Our time is now.
Quality of Care Report
08
The Royal Victorian Eye & Ear Hospital
caring in every sense

Contents

01 Welcome to our Quality of Care Report
02 About this report
03 24 hours at the Eye and Ear

04 **Continuity of care**
04 The nurse's role in caring for a patient during cataract surgery
06 Continuing care through outpatient clinics
08 Improving our services through clinical projects
14 Taking eye care to the community
16 Helping people with diabetes
16 Improving communications with General Practitioners
17 Support groups
18 Interpreters

20 **Consumer, carer and community participation**
20 Meet our Community Advisory Committee – *doing it with us*
24 Working with the Indigenous community
26 Cultural diversity

28 **Accreditation – strategies to achieve excellence**
28 Linking care and research
30 Strategies to achieve excellence
32 Creating the future
34 Feedback and complaints

36 **Quality and safety**
36 Reducing risks

42 Emergency care
44 Planning for the future

Our vision / Improved quality of life through caring for the senses

Our values / Integrity / Care / Teamwork / Excellence

© The Royal Victorian Eye and Ear Hospital 2008. This work is copyright. Apart from any use permitted under the Copyright Act 1968, no part may be reproduced without prior permission from the Royal Victorian Eye and Ear Hospital. Requests and enquiries concerning reproduction and rights should be directed to Marketing and Communications, Royal Victorian Eye and Ear Hospital, Locked Bag 8, East Melbourne, Victoria, 8002, Australia.

While every effort has been made to ensure the accuracy of this document, the Royal Victorian Eye and Ear Hospital makes no warranties in relation to the information contained herein. The Royal Victorian Eye and Ear Hospital, its employees and agents disclaim liability for any loss or damage which may arise as a consequence of any person inappropriately relying on the information contained in this document.

Designed by Romany Glover Design.

Welcome to our Quality of Care Report

We are proud to present this year's Quality of Care Report to our patients, their families, our clinical and research partners, community care providers and to the Victorian Government. The Royal Victorian Eye and Ear Hospital is a specialist hospital on a relatively small site, which sees an enormous number of patients each year.

This has been a year of great advances in research, clinical training and service improvements within the hospital. Many research projects made enormous progress, including the emergence of the Bionic Eye project and a virtual reality surgical simulator for training ear, nose and throat surgeons. A great deal of research goes on within the hospital walls, much of it supported through the hospital providing space, staff or other services. Our partnerships with the University of Melbourne's Departments of Otolaryngology and Ophthalmology and the School of Audiology, the Centre for Eye Research Australia, and the Bionic Ear Institute, are critical to the hospital's role in implementing the best possible specialist health care based on cutting edge research.

This is an exciting time for the Royal Victorian Eye and Ear Hospital as we continue to plan for redevelopment of the hospital. The hospital was built when most surgery required an overnight stay or longer. Today, with the help of new approaches to surgery and technical advances, many procedures, such as cataract surgery, can be carried out in one day. Patients can then return home to their families and carers knowing that follow up appointments with hospital based specialists, GPs or community-based services are in place.

Planning for redevelopment starts with a review of how health services are provided to patients and allows staff to try new ways of caring that improve the experience for patients and their families. This Quality of Care Report explains many projects that are trialling new models of service delivery, which are all subject to careful evaluation. New ways of delivering services, such as cataract surgery and glaucoma treatment, will be incorporated into the physical design of the redeveloped Eye and Ear Hospital.

In planning for the hospital's redevelopment we are also taking advice from patients, our Patient Representative, our Interpreter Services, the Community Advisory Committee and other community experts to make sure the hospital continues to improve its accessibility for patients of all ages, particularly those with vision and hearing impairments, those that are older and frail, and those from a wide range of cultural backgrounds.

As Chair of the Quality Committee of the Board, I would like to thank all hospital staff for their commitment to the delivery of best practice health services and I welcome your feedback on this Report as we plan together for the future of the Royal Victorian Eye and Ear Hospital.

Catherine Brown
Chair
Board Quality Committee

Meet our Quality Committee

The Board's Quality Committee supports hospital wide improvements in the areas of outcomes measurement, patient feedback, safety and quality process improvement, risk management, patient information and involvement and effective and efficient patient flow. The members include Board Directors, Executive and Senior Medical Staff:

- Catherine Brown (Chair)
- Jan Boxall
- Ian Pollerd
- Dr Nicolas Radford
- Professor Stephen O'Leary
- David Gerrard
- Dr Robyn Mason
- Angela Scarlett
- Stephen Vale
- Linda Miln

About this report

The Royal Victorian Eye and Ear Hospital's 2008 Quality of Care Report provides a snap shot of our hospital's services over 24 hours. Through this we want to show you how we ensure the quality and safety of our patient care through monitoring processes, innovative clinical care and how we plan to care for eye and ear, nose and throat (ENT) conditions in the future.

Planning and writing the report

This report was developed by our Quality Committee with advice from a working group made up of representatives from the Community Advisory Committee, Board Members, the Marketing and Communications Department and other staff members. In the process of developing the content and format of the report we:

- Reviewed the guidelines from the Department of Human Services
- Reviewed the comments from the Department of Humans Services on our 2007 report
- Worked closely with the Community Advisory Committee to gain feedback on what they would like in the report as members of our community
- Reviewed feedback from last year's report
- Sought contributions from staff members.

Our Community Advisory Committee was given the opportunity to review the drafts of the report in order to provide feedback on the relevance of the articles to the community. Some members also reviewed last year's report to offer advice on where we could improve.

In writing the report, we took into account our geographic location and the services, such as our emergency department, which are most used by our local community. We also serve the whole of Victoria so we included articles about how we are helping to provide eye and ENT care in regional areas.

Feedback from the 2007 report

The Community Advisory Council highlighted two main areas they would like for inclusion in this year's report that were not highlighted in last year's report. They were:

- Challenges we are facing and how we are working to fix them
- Information about treatments we are developing.

This is why we have chosen to include information about access to our clinics, elective surgery and emergency department. Access is one area of the hospital we are trying to improve and currently we have a number of quality projects in place designed to bring waiting times down.

We have also profiled a number of technologies that we will use in the treatment of vision and hearing impairment in the years to come.

In last year's report concerns were raised about the readability of certain graphs and how clearly they are labelled. We have taken special effort this year to ensure anyone reading the report will clearly understand what a graph is showing. In order to gain more feedback on this year's report we have included a reply paid feedback form at the back of this report. Providing feedback is as easy as ticking a box and putting it in the mail.

Distributing this year's report

The 2008 Quality of Care Report will be made available to all patients coming to the hospital through distribution points throughout the building. An electronic version will be made available on our website at www.eyeandear.org.au.

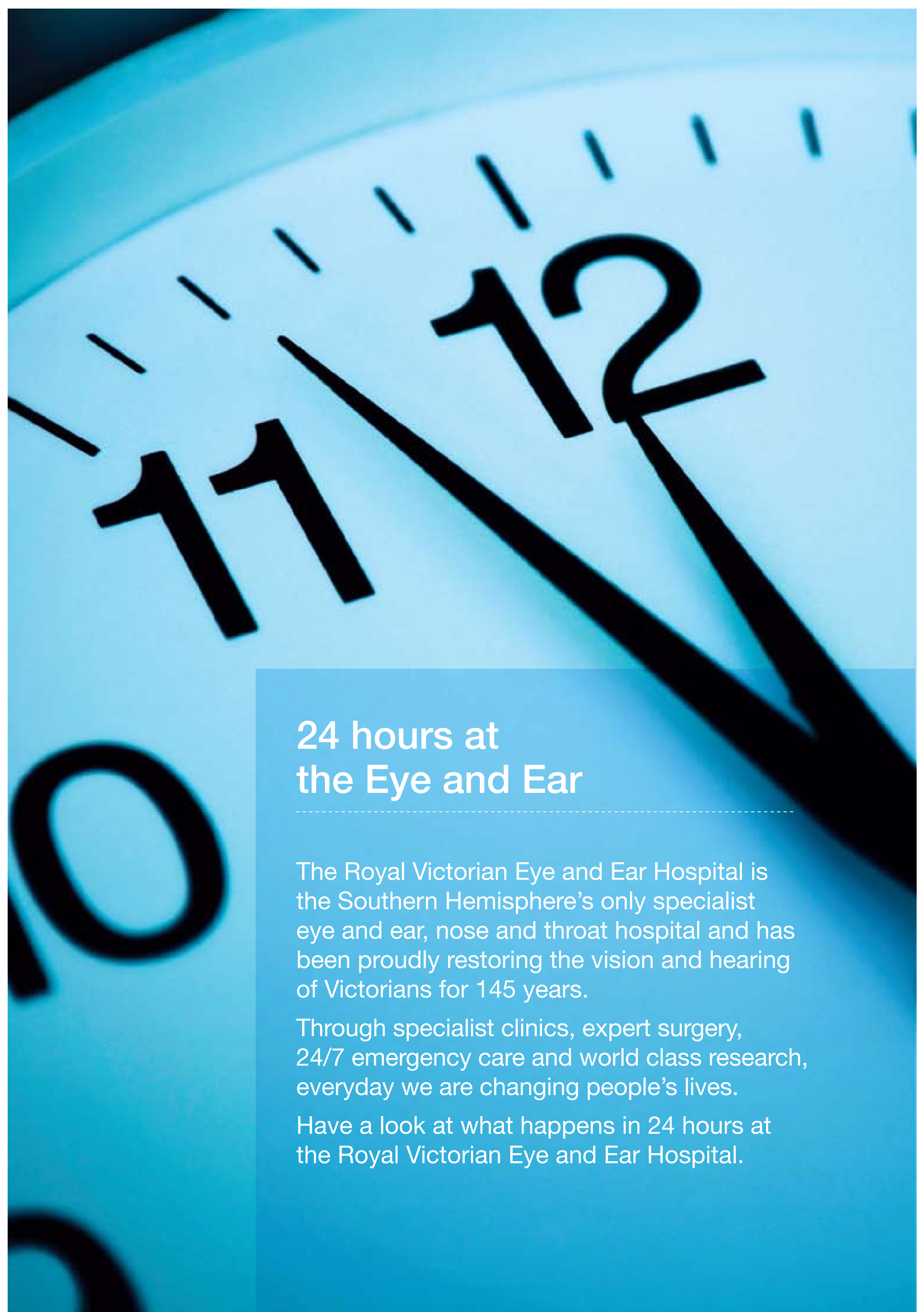
The report will be sent to:

- Eye and ear, nose and throat health organisations
- Referring General Practitioners
- All Victorian metropolitan and rural health services
- Professional medical associations
- Culturally and linguistically diverse (CALD) community groups.

This year we have built a stronger relationship with CALD community groups through events such as the Community Accord signing and will work to strengthen these relationships by keeping key organisations informed of what is happening at the hospital and the services we can provide to their communities.

Our Quality of Care Report is always made available at hospital events and is distributed at our Annual General Meeting.

If you would like more information about this report or information on how we are working with the community, contact our Community Development Officer Kellie Michel on 03 9929 8598.



24 hours at the Eye and Ear

The Royal Victorian Eye and Ear Hospital is the Southern Hemisphere's only specialist eye and ear, nose and throat hospital and has been proudly restoring the vision and hearing of Victorians for 145 years.

Through specialist clinics, expert surgery, 24/7 emergency care and world class research, everyday we are changing people's lives.

Have a look at what happens in 24 hours at the Royal Victorian Eye and Ear Hospital.

The nurse’s role in caring for a patient during cataract surgery

7:10 am The hospital is at its busiest as the first patients arrive for surgery. In the next 24 hours we will provide crucial eye care to over 300 people.

The Royal Victorian Eye and Ear Hospital has over 200 nurses working in areas ranging from wards, to theatres, to emergency. They play a key role in providing care for our patients and making sure their needs, and their family’s and carer’s needs are met.

Here at the Eye and Ear, we perform a lot of cataract surgery, one of the leading causes of blindness in Australia. Our nurses work with the patient all the way through the cataract surgery process to make sure they are comfortable with the experience.

7:10

Day surgery nurse, Julie Tyers.

Admission for surgery

Our nurse welcomes the patient and their family before taking them through to the pre-operative area. Here our nurse checks the patient's medical details to make sure they haven't changed since pre-admission contact with the pre admission nurses.

Discharge planning before surgery

As the patient is prepared for surgery they are encouraged to ask questions, along with their family, about the cataract surgery. They can discuss with our nurse about caring arrangements for when they go home, as they must have someone to stay with them overnight. If this isn't possible, the patient can be admitted to the hospital overnight. Now is also the time when our nurse tells them about what will happen after the surgery in relation to dressings, eye drops and follow up appointments.

Preparing for surgery

Our nurse now checks over the consent form with the patient to make sure all the details are correct. The nurse asks the patient to point to the eye for operation for the nurse to mark with an arrow. A second nurse is also present at this time to check the arrow is drawn above the correct eye for surgery. Drops are then placed in this eye in preparation for surgery. The confirmation of the correct eye with documentation is the first safeguard in our policy to ensure the patient will have the correct eye operated on.

Preparing for the anaesthetic

The patient changes into a white gown and is then taken into the Anaesthetic room. The nurse then connects up the monitoring equipment to confirm blood pressure and pulse readings are normal. The nurse will then assist the anaesthetist with the anaesthetic eye block and again check the correct eye with the patient making sure it is documented on the anaesthetic form.

Our nurse stays with the patient to monitor their condition, reassure them and hold their hand if they are nervous.

The operation

The operating theatre is ready and the patient is wheeled in with the nurse and the anaesthetist. Our nurses check that the correct lens for the operation has been selected by the surgeon on the specialist checklist sheet. The consent, armband and side for surgery are checked one last time. This is called 'Time Out' and surgery doesn't begin until this occurs. Time Out is the final safety step to ensure everything is right.

After the operation

Our patient is out of surgery and everything has gone well. Our post anaesthetic care nurse welcomes the patient in the first stage of recovery and the patient's observations are checked. Within a few minutes, our patient is well enough to get up and is assisted by a nurse to a comfortable recliner chair.

Preparing to go home

Our patient is now enjoying a cup of tea or coffee with some sandwiches in the second stage recovery room. This is a lounge area where patients and their relatives can chat freely. Here our nurse prepares the patient and their family or carer for discharge by confirming discharge instructions. A fact sheet confirming the after care details and hospital contact details is provided in case of complications or if the patient has any questions.

Continuing care through outpatient clinics

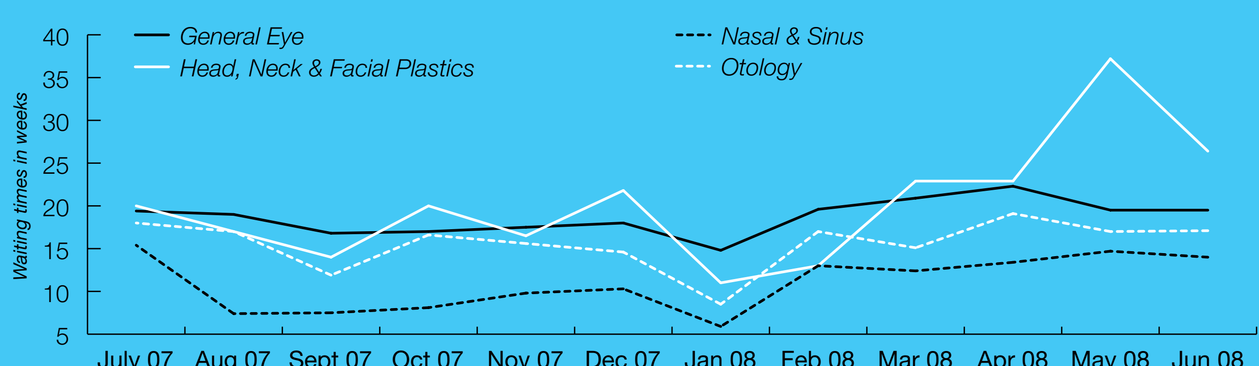
7:59 am Our clinicians are getting ready to treat the hundreds of people who will come through our specialist clinics today for testing, treatment and monitoring.

Outpatients is made up of a group of specialist eye and ear, nose and throat (ENT) clinics staffed by clinicians and other health professionals to provide diagnostic testing, treatment and monitoring. Patients come to our clinics through referrals from health professionals for specialist treatment or follow up after surgery.

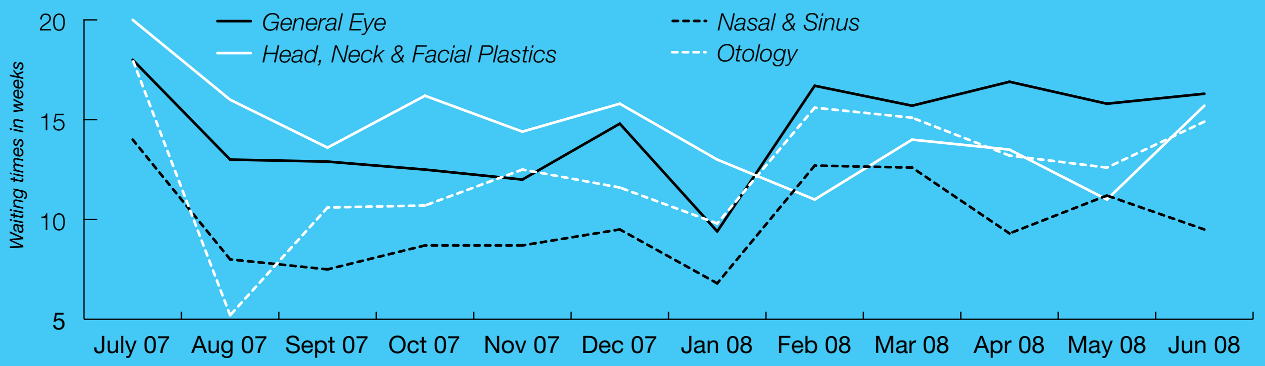
We offer a wide range of eye and ENT specialist clinics and continue to grow our clinical services as the demand for our services increases.

7:59

Major Clinics – waiting time until next ‘routine’ appointment



Major Clinics – waiting time until next ‘soon’ appointment



Our specialist clinics

Clinic	*Head of clinic*	*Description*
EAR, NOSE AND THROAT (ENT) CLINICS		
Cochlear Implant Clinic	Professor Richard Dowell	Provides ongoing care to patients with cochlear implants ensuring they are offered maximum improvement in their quality of life.
Head and Neck Clinic	Dr Anne Cass	Includes investigations of conditions of the tongue, palate, tonsils, larynx, pharynx and nasopharynx, and associated surgeries. This may be due to growths and tumours, or follow up of cancer removal from this region.
Otology Clinic	Mr Robert Briggs	Treats patients with ear disorders, mastoid conditions and cochlear investigation and associated surgeries.
Paediatric Otology Clinic	Ms Elizabeth Rose	Clinic for children only (under 17 years) with ENT conditions.
Rhinology Clinic	Mr David Marty	Treats patients with nasal polyps, sinus conditions, post nasal space conditions, rhinoseptoplasties and nasal surgeries.
Vestibular Clinic	Dr Mark Paine	Treats patients with balance and neurological disorders.
Voice Clinic	Mr David Marty	Treats patients requiring investigation of voice dysphonia resulting from plaque, nodules and/or growths.
EYE CLINICS		
General eye clinics	Dr Peter Meagher Dr Christine Tangas Dr Anne Brooks Dr Joseph San Laureano Professor Rasik Vajpayee	Treats patients with general eye diseases and cataracts. Patients can be referred from here to special eye clinics.
Angiography Clinic	Dr Alex Harper	Performs retinal angiography.
Contact Lens Clinic	Dr Mark Lazarus	Treats patients where ordinary contact lenses are not suitable (patients with special medical need only).
Corneal Ocular Plastic Clinic	Dr Richard Stawell Dr Mark Daneill Dr Timothy Godfrey	Treats patients where they have a combination of conditions that fall under corneal clinic, ocular plastics, ocular immunology and ocular rheumatology.
Corneal Clinic	Professor Rasik Vajpayee	Treats patients with conditions specific to the cornea.
Fast Track Cataract Clinic	Professor Rasik Vajpayee	A clinic recently established for the management of eligible patients requiring cataract surgery. Patients are assessed, informed of the process and consented for surgery all within one visit to outpatients.
Glaucoma Clinic	Professor Jonathan Crowston	Treats patients with glaucoma.
Glaucoma Monitoring Clinic	Professor Jonathan Crowston	This is a new clinic set up where patients requiring long term monitoring of their condition are reviewed by a multidisciplinary team.
Laser Clinics	Dr Alex Harper Dr William Campbell	Utilises various laser treatment for conditions such as retinal conditions, glaucoma and age-related macular degeneration.
Low Vision Clinic	Dr Alex Harper	This clinic provides low vision assessments, prescription, loan and sales of low vision devices and training in device use.
Medical Clinic	Dr Mark Lanteri	Treats current hospital patients who are referred from another clinic and present with other medical conditions that need monitoring, such as diabetes or inflammation.
Medical Retinal Clinic	Dr Alex Harper	Treats patients with conditions specific to the retina.
Neuro-ophthalmology Clinic	Associate Professor Justin O'Day	Treats patients who present with a range of neurological conditions that affect their vision.
Ocular Diagnostic Clinic	Associate Professor David Mackey	A specialised clinic seeing a wide variety of patients, many who have vision problems of uncertain cause.
Ocular Immunology Clinic	Dr Richard Stawell	Treats patients where their immunological condition effects the eye.
Ocular Motility Clinic	Dr Lionel Kowal	Primarily treats children, usually presenting with ocular muscle conditions, such as squints or double vision.
Ocular Plastics Clinic	Dr Alan McNab	Treats patients with conditions that affect the external anatomy of the eye and lacrimal system.
Oncology Clinic	Dr John McKenzie	Treats patients where vision is impaired due to cancer.
Orthoptist Led Review Clinic	Associate Professor Zoran Georgievski	Trial clinic where patients who require review after 12 months of their previous attendance to the general eye clinics are seen by an orthoptist.
Vitreal Retinal Clinic	Dr William Campbell	Treats patients with conditions that require retinal surgery.

Improving our services through clinical projects

9:30 am on any given day, our outpatient clinics are in full swing. Teams of clinicians, nurses, orthoptists, speech pathologists, pharmicists and audiologists are making sure everyone is receiving the care they need.

As Australia's population ages, the Eye and Ear faces an increasing demand for our services. We are working on new ways to meet those demands and make sure we continue to provide world class eye, ear, nose and throat care to the people of Victoria.

A team approach to post operative cataract assessment

The hospital recently implemented a new initiative for post-operative cataract care in our general eye clinics.

New patient admissions means there is an increasing demand to access the clinics so a multidisciplinary model of care was implemented to address these barriers. In this model, a patient is assessed by a treating team according to clinical need. The post operative visit at week one is then mostly attended by an orthoptist and a nurse.

This new model of care allows the ophthalmologist to supervise the team whilst still attending to other patients.

The multidisciplinary team also addresses patient preparation for further eye care. This helps speed up the process for surgical bookings and makes the most of our allocation of resources. The implementation of this project is still in its infancy with our staff undergoing vigorous training and orientation.

We provide cataract services to the whole of Victoria and are dedicated to providing the best care possible.

9:30

Improving the patient waiting experience

Our outpatient services provided over 173,000 occasions of specialist public health care to the Victorian community last year.

We offer testing, treatment and monitoring for a range of conditions from hearing, dizziness and balance issues, nasal and sinus conditions to eye muscle conditions and cancer related eye conditions.

This is on top of having specialist clinics for the treatment of the top three causes of vision impairment – age-related macular degeneration, cataract and glaucoma.

We know that sometimes when you come to visit you might have to wait. While we have models in place to decrease those waiting times, in the meantime we want to make that experience as pleasant as we can.

Outpatient services has recently been awarded a grant of $44,032 to replace aged carpet throughout the waiting areas, provide purpose built examination chairs for consultation rooms and to install the first of many LCD televisions in waiting areas to improve patient communication.

Design work is underway to create a tailor made information program for patients attending Special Eye Clinics. A prototype patient chair has been designed and it is anticipated 15 additional chairs will be purchased and distributed throughout the eye and ENT clinics.

Surgery waiting times

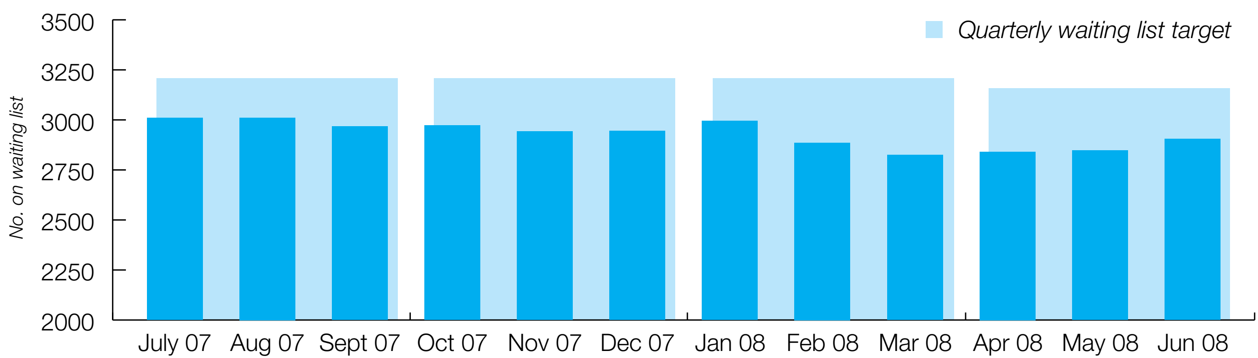
In 2007/2008 the Royal Victorian Eye and Ear Hospital continued to provide access to patients within the clinically appropriate waiting times. The hospital has continued to participate in the Department of Human Services funded Elective Surgery Access Program by treating 96 long waiting ENT patients from hospitals across Victoria and by sending 247 Ophthalmology patients to The Alfred for treatment.

We have a number of initiatives in place to help shorten the waiting times for elective surgery. One of them is the fast track cataract project which has continued throughout 2007/2008 and streamlined access to surgery for suitable patients.

Here's a snapshot of how we performed:

- Hospital initiated postponements averaged 4.5 per cent which is under the threshold of 8 per cent
- The number of patients on the elective surgery waiting list is under target at 2095 patients for June 2008.

Number of people on elective surgery waiting list



We strive to make sure our patients don't have to wait too long for surgery. As you can see, the number of patients on our waiting list is always under the quarterly target.

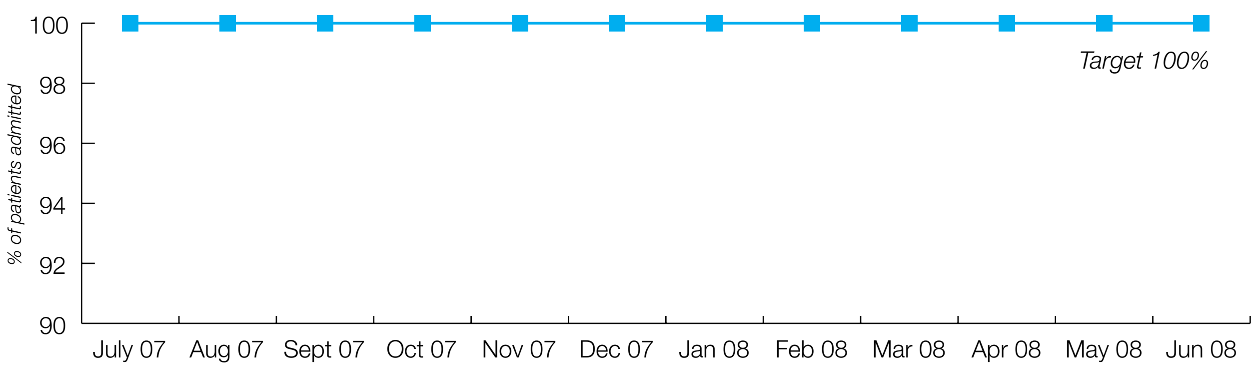
Improving our services through clinical projects *continued*

In order to ensure fair access to our surgical services and to make sure patients receive timely care suited to their condition and their needs, patients are divided into three categories.

Category definitions

Category 1 – Urgent: *Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.*

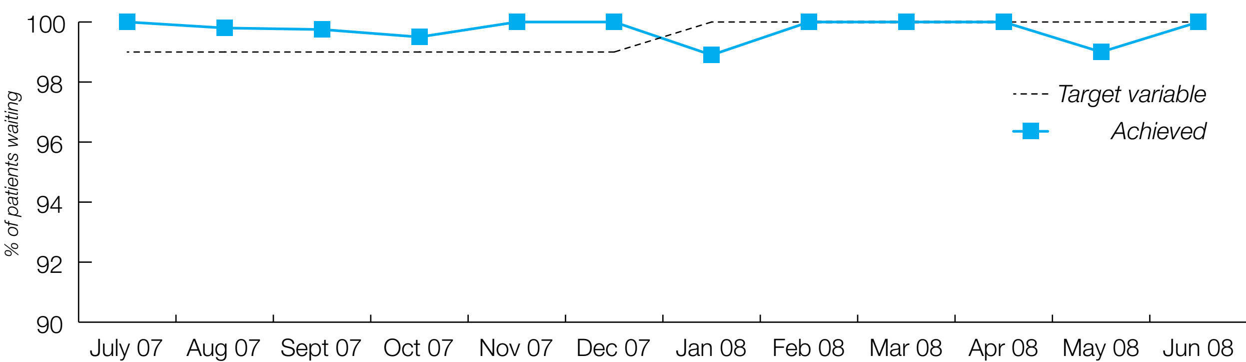
Elective Surgery Category 1: Admits within 30 days



Last year we consistently met our targets ensuring patients requiring urgent surgery received timely care.

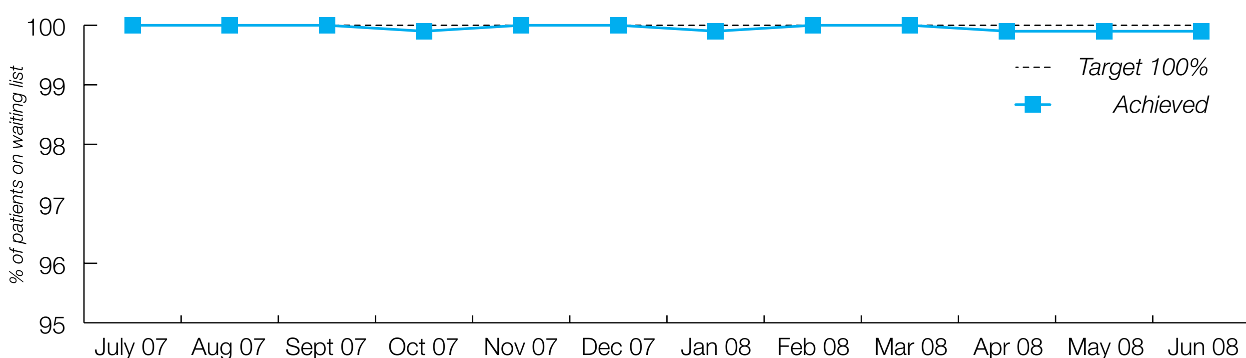
Category 2 – Semi urgent: *Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate or become an emergency.*

Elective Surgery Category 2: Patients waiting less than 90 days



Category 3 – Not urgent: *Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly, and does not have the potential to become an emergency.*

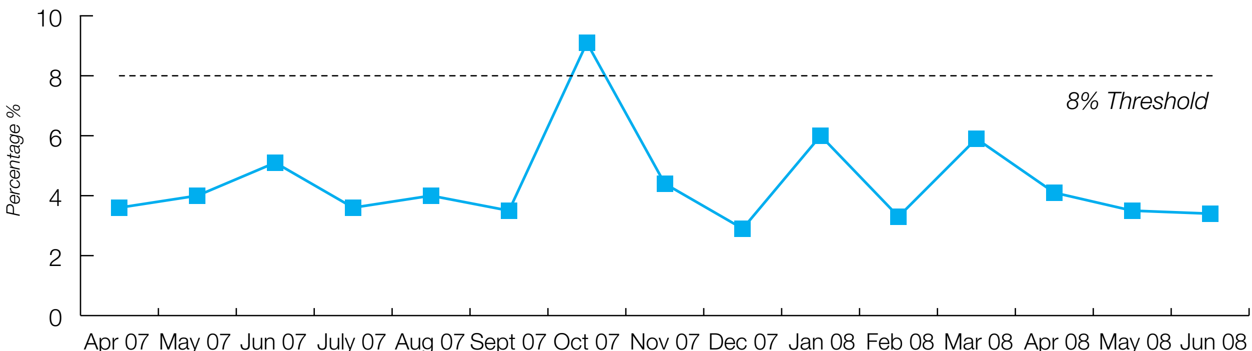
Elective Surgery Category 3: Patients on waiting list less than 365 days



Hospital Initiated Postponements (HIP)

Sometimes we have to postpone surgery and we will do out best to reschedule it at the next available date. Here's how we performed last year:

Percentage of scheduled admissions postponed



Improving our services through clinical projects *continued*

10:15 am 39 year old Angela has just arrived at the Eye and Ear for her appointment in the Fast Track Cataract Clinic. Angela is here for a check up after having surgery.

Fast Track Cataract Project

The challenge

It is predicted that by 2020 the prevalence of eye disease will have doubled. In order to continue to deliver services that best meet the future needs of the community for cataract surgery, an alternate model of care needed to be established.

What we did

In May 2007, The Fast Track Cataract Clinic was developed as an alternate model of care for the management of eligible patients requiring cataract surgery. It was designed to provide a patient focused journey through the continuum of care. Patients who meet the referral criteria, are assessed, informed of the process, consented for surgery and are provided with a surgical date all within one visit to Outpatients.

Outcome

So far, 1885 patients have attended the Fast Track Cataract Clinic with 743 patients referred to surgery.

Waiting times for outpatient appointments have, at points, almost halved – down from 17.3 weeks to 8.4 weeks.

What we learned

The clinic has allowed new modes of service to be delivered by allowing staff to practice using the full extent of their knowledge and skills and fill roles they hadn't before. This provided an opportunity to make the best use of the current workforce. The ophthalmic nurse was educated and trained to perform the week one post operative assessment, freeing up the clinician. This outcome represents a substantial step forward for workforce redesign by opening the door to change.

10:15

Angela's story

When 39 year old Angela Cook was told she had cataracts on both eyes, she was confused. She thought cataracts were an eye condition affecting older people.

Angela went to her optometrist after she noticed her vision was getting progressively worse. She was then referred to a specialist after the optometrist told her she had cataracts on both eyes.

Angela was a patient in our Fast Track Cataract Clinic where she had surgery on both eyes. It was only in March 2008 that she first went to the optometrist and 6 months later she has been discharged.

"I can now see the pupils in my three children's eyes which is really lovely. I haven't been able to do that for a while."

"Everyone in the clinic was really lovely and they really made you feel at ease. I now only have to wear glasses when I read."

Glaucoma monitoring clinic

The challenge

Our eye clinics are faced with the ongoing challenge of increased demand for our services. This is particularly evident in our highly specialised ophthalmology clinics, with many of these services, such as for glaucoma, only being provided at the Eye and Ear. The demand led to over booked clinics and not being able to meet requested appointment times. The existing arrangements were not sustainable.

What we did

The glaucoma service piloted a new glaucoma clinic using an alternate model of care for patients requiring long term management of their condition. The clinic is lead by Australia's only Professor in Glaucoma, Jonathan Crowston and staffed by orthoptists, nurses, optometrists and a medical officer. Team members are delegated tasks by the clinical leader allowing more patients to be assessed and subsequently treated by the ophthalmologist. This model of care is consistent with practice in other specialist eye hospitals in the United States and Europe. This clinic also provides an improved opportunity for teaching and training of non medical staff and research.

Outcomes

These changes have led to an increased appointment availability resulting in improved access to review appointments. Requested timeframes for appointments are now met and there is a range of standardised documentation. 925 patients have attended the Glaucoma Monitoring Clinic.

84 per cent of patients rated their overall visit to the clinic as either 'excellent' or 'very good'.

What we learned

Strong clinical leadership is essential, including a clear vision and purpose for the planned program changes. The clinic optimised the skills of the staff and also provided them with new opportunities for teaching and training.

Glen's story

68 year old Glen Jones has become a bit of a regular at the Eye and Ear. He has had cataract surgery on both of his eyes and numerous surgeries to relieve pressure in his left eye because of glaucoma.

Glen's situation is unique in that he is allergic to most of the glaucoma eye drops that are used to stabilise the condition.

This had presented a problem in the past when he didn't know which doctor he would see when he came to the hospital for a check up and the doctor wasn't always aware of his history. Now because of his treatment through the glaucoma monitoring clinic, he is seeing the same specialist most of the time.

"Since this clinic started, my treatment has been much more personalised and the experience more user friendly. Everyone is so friendly and I don't have to wait as long to be seen as I used to."

Taking eye care to the community

11 am Members of the Community Eye Care Partnership team have just started a meeting to discuss the recruitment of community practitioners and patients to trial a new community partnership model of care.

The Community Eye Care Partnership is a two year project funded by the Commonwealth and State Governments which commenced in November 2007. It aims to pilot models of service arrangements between acute and community eye health care practitioners to improve the management of three chronic eye conditions – glaucoma, age-related macular degeneration and diabetic eye disease.

The benefit to the patient will be the reduction of waiting times and the convenience of treatment in their local area.

Working with community eye care peak bodies, the project will recruit ten community practitioners (General Practitioners and Optometrists) to trial the proposed continuum of care.

The pilot sites will be evaluated to make sure they meet the requirements for access, compliance and service availability in eye health care provision and the practitioners will undergo rigorous assessment. The establishment of this coordinated network between the hospital and community practitioners will strengthen a multidisciplinary approach to care across eye health sectors.

Community Eye Care Partnership team members Bich Thai and Sandra Clews.

Providing orthoptics to Ballarat and closer to home

The Eye and Ear's Orthoptics Department has entered into an agreement with Ballarat Health Services to provide service to the Ballarat Hospital eye clinic together with a local ophthalmology team.

Orthoptists are in limited supply in regional Victoria and as we have one of the largest orthoptics team on any one site in Australia, the hospital is able to share our services ensuring quality eye care provision to the Ballarat region.

Closer to home, the department has also entered into an agreement with St Vincent's Hospital Diabetic Clinic Endocrinology team to provide a diabetic retinopathy photo-screening service to their patients.

Streamlining patient appointments and waiting times

A new service has been set up in order to address unmet appointments for patients who require review twelve months after their previous outpatient visit to general eye clinics.

Our outpatient department is trialling a service where patients are being followed up in an orthoptist lead review clinic. This new clinical service involves the orthoptists assessing a patient's current vision status, reviewing their medical record and in consultation with each patient, developing a suitable eye care plan.

This can involve either:

- Discharge to their referring GP when appropriate
- Engaging an optometrist who is conveniently located near the patient's home who can closely monitor their eye condition and vision
- Triage back to the general eye clinic so as to receive more timely ophthalmological attention that may be required due to their particular eye condition.

In all instances, the patient's referring general practitioner is informed of the care plan so that all their care needs are met.

Because of the increasing demand for appointments from new patients, this initiative provides a means for patients who have non-acute eye conditions or require infrequent ophthalmological attention to be reviewed in a timelier manner. It also permits timely appointments in the general eye clinics to be given to new patients who require care by an ophthalmologist.

Orthoptic and nursing services are increasingly being used in the hospital as part of multi-disciplinary teams to better assist doctors in the medical management of patients with eye disease and vision problems, especially conditions that are growing in incidence because of an ageing population.

Orthoptics at the Eye and Ear

Here at the Eye and Ear we have a team of 20 orthoptists who work with ophthalmologists and nurses in both our general and special eye clinics. Orthoptists also collaborate closely on projects like the Community Eye Care Partnership.

The orthoptic service at the hospital was restructured at the beginning of 2008 and a Clinical School of Orthoptics was established in partnership with La Trobe University.

Associate Professor Zoran Georgievski is the manager of the Department and the Clinical School of Orthoptics at the Eye and Ear, and Catherine Mancuso is the clinical coordinator.

Orthoptists are allied health care workers who specialise in the detection, diagnosis and treatment of vision disorders and work closely with ophthalmic surgeons to monitor and manage eye conditions.

Helping people with diabetes

12:30

12:30 pm It's about lunchtime and diabetes educator, Oriole Paul is visiting the clinics to talk to people about successfully managing their diabetes, diet and wellbeing.

The Eye and Ear has recently been the flagship in Victoria for the roll out of the Dose Adjustment for Normal Eating Program (DAFNE). DAFNE is a new approach for people with Type 1 diabetes where participants in the program are given new skills in a five day workshop, to help them better manage their glycosylated haemoglobin levels (HbA1c).

The program is intensive and very hands on. Participants gain the confidence and skills to make self-adjustments in order to match their individual insulin requirements to the food they are eating. The hands-on style of learning helps reinforce the new skills.

The program was developed in Germany and aims to give people with diabetes a better quality of life, fewer clinic appointments, less time off work and reduce their risk of complications because of their chronic health condition.

Diabetic eye diseases are one of the top five causes of vision impairment, which is why we are working closely with our patients to control their diabetes.

Improving communications with General Practitioners

In many cases the General Practitioner is the first point of call when it comes to health issues. That is why it is important for us to work closely with the people our patients often turn to first.

The Eye and Ear is taking part in the Department of Human Services GP Liaison Program in order to promote continuity of care across health services. The program also aims to improve access to services for the community, build strong relationships and improve the quality of health care.

At the Eye and Ear we employ a GP Liaison Officer who acts as a link between community based GP's and GP networks. Lina Nido, who is a practicing GP, is our GP Liaison Officer.

The GP Liaison Officer has been working with many departments within the hospital to help streamline and improve communication with GP's about their patients. They are also assisting GP's with tools and information to improve their management of patient's eye and ear health. Our GP Liaison Officer is also developing a number of training opportunities, for both GP's in training and those already in practice, to help learn new skills or brush up on old skills so that basic eye and ear, nose and throat healthcare needs can be delivered a community setting.

Some examples of initiatives underway include:

- A training module in safer and more efficient ways of removing ear wax and managing outer ear canal problems
- A training module to improve basic eye health skills and the early detection and prevention of common eye conditions.

The hospital is currently developing a computer based template for writing a letter to our patient's GP's when they are discharged from our emergency department.

In admissions, staff ensure all discharge information is organised on the day of surgery and the Clinical Audit Database sends an automatic letter to their GP.

Support groups

1:05 pm Members of the Blepharospasm Support Group are gathering in the hospital's auditorium for their quarterly meeting. The group was set up by Elizabeth Foster, a former patient of the hospital. Blepharospasm is characterised by frequent blinking or squinting of both eyes and spasms of eyelid closure.

13:05

Support groups

Eye		
Blepharospasm Support Group		03 9587 2326
Blind Citizens Australia	www.bca.org.au	03 9654 1400
Centre for Vision Independence	www.cvi.org.au	03 9639 4401
Glaucoma Australia	www.glaucoma.org.au	1800 500 880
Guide Dogs Victoria	www.guidedogsvictoria.com.au	1800 988 626
Keratoconus Australia	www.keratoconus.asn.au	0409 644 811
Macular Degeneration Foundation	www.mdfoundation.com.au	1800 111 709
Macular Vision Loss Support Society of Australia		03 9803 3170
Retina Australia	www.retinavic.org.au	03 9650 5088
Vision Australia	www.visionaustralia.org.au	1300 847 466
Ear, Nose and Throat		
Acoustic Neuroma Association of Australasia	www.anaa.org.au	03 9510 1577
Australian Hearing	www.hearing.com.au	131 797
Tinnitus Association of Victoria	www.tinnitusvic.asn.au	03 9729 3125
Better Hearing Australia	www.betterhearing.org.au	03 9510 1577
Meniere's Support Group of Victoria	www.menieres.org.au	03 9783 9233
Spasmodic Dysphonia Support		03 9929 8223
The Laryngectomy Association of Victoria		03 5143 3307
Other		
Able Australia	www.ableaustralia.org.au	1300 225 369
Diabetes Australia (Victoria)	www.diabetesvic.org.au	1300 136 588
The Cancer Council Victoria	www.cancervic.org.au	03 9635 5000

Interpreters

2:20 pm Interpreter services manager Poni Poselli is called up to the wards to help interpret for a patient who has just come out of surgery and is being seen by his doctor.

Each day the Eye and Ear receives up to 90 requests for interpreter services for a wide range of languages. Each day we are working towards understanding our patients and their needs and providing culturally sensitive care.

Going to hospital can be a challenging enough experience as it is, but it can be even more daunting for someone whose first language is not English. Through our Interpreter Services Department, we are facilitating the communication between our patients, nurses and doctors.

14:20

Interpreter Services Manager Poni Poselli and Corneal Fellow Dr Vishal Jhanji.

The Royal Victorian Eye and Ear Hospital provides an interpreter service so that patients from diverse cultural and linguistic backgrounds are adequately informed of their diagnosis and treatments in a culturally sensitive manner. The hospital also provides services for people using Auslan – Australian Sign Language.

The Interpreter Department's role is to facilitate the communication between patients and health professionals.

More than 160 languages are used in the state of Victoria and each month our Interpreter Department receives requests for more than 60 languages. Approximately 20 per cent of our patients are from non-English speaking backgrounds. The hospital contributes significantly to the cost of interpreters for patients through our own financial resources.

The department includes five full time staff members to interpret for those patients who speak the most requested languages in the hospital. They are Greek, Italian, Vietnamese, Cantonese and Mandarin. For these five languages alone, the hospital receives up to 90 requests a day. Interpreters are available 24 hours a day, seven days a week, whether they are from our hospital department, contracted services or through a phone service.

By working with accredited interpreters, health professionals at the hospital are ensuring accuracy and impartiality.

The fact a patient can speak sufficient English to respond to simple questions does not mean that they will be able to understand English in a stressful situation in an unknown environment. While carers, friends and family members are welcome to be present during a consultation, they should not be used as interpreters because of possible misinterpretation, conflict of interest, potential for loss of objectivity, conflict of roles, omission of information and possible poor knowledge of medical terminology.

Due to the arrival of migrants and refugees from different parts of the world and the ageing population of post war immigrants, there has been an increase in requests for both new languages and the two major languages, Greek and Italian.

People's appreciation of the service has been demonstrated through donations and letters. This shows that the support of an interpreter at the Eye and Ear has ensured our patients feel involved and are able to make important decisions for themselves.

Many of our key patient information documents are provided in the main languages we receive interpreter requests for.

Number of interpreter requests last year for our top five languages

Language	Requests
Greek	3741
Vietnamese	2590
Italian	2443
Cantonese	1699
Mandarin	1592

Meet our Community Advisory Committee – *doing it with us*

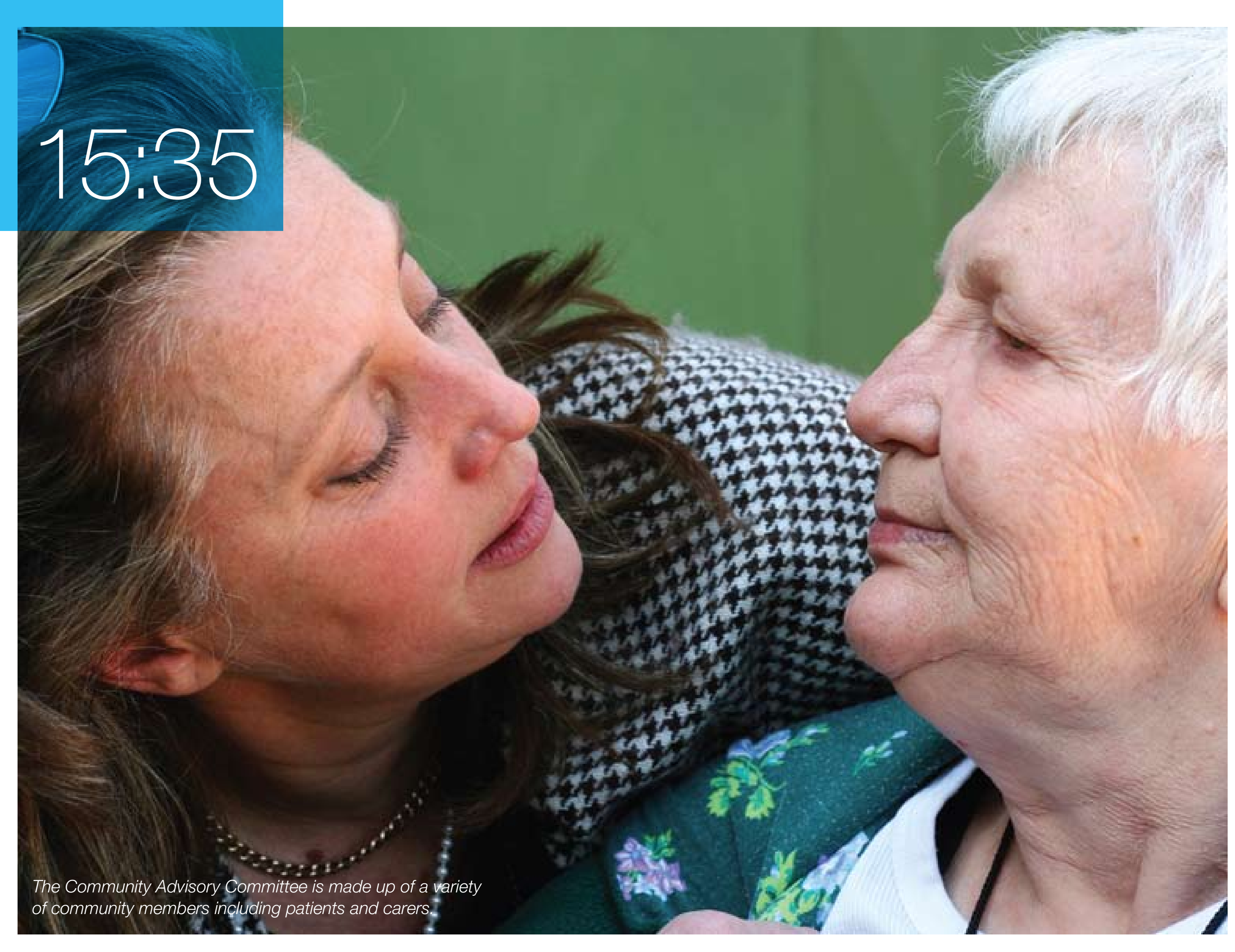
3:35 pm A meeting of the Community Advisory Committee is well underway, with the 12 members discussing ways the community's needs can be better met by the hospital.

The Royal Victorian Eye and Ear Hospital values consumer, carer and community participation in planning for how we deliver our services. We recognise the important contribution this participation makes towards improving health care and improving services to better reflect the needs of our community.

The hospital's Community Advisory Committee was first established in 2001 to assist and advise the Board of Directors on effective consumer and community participation in service development and delivery. The Community Advisory Committee is made up of 12 members including nine community members and three Board Directors.

The committee meets six times a year and a newsletter is sent out in between meetings to keep members up to date with events of interest.

15:35



The Community Advisory Committee is made up of a variety of community members including patients and carers.

Highlights this year

The Community Advisory Committee operates according to the relevant guidelines for Victorian Public Health Services (2006). In 2008, the Department of Human Services conducted a review of all Community Advisory Committees to ensure health services were following the Community Advisory Committee guidelines. The evaluation found that our committee is having a positive impact on how the hospital plans and delivers its services and meets the requirements of the guidelines.

A key achievement of the Community Advisory Committee was the preparation and implementation of the Community Participation Plan 2006-2008. The plan aims to further develop consumer engagement and community participation within the hospital and to foster community involvement in the process of planning and implementing hospital redevelopment.

To ensure the effectiveness of the Community Advisory Committee, members completed a self assessment survey in October 2007. This provided an opportunity for individual reflection and group action on the improvements necessary to enhance the effectiveness of the committee. An action plan was developed from the results which will be incorporated in the next Community Participation Plan 2009-2011. A Community Advisory Committee strategic planning day was held in February 2008 with the purpose to develop a strategic approach to fulfil the aims of the committee.

Committee members are also involved in other committees and working groups within the hospital. These include the Primary Care and Population Health Committee, Quality Committee, Cultural Diversity Committee, Community Eye Care Partnership and Community Mapping Project. This ensures community involvement in all areas of the hospital.

Who are the communities we care for?

The Community Advisory Committee identified the need to map the communities serviced by the Eye and Ear in order to better understand how their needs can be met.

In December 2007, a partnership was formed between the Centre for Eye Research Australia (CERA) to undertake the Community Mapping Project. The project aimed to map the communities currently serviced by the hospital so that underserved groups and their needs could be identified. These results will then be available for the planning process as we work towards redevelopment.

A working group and steering committee with members from the Community Advisory Committee was established to advise the project. Results from this project are in the process of being finalised and will be highlighted in next year's Quality of Care Report.

Who are our consumers?

As a statewide specialist tertiary referral centre, our consumers come from a wide range of geographic locations, culturally and linguistically diverse backgrounds, and age groups.

Our consumers are our current and potential users of our health service.

Last year we had:

13,501 inpatients

173,739 outpatients

40,998 emergency patients

They came from:

760 post codes

60 language groups

Our youngest patient: 18 days

Our oldest patient: 104 years

Meet our Community Advisory Committee *continued*

Every day at the Eye and Ear we are working to achieve the best we possibly can for our consumers. The Department of Human Service's participation indicators allow us to gauge if we are meeting out targets in community involvement.

Recommended	*Standard indicator*	*Progress*
GOVERNANCE		
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*** The Eye and Ear received an 'EA' (Extensive Achievement) from ACHS. They commented: "*Considerable effort and time has been applied to engaging consumers in a meaningful way…The Community Advisory Committee has a diverse and committed membership that is engaged in various activities related to the strategic directions of the organisation. Of note is the committee's influence in the planning for redevelopment that pursued a patient focused approach instead of the traditional medical focus*."
There is participation in higher level decision making	There are consumers, carers or community members on key governance and clinical governance structures.	***Achieved*** Consumers, carers and community members are involved in the following committees: Primary Care and Population Health Committee, Quality Committee, Cultural Diversity 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 has been established and consists of consumers, carers and community members, Board Directors and Senior Management.
	A community advisory committee has been established in accordance with the non-statutory guidelines.	***Achieved*** The Community Advisory Committee continues to operate according to the Guidelines, as reported in the DHS Evaluation.
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*** In this Quality of Care Report, the Eye and Ear Hospital has reported on quality and safety initiatives that address the needs of our community, consumers and carers.
	A community participation plan has been developed and is being reported against annually to the Department of Human Services.	***Achieved*** A Community Participation Plan has been developed and key achievements are reported to DHS. The Community Participation Plan 2009-2011 is currently being developed.
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*** Results are assessed and themed by the hospital's Patient Representative and presented 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*** Information provided to our patients is reviewed by members of the Community Advisory Committee. Our consent process includes providing consumers with information on their procedure/condition to ensure they are well informed to make their decisions. Patients are also encouraged to ask questions regarding their options – surgical intervention, medical treatment or no treatment at all.

At the Eye and Ear, we value consumer participation. We like to know that someone values our service so much they want to invest their own time voluntarily through membership of the Community Advisory Committee allowing us to be the leading specialist healthcare facility we are.

The Department of Human Service 'Doing it for us' policy (2006) is a key document to measure the level of consumer participation in a health service. Here are some examples of what we have done in line with the policy.

Providing accessible information to our community

A flat screen television has recently been installed in the Admissions Foyer to provide information to patients who are waiting at our two peak elective admission times.

The purpose of the television display is to welcome patients to the hospital, inform patients about the admission and discharge processes, hospital services and general services.

In setting the display up, we looked at the results from the Victorian Patient Satisfaction Monitor survey and reviewed complaints received by the hospital to ensure the content of the display fulfilled identified information gaps. These gaps included further information about admission and discharge processes, services such as social work, and facilities like parking and dining.

Community Advisory Committee members were involved in reviewing the presentation to ensure its suitability for consumers, carers and community members.

Providing communication training to our staff

The Eye and Ear continues to offer vision friendly and hearing friendly training to all staff. Being a hospital that is dedicated primarily to these two conditions, this training is of utmost importance.

Vision friendly training is run by Guide Dogs Victoria and includes useful tips as well as practical exercises in leading someone who is vision impaired.

Hearing friendly training is run by the hospital's Audiology Department to provide useful tips for communicating with someone who is hearing impaired.

This training ensures our staff communicate effectively with vision and hearing impaired patients, which also assists patients in making decisions. Last year, 128 people attended hearing and vision friendly training.

Planning for the future

The Eye and Ear is currently planning for redevelopment to meet the growing demands on our services due to an ageing population. The Community Advisory Committee regularly receives updates on the process and continues to provide advice to the hospital on redevelopment to promote the interests of the community, consumers and carers.

Meet Twanny Farrugia – Community Advisory Committee member

Twanny Farrugia is a member of our Community Advisory Committee and has a long and unique relationship with the hospital.

Twanny is legally blind in one eye and has lost most of his vision in the other. Doctors aren't sure what the exact cause is. His family has a history of myopic eye sight and he has also been on a lot of medication because of a kidney transplant which could have had some effect.

Twanny knows that sometimes when he comes to our hospital he might have to wait for a while to be seen, but instead of just complaining about it, he thought he would like to contribute something back and so joined the Community Advisory Committee.

Now he is also involved in focus groups for the Bionic Eye project where researchers are conducting focus groups with vision impaired people to find out what they would want from an artificial vision device.

Working with the Indigenous community

4:02 pm Community Development Officer Kellie Michel is planning a gathering to mark NAIDOC week with the Victorian Aboriginal Community Controlled Health Organisation.

The Eye and Ear is committed to providing improved care to the Indigenous community. This is guided by the Department of Human Services Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program.

In 2007/2008 the hospital established an Aboriginal Liaison Committee made up of representatives from the Centre for Eye Research Australia (CERA) and the hospital. The committee is working towards the continuing implementation of the ICAP program.

NAIDOC Week

The Eye and Ear held a morning tea during NAIDOC Week to recognise our Aboriginal and Torres Strait Islander patients and increase awareness and understanding of Aboriginal and Torres Strait Islander people. Planning for the celebrations provided an opportunity to further our partnerships with Aboriginal health organisations.

The celebration was attended by members of our Board of Directors, research partners, staff, VAHS, VACCHO, the Department of Human Services Koori Health Unit, St Vincent's and the ICAP metropolitan project officer.

The Chief Executive Office of VAHS, Rod Jackson, spoke at the event.

Worawa College

In October 2007, students from Worawa College, Victoria's only registered Aboriginal independent secondary college, visited the hospital to learn about good eye and ear health.

In collaboration with St Vincent's, the Eye and Ear provided vision and hearing screening to the students to promote the importance of have regular check ups. The visit also aimed to reduce the fear that the students may have had about attending a hospital.

ICAP key result areas

Key Result Area	*Outcome*
Establish and maintain relationships with Aboriginal Community Controlled Organisations and services	***Achieved*** The Eye and Ear Hospital is a member of the Health Services Aboriginal Health Advisory Committee, which includes representatives from the Victorian Aboriginal Health Service (VAHS), Victorian Aboriginal Community Controlled Health Organisation (VACCHO), St Vincent's and Peter MacCallum Cancer Institute. Our Community Advisory Committee membership includes Indigenous representation, which fosters our relationship with the Aboriginal and Torres Strait Islander Communities. The hospital has been involved with the development of an eye care module as part of the Certificate IV for Aboriginal health workers. Together with our partner organisations, planning is underway to conduct this course on-site at the Eye and Ear in 2008.
Provide or coordinate cross-cultural training for hospital staff	***Achieved*** The Eye and Ear has training arrangements in place with St Vincent's to provide cross-cultural training. In 2006-2007 an extensive organisation wide training program was provided to the hospital. In 2007-2008 refresher training was conducted as required. For example staff undertook refresher training prior to the eye and ear screening initiative for Aboriginal and Torres Strait Islander students of Worawa College. Telephone advice is available from our partner organisations as required. In 2007-2008 hospital staff awareness has been facilitated by the inclusion of Welcome to Country at formal events and flying the Aboriginal flag.
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*** Hospital staff have received cross-cultural training, combined with support from St Vincent's Hospital. Service planning and Aboriginal cultural needs are also accommodated at the beginning, during and end of clinical pathways. The Continuum of Care Committee has supported the needs of Aboriginal and Torres Strait Islander patients via monitoring of clinical pathways and electronic pathway variance reporting. The Committee commenced a review of the Discharge Planning intranet site and will incorporate information on cultural specific needs of Aboriginal and Torres Strait Islander patients to the site. Specific cross-cultural and indigenous information gained from the Community Mapping Project conducted in 2007-08 will further enhance service planning and addressing the cultural needs of our Aboriginal patients.
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*** The Aboriginal Liaison Committee continues to refine and evaluate our referral arrangements and processes for clinical and non-clinical consultation and cross-cultural awareness. Included in the scope of the Community Mapping Project conducted in 2007-2008 was data and analysis of activity related to Aboriginal and Torres Strait Islander patients. Recommendations from this project will further inform effective primary care referrals involving Aboriginal workers and agencies.

Cultural diversity

4:59 pm A session of cultural diversity training for staff members is wrapping up. Today they learnt about the impact of their own cultural perspective on service delivery.

The Eye and Ear established a Cultural Diversity Committee in 2006 to develop and monitor the hospital's Cultural Diversity Plan which is guided by the Department of Human Services *Cultural Diversity Guide (2004).*

The committee is made up of members of the community, members of the Board of Directors and staff.

16:59

Cultural Diversity Week

This year the Eye and Ear celebrated Cultural Diversity Week in March by signing the Community Accord.

The Community Accord is an initiative of the Victorian Multicultural Commission and is a set of statements that reflect the values, principles and sentiments of our multicultural community.

The event was attended by the Chair of the Victorian Multicultural Commission George Lekakis, the Italian Consul General Francesco De Conno, community leaders of cultural groups and members of the hospital's Board of Directors and staff.

The celebrations included a performance from the Chinese Senior Citizens Club of Manningham Choir and reflections from staff members and patients about their experience of Cultural Diversity. One of the stories was that of Truo Phuong whose daughter recently received a cochlear implant at the hospital. Truo speaks Vietnamese, so told of her experience with the use of an interpreter.

During Cultural Diversity Week, staff members wore orange ribbons and shared photos and thoughts on our intranet about what cultural diversity means to them.

Cultural diversity reporting requirements

Minimum reporting requirement	*Outcome*
Understanding clients and their needs	***Achieved*** In 2007-2008 five training sessions were held by the Centre for Culture, Ethnicity and Health to provide cultural awareness training to hospital staff. The training looks at stereotypes, generalisations and discrimination, our own cultural backgrounds and the impact of own cultural perspective on service provision. The Interpreting Department has provided interpreting assistance for hospital projects, which increases our knowledge of our patients and their needs. The Community Mapping project will identify the communities serviced by the Eye and Ear Hospital, which will also allow us to better understand our patients and their needs. In 2007-2008 there was hospital wide promotion of cultural diversity via our intranet site and staff newsletter.
Partnerships with multicultural and ethno-specific agencies	***Achieved*** The Eye and Ear celebrated Cultural Diversity Week in March 2008. As a result an extensive list of multicultural and ethno-specific agencies has been developed. In 2008 the hospital signed the Community Accord witnessed by the Victorian Multicultural Commission. There is a breadth of cultural representation on both our Cultural Diversity and Community Advisory Committees. Through the two committees we have developed many partnerships, including with the Chinese Senior Citizens Club of Manningham. Their choir sang at our Cultural Diversity Week celebrations.
A culturally diverse workforce	***Achieved*** The Eye and Ear Hospital encourages a culturally diverse workforce and has staff members from over 46 different cultural backgrounds and policies to reflect this.
Using language services to best effect	***Achieved*** The Interpreting budget for 2007-2008 was $1.04 million. The hospital funds some of these costs from its own resources. Our Interpreting Department follows culturally and linguistically diverse (CALD) patients through their continuum of care when providing specialist eye and ENT services. The Interpreter Services Policy has been reviewed and there has been an increase in CALD information available to staff. Patient information has also been translated to better inform patients from CALD communities.
Encourage participation in decision-making	***Achieved*** The Cultural Diversity Committee and Community Advisory Committee memberships include representatives from CALD communities. These representatives contribute to decision making within the hospital, such as signing the Community Accord. The Cultural Diversity Committee reports regularly to the Community Advisory Committee to increase wider participation.
Promoting the benefits of multi-cultural Victoria	***Achieved*** There was community-wide promotion of Harmony Day on 19 March 2008 to celebrate Australia's culturally diverse society and united values.

Linking care and research

5:03 pm It's just after 5 pm and all the clinics have finished up for the day. Some patients, while here for another appointment, have also had the opportunity to visit our Low Vision Clinic to help them gain more independence while living with low vision.

This year the Eye and Ear established a low vision clinic in conjunction with our research partner, the Centre for Eye Research Australia (CERA).

The clinic provides low vision care for hospital patients. It combines both clinical and rehabilitation elements of care bridging the gap for patients between the acute health care setting and the community.

It is estimated that only 20 per cent of Victorians with low vision currently access the services available to them. This clinic aims to provide a service to hospital patients who currently do not have access to low vision services, or have difficult accessing them due to culturally and linguistically diverse backgrounds, mobility restrictions and older age.

The Low Vision Clinic currently provides the following range of services:

- Clinical low vision assessments
- Prescription, loan and sales of low vision devices
- Training in device use
- Advice on simple strategies to increase independence
- Information and referral to tertiary low vision and community organisations.

The clinic provides a multidisciplinary approach to patient care through the combined specialist knowledge of an ophthalmologist, orthoptist, low vision advisor and in the near future, an optometrist. The low vision advisors have been provided through a collaborative partnership with Guide Dogs Australia.

The clinic hours have been chosen to coincide with the medical retinal services we provide, as often the patients attending these specialist services will also require low vision support. The option of a same day service illustrates the level of commitment the hospital team has for the needs of our patients and the wider community.

Through the clinic, low vision devices are prescribed to patients as required and a range of commonly used devices are available for purchase. Devices are also available for loan to those experiencing financial hardship. Funding obtained from Lions Clubs by CERA has provided additional low vision equipment for the clinic.

CERA will now start undertaking an evaluation of the clinic by tracking the patients who have attended and looking at their quality of life and goals they have achieved through the help they gained from the clinic.

Our research partners

The Eye and Ear's contribution to the fields of eye and ear, nose and throat (ENT) knowledge has been nationally and internationally recognised.

Through partnerships with leading research institutions, we ensure our patients receive world class care at the forefront of new technologies and procedures.

Centre for Eye Research Australia

The Centre for Eye Research Australia (CERA) brings together a body of dedicated medical researchers aiming to improve the lives of thousands of people both in Australia and overseas who are affected by vision impairment. It is also affiliated with the Department of Ophthalmology at the University of Melbourne.

University of Melbourne Department of Otolaryngology

The Department of Otolaryngology undertakes research to improve hearing and communication for children and adults who suffer from hearing loss. The cochlear implant was developed as the result of their research.

Bionic Ear Institute

The Bionic Ear Institute is an independent, non-profit, medical research organisation. Their aims are to give deaf children and adults the opportunity to participate as fully as possible in the hearing world and to find new ways to restore brain function.

Strategies to achieve excellence

5:30 pm The business part of the day has come to a close, but the Eye and Ear keeps functioning all through the night. Today our 237 doctors, 228 nurses, 42 allied health professionals and 106 clerical staff achieved excellence in delivery across all areas of the eye and ENT services we provide.

The Australian Council on Healthcare Standards regularly undertakes a comprehensive review of safety and quality in order to award accreditation and to ensure the services to our patients are of the highest standard. In 2007 the hospital received a four year accreditation.

Key elements to receiving accreditation include a strong focus on consumer needs, creation of strategies to achieve excellence, striving to continually improve service delivery and measuring operational performance in order to improve our efficiency and effectiveness.

17:30

Providing the best

At the Eye and Ear, we strive for the promotion of continuous quality improvement. These processes are overseen by the Clinical Governance Committee which promotes stewardship for best practice.

Objectives set for 2008 by the committee included operational reviews of:

- Medication safety
- Patient safety
- Staff credentialing
- Benchmarking to ensure safe and appropriate care delivery.

Medication safety

The hospital participated in the Medication Safety Self Assessment for Australian Hospitals Review (Institute for Safe Medication Practices and NSW Therapeutic Advisory Group Inc.) This assessment is divided into ten key elements that have been shown to significantly influence safe medication use. The review found the Eye and Ear adheres to sound principles of medication safety. Recommendations from the review have been taken on board and are the basis of a Medication Quality Plan to be implemented over the coming year.

Patient safety

The hospital has a dedicated medical practitioner managing the Patient Safety Committee. This committee is the hospital's peak clinical practice review body. The committee reviews incidents, case reports, emergency codes called and any patient deaths. After all reviews, a risk reduction action plan is developed to minimise possible adverse events and improve patient safety. These plans are then reviewed on a regular basis to ensure no further reoccurrence and to monitor their effectiveness.

One recommendation that has come from the committee was about prosthesis management. The process now requires medical staff to complete documentation in advance to ensure the operating theatres have the correct lens necessary to perform cataract surgery. The lens document, the lens itself and the consent containing the patient's details are confirmed within the theatre at the time of surgery. This safety initiative ensures staff have the correct patient, correct procedure, correct site and side and correct lens.

Credentialing

The hospital's Medical Appointments and Credentialing Committee is responsible for recommending senior medical staff appointments to the Chief Executive Officer.

Rigorous processes are involved, consistent with the national standards as specified by the Australian Commission for Quality and Safety in Health Care and the Victorian Government policy on 'Credentialing and defining the scope of clinical practice' for hospital medical staff.

Credentialing involves verification of the qualifications, experience, registration status, professional standing and other relevant attributes of our medical practitioners ensuring they are competent and suitable to provide safe and quality healthcare services.

Each clinician is then granted a scope of clinical practice. This is where the hospital defines which areas they can practice in. In 2007/2008 sub specialty scopes of clinical practice were further defined and refined.

Each member of our medical staff also receives Continuing Medical Education leave and support which helps ensure that every doctor regularly updates their knowledge and skills to enable the delivery of the most current, safe and highest quality of care.

Moorfields Eye Hospital NHS Foundation Trust.

Benchmarking

Benchmarking allows hospitals to review a standard measurement that provides a basis for comparison. This assists implementing process improvements.

Currently the Eye and Ear benchmarks internationally with:

- Moorfields Hospital, England
- Rotterdam Hospital, The Netherlands
- Singapore National Eye Centre, Singapore

More recently an agreement has been made to benchmark with the Sydney Eye Hospital to allow for an exchange of ideas and information to ensure improved clinical outcomes and provide assessments of strengths and weaknesses of our current processes.

Creating the future

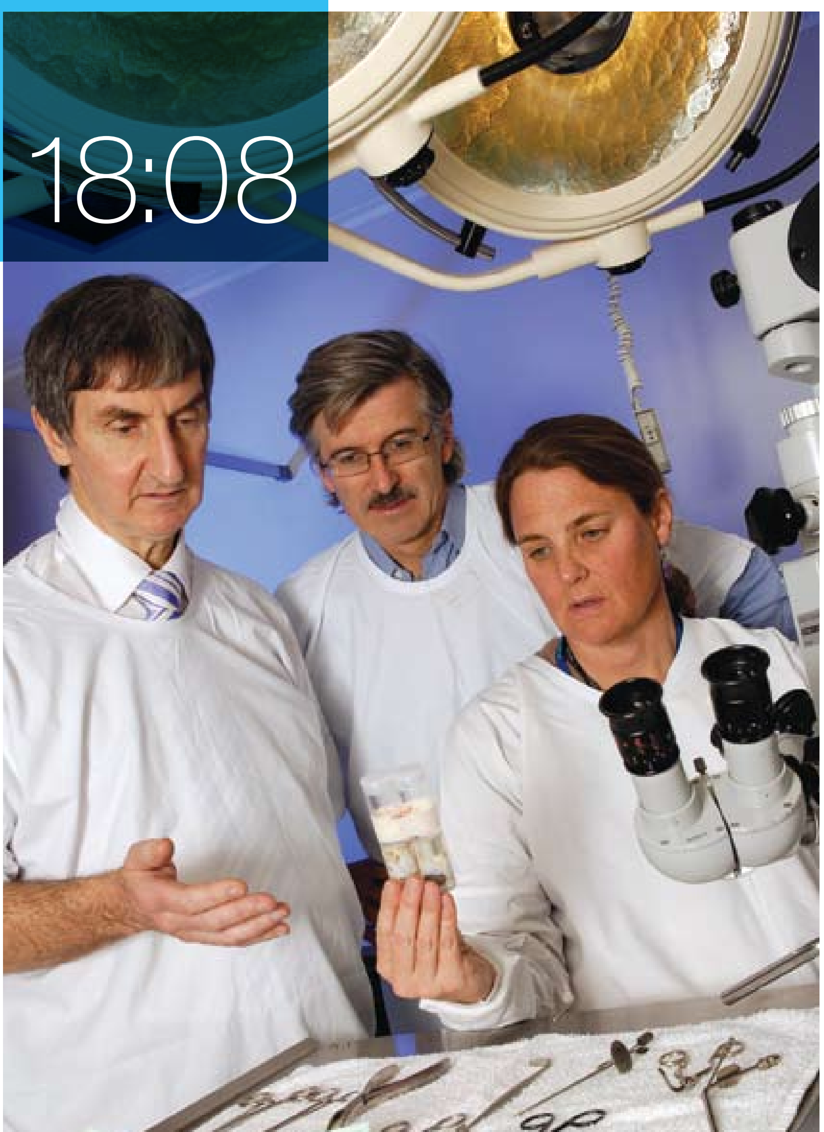
6:08 pm Professor Jill Keeffe is working back late to go over transcripts from focus groups about what vision impaired people would want from a bionic eye.

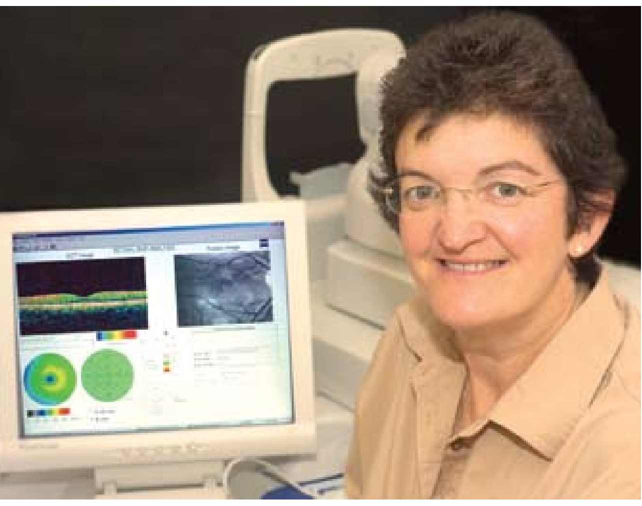
Professor Jill Keeffe is the Director of the Centre for Eye Research Australia's (CERA) Population Health Division, one of the hospital's research partners.

The Royal Victorian Eye and Ear Hospital is at the centre of a thriving research community and works closely with a number of major research organisations such as CERA, the University Of Melbourne Department Of Otolaryngology, the Bionic Ear Institute and the Hearing Cooperative Research Centre.

Through these affiliations and partnerships, the hospital is trialling treatments and technologies that will be used in the future.

The demand on our services is increasing due an ageing population. This is why we are constantly researching new ways to treat conditions and deliver our services.





Researchers from the Eye and Ear and our partners working on the Bionic Eye Project. Clockwise from left: Dr William Campbell, Dr Mark McCombe, Dr Penny Allen, Professor Robyn Guymer, Professor Jill Keefe.

Creating a Bionic Eye

Here at the Eye and Ear, the first Bionic Ear was created 30 years ago and now researchers are turning their attention towards creating a bionic eye.

A team of researchers and doctors from the hospital, CERA, the Bionic Ear Institute, the University of New South Wales, and Australia's National Information and Communications Technology Research Centre for Excellence have come together to create an artificial vision device that would improve the lives of thousands of Australians.

As part of the team is working on creating the actual device, another part is working on what vision impaired people would want from a bionic eye.

Six focus groups of about eight people have been gathered to find out what aspects of vision are most important to them such as movement, shape, distance.

They are also being asked what they consider the most important things vision is used for.

The members of the groups have a range of vision impairment and have been invited to be involved through Blind Citizens Australia.

Focus group leader and Director of CERA's Population Health Division Professor Jill Keeffe said the people involved are excited that they are being asked to provide feedback in the ground breaking project.

Using virtual reality to train ear surgeons

William Gibson Chair of Otolaryngology and Chair of our Senior Medical Staff, Professor Stephen O'Leary is undertaking research on how best to train new surgeons in ear operations. Professor O'Leary has been instrumental in setting up a virtual reality surgical simulator at the Eye and Ear.

The project is a collaborative effort with the University of Melbourne, CSIRO and Medic Vision.

The simulator will allow students to 'feel' as they drill through bone while viewing the surgery through a 3D microscope.

The simulator is the first of its kind in the Southern Hemisphere and can be networked across the internet to allow teachers to train new surgeons in remote areas.

Professor Stephen O'Leary is using a virtual reality surgery simulator as a way of training new surgeons to learn the basics of ear surgery in a shorter period of time, without having to use cadavers.

"The areas of aerospace and flight training have been using virtual reality for many, many years. They use virtual reality because when you are in a big aeroplane, failure is catastrophic. I think it would be argued that if you are doing an operation on a patient and you hit their facial nerve that is also catastrophic."

"Because resources are expensive and human life is invaluable, it is important our surgeons are trained efficiently."

Feedback and complaints

7.28 pm As the night wears on, a person is brought into emergency with a severe eye injury from a fight. Another person already waiting isn't happy that they are being seen ahead of him and he wants to lodge a complaint. Our evening coordinator helps sort out the complaint which will then be followed up promptly by patient representative Charlotta Ziems in the morning.

Every complaint or issue we receive is seen as an opportunity to improve our services and to make them more accessible to a broader range of patients.

Sometimes we get it wrong, sometimes issues are raised as an indicator of a patient's inability to understand or adjust to the processes and procedures of the hospital, however we are committed to addressing patient concerns and improving the way we deliver services.

19:28

76 year old Doris* recently came to the Eye and Ear for corneal surgery. She had spent time previously as a private patient and was not familiar with how the public hospital service worked.

Doris had concerns she would not receive her treatment in a timely manner so voiced her concerns to Charlotta. Charlotta was able to work through these concerns with Doris and offer her options such as a short notice appointment.

Here's a letter Charlotta received from Doris.

Dear Charlotta,

Thank you so much for all you have done for me. You have put my mind at rest so many times and never complained.

Thanks again,

Doris

** Names have been changed to protect the patient's privacy.*

Learning from our mistakes

The Royal Victorian Eye and Ear Hospital recognises and protects a patient's rights to make a comment or complaint and endeavours to provide a fair and accessible framework for the taking and resolution of complaints and issues based on the Australian Standard AS 4269-1995 Complaints handling.

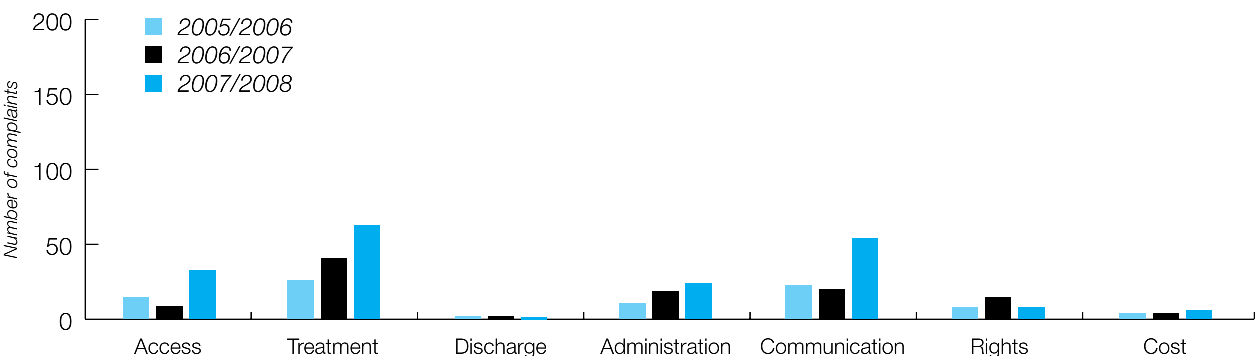
We have a Patient Representative dedicated to the handling of complaints and management of feedback. Regular reports are provided to our Quality Committee in relation to trends in complaints and feedback.

Here are some examples:

- A patient who receives a letter with incorrect details in relation to an appointment or admission for surgery has cause for complaint due to the breakdown in our administrative procedures
- A patient who does not believe they should wait to be seen in an outpatient clinic may wish to complain, however our processes and procedures respect the right of all patients to spend as much time as required with a doctor which may push out the time a patient has to wait to be seen.

The hospital also participates in the Victorian Patient Satisfaction Monitor which tracks how the hospital is performing against other similar hospitals. This aids in developing strategies to increase patient satisfaction. Since 2001, patients attending the Eye and Ear have been asked if they wish to take part in the Department of Human Services Patient Satisfaction Survey.

What patients have lodged complaints about



Department of Human Services patient satisfaction survey results 2004 – 2008

	Mar 04	Sep 04	Aug 05	Feb 06	Feb 07	Aug 07	Feb 08
	Mark out of 100 for patient satisfaction about services provided						
Overall care index	74	74	79	78	78	75	76
Access and administration	74	73	75	75	74	71	74
General patient information	78	79	84	82	81	79	80
Treatment and related information	77	76	81	79	77	75	78
Complaints management	75	74	81	81	76	76	77
Physical environment	69	70	77	75	73	73	72
Discharge and follow up	70	72	78	77	77	77	76

Reducing risks

7:59 pm Even when most of our patients and staff have gone home for the day, we are still working to make sure the hospital environment is safe. Occupational Health and Safety coordinator Craig Ballingall has just wrapped up fire training with our night staff so they are prepared if anything goes wrong at night.

19:59

Clinical risk management is an approach to improving the quality and safe delivery of health care. The process firstly identifies circumstances that have the potential to put patients at risk of harm and then acts to prevent or control those risks. Clinical risk activities include the review of complaints, clinical audit, infection rates, clinical policy review or development and analysis of incidents or near miss clinical scenarios.

The Eye and Ear Hospital has invested in the development of an online Clinical Audit Database, providing the hospital with a significant risk management tool. This tool consists of a touch screen system within the operating theatres and outpatient departments to record the success or complications of cataract, glaucoma and otology surgeries. The system was developed by a team of medical, nursing and information technology staff. The audit tool will not only provide the hospital with information to review care provision, it will create post operative notes for the surgical team and a discharge letter for the patient's General Practitioner to allow follow-up care and appointments to be delivered in a timely manner.

The hospital is in the process of implementing a risk reporting system called 'Riskman'. This system allows for clinical incidents, staff incidents and visitor incidents including occupational health and safety issues to be reported online. The notification is then sent at the time of the issue to the relevant manager and executive directors. Each incident is reviewed, risk rated, actioned and closed when rectified. Risks requiring further monitoring are imported to a risk register and are reviewed by the Board and Executive Management team.

The Occupational Health and Safety (OH&S) Department have developed an OH&S Operational Plan to be carried out over the next two years. The plan proactively manages potential and actual risks. Part of the mandatory training for staff consists of annual fire and evacuation drills to ensure staff, patient and visitor safety. In an effort for all staff to prepare in the event of a fire, visiting medical officers can access the fire training modules from home via the internet.

The Eye and Ear has been awarded funding from the Department of Human Services to educate staff and protect patients by implementing best practice techniques when managing issues concerning occupational violence. Training has included provision of optimal customer service.

Patient and staff wellbeing is maintained via a manual handling program focusing on caring and safe patient handling procedures. Consultative and preventative practice plays a major role in all aspects of patient and staff safety. We have 20 OHS Representatives throughout the hospital who received Worksafe endorsed training within the last three years.

9:30 pm Patients on the wards are getting ready for bed. An alarm goes off to alert nurses a confused patient has mistakenly walked out of the area. They are quickly able to respond to the situation before the patient potentially falls and hurts themselves.

Minimising falls

Falls at the Eye and Ear are kept to a minimum by ensuring the environment is organised, tidy and visually impaired patients are well oriented to the surrounds.

There is a direct link between vision impairment and an increased risk of falls. With a high patient population with vision impairment, we are conscious of this risk.

We also have an increasingly ageing patient group who are more prone to falls. We strive to create a safe and friendly environment for these patient groups.

What we are doing to minimise falls

Each department has a representative on our Falls Working Group. Initiatives implemented by this group include the introduction and review of a Fall Risk Assessment Tool (FRAT) to gauge a patient risk of falling and the Wanders Alert Bracelet.

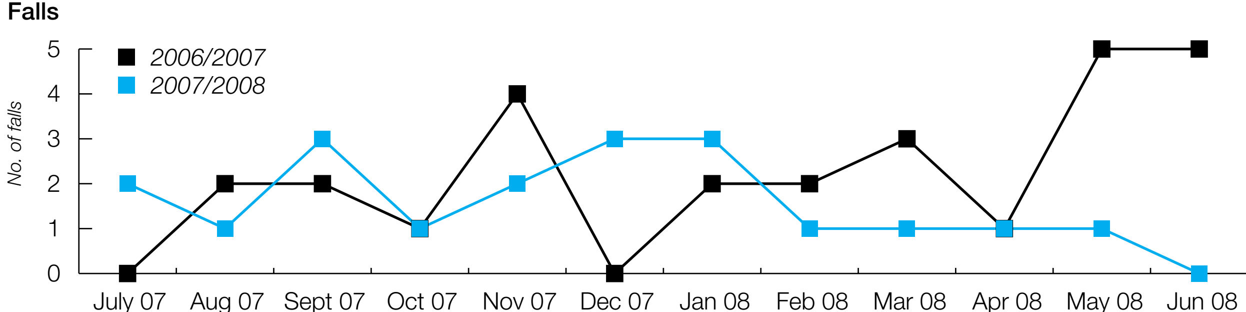
The Wanders Alert Bracelet is an electronic tag that is applied to a patient's wrist that alarms if the patient attempts to walk out of the vicinity of the ward. This enables a patient who may suffer from confusion, to walk around the area but not exit the area without warning the staff. This is an important safety measure due to the age of our patients.

In this year the hospital provided 228,238 occasions of service with only 19 falls reported (0.008%). Of these falls, there was no serious injury sustained.

21:30

Reducing risks *continued*

Falls



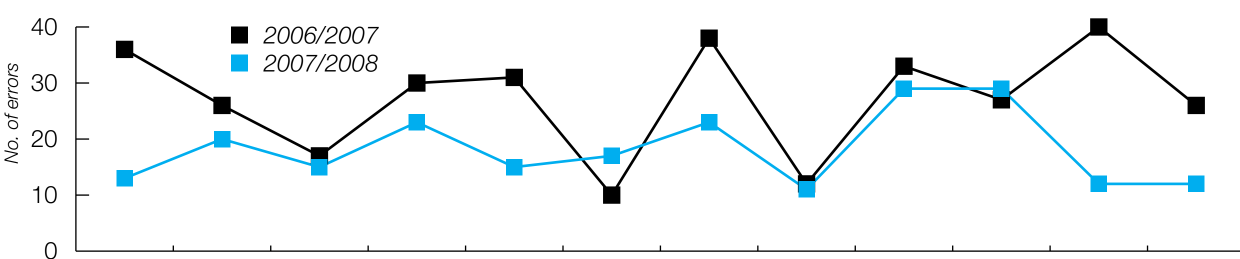
Reducing medication errors

Adverse events including medication errors may be caused by numerous factors such as unclear communication, issues with patient identification, lack of patient involvement, inadequate education, insufficient information management and human error.

The Medication Safety Committee (MSC) which was established in 2007, works to proactively manage medication 'near misses' (unintended events with the potential to cause harm) and adverse events. The Committee identifies work practices, systems or process changes required to minimise risk to reduce medication misadventure.

In 2007, there was 326 medication near misses compared to 219 near misses and 1 serious incident in 2008. The serious incident involved the administration of an undiluted antibiotic into the eye. This required ongoing patient monitoring to ensure that the patient displayed no long term ill effects. The Medication Safety Committee recommended the provision of pre-filled syringes of the drug to prevent re-occurrence of the incident.

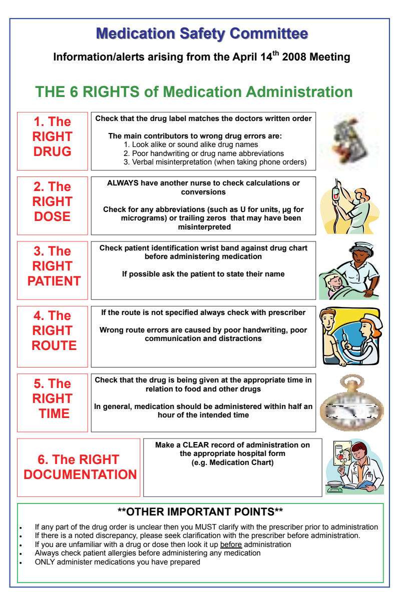
Medication error



Significant improvement in medication misadventure occurred in 07/08 following the active management by the Medication Safety Committee with particular regards to communication and follow-up education.

Medication incidents have varying degrees of impact for patient safety. The pharmacist may intervene and correct a prescription error prior to the drug being dispensed.

Medication safety improvements include the development of an Alerts Communiqué reporting on incident reviews, which is forwarded to all medical staff. The pharmacy department has been actively involved in quality activities to promote patient safety including structured orientation, staff education, the introduction of the National Inpatient Medication Chart, the development of a medication safety website and introduction of oral liquid dispensers. The dispensers are an apparatus similar to a syringe which is used to measure oral medications but has a built in safety guard. It will not allow the medication that is to be administered by mouth to be injected into an intravenous drip as the connections do not fit.



Medication Safety Committee

Information/alerts arising from the April 14th 2008 Meeting

THE 6 RIGHTS of Medication Administration

1. The RIGHT DRUG	**Check that the drug label matches the doctors written order** **The main contributors to wrong drug errors are:** 1. Look alike or sound alike drug names 2. Poor handwriting or drug name abbreviations 3. Verbal misinterpretation (when taking phone orders)
2. The RIGHT DOSE	**ALWAYS have another nurse to check calculations or conversions** **Check for any abbreviations (such as U for units, µg for micrograms) or trailing zeros that may have been misinterpreted**
3. The RIGHT PATIENT	**Check patient identification wrist band against drug chart before administering medication** **If possible ask the patient to state their name**
4. The RIGHT ROUTE	**If the route is not specified always check with prescriber** **Wrong route errors are caused by poor handwriting, poor communication and distractions**
5. The RIGHT TIME	**Check that the drug is being given at the appropriate time in relation to food and other drugs** **In general, medication should be administered within half an hour of the intended time**
6. The RIGHT DOCUMENTATION	**Make a CLEAR record of administration on the appropriate hospital form (e.g. Medication Chart)**

****OTHER IMPORTANT POINTS****

- If any part of the drug order is unclear then you MUST clarify with the prescriber prior to administration
- If there is a noted discrepancy, please seek clarification with the prescriber before administration.
- If you are unfamiliar with a drug or dose then look it up before administration
- Always check patient allergies before administering any medication
- ONLY administer medications you have prepared

10:20 pm After a five hour mastoid surgery to remove a serious infection of the ear, our patient is recovering in the ward. As this type of surgery takes a long amount of time our theatre staff had to put measures in place to prevent pressure wounds.

Pressure wound monitoring and prevention

Pressure wounds may be caused by unrelieved pressure causing redness, blisters, abrasions or even skin tissue death. Most of the surgical procedures performed at the Eye and Ear can be completed in one day, so many of our patients are short stay patients. As a result, there are minimal issues with pressure wounds, yet all staff remain vigilant of patient risks and management.

Our theatre staff have led projects to ensure pressure areas are prevented particularly for the long theatre cases. Many aids have been introduced such as heel supports and gel pads to guarantee optimal positioning during surgery and to prevent pressure wounds.

22:20

Reducing risks *continued*

11:59 pm A night nurse on Ward 8 has just come back from a break. One of the first things she must do before touching a patient is clean her hands using an alcoholic hand rub to prevent infection transmission.

Hand hygiene is a term used to cover both hand washing with antimicrobial soap and water or cleaning hands with alcoholic chlorhexidine hand rubs. In 2004, the Victorian Quality Council (VQC) established a pilot project to introduce a hand hygiene practices improvement model across six hospitals with the aim of developing a practical model for hand hygiene that could be implemented effectively throughout Victorian health services.

The Hand Hygiene Project

In 2006, the Eye and Ear was invited by the Victorian Quality Council (VQC) to roll out the Hand Hygiene Project. The project is a practical model for improvement in hand hygiene practices. This model uses alcohol chlorhexidine hand rubs as an alternative to hand washing in the clinical setting, to reduce the risk of hospital acquired infection transmission.

The project involves education of hand hygiene practices for all health care workers, monitoring of hand hygiene compliance and Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia rates. The project was funded by VQC for one year. The Department of Human Services has provided funding for this project to continue and our Infection Control Consultant continues to monitor the project.

The Hand Hygiene Project

Here's how our wards have complied:

	Ward 4	Ward 8
Nov 07	33.33%	53.70%
Mar 08	74.60%	63.46%
Jul 08	66.14%	63.64%

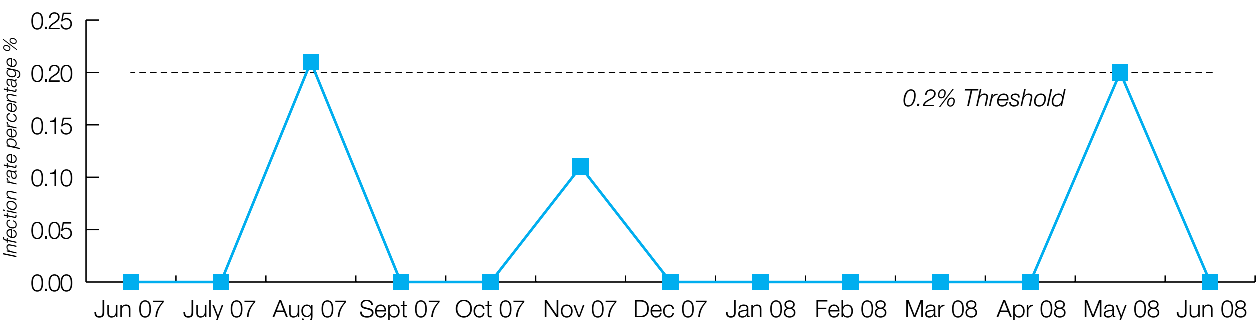
It is worth noting these figures reflect a change of practice to using alcoholic hand rub as opposed to hand washing. The infection control department continues to provide ongoing education with the hand hygiene campaign and ongoing audits will continue to monitor compliance.

Infection prevention

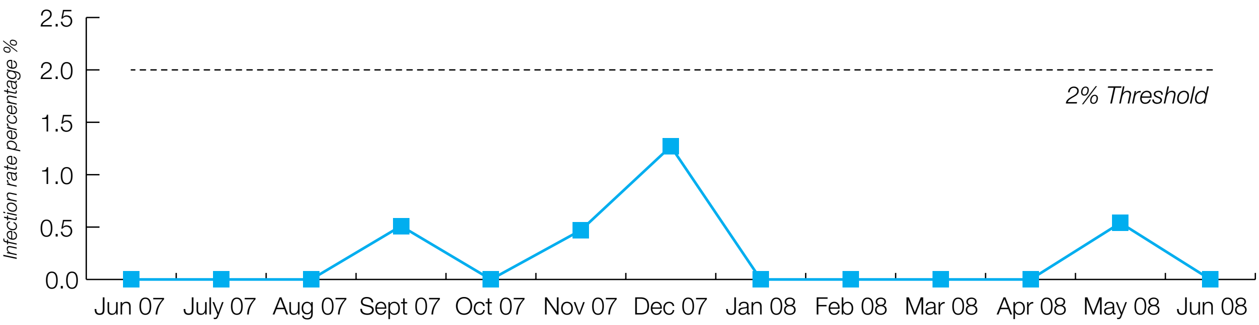
The Eye and Ear takes every precaution to minimise potential infection post operation. For example, all nursing, medical and allied health staff are educated regarding the importance of infection prevention as part of the orientation program to the hospital. The infection control department audits staff practices, area cleanliness, waste and sharps management, then provides ongoing education accordingly. Staff are proactive in reporting any potential concerns as any infection may impact detrimentally upon patients and could have devastating effects including increased pain and, in worse case scenarios loss of sight.

The Eye and Ear is proudly renowned for exceptionally low infection rates. Of 12,821 operations performed in 2007/08, 10 patients were managed for infections.

Post op eye infection



Post op ENT infection



Five moments for hand hygiene

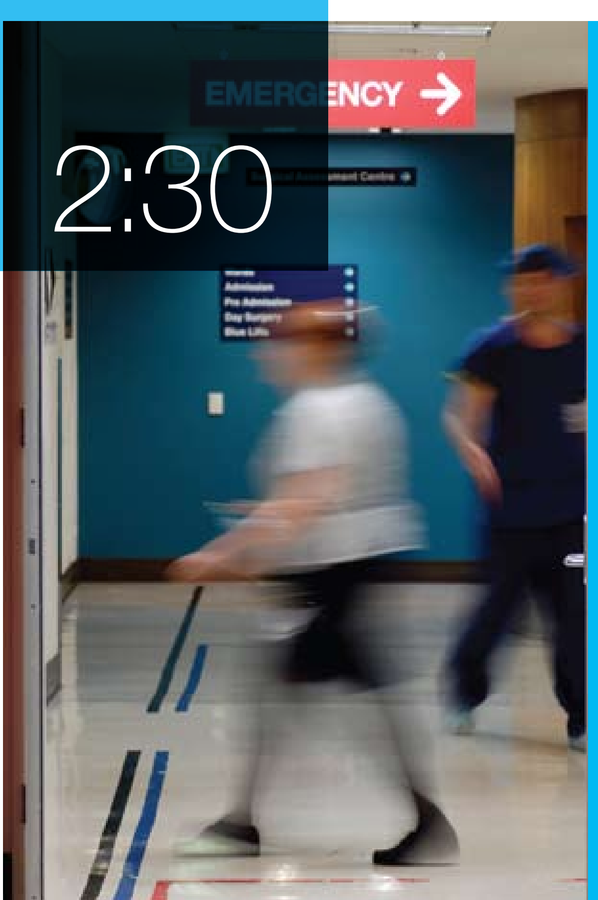
Our infection control consultant Janice Stielow is at the frontline of making sure staff members know the important facts about hand hygiene. She regularly runs training programs on the 'Five Moments for Hand Hygiene'.

Those five moments are:

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's immediate surroundings when the patient has not been touched

Emergency care

2:30 am While Melbourne sleeps, nurses and doctors are busy in the Emergency Department treating a range of conditions from an urgent penetrating eye injury to someone who has presented with a severe earache. Our specialist emergency department is open 24/7 and in those 24 hours we will provide emergency care to almost 130 people with eye, ear, nose or throat issues.



Working to improve access to Emergency care

We currently have a number of initiatives underway to decrease waiting times in Emergency in order to give people the vital care they need in a prompt time frame.

Managing ambulance arrivals

The *Managing Ambulance Arrivals at the Emergency Department Project* is currently underway to investigate ways to improve operations between ambulance services and hospital emergency departments.

The project commenced in May 2007 and will focus on strategies that optimise system performance for patient care through improvements in communication systems between emergency departments and ambulance services, decision making and the distribution of patients to other metropolitan health services.

Virtual Services

The Virtual Services Project is an ongoing project with the South Western Health Care Alliance (Warrnambool, Portland and Hamilton Hospitals). It allows the examination of eye emergency patients at these hospitals through digital slit lamp technology for the purpose of medical advice.

Emergency Department

The Royal Victorian Eye and Ear Hospital provides primary care to our community through a 24-hour-a-day, seven-day-a-week emergency service. The department offers specialist care for eye and ENT conditions. We understand that coming to an emergency department at any hospital can be a stressful situation which is why we are working on new ways to provide a more efficient service dedicated to our patients' needs.

Some of the achievements from the year were:

- Met and exceeded requirements for the Australian Council on Healthcare Standards accreditation guidelines
- Achieved required results for the Department of Human Services (DHS)
- 100 per cent of patient complaints closed
- Implemented initiatives in relation to the DHS 'Better, Faster Emergency Care'
- Developed improved processes for patient referral to Outpatient Bookings.

These are some of the key targets for 2008/2009:

- Maintain current high standards of care with the increasing demand on services
- Ensure medical compliance with patient discharge
- Maintain appropriate referral to the Emergency Department from both internal and external sources
- Retention and recruitment of experienced clerical and nursing staff
- Improvement of physical appearance of the Emergency Department
- Redirection of review patients to Fast Track Clinic
- Implementation of ear wax removal clinic and General Practitioner training facility.

Here at the Eye and Ear, if you come into our Emergency Department we will see to you as soon as we can depending on the severity of your condition. Here is how quickly we saw patients last year:

	DHS set target	*Hospital achieved*
Category 1 – seen immediately *Eg. Someone who has collapsed or suffered cardiac arrest*	100%	100%
Category 2 – seen within 10 minutes *Eg. Chest pains, shortage of breath, penetrating eye injury*	80%	92.75%
Category 3 – seen within 30 minutes *Eg. Severe pain, sudden loss of vision*	75%	72%
	Hospital set target	*Hospital achieved*
Category 4 – seen within an hour *Eg. Some pain, not severe loss of vision, requiring semi urgent treatment*	75%	57.75%
Category 5 – see within 2 hours *Eg. Non- urgent conditions, may have had the condition for a while*	80%	72%

Planning for the future

4:12 am Our Director of Redevelopment Trevor Poole is flying somewhere over the Pacific Ocean. He is on his way to the United States to give a presentation at the American Association of Eye and Ear Hospital's Annual General Meeting. The presentation will cover planning for future services at the Eye and Ear and the findings of an international study tour staff undertook, benchmarking our service with international leaders in the field.

4:12

Planning for future services

As the population ages, the demand for our services is increasing. In order to meet the eye, ear, nose and throat healthcare needs for Victoria, we are planning for redevelopment of the hospital through new models of care and facilities.

Following the allocation of $2 million in the Victorian State Government Budget for planning, we will now start working on:

- New service plan and models of care
- Capital master planning
- Preliminary business case
- Feasibility studies
- Final business case.

Benchmarking through an international study tour

In May 2007, representatives from the hospital conducted a study tour of leading international facilities that provide specialist tertiary eye and ear, nose and throat (ENT) care.

The purpose of the tour was to benchmark international best practice models of care, workforce and design.

A range of sites were visited in the United States, United Kingdom and Singapore.

Objectives

The objectives of the study tour were to learn and compare the best practice models of care in ophthalmology and ENT in a range of international settings. The tour also aimed to study building design, workforce models, clinician/researcher models and relationships, leadership and management models and contemporary practices in teaching, training and research.

Key findings

Through the study tour we found stand alone eye hospitals are the preferred option for efficient models of ophthalmology care and high quality clinical services integrated with teaching, training and research. For ENT care, the preferred option was a full range of ENT care provided in separate facilities but reliant upon either co-location or close proximity to a general tertiary hospital. Both eye and ENT services are better provided in new buildings with the adoption of high technology audio-visual equipment extensively distributed throughout the facility to support efficient patient care, staff training and patient education.

Recommendations

The findings from the study tour led to key recommendations that will shape the future role of the hospital and its service to the community. The recommendations included the hospital should explore the potential of developing a stand alone eye institute on the current site and explore the merits of establishing an ENT service with a major tertiary hospital. Two models of care are to be developed for both specialties and the existing workforce models should be restructured to enable an increase in the number of full time medical staff. The workforce models are to involve task delegation to non-medical staff and the development of multidisciplinary team approaches for the management of chronic disease streams.

6:59

6:59 am We are ready to start another day. In the past 24 hours we have provided clinical care to over 460 patients, eye and ENT emergency care to over 130 patients and overnight care to save the vision and hearing of 30 patients.

Please tell us how you think we went in the past 24 hours.

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

Locked Bag 8
East Melbourne, Victoria 8002
Australia

T +61 3 9929 8666
TTY +61 3 9929 8681
F +61 3 9663 7203
E info@eyeandear.org.au
W www.eyeandear.org.au