



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



Quality of Care Report 2011–12

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From the Chair of the Quality Committee



Welcome

On behalf of The Royal Victorian Eye and Ear Hospital, I am pleased to present the 2011–12 Quality of Care Report.

As Australia's leading provider of eye, ear, nose and throat care services, we have an important role to play in the health care of the Victorian community. Demand for our services continues to grow. From our base in East Melbourne and outpatient clinics around Victoria, we reached over 250,000 patients this year.

During the last 12 months, we have worked hard to improve access for our patients and provide more opportunities for the community to be involved. This is your hospital and your feedback and participation has a direct impact on the changes we make. Our Community Advisory Committee is just one way for our community to have a voice. We are also building a consumer register, a group of consumers who assist us in a variety of ways, like reviewing patient information and publications and participating in focus groups. This will provide even

more opportunities for patients, families and the community to give feedback and participate, playing an active role in implementing change across the hospital.

This report explains some of the clinical care, quality, safety and risk management processes that ensure you receive the best possible care at the Eye and Ear. This year, we took an innovative step, inviting patients to participate in our Hand Hygiene Campaign. It was a positive move, with the '*Clean Hands? It's ok to ask*' campaign increasing our compliance rate for hand hygiene to 76%, which is above the Victorian Department of Health benchmark.

We have also worked hard to enhance the quality and safety of care we provide our patients. The introduction of ward based ear, nose and throat and ophthalmology hospital medical officers ensures a proactive approach to timely clinical assessment and management. We have introduced a standardised clinical handover program in an effort to optimise communication between clinicians and to identify and manage any clinical or social risk factors. The hospital has also practised resuscitation drills and has purchased additional resuscitation trolleys and equipment in our inpatient and outpatient areas.

Collaboration has been an important focus this year. By working together with other health and community services, we have improved the quality of care that our patients received. Our pilot clinic, in partnership with the Australian College of Optometry (ACO), provided initial eye

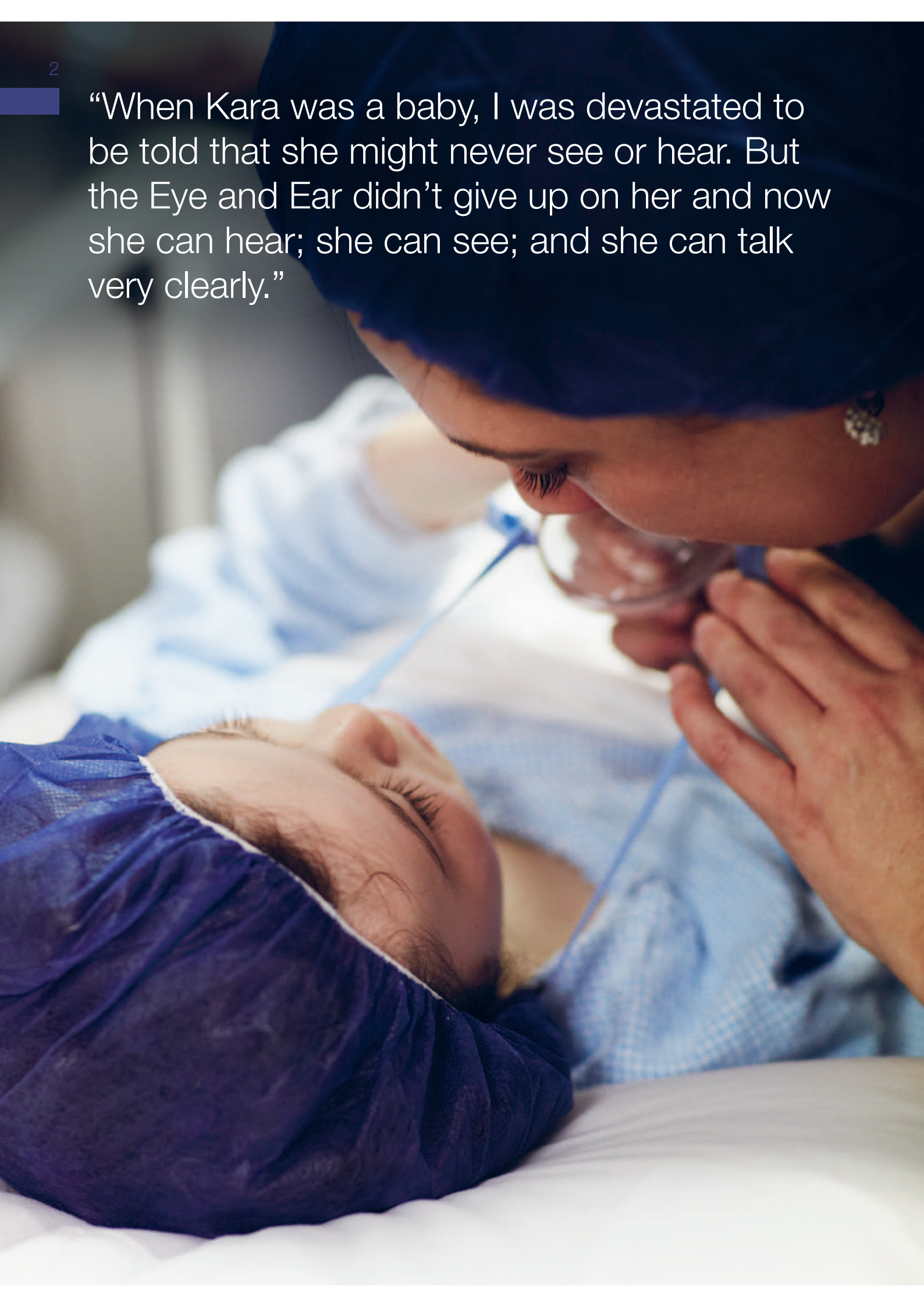
consultations at the ACO Carlton site and significantly improved access to specialist eye care for over 650 patients. Building on the work of our Aboriginal Health Project Manager and Pathway Coordinator, our partnership with the Victorian Aboriginal Health Service provides a crucial link between the hospital, Aboriginal and Torres Strait Islander patients, Aboriginal Health services and the community.

We have a proud history of research at the Eye and Ear. When clinicians and scientists work together, research can be translated into clinical care more quickly. This year, we joined the Bionic Vision Australia (BVA) consortium as a clinical partner. As the home of the bionic ear, we have a proud history in bionics and now with the BVA partnership, we continue to be at the forefront of research and clinical application.

I would like to thank all hospital staff, volunteers, financial donors and Community Advisory Committee members for their contribution to improving the quality and safety of our services. I hope that you find the report useful and interesting and I encourage your feedback.

Roger Greenman AM
Chair Quality Committee

“When Kara was a baby, I was devastated to be told that she might never see or hear. But the Eye and Ear didn’t give up on her and now she can hear; she can see; and she can talk very clearly.”



Kara's story

When Kara was born she was profoundly deaf and had a vision impairment due to congenital cataracts.

Right from the start Kara's mother, Kerry has believed that there's no such word as *can't*; that life is about what you *can* do. And that's what has kept the family going through the first eight years of Kara's life.

"When Kara was a baby, I was devastated to be told that she might never see or hear. But the Eye and Ear didn't give up on her and now she can hear; she can see; and she can talk very clearly."

Kara recently featured in an Eye and Ear patient information video to help young patients feel less anxious about surgery. She was filmed arriving at the hospital, meeting the nurses, being weighed and assessed, going into the operating theatre, waking up and going home.

Describing the day spent filming, Kerry said: "Kara's had 24 procedures, so she's probably one of the most experienced hospital patients, but she was still a bit anxious in the theatre."

Kara received her first cochlear implant operation to enable her to hear just before she turned a year old, and then she had a series of cataract operations and laser eye treatments. She has also had several squint operations and received her second cochlear implant when she was five.

After a cochlear implant, patients regularly return to the Audiology department for a process called 'mapping', where the electrodes are programmed for the changing

needs of its user. During these appointments the cochlear implant processor is connected to a computer via a wire while the patient's hearing is tested and the electrodes are adjusted.

Having spent many hours in the mapping room, Kerry could see that there were ways to improve the equipment and make it more child-friendly. She felt that the old toy puppets used to reward children for responding to sounds were out of date.

"Our family was so grateful to the hospital for everything they had done for Kara so we decided to raise funds for new mapping equipment. My Dad walked the Kokoda Track and we held a dinner and auction in Melbourne. Together we raised \$44,000 and donated half to the Eye and Ear and half to the Bionics Institute."

Part of the money donated to the Eye and Ear was used to create a child-friendly computer system in the mapping room so that when children respond to a sound they see a cartoon character on the computer. Different characters can be used for boys and girls, making the appointment more fun.

The donation also funded the production of a picture book for children called *Sounds for Sam*, to help young cochlear implant patients prepare for surgery.

"I wanted to give something back to the hospital and make the experience better for all the children who have a cochlear implant. It's great to see the difference we've made every time we come in for an appointment."

Kerry is very grateful to Professor Graeme Clark who developed the cochlear implant and performed the world's first cochlear implant operation at the Eye and Ear in 1978.

"It was amazing what he did for people who are deaf and the cochlear implant technology is improving all the time. We are now looking at an upgrade to a processor that automatically adjusts to different sound levels."

For a girl who started life with a vision and hearing impairment, Kara has come a very long way. With contact lenses and glasses she can see well enough to read books, which she really enjoys. But she still has more operations ahead of her.

"Kara's eyes need what I call maintenance; for example, she will need more squint surgery in the future. And I worry that she can't see without a lot of help from her lenses and glasses. But, medical research is continually improving treatments and we hope that Kara will benefit from that one day."

Our people

Meet some of the eye and ear health professionals that looked after Kara's eyes, ears and speech.

Clinical Associate
Professor Rob Briggs
Head of the Otology Clinic

Mr Robert Briggs is an Ear, Nose and Throat (ENT) surgeon at the Eye and Ear. An ENT specialist is a medical doctor who specialises in conditions affecting the ear, nose and throat and related structures of the head and neck.

Mr Briggs performed Kara's cochlear implant surgery. She received her first cochlear implant in 2005 and now has bilateral cochlear implants. Cochlear implants comprise a series of electrodes on a thin array, inserted into the inner ear that receives electrical signals from a sound processor behind the outer ear.

"Initially we didn't think Kara would be able to get any benefit with a cochlear implant, because of her anatomy and the structure of her nerves. Now eight years later with bilateral cochlear implants Kara can hear."



Dr Lionel Kowal
Head of the Ocular Motility Clinic

An Ophthalmologist is a medically qualified eye doctor who has completed additional specialist training to diagnose, manage and treat all aspects of eye disease. Ophthalmologists in the Ocular Motility Clinic at the Eye and Ear have all had further specialised training in treating paediatric eye problems and aim to give every child the best possible vision in both eyes, the best visual function (including 3D) and the best appearance of the eyes.

"This is one of the most difficult areas of ophthalmology and one of the most satisfying to patient, parent and doctor. A great outcome lasts for a lifetime. Treatment requires patience, continuing attention to detail and often a lot of parental involvement in planning and administering the best care. Surgery is often required if the eyes are misaligned."



Rebecca Farrell
Audiologist in the Cochlear Implant Clinic

Rebecca is an Audiologist at the Eye and Ear and has worked in the Cochlear Implant Clinic for nine years. An Audiologist is an allied health professional who works with patients to assess, monitor and improve their hearing and balance issues through diagnostic testing, counselling and treatments.

"I worked with Kara when she was a baby, assessing her hearing to determine whether a cochlear implant would be of benefit and then worked with her post operatively mapping her cochlear implant. This involves presenting a variety of sounds to Kara and monitoring her response. This allows me to create a listening program suited to her needs, to maximise her hearing through the cochlear implant."



Dr Andrew Braun
Anaesthetist

Dr Andrew Braun practises anaesthesia at the Eye and Ear. When people have an operation, an anaesthetist is with the patient all the way, planning overall care, watching over a patient's health and wellbeing throughout a procedure, and ensuring a smooth and comfortable recovery. Many of today's operations are possible because of developments in anaesthesia. Relief from pain and suffering is at the centre of practice for anaesthesia.

"I take great care ensuring that children having surgery are as comfortable as possible when they are here. It can be a very stressful time for patients and their families, and each patient approaches this differently. I alter my style of communication in a way to suit each patient and their family."



Natalia Skournik
Theatre Nurse

Nurses care for the needs of the patient from the time they enter theatre to when they leave recovery, as well as supporting the surgeon and anaesthetist during surgery.

"Children and families need lots of care and attention when they come to hospital particularly for surgery, it can be very overwhelming. We try to reassure families by giving them plenty of detail about what to expect during their stay and we provide lots of activities for children prior to theatre to gain their trust and confidence. We know hospital can be a scary place and a smile and gentle reassurance goes a long way."

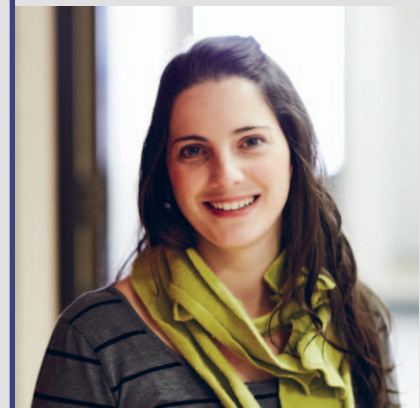


Gabrielle Thomson
Speech Pathologist

Gabrielle is a speech pathologist at the Eye and Ear and has worked in the Cochlear Implant Clinic for four years. A speech pathologist provides assessment and intervention for speech, language, voice and swallowing safety.

Gabrielle worked with Kara during her mapping sessions, after she received her second cochlear implant. "I met Kara in 2009 and worked with Rebecca Farrell, Kara's Audiologist during her mapping sessions. These sessions are about programming the implant and can be quite an intense period for our patients."

"It's my role to keep the child interested and help them to focus on the listening task. Kara was very cheeky and liked her special toys, like the dolls' house. It's about going with the flow when working with children and working together with the family to come up with the best possible outcome."



Your voice matters

“Patients, families and carers can have a direct impact on improvements that are made at the hospital.”



A need for privacy

Feedback from our patients is an important way of identifying potential risks and making positive changes.

"We encourage patients to provide feedback on their experience at the hospital," says Linda Miln, Risk and Quality Manager. "Patients and their carers can have a direct impact on improvements that are made."

"We have feedback forms around the hospital which can be placed in special collection boxes, there is a form on the website or you can speak directly to a staff member."

The hospital also has a dedicated Consumer Liaison Officer who is responsible for handling concerns or feedback from patients and their carers.

In April, our Consumer Liaison Officer received some feedback from a patient who had attended the hospital for surgery. One of the main areas of concern for this patient was the level of privacy available on Ward 4 where they were admitted before surgery.

This patient's feedback was the catalyst for some major changes made to the environment and work practices.

Mitch Wilson is the Nurse Unit Manager of Ward 4. "Our Consumer

Liaison Officer passed on the feedback and together we met with the Chief Medical Officer and the Head of the Clinic to discuss the feedback and some practical solutions," he explains. "It was very important that we addressed the patient's feedback quickly."

"The main area of concern was the inadequate level of privacy available to patients during the admission process."

Within two weeks, a centralised storeroom was identified as an area on the ward which could be used and recommissioned as a dedicated private interview room.

"The new private room was ready in June and is now being used regularly," he says. "We were able to show the patient the room and talk about some of the changes we had implemented because of the feedback, which was an important part of the feedback process and something they appreciated."

The room is primarily used for initial consultations with patients to discuss the details of medical history. Mitch has also used the change as an opportunity to provide further education to staff about the importance of privacy.

"All patients are asked if they are comfortable in the shared rooms and where possible, requests for a change of room are accommodated with a single gender room or single room," he says.

What happens to my feedback?

The Victorian Patient Satisfaction Monitor (VPSM) is a government survey that captures opinions and feedback from our patients about their recent stay in hospital. Results from the VPSM are reviewed by the Board, our Executive and various committees and operational areas to implement improvements to hospital care, service and processes. The VPSM, along with other evaluation tools is also used to monitor the success of strategies developed to improve the patient experience.

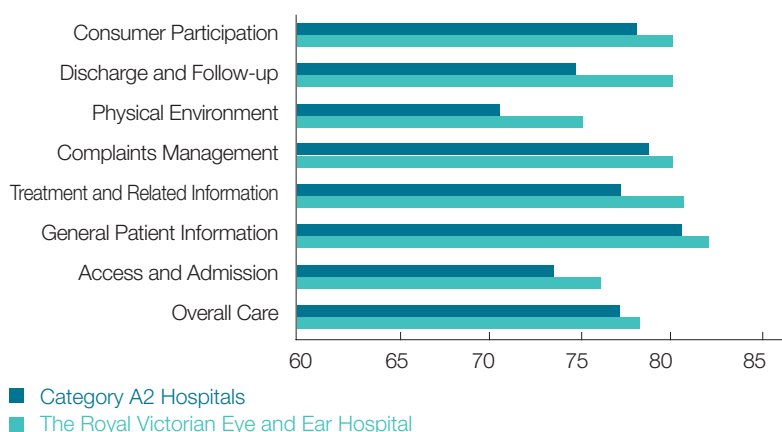
Since March 2012, the Eye and Ear has also implemented the state wide Emergency Department VPSM. The results from this are used to improve our service. The Eye and Ear exceeded the average standard in all areas, performing particularly well in the overall care index, general patient information, treatment and related information, complaints management, discharge and follow up and consumer participation.*

Our Consumer Liaison Officer monitors and manages patient feedback and regularly attends the Community Advisory Committee meetings to discuss the VPSM results. This allows the Community Advisory Committee to play an active role in the feedback and improvements process, by discussing strategies to improve the experience of our patients.

(See Figure 1)

*When compared with the same category hospitals in the Victorian Patient Satisfaction Monitor.

Figure 1: Benchmark data comparing the Eye and Ear with same category hospital



Data source: VPSM Wave 21

Excellence in quality and safety

How do we monitor the quality and safety of our health care services?

In this section, you will read about how we monitor and ensure the quality and safety of our services at The Royal Victorian Eye and Ear Hospital in some key risk areas:

- Infection control
- Medication safety
- Patient falls
- Correct site surgery/ procedures
- Blood Management

Infection Control

How do we prevent and control the spread of infection?

The Eye and Ear has a strong record of quality and safety in the area of infection control. Our success in infection control and prevention measures is led by our Infection Control Committee, which meets quarterly to monitor and review initiatives.

Hand Hygiene

The simple measure of clean hands during patient care remains the most effective means of reducing the risk of a patient acquiring an infection. In May this year, the hospital took an innovative step, inviting patients to participate in a Hand Hygiene Campaign. The 'Clean Hands? It's ok to ask' campaign is aimed at staff and patients, to encourage a partnership approach through greater awareness and understanding about the importance of good hand hygiene. The success of the campaign increased our compliance rate to 76%, significantly higher than the Victorian Department of Health's target rate of 65%. This places the Eye and Ear above the Victorian and National average hand hygiene rates.* We have also introduced automated no-touch hand rub dispensers to provide quick and easy access for staff and patients.

(See Figure 2)

* Based on all hospitals from the previous audit period.

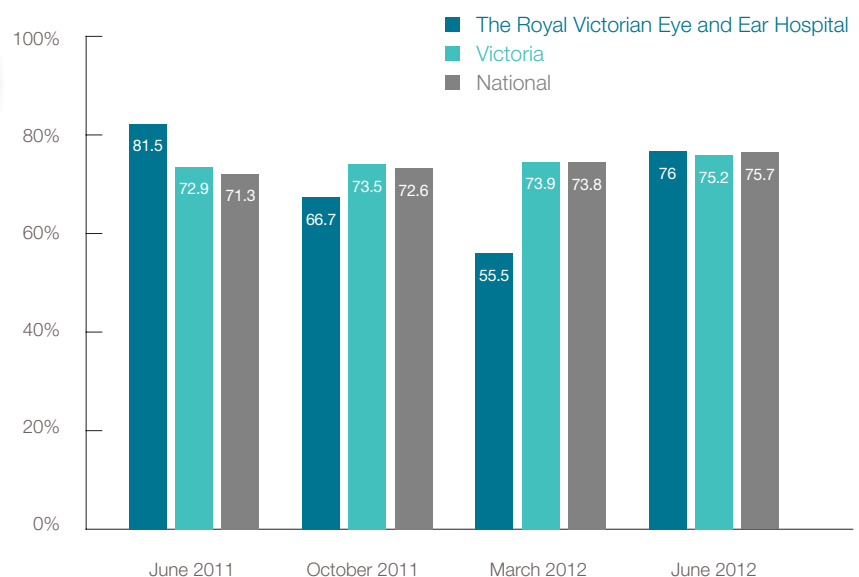
Our infection rates after surgery

An important way to measure the success of our infection control is to monitor the rates of infections after surgery. One of the infection rates that we monitor is endophthalmitis, which is inflammation or infection inside of the eye. The international benchmark for rates of endophthalmitis is less than two cases per 1000 operations. Our current rate is 0.11 cases per 1000 procedures, an extremely low rate of infection following eye surgery at this hospital.** Our ENT infection rate following surgery is also very low, with a rate of 1.42 cases per 1000 operations, significantly below our target rate of less than 20 infections per 1000 operations.

**For July 2011 to June 2012



Figure 2: Hand Hygiene compliance rates



Other ways we monitor our infection control practices

We conduct internal and external audits on a range of infection control practices, including cleaning standards, waste management and sharps disposal. Our sterilisation process is constantly monitored, with all instruments sterilised on-site or disposable products used for equipment that may be difficult or unable to be sterilised.

(See Figure 3)

Figure 3: Cleaning standards compliance

External audit results		Eye and Ear Results of External Audit					
Compliance to Cleaning Standards	AQL* level	July 2010	Oct 2010	Feb 2011	June 2011	Oct 2011	Feb 2012
Overall Hospital Score	85%	96.4%	96.25%	95.50%	94.7%	91.4%	96.5%
Functional areas risk weighted**							
Very High	90%	96.1%	97.3%	96.3%	95.2%	92.5%	97.4%
High	85%	97.6%	97.1%	95.8%	95.4%	91.6%	98.8%
Moderate	85%	94%	94.7%	95.2%	91.1%	90.1%	93.8%
Low	85%	96%	97%	94.7%	97.1%	na	na

*Acceptable Quality Level

**The functional areas refers to an area where cleaning occurs, for example a hospital ward or operating theatre. These are grouped into four risk categories, very high, high, moderate and low and reflect the level of frequency and intensity of cleaning needed to meet the standard.

How do we monitor and prevent falls?

There is a direct correlation between vision impairment and an increased risk of falls.* We see a high volume of patients with a vision impairment and we take this risk very seriously. Our Health and Safety Representatives regularly undertake environmental audits to identify areas of risk and improvements and the number of fall-related incidents at our hospital continues to be low. This year, there were 20 incidents, which included near-falls and falls that did not result in serious injury to patients, a decrease of 38% from last year.

(See Figure 4)

*Report conducted by the CERA

Some of our key initiatives include;

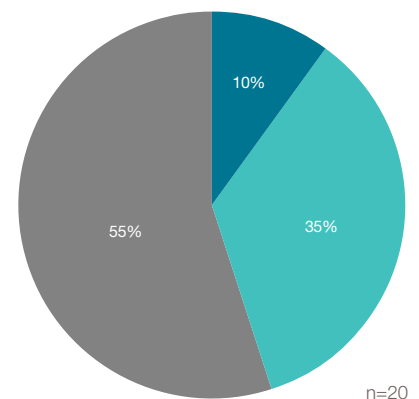
- A new risk assessment form to better assess patients' risk of falls and develop appropriate management plans.
- A review of any reported falls to determine injury and preventative strategies.
- Falls information brochures given to patients and families to improve awareness and knowledge.

Figure 4: Breakdown of types of patient falls

Source: VHIMS Riskman

n=number

- Faint, n=2, 10%
- Slip/trip, n=7, 35%
- Fall, n=11, 55%





Theatre nurse dispensing medication from the new electronic medication cabinet

How do we actively promote Medication Safety?

Medication errors are one of the most common causes of harm in our health system. The complexity of medication management is well recognised and there is continued development and research internationally to develop strategies to reduce the risk.

At the Eye and Ear, we have also been working hard to minimise this risk to patient safety. Our efforts in this area led to an 'Outstanding Achievement' rating during our last accreditation survey by the Australian Council on Healthcare Standards (ACHS).

How do we make sure that you receive the correct surgery on the correct site?

The Eye and Ear cared for more than 250,000 patients this year and it is important that we minimise the risk associated with eye and ear procedures. We use the *World Health Organisation Surgical Safety Checklist* to ensure confirmation of patient identity, procedure and

consent. Recent audits showed 100 per cent compliance with the *Checklist* in both our day and main theatres. This process has been adapted to suit the outpatient setting and is currently being rolled out for specific procedures.

Managing blood

Blood transfusions at the Eye and Ear are uncommon. In the last six months we had just four patients receive packed cells. Our comprehensive and recently revised *Blood Administration procedure* ensures the safe management of blood.

Recent results from the Victorian State Blood Matters survey show that our staff confirm patient details, follow the hospital's identification and consent procedure when administering blood and complete the required observations to ensure safe management during the blood transfusion 100 per cent of the time.

Nursing and medical staff receive education about the consent process before any transfusion and an e-learning package has been developed to maintain staff awareness.

We recently upgraded the electronic medication storage cabinets in Emergency, Theatre and Ward areas.

These electronic cupboards store the medication for the clinical area and improve medication safety by:

- reducing the risk of selecting the wrong medication by using alerts to guide selection
- alerting staff when a high risk medication has been accessed
- using finger print scanners to ensure only authorised staff have access
- triggering pop-up alerts to prevent selection of look-alike or sound-alike medication
- producing regular reports to alert pharmacy staff when items are at critically low stock levels

This technology means that our pharmacy can ensure that the correct medication is consistently available for patients at their point of care.

Accreditation and Clinical Risk Management

In this section you will learn about The Royal Victorian Eye and Ear Hospital's:

- Accreditation survey
- Clinical governance initiatives
- Credentialling of staff to ensure they practice safe healthcare
- Risk management strategies

What does accreditation mean?

Accreditation is another important process that ensures our hospital, entrusted with the eye and ear healthcare of the community, meets accepted standards of care. The Accreditation process is a four year program with one assessment per year.

The Royal Victorian Eye and Ear Hospital has been accredited by the Australian Council on Healthcare Standards (ACHS) until April 2015. The hospital's last formal assessment was completed in December 2010 with the hospital receiving thirteen commendations for extensive performance and one commendation for outstanding performance. Our next formal review is planned for December 2012.

What does clinical governance involve?

Clinical governance is the framework we use to continue improving the quality of our services, to safeguard high standards of care and create an environment which promotes clinical excellence. At the Eye and Ear, our Board Quality Committee sets and oversees the hospital's priorities in our Quality Plan. This year, we completed 23 of our 25 quality improvement objectives. The remaining two objectives have been progressed and will

be incorporated into the 2012–13 Quality Plan.

Our key achievements include the introduction of deterioration detection charts and early warning systems, post-operative phone reviews once the patient is discharged, a formal, standardised handover process and ward based hospital medical officers to ensure optimal patient management. We have also developed a new plan for 2012–13 to ensure accountability and sustainability of ongoing quality improvement initiatives.

How do we make sure our staff deliver safe, quality care?

All our medical staff are credentialled. This means that we have a formal process, based on national standards, to verify the qualifications, experience, registration status, professional standing and other attributes of our medical staff to ensure they are competent and suitable to provide safe, quality health care services.

Our scope of practice processes mean we define the areas an individual clinician can practice in our hospital, based on their credentials and competence and the needs of the hospital. This is particularly important, given that within the specialties of eye and ear, nose and throat health, there are further specialties, such as glaucoma, or cochlear implantation which require additional training.

We deliver 'Partnering for Performance' for specialists, a Department of Health program that is developed in consultation with hospitals and senior medical staff. The program creates an important link between the recruitment and appointment cycle for specialist

medical staff. Our specialists have an annual performance development discussion with their clinical head to review the year and plan for the next year. This encourages professional and personal development, to assist our specialists to work to their full potential.

How do we manage risks?

The Eye and Ear is well regarded for the way we identify and manage risks. The major risk areas for the hospital are patient safety, staff safety, environmental safety, financial viability, business continuity and reputation. Every staff member is responsible for identifying potential risks and escalating to senior staff the risk for review. Once the potential risk has been reported, it is assessed, we check how effective the hospital controls are, introduce plans to reduce the risk and start monitoring ongoing effectiveness.

An example of this is special alerts placed into our patient management system, which provide staff with electronic notifications of patients being admitted with special needs. This could be that a patient is prone to confusion and the special alert allows sufficient time for a personal care attendant to be organised to stay in hospital with the patient. We also apply a special wander alert arm band, which automates an alarm system in the ward in case a confused patient is exiting the ward without the knowledge of the staff. This allows the patient to safely move around the ward, but not exit the ward or attempt to walk down any stairs unaccompanied.

A world leader in research

As a world leader of eye, ear, nose and throat research, the Eye and Ear is committed to conducting our research ethically and at the highest professional standards.

Our research partners, the Centre for Eye Research Australia (CERA), and the University of Melbourne are housed on site and have access to the latest clinical resources and world class clinicians and doctors. This means that we can collaborate with our partners and translate research into clinical care initiatives more rapidly, with benefits for our patients.

Each year, we approve approximately 80 research projects, ranging from large clinical trials to small retrospective record reviews. We are responsible for the governance of research undertaken at the hospital, to ensure accountability for the scientific quality, ethical acceptability and safety of our research. This ensures that all research conforms to national standards.

This year, we became the clinical partner of the Bionic Vision Australia (BVA) Consortium.

This partnership is a significant milestone as researchers, surgeons and clinicians work towards testing the bionic eye with patients at the hospital. As the home of the bionic ear, we have a proud history in bionics. Now, with the BVA partnership, the Eye and Ear continues to be at the forefront of research and clinical application.

In a major development, BVA researchers successfully performed the first implantation of an early prototype bionic eye with 24 electrodes at the Eye and Ear.

Dianne Ashworth, 54, was the first patient surgically fitted with the device in May this year. Dianne has profound vision loss due to retinitis pigmentosa, an inherited condition. She has now received what she calls a 'pre-bionic eye' implant that enables her to experience some vision. A passionate technology fan, Diane was motivated to make a contribution to the bionic eye research program.

After years of hard work and planning, Diane's implant was switched on at the Bionics Institute, while researchers held their breaths in the next room, observing via video link.

"I didn't know what to expect, but all of a sudden, I could see a little flash... it was amazing. Every time there was stimulation there was a different shape that appeared in front of my eye," Diane said.

Dr Penny Allen, a specialist surgeon, led the surgical team to implant the prototype. "This is a world first — we implanted a device in this position behind the retina, demonstrating the viability of our approach. Every stage of the procedure was planned and tested, so I felt very confident going into theatre," Dr Allen said.

The implant is only switched on and stimulated after the eye has recovered fully from the effects of surgery. The next phase of this work involves testing various levels of electrical stimulation with Diane.



Diane Ashworth with Dr Penny Allen

Translating our research into clinical care

Searching for the gene

Dr David Szmulewicz's research focuses on a condition that affects balance control. Generally called ataxia, people suffering its various forms are unable to balance properly, develop an unsteady gait and are more prone to falls.

Fluid chambers in the inner ear inform the balance control centre of the brain of the position the head is in, via sensory cells, while nerves in the feet provide the centre with feedback on where the body is in relation to the ground.

David and his colleagues have discovered a syndrome named Cerebellar Ataxia with Neuronopathy and Vestibular Areflexia Syndrome (CANVAS) that affects all three parts of the balance system and have also established that it runs in families. The team is now collaborating with researchers internationally to search for the gene causing this debilitating condition.

A large clinical trial

Large fluctuations in blood sugar levels associated with diabetes can cause damage to the blood vessels that nourish the retina, the 'seeing' part of the eye. The symptoms of blurred and distorted vision are often not noticed until the disease has progressed significantly, which is why people with diabetes should have their eyes checked every two years.

Left untreated, this condition called diabetic macular oedema, can lead to severe vision loss.

Treatment includes laser therapy, surgery and more recently eye injections as part of the Restore Trial, which commenced two years ago at the hospital in partnership with the Centre for Eye Research Australia.

Dr Lyndell Lim is an ophthalmologist at the Eye and Ear and says that the trial has been a success. "Lucentis is injected into the eye each month, it doesn't cure the disease but we have found that it does stop vision loss for most people by reducing the swelling and drying the leakage."



"The inner ear part of the syndrome is not easily identified because specialist expertise is required but we have diagnosed 50 people in Australia. The most exciting part though, is that we showed it's a genetic disease; we hope to find the gene to develop a gene test and related gene therapy."

Dr David Szmulewicz, Specialist in Neuro-otology



"I'm so grateful to the team who performed the trial at the Eye and Ear; they were professional, experienced and helpful. The swelling in the back of my eye has almost disappeared and my vision is so much better that I am now studying."

Maher Kemal recently took part in the Restore trial.

Our research partners

Bionic Vision Australia
La Trobe University
The Bionics Institute
The Centre for Eye Research Australia
The HEARing CRC
The University of Melbourne

“Our aim is to ensure that all patients and their families actively participate in their care and that our service is always delivered with the interests of the patient as the core consideration.”



Encouraging community participation

Passionate about volunteering, Jonathan Mortimer spotted an advert for an Eye and Ear committee role on a volunteering website.

Feeling he would be able to use his skills and experience to contribute to the hospital, he was quick to apply.

Jonathan joined the hospital's Community Advisory Committee (CAC) four years ago. As a lawyer he has dealt with personal injury claims and was therefore familiar with patient/hospital interaction.

"I have never been a patient at the Eye and Ear and I feel that's important to my role. Because I'm not emotionally attached to the hospital, I have an objective view in many of the issues we discuss."

One of two community representatives who sit on both the CAC and the Clinical Quality Committee (CQC) he joined last year, Jonathan feels that the roles complement each other because they are so different.

"The CAC membership is externally focused and has up to 13 community members from a broad spectrum of the community. We provide strategic level input on issues such as responding to patient feedback; and the development of our new Patient Centred Care Framework."

"The CQC is different because there are a number of senior medical staff and only two community representatives. The committee looks at operational issues concerned with quality and safety and we provide the community perspective."

As Manager of Community Engagement and Participation, Kellie Michel facilitates implementation of the Department of Health's 'Doing it with us not for us' policy at the Eye and Ear.

"Our aim is to ensure that all patients and their families actively participate in their care and that our service is always delivered with the interests of the patient as the core consideration. Having community representatives on committees is key to us achieving that aim because it provides the community viewpoint that is critical to improving our service."

"Each committee member has a role description and after undergoing a selection process, they attend an orientation. This means we have a mix of skills, representation from all parts of the community and members who are committed to helping us achieve our goals."

Jonathan appreciates the support he and his fellow community representative on the CQC receive. Linda Miln, Risk and Quality Manager and Kellie meet with them before each meeting to brief them on unfamiliar details and follow up with a debriefing session afterwards.

The CAC has also been involved in developing a terminology dictionary to help the community representatives on the CQC understand medical references and they, in turn, provide regular reports to the CAC on their involvement with the CQC.

One example of the importance of community input was around the issue of hand hygiene, a major focus for clinical staff at the Eye and Ear. The committee discussed the production of posters to encourage patients to ask if medical staff had washed their hands.

"I said that a patient who might be about to undergo a procedure will feel very vulnerable and won't want to upset the clinicians so it isn't an easy question to ask. The committee worked together to ensure the posters overcame this issue and the final poster says 'It's ok to ask', to help patients feel empowered."

Jonathan concludes: "For me it's about offering a community perspective to the hospital staff so that, together, we can enhance the experience for patients and families."

A report of the Eye and Ear's achievements against the 'Doing it with us not for us' policy standards

1

Standard 1

The organisation demonstrates a commitment to consumer, carer and community participation.

Achievements

100% compliance

'Doing it with us not for us' is a Victorian Government policy on consumer, carer and community participation in the health care system and is a key focus in our new Community Participation Plan 2012-15. We consult, engage and involve the community through our active Community Advisory Committee and representation on committees and working groups. Our Cultural Diversity, Aboriginal Health and Disability Action Plans each help us to better engage with our community. This will be strengthened by the consumer register, providing even more opportunities for our patients and the community to be involved in new initiatives and provide feedback.

It is important that our community is informed and engaged. Our Quality of Care Report, Annual Review and regular newsletters are some of the ways we communicate with our community. Strengthening the capacity of our staff to engage and consult with the community is also an important step and a key focus at induction sessions and forums. Support is also provided by the Manager Community Engagement and Participation.

2

Standard 2

Consumers, and where appropriate carers, are involved in informed decisions making about their treatment, care and wellbeing at all stages and with appropriate support.

Achievements

Exceeded

Patients who undergo surgery at the Eye and Ear are asked to provide feedback on their treatment and in particular, if they had the opportunity to ask questions about their treatment, how involved they were in the decision making about their own health care and the willingness of staff to listen. We achieved a consumer participation indicator of 80%* compared with other like hospitals on the Victorian Patient Satisfaction Monitor.

Better communication

In partnership with patients, families and community members and the CERA, we developed an educational resource on patient centred care and communication. The Evaluating Effectiveness of Participation Project, funded by the Department of Health, completed a patient tracking exercise to investigate the experience of our patients and understand their journey. A one hour workshop has been developed to educate staff on better communication with patients.

3

Standard 3

Consumers, and where appropriate carers, are provided with evidence based accessible information to support key decision making along the continuum of care.

Achievements

Working towards target

It is important that patients and community members play an active role in producing patient information. Our Patient Centred Care Working Group has developed a new approach to the way we produce patient information to ensure that it is accessible and meaningful for our patients. This new approach will help clinicians to develop patient information by using the 'Checklist for Assessing Written Consumer Health Information'.

Our patients can provide feedback on our written material by completing the Victorian Patient Satisfaction Monitor survey. Our written information on 'condition and recovery at home' was rated at 95%** as being 'good' to 'excellent'.

*On wave 21 against the 'Doing it with us not for us' score of 75%.

**On wave 21.



Dr Suki Sandhu was recently awarded the '*I see you, I hear you – values in action*' for his patient centred care approach.

Dr Sandhu is a member of the Patient Centred Care Working Group. This group, in partnership with the community, has developed the Patient Centred Care Framework and the Community Participation Plan to guide our approach to patient centred care, through the vision, principles and actions identified in the two documents.

4

Standard 4

Consumers are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis.

Achievements

100% compliance

We actively encourage members of the community to participate in all levels of planning, improvement and evaluation of services and programs, including strategic planning, quality activities, feedback reviews, committee membership and patient information development. Our Community Advisory Committee review complaints, feedback and quality improvements for the hospital at every meeting.

Did you know?

We have community members sit on many of our committees, including, the Community Advisory, Primary Care and Population Health Advisory, Cultural Diversity, Aboriginal Health, Disability, Human Research and Ethics and Clinical Quality Committees.

144 voices

The Outpatient Access and Reform Project explored ways to reduce the waiting time for first appointments in the General Eye and Otology clinics. To inform this project, 144 patients were interviewed about their experience as a patient at the hospital. This feedback was used to educate staff.

5

Standard 5

The organisation actively contributes to building the capacity of consumers to participate fully and effectively.

Achievements

Met standard

Established in 2001, our Community Advisory Committee provides advice to the Eye and Ear on effective community participation in service development and delivery. We ensure that our community members can participate fully and effectively, by providing an orientation session and opportunities to attend training sessions and conferences.

Our volunteer program was launched in 2009 and provides a vital service for patients and staff. At a recent Volunteer Forum, we discussed the current program and opportunities to expand volunteer services across the hospital to assist even more patients. A review of the program has identified a number of changes, including the launch of an information and communication folder, and an update to our future approach to volunteer training.

Brenda and Sophie at the volunteer concierge desk.



A report of the Eye and Ear's achievements against the Cultural Responsiveness Framework standards

2

6

3

An on-line training package, 'Working Effectively with Interpreters' has been developed to assist staff to access interpreting services and work more effectively with our internal and external interpreters. The training package takes approximately 15 minutes to complete and by understanding the role of an interpreter, hospital staff save time and streamline the journey for our patients through the hospital.

Standard 2 + 6

Leadership for cultural responsiveness is demonstrated by the health service.

Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness.

Achievements

We have continued to implement the Cultural Diversity Plan, which is based on the Department of Health's Cultural Responsiveness Framework. The Eye and Ear has established a program for managers to focus on their leadership skills and identify and explore their role in educating staff. We are building on the cultural awareness of our staff, by including cultural diversity training in this program, including identifying training requirements and mandatory education for different roles within the hospital. Cultural diversity is also covered in the leadership and staff forums.

Standard 3

Accredited interpreters are provided to patients who require one.

Achievements

The Eye and Ear met 98% of patient interpreting requests. We had 17,563 requests for an interpreter, with 8,234 serviced by internal interpreters and 9,011 serviced by external interpreters. Several pieces of patient information have been translated for our patients and as part of the Patient Centred Care Framework, we are focussing on improving our patient information, including the provision of patient information translated into more languages.

This year, we have translated several documents for our patients, including a physiotherapy information sheet and patient satisfaction surveys into the six most commonly spoken languages. The outpatient information sheet was further translated into Russian, Spanish and Macedonian.

Did you know?

Our patients requested interpreters for over 85 different languages last year. The top 10 languages requested by our patients were Greek, Mandarin, Vietnamese, Italian, Cantonese, Arabic, Turkish, Macedonian, Spanish and Russian.

We also have an interpreting intranet site to assist staff with meeting the needs of patients and families who speak a language other than English, and provide information to new staff at orientation sessions.

4

Standard 4

Inclusive practice in care planning is demonstrated, including but not limited to: dietary, spiritual, family, attitudinal, and other cultural practices.

Achievements

The Eye and Ear has procedures in place to ensure the meals we provide are appropriate and meet the needs of all patients. Contractual agreements with food suppliers and patient feedback are monitored through the Victorian Patient Satisfaction Monitor, audits and patient surveys and complaints.

Our patients can provide feedback on how their cultural or religious needs are respected by the hospital by completing the Victorian Patient Satisfaction Monitor. Our patients rated us as 98% as being 'good' to 'excellent'.



Harmony Day

We celebrated **Cultural Diversity Week** from 17 to 25 March. It was an opportunity to come together to share aspects of culture, faith and language and celebrate the benefits multiculturalism brings to our State.

The Interpreting Team invited staff to celebrate the week, by submitting a story about cultural diversity in their team. Entries were submitted by 22 departments, who each received a selection of morning tea treats that reflected cultural diversity in our community.

Pharmacy took out the main prize. Pharmacist, Angela James said, "Cultural Diversity Week provides an opportunity to identify, reflect upon and be proud of our heritage and to appreciate the cultural diversity that enriches our everyday lives."

“Small things can be done to make the hospital environment more welcoming for Aboriginal people.”



Working with the Aboriginal and Torres Strait Islander Community

A new Eye and Ear outreach clinic, set up at the Victorian Aboriginal Health Service (VAHS), has enabled four year-old Kyran and his mother to access ear health services in a culturally appropriate setting.

The Eye and Ear has partnered with VAHS to provide tertiary level care, such as access to an audiologist and ENT specialist. Access to these services in a setting familiar to Aboriginal people reduces anxiety often associated with using mainstream healthcare services.

Stella Artuso is the Eye and Ear's Aboriginal Health Project Manager and Pathway Coordinator. She says that mistrust of hospitals for historical and cultural reasons means that many Aboriginal people seek medical help only when symptoms have progressed and as a result suffer poorer outcomes.

"Often Aboriginal people find it hard to navigate hospital bureaucracy and feel that the environment is intimidating. As part of the Commonwealth Government's Improving Care for Aboriginal Patients program, the hospital is working on ways to reduce the barriers for Aboriginal people when accessing our services."

Stella has coordinated the introduction of the Audiology and ENT clinic at VAHS. Since April this year, 31 children have been seen at the monthly clinic and nine have been referred to the Eye and Ear and received their surgery. One of these children is Kyran, who had grommets (small tubes) inserted into his ears in July to treat chronic otitis media or 'glue ear'.

His mother, Jnaallii says that he couldn't hear properly so she often had to repeat sentences; and he couldn't say certain words or sometimes wouldn't talk at all. Kyran's paediatrician at VAHS referred him to the new Eye and Ear clinic and Jnaallii is very happy with the result.

"He is 100% better. His talking has taken off and he can say much longer sentences. He's much more confident at kindergarten and is putting his hand up to answer questions for the first time."

To enhance the service further, the clinic has been changed from the mainstream service in several ways. Where possible, the same clinicians are scheduled for the clinic each time to build trust-based relationships between patients and clinicians and ease the transition to the Eye and Ear should further treatment be necessary.

It can sometimes be difficult for parents/carers to attend appointments so the clinic has been structured so that, along with scheduled appointments, anyone can drop into the clinic if they are at VAHS for another service. If a further appointment or surgery is needed, it's scheduled quickly while the patient's family is engaged.

The Eye and Ear is also working to provide culturally appropriate care for Aboriginal people.

"Small things can be done to make the hospital environment more welcoming for Aboriginal people. For example, there's an Aboriginal flag and a plaque, acknowledging the Wurundjeri people as the traditional owners of this land."

We are developing an Aboriginal Cultural Competence framework and training administrative and clinical staff to be sensitive to the needs of Aboriginal patients.

"Through all our initiatives, both inside and outside the hospital, we continuously strive to reduce barriers and improve access to our services for Aboriginal people."

A report of the Eye and Ear's achievements against the 'Improving Care for Aboriginal and Torres Strait Islander Patients' (ICAP) program

1

Aboriginal children often experience higher rates of certain ear conditions, such as otitis media.

If left untreated, ear conditions can lead to permanent hearing loss. Hearing problems not only impact on children's health, but also on their learning, language development, social interactions and educational outcomes. Regular check-ups and early identification of ear conditions can therefore have positive benefits for children at school and later on in life.

Standard 1

Establish and maintain relationships with Aboriginal Community Controlled Organisations (ACCHOs) and services.

Achievements

The Eye and Ear actively engages with Aboriginal health and community services to provide culturally appropriate health care for Aboriginal and Torres Strait Islander (Aboriginal) patients. Our Aboriginal Health Plan 2011–13 informs our approach to improving care for Aboriginal patients and was developed in consultation with The Victorian Aboriginal Health Service (VAHS), the Victorian Aboriginal Community Controlled Health Organisation and Vision 2020. Representatives from VAHS also sit on project working groups to negotiate, plan, implement and evaluate our outreach projects to improve ear health outcomes for Aboriginal children in a culturally secure and appropriate manner.

Our partnership with VAHS has enabled capacity building opportunities, including clinical leadership support for Aboriginal Health Workers. We also work in partnership with Aboriginal health services and the community to provide hearing screening for Aboriginal children in various regions of Victoria.

We raise awareness of our services by building relationships and links with:

- Aboriginal Liaison Policy Advisory Committee
- Closing the Health Gap Wellbeing Partnership
- The Victorian Advisory Council on Koori Health, Eye Health sub-committee
- ICAP state-wide forums
- Vision 2020 Australia Aboriginal and Torres Strait Islander Committee

2

Standard 2

Provide or coordinate cross-cultural training for hospital staff.

Achievements

We are developing an Aboriginal Cultural Competence Framework, with a strong focus on staff cultural awareness and training. Our Aboriginal Health Project Manager and Pathway Coordinator presents at induction sessions to increase knowledge of the services available for Aboriginal patients and their families. The Welcome and Acknowledgement to country policy provides guidance on when to welcome, honour and acknowledge the traditional owners of the land.

Nine staff attended the Building Aboriginal Cultural Competence training sessions, funded by the Department of Health. The three sessions aim to increase awareness of Aboriginal culture and identity, leadership within organisations and understanding of Aboriginal policies, practices and strategies.

March 22 is National Close the Gap Day and to celebrate, the Eye and Ear, Vision 2020 and the Australian College of Optometry took part in 'Walkin Birrarung: the Yarra Cultural River Walk', an Aboriginal cultural heritage walk hosted by the Koorie Heritage Trust.



We celebrated NAIDOC week by displaying an Advancing Excellence Poster called **“Asking the Question: Are you of Aboriginal and/or Torres Strait Islander origin?”**.

The poster aimed to raise awareness amongst staff and patients of the importance of asking the question.

3

Standard 3

Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.

Achievements

Our dedicated Coordinator is responsible for developing, implementing and evaluating Aboriginal Eye and Ear Health Projects. Information about these projects is provided to the Aboriginal Health Committee for feedback and advice and regular project updates are provided to the Continuum of Care Committee.

An ENT/Audiology Outreach Clinic has been established at VAHS to deliver culturally appropriate services to Aboriginal patients and build a better understanding of the procedures and tests available. This clinic is being delivered using key learnings from the Aboriginal Ear Health Promotion Project. It runs once a month until June 2013.

We also support the Closing the Gap Pharmaceutical Benefits Scheme Co-payment Measure, where Aboriginal patients can access low cost or free eye and ear medicines.

Established in April, five Audiology/ENT clinics have run at VAHS, with 31 children attending. Many children require follow up visits to ensure their ears remain healthy, with nine children being referred to the Eye and Ear for their surgery.

4

Standard 4

Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.

Achievements

A new model of care was established under the ENT/Audiology Outreach Clinic which links our staff with GPs, Paediatricians and Aboriginal Health Workers at VAHS to facilitate communication and referrals between the two services. Our Aboriginal Health Project Manager and Pathway Coordinator works with hospital admissions staff, social worker and the patient representative to improve the access, referral and discharge processes for Aboriginal patients.

ENT surgeon, Mr Philip Michael, Nurse, Sue Le Roux and Audiologist, Donella Chisari



“I think this clinic is a great opportunity for the Eye and Ear and VAHS to build a stronger relationship to provide ear health services for Aboriginal children. We know that hospitals can sometimes be an unfamiliar place for lots of families, so having the clinic set up at VAHS can help children and families access ear health services in a space that is culturally secure and welcoming.”

Stella Artuso, Aboriginal Health Project Manager and Pathway Coordinator

Shirley Blackwood from VAHS with Stella Artuso, Aboriginal Health Project Manager



“We provide the best possible care to our patients and their families by working together with other clinicians, health services and community organisations.”



Improving access

This year, the Eye and Ear collaborated with the Australian College of Optometry (ACO) on a pilot project which aimed to provide quicker access to specialist care and a reduction in appointment waiting times.

Patients with a general eye referral to the Eye and Ear were initially assessed by ACO optometrists at a weekly advanced triage clinic.

Senior Orthoptist at the Eye and Ear, Stephanie Tsonis says that it was estimated that an optometrist could assess up to a third of patients with a general eye referral to the Eye and Ear.

"This is especially true when a patient needs a simple check-up if they have diabetes or a family history of eye disease," she explains.

"Also when a patient complains of blurred vision to a GP but their symptoms make it unclear which specialist to refer them to, an optometrist has the equipment and training to carry out a series of tests to determine the most appropriate referral."

The clinic, held at the ACO building in Carlton once a week, was run with five optometrists and one ophthalmologist. Patients were assessed by an optometrist and, in consultation with the ophthalmologist, either referred to a specialist at the Eye and Ear, advised to return for regular check-ups or referred back to their GP.

A total of 686 patients were seen at the ACO clinic during the six-month trial. Results of the pilot showed that only 30% of the patients seen at the clinic needed a referral to the Eye and Ear. The majority were advised to return to the ACO for regular check-ups or referred back to their GP.

"The project has been a great example of collaboration that has led to faster access to care for our patients."

"They sorted everything out straight away. It was a really successful approach. I saw three different people and they were very friendly and experienced."

Mary Poorat attended the ACO clinic for an eye check for her contact lenses.



The Eye and Ear and the Australian College of Optometry team at the ACO clinic in Carlton.



Sharing our knowledge

As a training hospital, we work in an environment of excellence and have an important role to play in sharing our expertise and knowledge with other clinicians.

Supporting our regional partners

There has been a long history of innovation at the Eye and Ear, most notably the production of the first bionic ear in 1978; as well as the development of new drugs, new techniques and new equipment.

Building on this innovation, the Eye and Ear received a \$1.5 million grant from the Victorian Government's Department of Business and Innovation this year to develop a new slit lamp.

Working in partnership with medical device company Ingeneus we will develop a Remote Ophthalmic Diagnostic Platform; an easy to use, lightweight, eye-imaging device that captures quality images, eye assessment test results and clinical information.

Clinical Director of Ophthalmology Services, Dr Michael Coote says that the device will enable wider use of telemedicine services for patients outside Melbourne.

"The device will be designed for use by GPs and clinicians who have no formal training in ophthalmology," explains Dr Coote. "It will be configured to send eye images and patient information to an ophthalmologist at the Eye and Ear who will be able to advise the clinician on the next course of action."

"About 15 per cent of patients coming to the Eye and Ear Emergency Department are from outside Melbourne. So, thousands of patients with an eye problem, who are based in rural areas, could be assessed using this technology in their local hospital without necessarily needing to travel to the Eye and Ear."

It is hoped that this new technology will better support our regional hospitals, Hamilton, Warrnambool, Portland and Colac who currently use telemedicine technology.



Our emergency seminars

Dr Carmel Crock is the Director of Emergency at the Eye and Ear and is a big advocate of training and education. For the last 10 years she has run the Eye and ENT Emergency seminar at the Eye and Ear each September.

Targeted at emergency physicians and registrars, rural GPs and nurse practitioners, the seminar has a great reputation as a speciality course, attracting people from across Australia and New Zealand.

“Run over two days, the seminar is an opportunity for clinicians to access some of the leading specialists in the fields of Ophthalmology and ENT,” she explains. “It is a chance to up-skill in the area to be able to better deal with eye and ENT emergencies.”

“We find that simple eye and ENT procedures can be dealt with poorly,” she explains. “We are able to provide a simple, systematic approach to dealing with these types of conditions.”

“Often it’s about the hospital or practitioner not having the right equipment, approach or specialisation, but with a bit of guidance from Eye and Ear specialists, we can help other clinicians to address the issues locally.”

A number of Eye and Ear staff volunteer their teaching time to run workshops and lectures, as part of the seminar and are very passionate about their speciality and assisting others to up-skill.

By sharing our knowledge and expertise with other clinicians in Victoria, interstate and nationally, we can improve the triage of patients at a local level and contribute to better eye and ear health care for our community.

Working with GPs

In 2007, the Eye and Ear employed a General Practitioner to work within the hospital to provide leadership and expertise on how we can work better with GPs.

We believe that it is crucial to support ongoing training and education for GPs in our community and also for GPs currently in training.

As part of our GP liaison program, we run a series of educational lectures on Eye and ENT topics specifically designed to meet the needs of GPs and assist them to manage many of the common eye and ENT conditions in the community.

We also offer a clinical attachment, which is a great way for GPs to gain some first-hand experience dealing with many of the common eye and ear conditions, which can also be managed in the community.

Vulnerable Children in Acute Health Project

Our Social Work department were involved in the Vulnerable Children in Acute Health Project, in collaboration with the Department of Health and the Victorian Forensic Paediatric Medical Service.

The project team developed a free online education resource, designed to support staff with the early identification and management of ‘at risk’ children, by providing information to respond to cases where hospital staff suspect abuse or neglect has occurred. The online training provides a platform for staff to learn and develop their knowledge and understand their role and responsibility, working with ‘at risk’ children and young people.

“Most people who attend the workshop haven’t spent any time with an Ophthalmologist or an ENT specialist before. This course allows them to have direct access to these specialists and increase their knowledge base.”

Dr Carmel Crock,
Director of Emergency



“It’s about building a knowledge base and improving care for our patients, knowing when to refer and when to treat people in the community – it’s a good outcome for everyone.”

Dr Lina Nido, GP Liaison Officer



We care about your thoughts and appreciate your feedback

The 2010–11 Quality of Care Report was distributed to the community via our website, at various distribution points in the hospital and was sent out to community group leaders and GPs.

We asked readers for their feedback through a feedback form attached to the report. Our Community Advisory Committee also provided feedback on the report through their meetings. Based on feedback, this year we have focussed on the readability of the report and have increased the font size and improved the contrast. We have also printed on environmentally friendly paper.

Distribution of this report

The 2011–12 Quality of Care Report will be distributed to health care partners, GP clinics and community leaders. Copies will be available in Eye and Ear foyers and on the website: www.eyearandear.org.au

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

Please keep us informed by:

Telephone (03) 9929 8666

Email info@eyearandear.org.au

Mail Consumer Liaison Officer

The Royal Victorian Eye and Ear Hospital

Locked Bag 8 East Melbourne VIC 8002

In Person You can speak to our Consumer Liaison Officer.

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

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What do you think of our Quality of Care Report?

We believe that one of the best ways of improving our quality of care is by listening to you. Your feedback can help us to improve future Quality of Care reports.

Please complete this short survey and return to:

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

Did you find this report easy to understand? ☐ Yes ☐ No

What did you like most about this report?

What information would you like to see in this report?

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

Thank you for your comments

Please send me further information:

☐ Eye and Ear newsletter

☐ Volunteering at the Eye and Ear

Title _____ First Name _____ Surname _____

Address _____ State _____ Postcode _____

Email _____

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

32 Gisborne Street
East Melbourne Victoria 3002
T +61 3 9929 8666
F +61 3 9663 7203
E info@eyeandear.org.au
W eyeandear.org.au



Trains

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

Taxi

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

Trams

30 (Docklands)
31 (Hoddle St)
109 (Box Hill)
112 (Preston)
24 (Nth Balwyn)
The tram stop is outside of the hospital on Victoria parade.

Buses

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

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An abstract graphic consisting of three overlapping, curved, light gray lines that sweep upwards from the left side of the page towards the right, creating a sense of movement and depth.