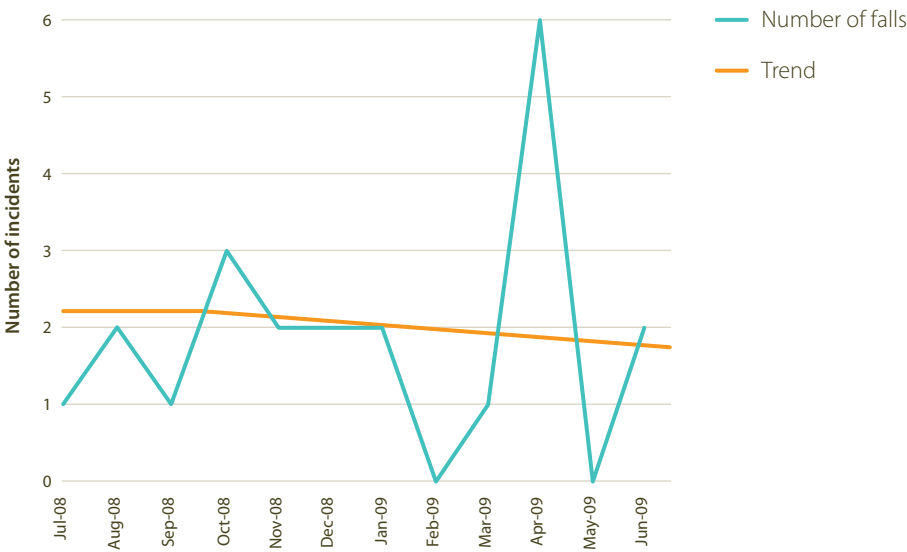
Protecting children initiatives include:

- an online learning tool on the social work intranet site assists health professionals to understand the important role they play in protecting children's health, wellbeing and safety
- a Child Protection and Child First register, where each child has contact with Eye and Ear social workers to ensure children at risk do not slip through the system
- liaising between social workers at the Eye and Ear and GPs to identify children at risk and monitor any ongoing medical treatment and/or services they are receiving.

These initiatives have resulted in better information for and communication with patients, their families, community agencies and GPs.

The committee is also working on making the Eye and Ear more child-friendly with the development of an admission pack specifically for children.

Numbers of falls recorded between July 2008 and June 2009



community volunteering

Concierge service for patients and visitors

In March 2009, the Eye and Ear launched an innovative new concierge volunteer service. Led by Marketing and Community Relations staff, the hospital now has a team of thirty volunteers who provide a concierge service for patients and visitors.

The concierge volunteer provides a warm and friendly welcome to patients and visitors, assisting with directions to appointments at specialist clinics and other services in the hospital.

Volunteers are easily identified in eye-catching red vests. They offer companionship and

Hospital staff express how concierge volunteers are providing an added dimension to the Eye and Ear patient experience. Under the guidance of staff, volunteers also assist in outpatient clinics, the pre-admission clinic, admissions, and day surgery.

Research evidence shows that volunteers can make a positive contribution to patient and carer experiences in emergency departments complementing the care by clinical staff. The Eye and Ear is participating in planning for the Volunteers in Emergency Departments project in conjunction with the Department of Health and the Australian Red Cross.

Concierge volunteers provide a warm and friendly welcome to patients and visitors.

friendly support for patients and visitors, many of whom travel from outside Melbourne for specialist care at the Eye and Ear hub in East Melbourne.

Volunteers are trained and supported to carry out their role. They receive practical and on-the-job training, with a focus on the patient's needs. Volunteers learn how to assist patients with vision and hearing impairments. Through ongoing training workshops volunteers continue to learn about patient needs as well as the latest in Eye and Ear health treatments, services, and innovative research.

Concierge volunteers are diverse ages and backgrounds, and 40% speak at least one other language in addition to English. Volunteers frequently converse in their familiar language when providing directions or to enjoy a friendly chat. This aspect of the service is keenly supported by the cultural diversity committee.

Feedback from patients on the concierge volunteers has been very positive. Patients really appreciate the time taken by the volunteers to meet and greet them at the door, provide friendly interaction, support, and guidance that helps them attend their appointment on time.

Volunteers have joined the concierge service because they can demonstrate their willingness to help others, enjoy social interaction with people in the community, learn more about health services or take on a new challenge.

Volunteers say the greatest compliment they receive is when a patient thanks them.

And so does the Eye and Ear Hospital.



About this report

The Quality of Care Report aims to highlight quality and safe eye and ear health care at the Royal Victorian Eye and Ear Hospital.

The report has been overseen by the Eye and Ear Hospital quality committee – a committee of the board of directors. The quality committee monitors the quality and effectiveness of hospital structures and systems; ensures that systemic problems identified with quality and effectiveness are addressed; and that the Eye and Ear Hospital strives to improve quality and encourages innovation.

The community advisory committee has had an active role in developing and reviewing the report. Staff have also been widely consulted about quality projects they have undertaken with positive results for patients. The community advisory committee ensured the report illustrates how the hospital is servicing the community and meeting its needs in eye and ear health care.

To develop and write this report, we also:

- reviewed the Quality of care reports guidelines from the Department of Health
- reviewed comments and feedback from patients, volunteers and carers on last year's report
- reviewed feedback on last year's report from the Department of Health.

Reader Survey

If you would like other topics included in next year's report, please tell us. You can provide feedback at www.eyearandear.org.au or contact the community development officer on (03) 9929 8666.

"Muy amable, excelente atención. Siempre a tiempo."

"Very kind, excellent attention. Always on time."

- Patient feedback

How the Report will be distributed

The Quality of Care Report will be available for patients throughout the hospital in emergency, clinics and wards. As the Eye and Ear is a state-wide service, the report will be sent to rural and regional hospitals and health centres.

As some patients of the hospital are now seen closer to their home by an optometrist or GP (participating in the Community Eye Care Partnership), copies of the report will be sent to these community eye health practitioners.

The report will also be sent to volunteers, donors, cultural, community and health and seniors organisations. Other organisations to receive the report include professional medical associations, clinical and research partners and Aboriginal community organisations.

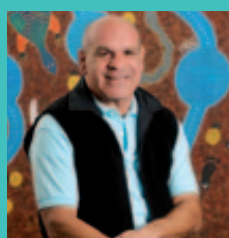
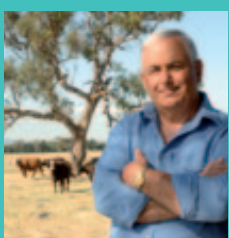
This report is available from
www.eyearandear.org.au



“Being told I
wasn’t going to
go blind was like
winning lotto.”

Herbie Hopton

“Taking part in research into a new treatment
for AMD has saved my sight. I can keep
doing the things I enjoy most – camping,
fishing and tinkering in the shed.”



DIY enthusiast, farmer and grandfather,
Mum and busy two year old, community worker,
nurse and sports fan, twin brothers, health worker,
watercolour artist.

They all share one thing in common.
The prospect of losing their eyesight or hearing.
**Thanks to treatments at the Eye and Ear,
they are looking forward to the future.**



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

Royal Victorian Eye and Ear Hospital Quality of Care Report 2008 – 09

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get involved
volunteer
donate
register for research

Donate. Help the Eye and Ear develop new treatments that restore eyesight and hearing.

Volunteer. Use your life experience volunteering at the Eye and Ear.

Register for research. We are recruiting for a major Australian study into diabetes and eye care. If you are over 18, and have type 1 or type 2 diabetes and would like to participate in this ground-breaking study, register your interest now. Participants will benefit from a comprehensive eye test.

www.
eyeandear.
org.au



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caring in every sense

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