



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

15



150 years
of caring
in every
sense.



Quality of Care Report 2012–13

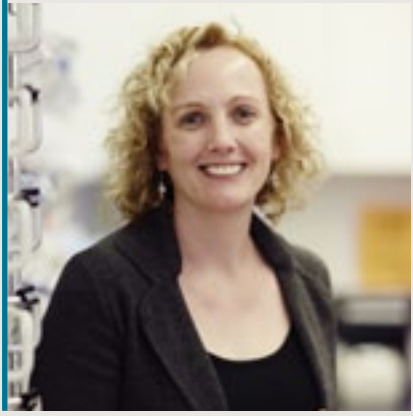
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From the Chair of the Quality Committee

Welcome to the Royal Victorian Eye and Ear Hospital's Quality of Care report. We are proud to report on some of our clinical care, quality, safety and risk management processes.



Welcome

As Australia's leading provider of eye, ear, nose and throat care services for 150 years, we have an international reputation for excellence and an important role to play in the health care of the Victorian community.

This is your hospital, and your feedback and participation has a direct impact on the changes and improvements we make. Community members sit on our committees and working groups, including the Community Advisory Committee and Redevelopment User Groups. This is just one way for our community to have a voice. We are constantly recruiting patients, carers and family members to our consumer register, which provides even more

opportunities for consumers to give feedback and play an active role in making changes and improvements across the hospital. This includes service design and planning for our redeveloped hospital which is due for completion in 2017.

In December 2012, the hospital was surveyed by the Australian Council on Healthcare Standards (ACHS) and received full accreditation for three years with one outstanding achievement and seven extensive achievements. We are working on the implementation of the National Safety and Quality Health Service Standards, which now form the mandatory component of the future accreditation process. We have introduced a number of programs to meet these standards including; tools to monitor compliance, improved identification and escalation of care for deteriorating patients and an online learning approach to help staff identify risk, safety and quality responsibilities.

One of our hospital medical officers is involved in a clinical risk role, where they assist with quality improvement activities, like a formalised medical handover process and case reviews to improve staff education and communication.

Collaboration with other health and community services continues to be a focus for the hospital to improve the quality and timeliness of care that our patients receive. Our hospital, in partnership with the Australian College of Optometry (ACO), provides initial

eye consultations at the ACO Carlton site which significantly improves access to specialist eye care for patients.

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 very quickly. In a major development in 2012, Bionic Vision Australia researchers successfully performed the first implantation of an early prototype bionic eye, with three patients successfully fitted with the device in surgery performed at the Eye and Ear.

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

Roger Greenman AM
Chair Quality Committee

“The fact that more eye injuries are happening at home means that people really need to protect their eyes with close fitting safety goggles for all DIY and garden work.”



Protecting your sight

On a hot, February morning Dean Crooks had just taken his safety glasses off to fix his lawnmower, and hours later he was having an emergency operation at the Eye and Ear.

Dean's glasses had been annoying him because they kept slipping down, but looking back he wishes he had kept them on. The spring-loaded hose clip he had just removed suddenly flew up and one of its prongs pierced his eye.

"I pulled the clip out of my eye and ran to the bathroom mirror to have a look. I couldn't see anything out of that eye and it was all black and red. I knew I couldn't drive so I called an ambulance."

The ambulance arrived at 10.15am and Dean was taken directly to the Eye and Ear.

"We passed a few hospitals on the way, but the paramedic said the best place to go was the Eye and Ear, and that we had to go as fast as possible. They had the sirens on and I arrived in just 45 minutes."

Dr Elsie Chan, who is a consultant ophthalmologist at the Eye and Ear, saw Dean. She said: "Dean had a very nasty injury because the metal had penetrated his cornea, and the iris was poking out. I said at the time that his vision could be badly affected, and we wouldn't know the extent until we had repaired it."

By 1.30pm Dean had been taken from the Emergency Department to the operating theatre where Dr Chan, and her registrar, Dr George Kong put stitches into the cornea and slotted his iris back

into place. She said: "We were delighted with the results of the operation. The vision in Dean's injured eye is almost as good as his other eye without needing any glasses or contact lenses, which is amazing considering how serious his injury was."

Dean says that it all ended a lot better than he expected.

"I have a slight cataract which means my lens is a bit cloudy due to the trauma and the eye gets irritated by glaring lights, but really that's nothing compared to what could have happened."

Dean is one of around 80 people with penetrating or rupturing eye injuries seen in the Eye and Ear Emergency Department every year. As part of her Masters of Public Health and as a member of the Emergency Department Research Group, Dr Danielle Buck recently carried out an Open Globe Eye Injury Study to find ways to reduce injuries and improve outcomes. She found a new trend; in the past the majority of eye injuries occurred at work, but now a larger percentage happen at home.

Dr Buck said: "The fact that more eye injuries are happening at home means that people really need to protect their eyes with close fitting safety goggles for all DIY and garden work."

"To ensure the best outcome for patients and prevent complications, we want to operate on a serious penetrating eye injury as quickly as possible."

"Even if it feels like a scratch, an injured eye should be checked out thoroughly. Sometimes it can be difficult to be sure whether there is a penetrating injury or not until specialty equipment has been used. The staff at the Eye and Ear are very experienced in treating eye injuries," she said.

"The more information we can gather about penetrating eye injury patients and how they have been managed, the better our education of patients and health professionals will be. Dean was very lucky to regain such good sight because he came to the Eye and Ear so quickly. Our aim is to reduce the time between injury and appropriate treatment for as many patients as possible."

Dean won't be taking any chances with his eyesight in the future.

"I decided to get a lawnmower that wouldn't need fixing and safety goggles with a better fit, so I'm more likely to keep them on. Wearing safety goggles can be annoying, but I know from experience that you can never be too careful with your eyes."

Our people

Dr Carmel Crock Director of the Emergency Department

Carmel is the director of the Emergency Department where around 40,000 patients, including Dean, are treated every year.

The Emergency Department is staffed with trainee ophthalmologists, otolaryngologists and emergency medicine registrars. Consultant ophthalmologists help supervise cases like Dean's.

"Penetrating eye injuries can have very severe consequences, so it is important to train our clinicians to recognise and treat this type of injury appropriately."

"We've introduced a culture where trainees ask for second opinion from the senior consultant. This means that there are multiple learning opportunities for trainees and a much lower margin of error."



Dr Danielle Buck Hospital medical officer

As a hospital medical officer, Danielle Buck works across many parts of the hospital; medically managing patients on the ward, attending outpatient clinics and regularly treating patients in the Emergency Department. She is also a member of a number of hospital committees in her other role in clinical risk.

"As part of my role, I am completing a course sponsored by the Victorian Department of Health, called Clinical Leadership in Quality and Safety. For my project I'm looking at how to improve clinical handover between junior doctors, with the aim of developing a standard protocol to enhance safe patient care."

Danielle also works with the hospital's quality and risk manager and other clinical staff to review serious incident management within the hospital, has worked in a team to help implement international benchmarking and has recently carried out an eye injury audit in the Emergency Department.

"Next year I will be joining the five-year ophthalmology training program, and the experience I've gained in my role will be extremely useful."



Gerard Walsh Emergency Department triage nurse

Gerard is the nurse who triaged Dean when he arrived at the Eye and Ear. Dean was brought into the Emergency Department by ambulance and triage is the first stage of care on arrival at the hospital.

"It can be an extremely traumatic time for a patient and their family, so it's important for the triage nurse to quickly establish the urgency of a patient's condition," explains Gerard. "The nature of Dean's penetrating eye injury warranted care to commence within 10 minutes of arrival at triage."

"As a trained ophthalmic nurse and member of a special interest group, Australian Ophthalmic Nurses Association (AONA Vic), I am able to contribute to the prevention of eye injuries by promoting the essential use of safety eye protection at our regular education events."

"It is always sad to see triage patients with an eye injury, yet it's very satisfying to know they will be getting excellent and professional care by our team."



Dr Elsie Chan
Ophthalmologist

Specialising in the treatment of conditions affecting the cornea, Elsie Chan works at the Eye and Ear as a consultant ophthalmologist in the Cornea Unit, Emergency Department and General Eye Clinic.

"I chose the specialty because I love the variety and challenges of managing corneal disorders."

Regularly on call to consult in the Emergency Department where she treated Dean's eye injury, Elsie has seen first-hand the improvements in the care of emergency patients.

When Elsie was on call for the General Eye Clinic in February she was called to the Emergency Department to see Dean, and with her registrar, operated on his injured eye.

"Dean's quick thinking helped to save his sight because he got to the Eye and Ear so fast. I'm delighted he had such a good outcome following surgery."



Biwen Zhang
Associate nurse unit manager
Ward 8

Biwen Zhang is an associate nurse unit manager who treated Dean during his recovery at the Eye and Ear.

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

Biwen says patients who have suffered metal fragment injuries require extra reassurance following surgery due to the sudden nature of their injuries.

"We have to give the patient education about how to care for their eye following surgery, but we also need to give them lots of reassurance. For patients like Dean, the accidents happen suddenly and they may not be able to go to work. It's important that we talk to the patients and give them access to resources such as social workers."



Richard Smallwood
Medical photographer

Richard is a medical photographer who captured images of Dean's injury and scarring during his recovery.


Medical photographers use specialised equipment to produce detailed images that assist in diagnosis and monitoring of eye disease and injuries.

For patients like Dean, images can be captured before and after surgery, as well as during recovery to ensure the injury is healing correctly.

Richard says when he photographs a metal fragment injury before a patient goes into theatre, he must act quickly to reduce the patient's discomfort.

"Patients like Dean experience a lot of pain and discomfort so it's important that we capture a useful image as quickly as possible, rather than trying to get the perfect shot that may be more useful in a different situation."



A woman with short brown hair, wearing a grey top with a large floral pattern, is looking towards another person whose back is to the camera. She is holding a blue pen and some papers. The background is bright and out of focus.

“We believe we need to empower staff to respond at a local level. It’s important to accept that complaints happen and that it’s not an exercise in laying blame, rather an opportunity to look at how we can improve.”

Your say counts

Feedback from consumers and their families provides an opportunity for the hospital to identify areas where improvement is required and to make positive changes to improve our health care services.

We encourage our patients and their families and visitors to provide feedback via email, in person or using one of the feedback forms located in the hospital.

Our dedicated consumer liaison officer, Debra Hailes, is responsible for handling feedback from our patients and works with staff across the organisation to manage feedback.

This year, she developed a tool to assist staff to manage feedback and complaints at a local level.

"Ideally, most complaints should be dealt with directly and quickly, at the point where the problem arises," says Debra.

"Part of my work has been to educate staff about managing complaints locally, but also knowing when to escalate a complaint."

Mr Robert Van De Laak is one patient who provided feedback to the hospital in the form of a poem.

Debra says that although the poem is a light-hearted expression of Mr Van De Laak's experience, it describes an important issue for many patients.

"The poem highlights that it can be very frustrating for a patient to wait for an extended time in an outpatient setting and that unfortunately, this is a common occurrence for some patients.

"Access to our service is very important for patients and experiencing difficulty with access is the most common complaint we receive.

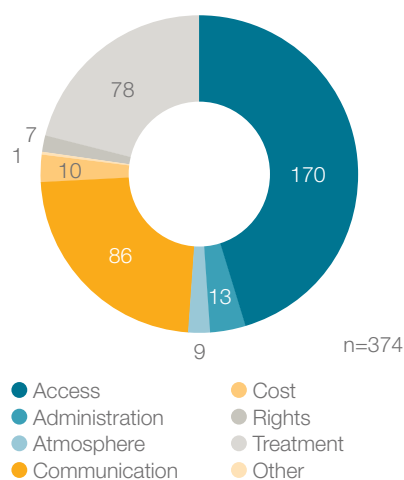
"Using feedback like Robert's, we can look at ways to improve the timeliness of our appointments, the environment people wait in and how we can communicate more effectively with our patients when we are running late.

"We can't necessarily change the wait, but we can change the way our patients wait.

"It is important that the consumer has their feedback or complaint heard, acknowledged and is aware that it will be followed up with staff and improvements made where possible.

"The consumer also has the opportunity to be informed of the improvement that occurred as a result of their feedback."

Breakdown of patient complaints 2012-13



All of our compliments and complaints are managed using a system called the Victorian Health Incident Management System and are provided to the Health Services Commissioner. This year we received 67 compliments.



As it is, the last two times I came,
I sat there, hearing
those excuses, lame,
"We won't be long
dear, just sit there,"
(Sounds like – "We
don't really care!")
So by the time the
nurse has returned,
45 minutes on the
clock has burned.

Excerpt from poem by
Robert Van De Laak.

National Safety and Quality Health Service Standards

For the past decade, the Australian Commission on Safety and Quality in Health Care has been looking at areas of risk to patient safety in health care and developing tools to assist health services improve care.

More recently the National Safety and Quality Health Service Standards (the standards) have been developed based on the knowledge gained from this work. The standards aim to:

- protect the public from harm
- improve the quality of health service provision.

The standards replace the previous accreditation system, known as EQUIP, and address areas where:

- harm is known to occur
- there are known gaps between current care and best practice
- evidence-based improvement strategies exist.

Some resources include:

- Falls and pressure injury screening and risk assessment tools
- Falls and pressure injury prevention strategies
- Falls and pressure injury management guidelines
- National inpatient medication chart
- Observation chart (based on human factors) escalation
- Clinical handover tools

There are 10 standards which provide a nationally consistent statement about the level of care consumers can expect from health services. They now form the basis of hospital accreditation and change the focus of accreditation to the process of care: what happens and how things are done every day at the point of care.



Standard 1

Governance for Safety and Quality in Health Care



Standard 2

Partnering with Consumers



Standard 3

Preventing and Controlling Healthcare Associated Infections



Standard 4

Medication Safety



Standard 5

Patient Identification and Procedure Matching



Standard 6

Clinical Handover



Standard 7

Blood and Blood Products



Standard 8

Preventing and Managing Pressure Injuries



Standard 9

Recognising and Responding to Clinical Deterioration in Acute Health Care



Standard 10

Preventing Falls and Harm from Falls

The Eye and Ear has formed working groups, responsible for putting in place the actions required to meet the standards. Clinicians are leading these working groups and many more clinicians are involved in the groups and the activities. It is important that the changes reach all areas of the organisation. Meet some of the clinical leads.

Mitchell Wilson
Nurse and project manager
for special eye projects

Clinical Lead for Clinical Handover

Mitch is the nurse unit manager for the Short Stay Care Unit at the Eye and Ear.

The Clinical Handover Working Group aims to examine and improve the hospital's clinical handover practices.

Clinical handover is the transfer of a patient's care from one clinician to another. This occurs during shift changes, between the ward and theatre, as well as in emergency and outpatient departments.

Mitch leads the working group to ensure education and training about good clinical handover practices is available for all clinical staff in order to achieve consistency across the hospital.

"Our aim is to develop a standard process across the hospital for clinical handover to ensure the transfer of patient care is both timely and efficient and clearly provides the relevant information needed," he says.



Shannon Ferguson
Pharmacist

Clinical Lead for Medication Safety

Shannon is the deputy director of Pharmacy at the Eye and Ear.

The working group is responsible for monitoring and improving medication safety associated with prescribing, administering and dispensing medicines at the hospital.

Shannon drives the working group to promote the safe use of medicines and reduce the potential for medication-related errors at the Eye and Ear.

Shannon says the group aims to identify areas where improvements can be made to work toward solutions.

"We're working on communication between patients and medical staff at admission, to ensure clinical staff understand as much of a patient's medication history as possible to ensure safe practice," she says.



Elizabeth Wilson
Nurse unit manager

Clinical Lead for Preventing Falls and Harm from Falls

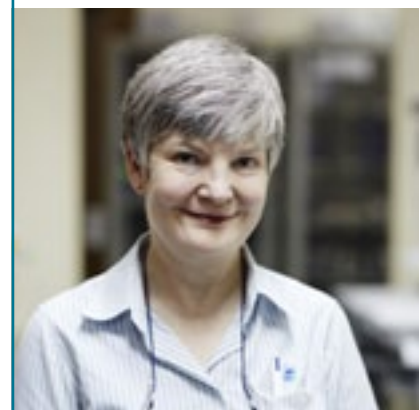
Clinical Lead for Blood and Blood Products

Elizabeth is the nurse unit manager of the inpatient ward at the Eye and Ear.

The working group assesses and manages practices for preventing falls and harm from falls at the Eye and Ear, as well as overseeing the education of clinical staff across the hospital to identify patients at risk and apply appropriate preventative tools.

"A four-question assessment for the Emergency Department has been established, so that patients at risk can be identified quickly and the falls prevention plan initiated."

Elizabeth also leads the Working Group for Blood and Blood Products. Responsibilities for this standard includes auditing all blood products administered at the hospital, reviewing procedures and staff education.



Some of the work being undertaken to improve the quality and safety at the Eye and Ear is described below.



Clinical governance

Clinical governance is the system in which the Board, managers and staff are all responsible for the quality of care provided and for working to continuously improve this care. Victoria has a clinical governance framework, which includes the areas of consumer participation, clinical effectiveness, an effective workforce including professional scope of practice and performance management and risk management. The Eye and Ear regularly reviews its clinical governance policy to ensure these areas are addressed. A committee and reporting structure defines who is responsible for monitoring, reviewing and implementing change where required. The introduction of the National Safety and Quality Health Service Standards provided the impetus to review the clinical governance framework and make changes to encompass the work being undertaken across the organisation. Some of the initiatives in place to assist the Eye and

Ear meet its clinical governance responsibilities include:

- an annual Quality Plan with progress updates provided to the Board Quality Committee quarterly
- a risk register which is used to track existing risks and management strategies
- a consumer register and associated procedures to promote consumer involvement in a range of activities across the organisation
- MyLearning, an online learning tool which allows Eye and Ear staff to complete, track, and monitor training courses required for their roles. The tool also provides the hospital with greater transparency on how we are meeting our training obligations.



Partnering with Consumers

Partnering with Consumers aims to 'create a health service that is responsive to patient, carer and consumer input and needs'. This report highlights examples of how the Eye and Ear is working with consumers and involving consumers in decision-making within the organisation. The Eye and Ear is working with consumers to increase participation in a range of activities.



Preventing and Controlling Healthcare Associated Infections

The Preventing and Controlling Healthcare Associated Infections Standard aims to prevent patients acquiring preventable healthcare associated infections and effectively manage infections through evidence-based strategies. Healthcare associated infections are the most common complication affecting patients in hospitals. Each year around 200,000 healthcare associated infections are contracted by patients in Australia; at least half of healthcare associated infections are preventable.

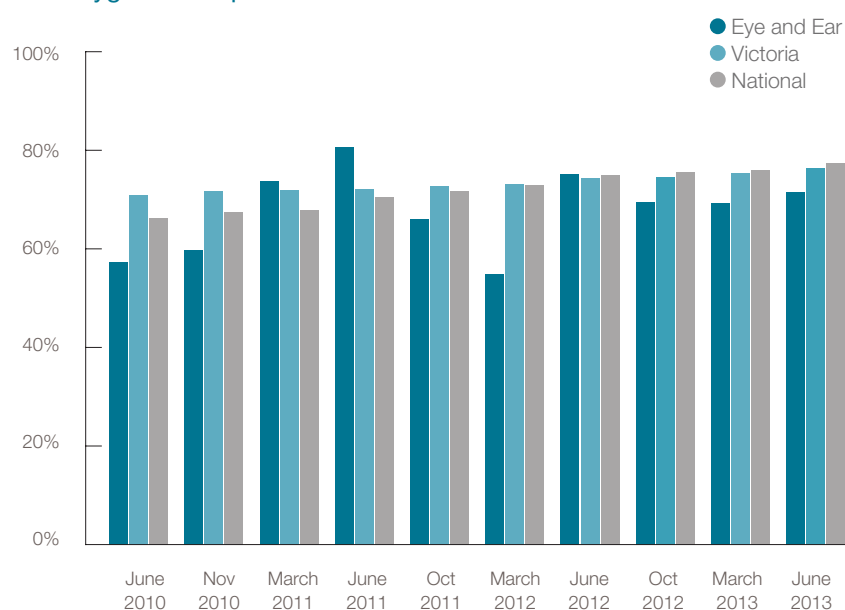
Hand hygiene

The simple measure of cleaning hands during patient care remains the most effective way to reduce the risk of patients acquiring an infection at the Eye and Ear. Over the last year, hand hygiene compliance rates have continued to meet Department of Health target rates. We have continued our campaign 'Clean Hands? It's ok to ask' to generate a greater awareness and understanding about the need for high standards of hand hygiene to combat the spread of infection. This partnership approach with staff, patients and visitors has continued to improve our hand hygiene compliance rates.

Aseptic technique

Aseptic technique is a process-driven approach to reduce the risk of microbial contamination. Evidence based approaches are used to develop step-by-step procedures to prevent the contamination of wounds or intravenous therapy sites. Education on aseptic technique and competencies around its use are currently implemented at the hospital. Achievement of these techniques is assessed by auditing staff conducting these aseptic techniques.

Hand hygiene compliance rates





Medication Safety

The Medication Safety Standard describes the elements of a safe medication management system. It requires hospitals to have strategies and systems in place to reduce the risk of common causes of medication error. Medicines are the most common treatment in healthcare and are associated with a higher incidence of errors and adverse events than other healthcare interventions.

The requirements of the Medication Safety Standard are overseen by the Eye and Ear Medication Safety Committee.

We are required to have systems in place to help reduce the risk of medication error, including:

- Standardised systems and charts for ordering and prescribing medications
- Electronic systems for storing medication
- Committees that ensure governance of medication safety
- Regular auditing of allergy documentation and medication chart orders
- Annual auditing of drug storage and custody throughout the hospital
- Regular review of reported incidents or near miss errors
- Procedures and guidelines to ensure safe use of high risk medications.

Medication labelling

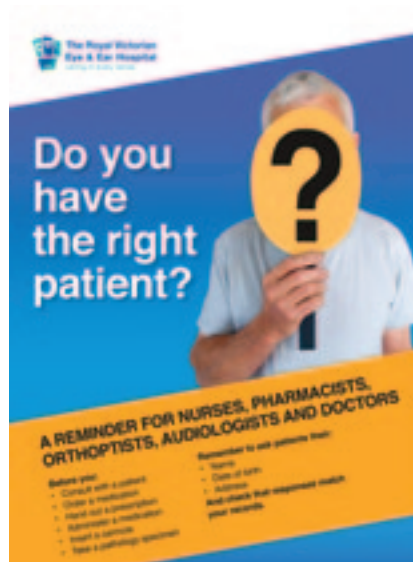
We recently implemented the national system for labelling medications prepared by nursing staff in ward and theatre areas. The colour coded labels prevent mix-ups when multiple medications are prepared for a patient on the ward. When each product is prepared it must be labelled if it is leaving the hand of the nurse who prepared it.

The Best Possible Medication History Project

Staff are now working towards complying with the sections of the standard relating to medication history documentation for all patients admitted to the inpatient ward. This has been named the Best Possible Medication History (BPMH) Project. An up-to-date and accurate medication list is essential for ensuring safe prescribing and continuity of medication management for hospital patients.

Do you have the right patient?

This year the Medication Safety Committee developed two posters to raise awareness of patient identification before consulting, prescribing or treating patients and to reduce errors relating to patient identification. Through incident reporting, the committee identified that staff awareness of patient identification processes could be improved. Posters for staff and patients were developed. The patient poster aimed to improve patient awareness that the patient identification process is in place to ensure their safety.





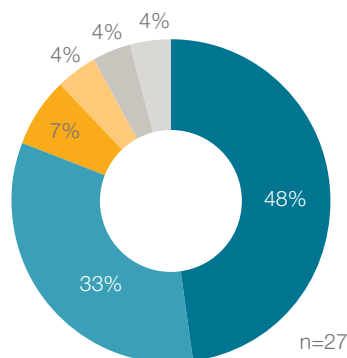
Preventing and Managing Pressure Injuries

For the period July 2012 to June 2013 there was one pressure injury reported at the Eye and Ear. A focus of the working group has been to look at the processes in place in theatre to identify at-risk patients and to put strategies in place to minimise the chance of pressure injuries occurring.



Preventing Falls and Harm from Falls

Falls prevention processes have been reviewed, resulting in an updated procedure, education package, assessment and management tools for the organisation. All clinical areas were involved in this review. A focus of the falls working group has been to look at ways to assist Emergency Department staff to identify patients who are at risk of falling and to have a range of strategies which can be put in place quickly and simply in this busy environment.



**Patient falls by location
July 2012–June 2013**

- Ward 8
- Emergency Department
- Special Eye Clinic OPD Level 4
- Emergency Department OPD AOS Clinic
- Medihotel
- Ambulance Bay

Accreditation

Accreditation is a process whereby an organisation is assessed by external surveyors against a set of criteria. It is one method to ensure that appropriate standards of care are provided by health services.

The Australian Council on Healthcare Standards' periodic review (an onsite survey which takes place midway through the accreditation cycle) took place at the Eye and Ear in December 2012. The surveyors reviewed all mandatory clinical, support and corporate criteria, as well as the recommendations made following an organisation-wide survey conducted in 2010.

The Eye and Ear received an 'outstanding achievement' for assessment systems, seven 'extensive achievements' and seven 'marked achievements'. All recommendations from the previous organisation-wide review, which occurred in 2010, were actioned and closed. There were further recommendations made during periodic review and these are currently being addressed. Over the last 12 months we have introduced adult deterioration detection charts, a program to control the use of antibiotics and prevent bacterial resistance, and further education on aseptic technique and an auditing program to ensure adherence to the program for optimal patient outcomes in infection prevention.

A proud tradition of world-class research

The Eye and Ear has long embraced the importance of improving patient outcomes and care through ground-breaking research.

After years of research undertaken by individual staff members, the hospital established itself as a quality research facility in the 1950s. Now, over 60 years later, we have 270 active research projects in conjunction with our partners, the Centre for Eye Research Australia (CERA), the University of Melbourne, Bionics Institute, Bionic Vision Australia and HEARing CRC. Together with our partners, we continue to collaborate on new and exciting ways to improve the lives of our patients.

Ensuring the highest standard of care in clinical trials

In recognition of the need to streamline and standardise the conduct of clinical trials, a Clinical Trials Research Unit has been established by our research partner CERA.

Housed at the Eye and Ear, the unit will now manage all ophthalmic clinical trials undertaken through CERA and the hospital, including trials sponsored by pharmaceutical companies and those initiated by investigators.

Dr Lyndell Lim is Head of the Clinical Trials Research Unit and says the unit's purpose is to ensure that all trials are conducted according to the international standards of Good Clinical Practice (GCP).

“Patients and researchers will benefit from the knowledge that all trials will be run to GCP standard, thereby ensuring a high standard of patient care within these trials.”

Despite being very recently established, the unit already has a skilled and experienced team that includes ophthalmologists, experienced clinical trial coordinators, an accredited retinal grading team, a database manager, a governance officer and statistical support.

“We already run a large number of clinical trials involving cutting-edge treatments that have mainly been within retina and ocular inflammatory diseases,” Dr Lim said.

“As the unit grows, we anticipate that we will be involved in trials in more areas of ophthalmology, so that many more Eye and Ear patients will have the opportunity to be offered innovative, ground-breaking treatments through participation in clinical trials.”

For more information about participating in clinical trials, please contact cera-trials@lists.unimelb.edu.au



Trialling the latest technology

This year the Eye and Ear's Cochlear Implant Clinic has been involved in a trial to assess the suitability of the next generation sound processor for children. The clinic was one of several clinics from Australia and New Zealand selected to participate in the four-month trial coordinated by Cochlear Ltd.

Nine-year-old Jacob was one of seven young patients to take part in the trial at the clinic. Fitted with two cochlear implants by the age of two, Jacob knows first-hand the difference that can be made by improved technology. He has already received one upgrade to his sound processor in recent years which resulted in a big difference in sound quality. So when his parents asked if he wanted to participate in the trial it was an easy decision for Jacob. "He was really keen to take part and help make a really good product for him to use in the future," his mum Andrea said. "He knew he was also doing it to help everybody."

Jacob and his family made the trip from their home in Bendigo to the clinic in Melbourne five times over the course of the study. During these sessions Jacob undertook assessments including questionnaires and speech perception evaluations to compare the performance of the new device with that of the current sound processor in different listening conditions. "Jacob found the sound quality quite improved. He also liked that he didn't have to think about changing the program himself when the sound environment changed, as it adjusts automatically," Andrea said.

According to Jaime Leigh, paediatric services coordinator and principal investigator at the clinic, Jacob wasn't the only participant to experience improved hearing with the new sound processor. "The outcome of the Eye and Ear's trial was that the majority of children involved preferred the new device," Jaime said.

With the trial now complete, Cochlear Ltd is collating the results from each of the clinics involved in the trial. "The results will be submitted to an upcoming international conference, prepared for publication and will then inform clinical guidelines and fitting practices," Jaime said.

"It is a time-intensive study, which demonstrates the willingness of the families and patients to give back to the hospital and show their appreciation by supporting our research programs."

"This is a great example of how we are working with industry and patients to achieve positive outcomes through clinical trials," Jaime said.

Now he has had a taste of what's to come, Andrea says Jacob can't wait for the results of the trial to be finalised before the new sound processor can become a reality for himself and others like him. "He keeps asking me 'Mum, have you heard anything from Cochlear yet?'"



The consumer voice

Mother of three, Sandra King, is giving up time in her busy schedule to participate in the Royal Victorian Eye and Ear Hospital's consumer register.

Almost two and a half years ago, Sandra and her husband received the devastating news that their youngest daughter Lily who was just 11 days old was profoundly deaf.

Lily received bilateral cochlear implants at the Eye and Ear when she was ten months old and continues to attend the hospital for treatment every three to six months.

Sandra says she signed up to the consumer register because she was grateful for everything the Eye and Ear had done for Lily.

"We'll be forever indebted for what the hospital has done for our family. It has really changed our lives quite significantly."

"With Lily, we're now on the better side of our situation and that means I can now invest my spare time helping the hospital," says Sandra.

The consumer register was launched in early 2013 and will assist the Eye and Ear to increase consumer involvement in service improvements. The Eye and Ear's consumer liaison officer, Debra Hailes says the register is about improving a range of service activities by engaging patients, families, carers and the wider community.

"The consumer register is about using the voice of the consumer to inform change. Consumers help us to understand what will work and what won't," says Debra.

Consumers share their opinions, views and comments in a variety of ways including reviewing brochures and patient fact sheets as well as being a part of focus groups or committees that aim to shape and improve areas of the hospital.

Debra says: "We talk to the consumers about how they'd like to contribute and assign tasks accordingly."

Sandra says one of the benefits of the consumer register is that she can choose how much time she'd like to commit depending on her schedule.

"I can pick and choose activities that meet my family's needs, but I'm still able to support the hospital too."

Sandra has been reviewing a variety of documentation including medication fact sheets. She says it's important for information regarding patient care and medication to be clear, concise and easy to understand.

"What may appear to be very basic information, can actually be quite confusing for a patient, if it's not in layman's terms. I definitely feel it's a good idea for a fresh set of eyes to review them," she says.

Debra says service improvements are already being seen through the work of the consumer register, but more consumer participants are always needed.

"We're starting to get more involvement from groups such as university students but we still need more support."

Sandra agrees and says she'd like to see more young people giving up their time to help improve hospital services.

"I would encourage other young people to support the hospital and get on board to support these wonderful causes."

The consumer register

The Eye and Ear is keen to recruit consumers to be involved in the planning, provision, monitoring and evaluation of hospital services. This includes committee membership, review of patient information brochures and participation in focus groups.

Some priority areas for consumer participation are committees and groups associated with the redevelopment of the hospital and the working groups set up to address the actions of the National Safety and Quality Health Service Standards.

For more information or to express your interest, please contact Debra Hailes, consumer liaison officer on 9929 8225 or debra.hailes@eyeandear.org.au

Raymond Endean has been a patient at the Eye and Ear for almost five years. He is a regular visitor to the hospital, attending the retinal eye clinic for monthly injections to manage his macular degeneration.

Raymond joined the Eye and Ear's Public Interface User Group recently and attends fortnightly meetings, which are run by the architects working on the hospital's redevelopment project.

The purpose of the Public Interface User Group is to provide input into the design and layout of the hospital's ground floor and main foyer as it relates to the general public's interface with the hospital.

Having consumer representatives on our committees is important to ensure that our service is always delivered with the interests of the patient in mind.

"The brief is very specific," explains Raymond.

"The purpose is to provide feedback on design, materials, lighting and colour for the redevelopment."

Raymond found out about the opportunity to join the group when he read about it in a hospital brochure in the clinic waiting area.

"I'm retired now and I was keen to be able to help out any way that I could."

Raymond has a very distinct journey through the hospital each month. He visits the orthoptist on the fourth floor, Medical Photography on the first floor, Pharmacy on the ground floor and then back to the first floor to the clinic for his injections. His experience as a patient means he can provide valuable insight to the group from a patient perspective.

"The meetings are very open and I speak freely at any time," he says.

Each consumer who sits on an Eye and Ear committee or group is paired with a 'buddy', someone who supports them to undertake their role on the committee.

capital development coordinator, Jonathan Lazarus supports Raymond in his role. "Jonathan gave me a lot of background, briefing me thoroughly before I joined the user group and before the first meeting he introduced me to the other members of the group."

"I really feel that the hospital is valuing my opinion; this planning needs to accommodate people with a vision and/or hearing impairment, things a normal build would not have to deal with," he explains. "That's why my input as a consumer is vital."

The **Community Advisory Committee (CAC)** has an externally focussed membership, with nine community members from a broad spectrum of the community. The CAC provides strategic level input on issues such as responding to patient feedback.

The **Clinical Quality Committee (CQC)** looks at operational issues concerned with quality and safety. Two consumer representatives sit on the CQC, along with a number of senior medical staff.



Judy McCahon, Community Advisory Committee member and concierge volunteer

"Getting involved with the Community Advisory Committee has enabled me to contribute to the Eye and Ear in a hands-on way. I bring a unique insight to the committee as I see things from the patient's perspective through my work as a concierge volunteer."



The Victorian Patient Satisfaction Monitor

The Victorian Patient Satisfaction Monitor monitors the level of adult patient satisfaction with the care and services provided by the state's public hospitals.

Consumers are sent surveys following discharge from a hospital. The consumer participation indicator asks consumers:

- if they were given the opportunity to ask questions

- about the way staff involved them in decisions

- if staff were willing to listen to health care problems.

The Eye and Ear results were above average for similar hospitals.

Consumers are also asked to provide feedback on their satisfaction with written information about home management. VPSM data showed that the Eye and Ear was above average for similar hospitals. A process is underway

to improve patient information brochures. More than 290 pieces of patient information have been audited to provide a baseline for simplifying patient fact sheets, to remove medical jargon and improve readability.

The VPSM will be replaced by the Victorian Health Experience Measurement Instrument.

Cultural Diversity Plan

In the past 12 months we have continued to implement our Cultural Diversity Plan, building on a range of successful activities and introducing new tools to ensure our patients receive high quality health care.

The Eye and Ear is committed to assisting patients of all culturally and linguistically diverse backgrounds, and being sensitive to their needs and requirements. The provision of culturally safe care ensures that individuals have the right to have their beliefs and value systems responded to sensitively and have all aspects of their religion, food, prayer, dress, privacy and customs respected. To embed the Cultural Diversity Plan at the Eye and Ear, we have commenced:

Non-English Diabetes Management Project

People with limited English proficiency are often excluded from studies due to the costs associated with translation of documents used in the research and the costs associated with the use of professionally accredited interpreters. This contributes to a continuing lack of evidence in the published research for culturally and linguistically diverse groups with poor English language proficiency.

This year the Centre for Eye Research Australia (CERA), in partnership with the hospital,

undertook a study investigating the issues surrounding diabetes care. Diabetes is a common health problem, which in some cases can be associated with other complications, such as eye problems and heart disease. The project team will interview patients who speak Greek, Italian, Cantonese, Vietnamese, Mandarin or Arabic. The research will help CERA and the Eye and Ear to better understand the barriers to good diabetes care, which can then inform effective strategies to help patients better manage their diabetes and improve quality of life.

Working Effectively with Interpreters training

A new online training program has been developed and aims to educate Eye and Ear staff on the role of professional interpreters and how to best access the Interpreting Department. The program promotes the benefits of working closely with a qualified, trained interpreter to provide patients with a safe and great experience at the hospital regardless of language or cultural background.

Food menu

We aim to maintain the principles of a healthy diet, by offering patients a choice of nutritious, palatable and attractive food and beverages suited to their specific dietary needs. Dietary needs are determined by nutritional, cultural, religious and socio-economic background, and by medical, emotional and psychological requirements. When patients arrive at the hospital they are asked about their food preferences. Diet restrictions that are non-medical, for example religious diet restrictions, are treated with the same respect as medical restrictions and we offer high-quality options, which take into account personal food preferences, restrictions and special diets.

The Victorian Patient Satisfaction Monitor

Our patients can provide feedback on how their cultural or religious needs are respected by the hospital using the Victorian Patient Satisfaction Monitor. This year, the Eye and Ear exceeded the statewide average for consumers level of satisfaction.



Did you know?

Greek, Mandarin, Vietnamese, Italian, Cantonese and Arabic are the most requested languages at the Eye and Ear, with in-house internal interpreters on-site for each of these languages.

Our interpreters assisted 10,598 patients during 2012-13.

Harmony Day celebrations

Harmony Day promotes acceptance of ethnic differences and aims to build staff capacity and confidence in communicating effectively in a cross-cultural context, with colleagues and patients. Not only will this improve the care our patients receive but will also improve staff confidence in the care they provide. Educating health care workers about the potential for cultural conflict is the first step in creating a culturally sensitive environment.

Cue cards

The Eye and Ear implemented a cue card program, based on a successful program run at Eastern Health. The cue cards include images of commonly used words for patients or carers to communicate simple needs such as thirst or location of toilets, and by staff to provide instructions or concepts.

The cards, available in 25 languages, were trialled in Audiology, Ward 8 and the Emergency Department with staff indicating they were helpful for day-to-day communication with non-English speaking patients, out of hours and when the telephone interpreter service was unavailable.





Partnership with VAHS

The successful partnership between the hospital and the Victorian Aboriginal Health Service (VAHS) has continued into a second year.

The partnership is enabling capacity building opportunities including clinical leadership support for Aboriginal health workers.

A new model of care was established when the ENT/Audiology Outreach Clinic was launched at VAHS.

The clinic links Eye and Ear staff with GPs, paediatricians and Aboriginal health workers at VAHS to facilitate communication and referrals between the two services.

By working with hospital admissions staff, social workers and patient representatives the Eye and Ear aims to improve the access, referral and discharge processes for Aboriginal patients.

The monthly clinic continues to deliver culturally appropriate services to Aboriginal patients and

is building a better understanding of the procedures and tests available to them. The clinic will continue until June 2014.

The Eye and Ear is also continuing its ongoing outreach to regional areas including visits to primary schools in Ballarat and surrounding district areas.

Providing services in the Aboriginal and Torres Strait Islander community

Two-year-old Dylan Austin can hear thanks to a visit to the Eye and Ear's outreach clinic at the Victorian Aboriginal Health Service (VAHS).

Dylan had been suffering from significant hearing loss following a series of ear infections. He was referred to the outreach clinic, where Eye and Ear audiologist Renee Garuccio discovered he had fluid behind his ears and was suffering from chronic otitis media.

Renee referred Dylan to an ENT specialist for surgery to insert grommets (small tubes) into his ears to treat the condition. Dylan's mother Thelma says his hearing improved immediately following the surgery.

"Almost immediately we noticed the difference and within two weeks, the staff at his crèche also noticed his speech was improving."

Thelma says Dylan's behavior has also improved since having the surgery.

"Before the surgery, Dylan would get quite angry and frustrated a lot and he had sleeping problems, getting up four or five times a night," she says.

"I was in dire need of support and [the staff] were so quick to act, saving a lot of grief for the whole family."

The outreach clinic provides ear assessments for children and teenagers in the Aboriginal community, examining both ear and hearing health.

Thelma says Dylan continues to attend the clinic for a check-up every three months but his speech is now at a normal level and he's much happier.

The partnership between the Eye and Ear and VAHS aims to reduce barriers for Aboriginal people when accessing the hospital's health services.

Renee says she's at the clinic once a month to ensure children like Dylan have access to important ear health services in a culturally appropriate setting.

"The patients are familiar with the service at VAHS. It's less intimidating for us to go there and see them, than to have them come into a hospital environment."

Thelma agrees saying, "For young Aboriginal parents who may not know what signs to look for with hearing loss, the service is critical."

Worawa Aboriginal College

An Eye and Ear ENT/Audiology clinic has been launched at Worawa Aboriginal College (WAC) in Healesville.

Located 65km from Melbourne, WAC is a boarding school providing holistic education for young Aboriginal women.

The students ranging from Years 7 to 10 come from suburban and regional Victoria as well as regional and remote communities across Australia.

The College encourages students to care for their health and has female doctors visit on a weekly basis.

In addition to this, the outreach clinic is run once each school term and provides students with ear and hearing assessments.

Students requiring monitoring and review are assessed at the following clinic and those requiring surgery are referred to the Eye and Ear.

The same clinical team attend the clinics each term to help

build relationships between clinicians and students to maintain consistency.

WAC is also well set up to accommodate students with identified hearing impairments as classrooms have been installed with sound technology systems.

The Eye and Ear actively engages with Aboriginal health and community services to provide culturally appropriate health care for Aboriginal and Torres Strait Islander patients.

Aboriginal Health Plan

The Aboriginal Health Plan 2014–2016 will address new key result areas identified in the Koolin Balit, the Victorian Government's strategic directions for Aboriginal Health Plan 2012–2022, including an Aboriginal employment strategy to increase the number of employees of Indigenous background. The new key result areas will help guide the hospital's approach to improving care for Aboriginal patients and ensure strategies are relevant to the community's needs.

The plan is being developed in consultation with The Victorian Aboriginal Health Service (VAHS), the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Centre for Eye Research Australia (CERA). The Eye and Ear is also exploring new eye health options with the Australian College of Optometry and CERA.

Representatives from these organisations also sit on project working groups to plan, implement and evaluate outreach projects and improve ear health outcomes for Aboriginal children. The hospital's Aboriginal Health Committee also shares information about these projects and programs, by providing regular updates to the Community Advisory Committee.

Celebrating NAIDOC Week

Eradicating ear disease in Indigenous Australians

Coinciding with NAIDOC Week, Professor Stephen O'Leary gave a lecture, sharing his insights on how eradicating ear disease in Indigenous Australians is everybody's responsibility. The lecture was part of the hospital's 150th Anniversary Public Lecture Series. Professor O'Leary explored how clinical and academic activities at the Eye and Ear are playing their part in achieving this goal.

3CR Media coverage

The Eye and Ear participated in 3CR Community Radio's *Listen Ear You Mob* – Preventative Ear Health Radio Series. 3CR was awarded funding from the Australian Government's National Indigenous Ear Health Campaign to produce the ten-part radio series about otitis media. Eye and Ear audiologist Brooke Paisley, ENT surgeon Professor Stephen O'Leary and Aboriginal health project manager and pathway coordinator Stella Artuso all gave their insights as part of the series.



Aboriginal children are more prone to 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.

Training our staff

The Eye and Ear is developing an *Aboriginal Cultural Competence Framework*, with a strong focus on staff cultural awareness and training. During induction, all staff are provided with information to increase their knowledge of the services available for Aboriginal patients and their families. An Aboriginal pathways DVD has also recently been produced, which encourages staff to ask patients if they are of Aboriginal or Torres Strait Islander descent. Asking the question will ensure patients receive culturally appropriate treatment and follow up care as part of the 'Closing the Gap' Indigenous healthcare initiative. The DVD is shown at staff training sessions, as well as staff forums.

"Are you of Aboriginal or Torres Strait Islander origin?"

Closing the Gap posters are also on display at the Pharmacy and reception areas reminding patients to tell us if they are of Aboriginal or Torres Strait Islander descent. The posters help demonstrate the hospital's commitment to the Closing the Gap initiative and raise awareness among patients and staff.

Close the Gap Day

Thursday 21 March 2013 was National Close the Gap Day. The Eye and Ear ran an event in collaboration with the Harmony Day baking competition to raise awareness of the campaign. While staff indulged in sweet and savoury foods from a variety of cultures, the Aboriginal health project manager and pathway coordinator talked to staff about the health gap that exists between Aboriginal and non-Aboriginal Australians. On average Aboriginal and Torres Strait Islander peoples still die 10 to 17 years younger than other Australians. Oxfam's Close the Gap DVD was screened and resources were made available to staff on how they can support health equality. Over 100 staff members signed the pledge form to support the Close the Gap campaign, which aims for a long-term investment in Indigenous health to improve overall health outcomes and life expectancy.

Closing the Gap Pharmaceutical Benefits Scheme Co-payment Measure

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

Statement of Intent

Eye and Ear CEO Ann Clark attended an Aboriginal Health Summit breakfast in 2012, along with 20 other CEOs from health services across Victoria. At the summit Ann signed a Statement of Intent to close the health gap between Aboriginal and non-Aboriginal Australians. The summit reinforced the importance of the hospital's partnerships with Aboriginal community organisations to work together to continue to 'Close the Gap.' The framed statement is displayed in the public foyer at the Eye and Ear.



Continuity of care

We share our knowledge and collaborate with other health and community services to improve access for patients to specialist eye, ear, nose and throat care.

Telehealth

The Eye and Ear has a number of telehealth initiatives planned and underway over the next five years. Telehealth is a term used to describe the delivery of health-related services and information using telecommunications technologies. The initiatives will assist in providing specialist support services for ophthalmic and ENT clinical requirements in rural and remote areas.

Remote Ophthalmic Diagnostic System (RODS)

The RODS project is developing two devices that will provide a way for non-ophthalmically trained clinicians to capture clinical information and images and send them to a remote specialist at the Eye and Ear for triage and assessment. The system will allow a patient to be assessed and possibly treated without having to travel to the Eye and Ear. The project has been made possible through a grant funded by the Department of State Development, Business and Innovation (formerly Department of Business and Innovation), and has seen the Eye and Ear partner with a Victorian-owned medical device engineering firm. The devices are in the prototype stage but it is anticipated they will be commercially available by 2015 for rural and remote health services to utilise with support from the Eye and Ear Emergency Department.

Online slit lamp

A partnership between The Western Health Alliance (Hamilton, Warrnambool hospitals) and the Eye and Ear has seen the implementation of an online slit lamp.

Cochlear remote mapping

Patients who receive a cochlear implant require a high number of audiological assessments or 'mapping' to optimise and manage the use of the implant and speech processor. Two types of remote mapping are available. The first is where a patient and a mapping assistant (nurse/clinician) are remote from an audiologist who completes the assessment using a computer at a central location. The second type of remote mapping is where a central audiologist supports a remote audiologist to complete the assessment. A trial of the first type of remote mapping is underway within the Cochlear Implant Clinic. The evaluation of this technology and its future use will be undertaken once the trial has been finalised.

Balance disorders

With funds raised by a grateful patient, the Vestibular Clinic is beginning two telehealth initiatives. The first is to set up video appointments between a doctor and a patient at home to reduce the discomfort patients endure while travelling when suffering from dizziness. The second is to create an online clinical diagnostic and treatment tool to assist remote clinicians in diagnosing different types of balance disorders.

Specialist health eLearning

The hospital is expanding its ways of delivering health education to remote clinicians via an online portal (MyLearning). MyLearning was developed to give remote clinicians access to learning and development courses relevant to their roles. It will continue to be expanded to include use of new technologies, web-casting, webinars and interactive learning opportunities.

Sharing our knowledge

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

Satellite seminar at the Eye and Ear

In October 2012, The Australian Voice Association (AVA) hosted a professional development satellite seminar at the hospital, in collaboration with the Australia Asia-Pacific Laryngology and Dysphagia Conference. The seminar attracted delegates representing private practices, universities, hospitals, schools, businesses and the performing arts from Australia, New Zealand and Hong Kong. The seminar focussed on current research in the field of voice disorders and showcased the variety and depth of advances and developments in the field of voice currently underway in Australia and the Asia Pacific region.



Emergency Seminar

The Eye and ENT Emergency Seminar is run at the Eye and Ear each September and is 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 and is an opportunity for clinicians to access some of the leading specialists in the fields of eye and ENT and to up-skill in the area to be able to better deal with eye and ENT emergencies.

Improving access

New service at Northern Health

The Eye and Ear and Northern Health have commenced a joint ophthalmology service, from Northern Health's Broadmeadows campus. This partnership will improve access to ophthalmology services for the local community with both day surgery and outpatient clinics being provided on a weekly basis. Ophthalmologists from the Eye and Ear work with the Northern Health orthoptic, nursing, day procedure and clerical staff to provide the service. Future expansion to sub-specialist clinics is also being considered. The service commenced in April 2013.

Australian College of Optometry Clinic

Our clinic with the Australian College of Optometry (ACO) has continued to provide initial eye consultations at the clinic based at the ACO Carlton site. Patients with a general eye referral to the Eye and Ear are initially assessed



at the advanced triage clinic. This collaboration has led to faster access to care for our patients.

Community Board Meeting

Our inaugural Community Board Meeting was held in November 2012 and was a great success. The Minister for Health, The Hon David Davis attended and spoke about the importance of community involvement to the hospital's growth, and how pleased he was to make the redevelopment funding announcement with the Premier. In attendance were members of the community, Board members, hospital staff and volunteers.

Promoting good health

Mental Health Week

The Eye and Ear celebrated Mental Health Week to increase awareness and understanding about mental health issues and promote compassion and empathy towards both patients and staff who may have a mental illness.

World Sight Day

We celebrated World Sight Day on Thursday 11 October 2012. The theme was *75% of blindness and vision loss is preventable and treatable*. Radio personality Tom Elliott shared his story on living with glaucoma, to encourage people to have regular eye tests by an eye care professional and seek advice as soon as changes in vision are experienced.



National Volunteer Week 13-19 May

There are over 6 million Australians – 36% of our adult population – that volunteer every year. The economic contribution of volunteers to Australian communities has been estimated at more than \$200 billion, which is larger than the mining, agriculture and the retail sectors.

The Eye and Ear is fortunate to have had support from volunteers for over 90 years. Since January alone our volunteers have:

- helped more than 8,000 people with queries
- given over 1,000 hours of their time.

Concierge volunteers provide a valuable service, directing patients who are unsure of where to go. This will become even more important when the redevelopment begins, as the program expands into different areas of the hospital and we recruit more volunteers to the program.

Public lectures

To mark our 150th anniversary and honour the many decades of teaching and training provided by the hospital's innovative specialists, the Eye and Ear hosted a series of public lectures during 2013. Members of the community were invited to attend the lectures, which featured presentations from Eye and Ear staff members, as well as guest lectures from members of our research and clinical partner organisations. The lectures covered a variety of topical issues relating to ear and eye health, including the critical link between research and clinical care.

We care about your thoughts and appreciate your feedback

The 2011–12 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 included more patient and staff profiles, 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 2012–13 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.eyelandear.org.au

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

Please keep us informed by:

Telephone (03) 9929 8666

Email info@eyeandear.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.

我們是提供眼、耳、鼻、喉專業保健服務方面的領導機構，對此我們深感自豪。而且我們還將繼續在服務、研究、培訓方面追求卓越。該報告以不同方式提供：這包括大字本和錄音磁帶，報告中的某些部份已譯成希臘文、意大利文、越南文和中文。撥打 (03) 9929 8666 或電郵 info@eyeandear.org.au，聯絡公共關係處，即可獲得。

ωπορνολουργολογικών υπηρεσιών και συνεχίζουμε να επιδιώκουμε διακρίσεις στην παροχή υπηρεσιών, επιστημονική έρευνα και εκπαίδευση. Μπορείτε να έχετε πρόσβαση σε αυτή την αναφορά σε διάφορα σχήματα. Συμπεριλαμβανομένων έντυπα με μεγάλα γράμματα και μηχανητροννημένες ταινίες. Επίσης μέρη της αναφοράς διατίθενται στα Ελληνικά, Ιταλικά, Βιετναμζικά και Κινέζικα. Μπορείτε να λάβετε ένα από αυτά τα έντυπα με το να επικοινωνήσετε με το Τμήμα Δημοσίων Σχέσεων στον αριθμό (03) 9929 8669 ή στην ιστοσελίδα info@eyeandear.org.au

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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@eyeandear.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)
906 (Warrandyte)
907 (Mitcham)

The Royal Victorian Eye and Ear Hospital

32 Gisborne Street
East Melbourne
Victoria 3002 Australia

T +61 3 9929 8666

F + 61 3 9663 7203

E info@eyeandear.org.au

www.eyeandear.org.au

The bottom of the page features several thick, wavy, light-yellow lines that sweep across the width of the page, creating a modern, flowing graphic element.