

Quality of Care Report

2013–14



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From the Chair of the Quality Committee

I am delighted to present The Royal Victorian Eye and Ear Hospital's (the Eye and Ear) 2013-14 Quality of Care report. As a state-wide provider of eye, ear, nose and throat health care, in 2013-14 we cared for more than 250,000 patients.

The Eye and Ear is your hospital and we believe one of the best ways of improving our care is through listening to you. We are currently participating in the Australian Commission on Safety and Quality in Healthcare accreditation program, the National Safety and Quality Health Service Standards or the 'National Standards'. The accreditation program is just one measure to show that we are providing a consistently high level of care in partnership with our patients, families and carers. We have a number of consumer representatives on our Governance Committees, ensuring patient and family centred care is at the forefront of our decision-making.

Due to the National Standards program, a large number of safety and quality changes have taken place. There have been a range of formalised handover processes introduced at the hospital to ensure clear management plans are followed. There has also been an introduction of patient observation charts with early warning indicators of possible patient deterioration, as well as structured mandatory training programs for all staff regarding quality and safety responsibilities. Ongoing programs have been implemented to ensure consumers are involved in the development and review of all patient information.

Patient centred care runs through every facet of the Eye and Ear. As part of our continuous improvement, this year we have developed a Quality Plan that is linked with our Strategic Plan and ensures the Eye and Ear has a coordinated, organisational approach to quality and safety.

We have continued to work closely with the Aboriginal and Torres Strait Islander community. I am delighted to announce that this year the hospital launched an Aboriginal Employment Plan, as one way to encourage more Aboriginal employees at the Eye and Ear. Through the ongoing development of our Aboriginal Health Strategy, our relationship and partnerships with Aboriginal and Torres Strait Islander patients, Aboriginal Health Services and the community, is continually strengthened.

Our focus remains on improving access to our specialist services for all Victorians; this is heightened by the hospital's \$165 million redevelopment project. The redevelopment project is being carried out in stages to allow the hospital to continue to provide care to its patients, as well as the high quality teaching and training on-site.

With a focus and commitment to world-class research, the Eye and Ear has strong partnerships with a number of leading organisations including the Centre for Eye Research Australia, the University of Melbourne, the Bionics Institute, Bionic Vision Australia and HEARing CRC. Our patients are a key component in enabling us to translate the research conducted by these partnerships into patient centred clinical care.

This report contains just a few of the many interesting and engaging stories from the people who use our services and the staff who provide the care to our patients. I hope you enjoy reading them as much as we enjoy sharing them with you.

On behalf of the Board of The Royal Victorian Eye and Ear Hospital, 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 you find the report interesting and informative and I welcome your feedback.



Roger Greenman AM
Chair Quality Committee





“To look after my family that way is very pleasing because it is something he didn’t have to do; it was out of the goodness of his own heart”

A patient centred approach

Two weeks before Christmas and with a new baby due, Andrew Thomas and his partner Alyssia Burley's experience at the Eye and Ear was stressful, successful and satisfying all in one.

Approximately seven years ago, Andrew was diagnosed with Leber's Hereditary Optic Neuropathy (LHON), a rare inherited form of vision loss.

Although LHON affected both of Andrew's eyes, his left eye was stronger, and as he describes it, "his good eye".

In mid-December 2013, a blood vessel burst in Andrew's left eye causing a sudden drop in vision, meaning Andrew was now severely vision impaired in both eyes.

"I was at work and all of a sudden all I could see was blood. We rushed to the Emergency Department at the Eye and Ear knowing they were the best people to see," he says.

"The doctors diagnosed the burst blood vessel and despite the annoying speck in my line of vision, it was OK so I continued to work for another three months hoping it would clear up. But then the blood moved and I couldn't see at all — that is when I had to have the surgery."

By this time Andrew's partner Alyssia was almost due to deliver their first baby.

Dr David Fabinyi was Andrew's surgeon. He says before the operation he, Andrew and Alyssa had a comprehensive discussion about what was involved in the surgery and what to expect.

"It can be very easy to get tunnel vision and focus on the problem at hand but it is very important to realise that the retina is attached to a patient. Obviously mindful of the upcoming events with his child, and as a new father myself, I am very aware that this is an exciting but scary time," Dr Fabinyi says.

During the surgery Alyssia says it was hard to think about anything else.

"I went for a walk for a couple of hours and the whole time I was thinking 'oh I hope it goes well, I hope it goes well.'"

Alyssia was waiting for the phone call from the post-operation recovery nurse, when one small gesture made an everlasting impact.

"I was sitting in the café downstairs and I saw Dr Fabinyi walk in to get a coffee, he recognised me, came over and told me that the operation had gone really well and Andrew was out of surgery," Alyssia recalls.

"It was such a relief, and it was so nice to have him approach and recognise me — it was really lovely."

Dr Fabinyi: "Alyssia was very anxious about her partner's operation and I thought I would take the opportunity to let her know that everything went very well. I was aware that Alyssia was probably having a rough day, and would be keen for any good news I could give her."

"While this is a day-to-day job for us, it is often a big life event for our patients, so it is important to treat them with respect and appreciate that they are going through a difficult time."

Oblivious to what had gone on while he was recovering; Andrew says he is very grateful for the extra care and compassion Dr Fabinyi showed.

"To look after my family that way is very pleasing because it is something he didn't have to do; it was out of the goodness of his own heart," he says.

"He saw Alyssia and just explained how good the surgery went to put her mind at ease, because she certainly had enough on her plate being eight and a half months pregnant."

The next day, Alyssia sent an email to the Eye and Ear praising the efforts of all involved in Andrew's surgery.

An excerpt from the email:

Everyone from the specialists we saw in outpatients, to the booking girl on the phone, to the nursing staff and doctors looking after Andrew on the day were simply wonderful and caring.

Ten days after Andrew's surgery, Alyssia delivered a healthy baby boy, Benjamin.

Our people

Meet some of the Eye and Ear staff members involved in Andrew and Alyssia's journey at the Eye and Ear.



Dr David Fabinyi Ophthalmologist

Dr David Fabinyi is an Ophthalmologist who specialises in Vitreoretinal Surgery and Medical Retina.

Dr Fabinyi started working at the Eye and Ear in 2006 when he was training to be a registrar. After completing further training in London, Dr Fabinyi returned to the Eye and Ear in 2013 as a Consultant.

"I first became interested in ophthalmology when I was a medical student and spent four months in Uganda and Kenya. Of all the surgical problems I saw over there, cataracts were the one area where you could make a sudden, good impact and produce a lot of benefit," he says.

"When I started looking around for ophthalmology in Melbourne, I went to a vitreoretinal surgery theatre and really enjoyed the nature of retinal surgery and the dramatic problems and the approaches on how to deal with these problems."

Experienced and passionate about ophthalmology, Dr Fabinyi is involved in teaching the next generation of eye surgeons.

"In the Emergency Department and in the Clinics, the hospital has many registrars training to be qualified eye surgeons. I help review patients with the registrars, give them advice and answer any questions they might have."

Dr Fabinyi says working collaboratively allows for a positive work environment.

"The Eye and Ear is a great place to work, you can have a good relationship with the orthoptic staff, the nursing staff, everyone on the Ward and in the Emergency Department."

"The Eye and Ear is the tertiary referral centre, it has a mix of good people and exciting problems and patients."



Dr Anne Chenoweth
Anaesthetist

Dr Anne Chenoweth has been practising anaesthesia at the Eye and Ear for the past 20 years.

Dr Chenoweth was Andrew's anaesthetist, looking after him whilst Dr Fabinyi was performing his surgery.

When people have an operation, an anaesthetist is with the patient all the time, planning overall care, monitoring vital signs throughout a procedure, administering medication to prevent pain and stress, and ensuring a smooth and comfortable recovery.

"Andrew was a day admission, so I met him beforehand. I assessed him medically, and we then planned his anaesthetic together discussing the risks and benefits of the type of anaesthetic. I saw Andrew again when he came down into theatre, and then I provided him with his anaesthetic and kept him in the best condition while he was having his surgery."



Dr Nathan Kerr
Chief Resident and a
fifth-year ophthalmology
registrar

Dr Nathan Kerr is the Chief Resident and Senior Ophthalmology Registrar.

Dr Kerr saw Andrew urgently with high eye pressures.

"The pressure within Andrew's eyes was elevated, pushing against the optic nerve and causing damage. The optic nerve is the part of the eye that carries the images we see to the brain. It is made up of many nerve fibres, like an electric cable containing numerous wires. When damage to optic nerve fibres occurs, blind spots develop," Dr Kerr says.

"We treated Andrew with selective laser trabeculoplasty (SLT). This procedure uses very focused light energy to treat the drainage channel, causing the drain to work more effectively, lowering his eye pressure and protecting his sight."



Fize Said
Outpatients clerical
team leader

Fize Said manages a clerical team, responsible for booking outpatient appointments at the Eye and Ear.

Fize has been at the hospital for five years and as a team leader she says customer service is vital.

"When I manage the team, I always ensure they are providing the best customer service to the patients, visitors and the people they work with."

Fize called Alyssia to make Andrew's appointment. She says when booking appointments, clear and concise communication is crucial.

"It is important to provide the patient with as much information as possible. It allows them to prepare for their outpatient appointment, makes them feel safe and it gives them reassurance that they will be seen by the right doctor in the right clinic."



Elizabeth Bell
Operating theatre
nurse

Elizabeth Bell is an operating theatre nurse, commonly referred to as a scrub nurse or a perioperative nurse.

An operating theatre nurse supports the surgeon and anaesthetist during surgery, making sure all instruments and consumables are ready for use.

Elizabeth has been at the Eye and Ear for nine years and cared for Andrew whilst he was in surgery.

She says patient centred care is at the forefront of everything she does.

"In theatre all of our care is centred, because we are mainly only dealing with one patient at time. As a theatre nurse, when a patient is in theatre I am totally focused on that patient, everything I do is for that patient."



Timely treatment helps restore sight

Kaylene McNoley was celebrating her friend's birthday when she lost complete vision in her right eye.

The 20-year-old was in Kew, 200 kilometres north of Melbourne, when suddenly the car she was in exploded and an unknown object hit the top of her eye.

"When I realised I had no vision, it was so horrifying, everything was black," Kaylene said.

Kaylene was rushed to Kew and Glenelg Health Service and then straight into the Royal Victorian Eye and Ear Hospital.

"When I got to the Eye and Ear, I was brought to Emergency, they checked my vision then took me to a vision clinic at all," she said.

Dr Matt Cheek, the senior ophthalmologist in the Emergency Department, said:

"Kaylene presented to our ED with a traumatic injury to the eye. She had a hyphema which is a collection of blood in the front part of the eye which is serious. The eye had a blood clot from the impact and was very inflamed."

Dr Cheek said Kaylene had a very good outcome and was able to see again. He said Kaylene was very happy and was able to see again.

"We were able to remove the blood clot and Kaylene was able to see again. She was very happy and was able to see again."

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Please let us know what you think about our care and our service.

What I liked:

From the complaints made during 2013–14, 84% were resolved within 30 days. Most of the complaints received were not complex in nature and were formally investigated and discussed openly with the department areas. Resolutions ranged from providing the patient with up-to-date information on wait times, to formal apologies or a change in practice. Complaints were responded to in writing where possible.

Formal compliments are celebrated and shared with staff; they are used to inform service improvement and highlighting when staff are doing things that are important for patients.

Together, compliments and complaints provide us with the opportunity to improve the patient experience of our health service and influence service planning and redesign, because your say counts.

Your say counts

The Eye and Ear is committed to partnering with consumers and formal feedback provides a valuable source of information to help improve services and the patient experience.

Feedback from consumers and their families allows the Eye and Ear to identify areas of need, risk or improvement from a consumer point of view. The hospital is then able to provide patient centred strategies to make positive changes to the organisation.

The Eye and Ear facilitates and encourages patients and visitors to provide feedback on their experience at the hospital. Feedback can be submitted via email, in person or using one of the feedback forms located in the hospital.

Our dedicated partnering with consumers team is responsible for handling complaints and feedback. Working with patients, carers, and staff from across the hospital, the team investigates and resolves complaints and identifies opportunities for system or process improvement.

During 2013–14, the Eye and Ear received a total of 281 patient complaints and 68 formal compliments. Of the total complaints, 44% were access related, 28% were about communication and 20% were regarding treatment. Putting this into perspective, the Eye and Ear sees around 250,000 patients annually with over 200,000 outpatient appointments, 14,000 inpatients and 40,000 emergency patients.

Access

Access refers to the way patients and carers access the hospital's services, this includes waiting for an initial appointment, a follow up appointment, or waiting at the hospital to be seen.

What you told us

A patient highlighted that her length of wait at an appointment was over three hours and the appointment letter suggested it would be two hours.

What we are doing

The hospital has implemented a number of initiatives to optimise access, including:

- Revised referral and triage guidelines, to improve timely and accurate referrals and facilitate triaging
- Introduction of volunteers into the outpatient department to support, guide and talk to patients as they wait for their appointment

- Implementing follow-up phone calls in the Acute Ophthalmology Service, reducing the need for patients to travel into the hospital for reviews where appropriate
- Review of staff rostering in the Emergency Department, increasing access to senior medical staff at peak times and reducing the length of wait for patients.

Communication

Communication refers to the manner of communications such as rudeness, disinterest and quality and quantity of information provided about treatment.

What you told us

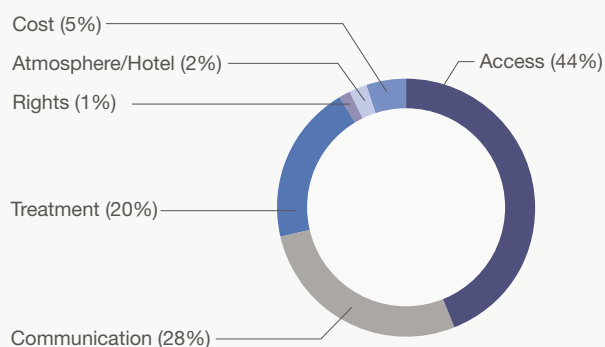
A patient reported that during a phone conversation with a staff member they were rude, lacked empathy and the patient felt that he should be grateful just for having an appointment.

What we are doing

The Eye and Ear is focused on improving our communication with initiatives including:

- Provision of patient centred care training through the Health Issues Centre available to all staff
- Consumer review of all patient information developed by the Eye and Ear to ensure that the information is relevant for consumers and easy to understand
- A focus on improving communication from the hospital's Emergency Department to General Practitioners, to promote continuity of care.

Complaint categories 2013–14 (n=281)



National Safety and Quality Health Service Standards

One of the ways in which the Eye and Ear demonstrates that we are striving to achieve excellence, while improving our service delivery, is through the accreditation process.

Accreditation is the ongoing review of our performance against standards across a range of areas.

From January 2013, all Australian health services must be assessed with a new national accreditation program, launched by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

This new program consists of 10 minimum standards, introduced to maximise patient safety and quality. The standards focus on 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

How we are working to meet the National Standards



Naomi Burns

Associate nurse unit manager, Ward 4
Clinical handover working group

Naomi Burns is an associate nurse unit manager on Ward 4; she is also involved in the clinical handover working group.

The clinical handover working group aims to examine and improve the hospital's clinical handover process.

"I have been conducting audits on clinical handover between Ward 4 and theatres and recovery. We have implemented changes as a result of these audits, for example increasing the privacy for the first patient on the theatre lists in the mornings and afternoons."

Naomi says all of the National Standards are appropriate to her role, particularly standards five and six.

"Standards five and six are critical to my role, as we have a high turnover of patients. Ensuring our patients are identified correctly and comprehensive handover is given before surgery, is vital to patient safety and quality," she says.

"I believe the National Standards are of benefit because we have a standard set of indicators that put patient safety and quality first across all health services."



Shelley Faubel

After hours coordinator

Shelley Faubel is one of the hospital's coordinators, meaning she has the responsibility of managing the hospital services afterhours.

Shelley started at the hospital in 1973, when she undertook the eye, ear, nose and throat course.

In 1986 Shelley became an after hours coordinator, and apart from taking two years off between 1992 and 1993, she has been in the role ever since.

As the after hours coordinator, Shelley must promote and ensure all of the National Standards are upheld.

"I have always promoted the National Standards, when I was in charge of the wards the standards were not so formalised but the principles were the same, we always supported the concept of patient centred care," she says.

"In my role now, I make sure the standards are upheld in a number of ways, I always include families and carers in care planning subject to patient consent and I coordinate any requests to the best of my ability."

"The role of the coordinator is very dynamic. Effective team work and communication is essential. On any shift, I could be assisting ward staff to admit patients, facilitate patients' bookings to the operating theatre, and coordinate staff working in different areas with the correct skill mix, but most importantly ensuring the highest standards to deliver quality care."



Governance for Safety and Quality in Health Care

Over the past twelve months, the hospital has coordinated an organisational wide approach to meet all of the National Standards.

We have completed a review of any gaps and organised working groups with our staff and consumers to ensure action is put in place to meet these safety priorities.

This work has included the introduction of:

- Standardised handover programs to ensure patient management plans are adhered to and follow up care is coordinated and responsive
- Observation charts with standardised escalation processes required if the patient's condition meets certain parameters
- Formalised mandatory training programs for staff for a number of modules including blood management, pressure injury management, patient assessment, medication safety, processes of aseptic technique and hand hygiene
- A revised governance structure to ensure consumers and staff are involved in the activities to meet the standards, including the communication, education and improvement programs.

A large component of National Standard one is clinical governance. Clinical governance is a broad term used for the systems, structures and processes, which ensure the Eye and Ear delivers safe, quality care.

Clinical governance exists throughout every facet of the workings of the Eye and Ear. It can be found in the organisation's policies, procedures and guidelines, in the committees responsible for reviewing particular quality and safety issues, in key performance indicators and in the regular monitoring of data. Once a safety issue is flagged, action needs to occur to decrease any risk to patients and improve our responsiveness.

During the past twelve months the Eye and Ear has implemented a number of new initiatives including:

- The implementation of bedside auditing to measure key aspects of patient care, to ensure that care delivery is safe, systematic and streamlined across all areas of the organisation
- The introduction of a business intelligence system to provide automation of safety and quality indicators, enabling staff to help drive change with greater efficiency

Part of our governance program includes reporting to external bodies including:

Reported to	Department of Health Target	Eye and Ear Compliance
Infection control: Victorian Hospital Acquired Infection Surveillance System (VICNISS). Eye and Ear reports: Hand Hygiene rates: Hand hygiene is the most important way to avoid the transmission of harmful germs and prevent Hospital Acquired Infections. You can use soap and water, or alcohol-based hand rubs when hands are not visibly soiled. Staphylococcus aureus is the most common cause of serious healthcare associated bloodstream infection. Often related with the insertion of an intravenous drip and referred to as <i>Staphylococcus aureus bacteraemia</i> (SAB).	Hand Hygiene 70% Staphylococcus aureus bacteraemia 0%	✓ Target consistently met Last Quarter reporting 84% ✓ Target consistently met Nil reported cases
Cleaning standards: Department of Health	Target 85%	✓ Target consistently met Last Quarter reporting 95%
Clinical risk: Sentinel event reporting within three days of event to Department of Health	All Incident Severity Rating (ISR) 1 (Catastrophic) to be reported	✓ Nil ISR1 incidents reported
Clinical risk: Incident reporting monthly to the Department of Health	All reports forwarded	✓ Fully Compliant
Pressure ulcers (New collection): Department of Health	All pressure injuries to be graded and reported	✓ Nil pressure injuries developed during inpatient stay
Quality of Care reports: Department of Health	Annual publication developed with our consumer groups	✓ Fully Compliant



Partnering with Consumers

- A 'safety walk around' aligned with the National Standards attended by the Executive, Risk and Quality Manager, Occupational Health and Safety Consultant and key staff to showcase quality activities and priorities for improvement
- The appointment of numerous consumer representatives to key committees across the organisation including our redevelopment project
- The availability of our performance against several of our safety and quality performance indicators in e-bulletins to staff, and on posters for visitors, patients and staff
- Independent review of our risk management framework by external auditors to ensure we have robust methods for identifying, assessing, recording and managing risks and near misses or hazards
- A well-attended patient safety forum where key leaders in the organisation review processes and systems to ensure patient centred care is enabled.

Partnering with Consumers aims to 'create a health service that is responsive to patient, carer and consumer input and needs'. Throughout this report you can read examples of how the Eye and Ear is working with consumers and involving consumers in decision-making within the organisation.



Preventing and Controlling Healthcare Associated Infections

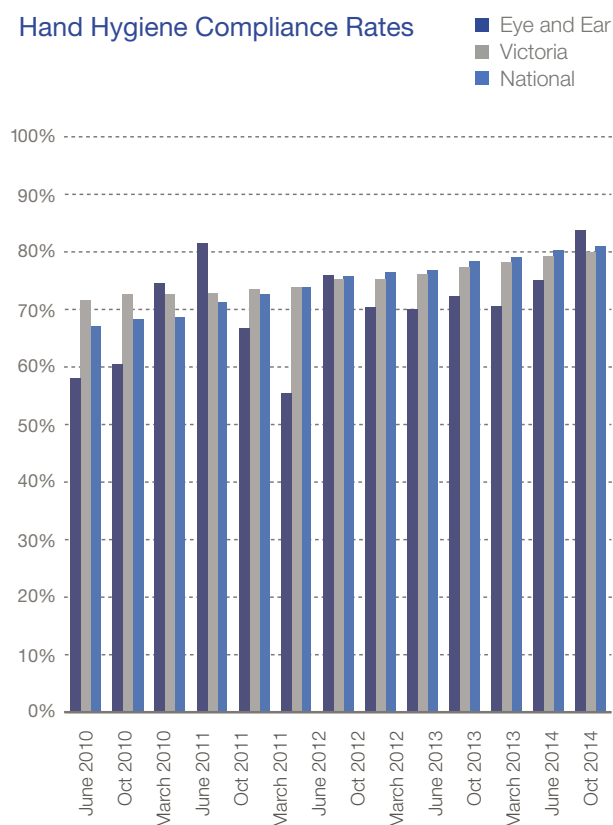
Healthcare Associated Infections (HAI) are infections acquired in healthcare facilities or as a result of invasive healthcare interventions. At least half of HAI are thought to be preventable. Studies have shown that mechanisms exist to reduce the rate of infections in healthcare including hand hygiene and aseptic technique. To promote patient safety and the best infection control practice we have implemented a number of strategies including our 'Clean hands? It's OK to ask' program. This included an education and communication program where consumers and carers are encouraged to ask staff if they have cleaned their hands.

Hand hygiene aims to reduce the number of microorganisms on hands. Regular observational audits at the Eye and Ear have indicated improved compliance, exceeding the Department of Health set targets.

We have established an Antimicrobial Stewardship Program to ensure that our patients receive the appropriate antibiotics as required. This has been developed in partnership with the St Vincent's Hospital Infectious Disease Service.

We have also introduced an education package and competency requirement for staff in the practice of 'aseptic technique'. Aseptic technique aims to prevent microorganisms on hands, surface and equipment from being introduced to susceptible sites. This process is subject to auditing and corrective action implemented if required.

Hand Hygiene Compliance Rates



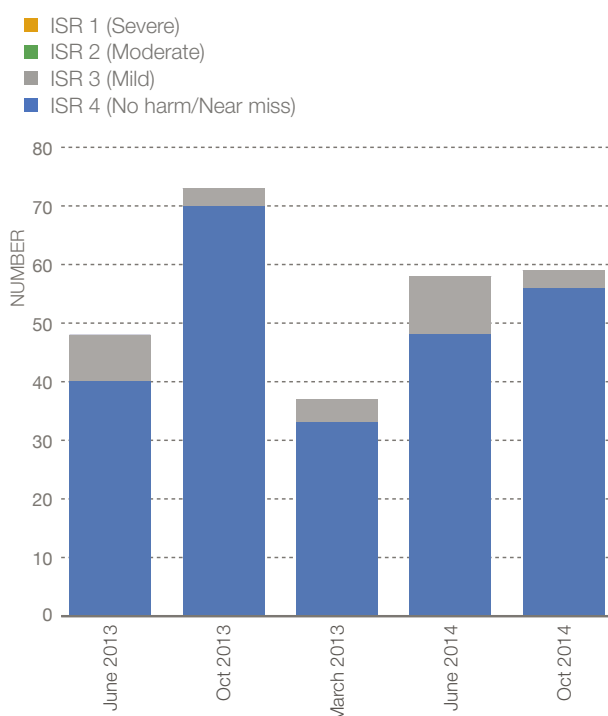


Medication Safety

The Medication Safety standard describes the elements of a safe medication management system. Various initiatives have been undertaken to improve our medication safety processes. An example is the development of procedures for high risk medications, such as blood thinners. We have audited our safety processes linked with patient identification procedures to ensure the right patients get the right medication at the right time and by the right route. There has been an introduction of a formal process to ensure we record the best possible medication history on admission for planned and unplanned patients, and there has been an introduction of formalised medication safety education models for clinicians. We also participate in a medication safety self-assessment to ensure our safety processes are robust and improvements are actioned as required.

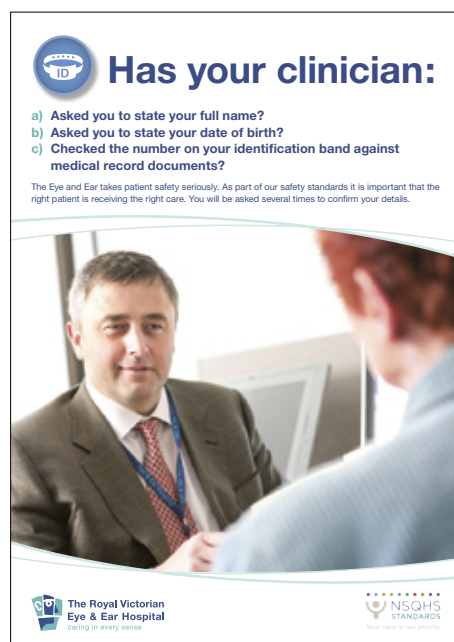
We encourage staff to report medication incidents as opportunities to improve our systems and processes. A large number of our incidents are captured by our pharmacy team and corrective action is taken before there is any impact on our patients. We have not had one report of significant harm related to medication management in the last financial year, however we remain vigilant at all times.

Medication incidents by severity (including pharmacy interventions)



Patient Identification and Procedure Matching

Patient Identification and Procedure Matching describes the systems and strategies to identify patients and correctly match their identity with the correct treatment. On page nine of this report, you can read how staff members Naomi Burns and Shelley Faubel have implemented standard five.



Clinical Handover

Clinical Handover describes the systems and strategies for effective clinical communication whenever accountability and responsibility for a patient's care is transferred. A formal clinical handover process called ISBAR (Identify, Situation, Background, Assessment and Recommendation) has been implemented at the hospital. It is a process that outlines how and when clinical handover should occur. Naomi Burns is the associate nurse unit manager on Ward 4 and is also on the clinical handover working group. You can read Naomi's story on page nine on this report.



Blood and Blood Products

Blood transfusions at the Eye and Ear are uncommon. In the last financial year there were only 22 occasions. Our comprehensive blood administration procedure was recently implemented and ensures staff control the safe management of blood; this process has been completed with assistance from St Vincent's Hospital pathology (our pathology provider).

Recent results from our blood safety self-assessments showed that our staff confirmed correct patient identification protocols, followed the correct checking processes and confirmed a valid consent was available when administering blood 100 per cent of the time. Our observation protocols are standardised to ensure appropriate patient monitoring and escalation, according to set protocols detailed on our observation charts.

Nursing and medical staff participate in mandatory education for blood management to ensure safety and quality responsibilities are adhered to. We track blood wastage and can report that this precious resource was used sparingly and not unnecessarily disposed of.



Preventing and Managing Pressure Injuries

Preventing and Managing Pressure Injuries describes the systems and strategies to prevent patients developing pressure injuries and the best practice management when pressure injuries occur. All patients at the Eye and Ear have a pressure injury risk assessment completed during the preadmission assessment, following an admission, throughout the episode of care or following a change in the patient's condition.



Recognising and Responding to Clinical Deterioration in Acute Health Care

National Standard nine describes the systems and processes to be implemented by health service organisations to respond effectively to patients when their clinical condition deteriorates. The Eye and Ear has introduced observation and escalation charts. When a patient's observations meet a certain threshold, nursing staff are required to implement a defined management plan.



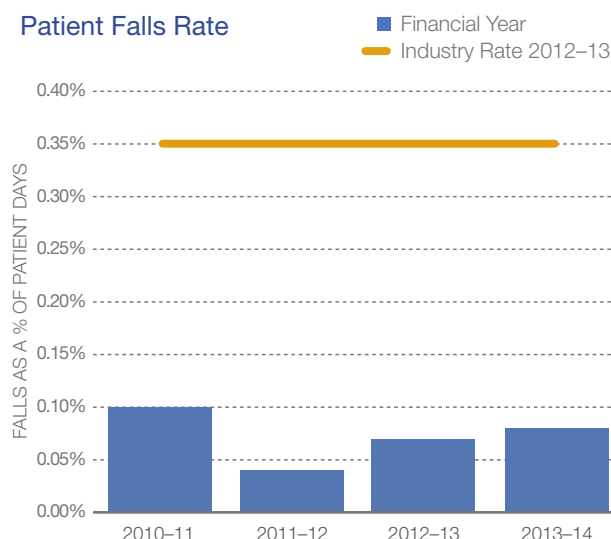
Preventing Falls and Harm from Falls

There is a direct correlation between vision impairment and inner ear conditions increasing the risk of falls. We see a high volume of patients and we take the risk very seriously. Our Health and Safety representatives regularly undertake environmental audits to identify hazards and ensure improvements are implemented. Our number of falls and harm from falls continues to be low. This financial year, there were 31 reported falls, which is below the industry average.

Some of our key initiatives to meet National Standard 10, Preventing Falls and Harm from Falls include:

- A new risk assessment to better assess patients' risk of falls and develop appropriate management plans
- A review of any reported fall using a standardised form to determine the type of injury and preventative strategies
- Development of an alert report, detailing patients coming to the Eye and Ear with a known falls risk to ensure a coordinated approach, particularly in the outpatient setting
- Providing falls information brochures to patients and families to improve awareness and knowledge

Patient Falls Rate



Improving patient outcomes through research

Eye and Ear researchers and patients are involved in hundreds of research projects each year with the goal of translating important discoveries into improved patient care.

When Eye and Ear researchers or clinicians develop research ideas, their first port of call is Research and Ethics Administrative Officer Kerryn Baker.

Kerryn helped most of the 260 research projects active during 2013–14 get off the ground, a process involving careful management from start to finish.

“Researchers develop their proposals, which come to me initially and then go to our ethics committees,” Kerryn says.

“First, there is an application that needs to be submitted outlining the research protocols and participant information sheets. The ethics committee checks that the proposal meets all relevant criteria and that the information sheets are written in language participants can understand.”

Research projects are given an initial five-year ethical approval, during which time researchers report back to the ethics committee annually on progress and any changes to protocols or participant information. They can also apply for an extension on research projects that run beyond five years.

With a focus on world-class research, the Eye and Ear collaborates with a number of research partners including the Centre for Eye Research Australia, the University of Melbourne, the Bionics Institute, Bionic Vision Australia and HEARING CRC.

Kerryn says research projects are an important way to trial new medications, medical devices and technologies to improve patient outcomes. Projects range from large clinical trials to small retrospective record reviews, covering research from innovations such as cochlear implants and the bionic eye to conditions such as macular degeneration.

While most research projects take an average of three years to complete, the Eye and Ear has more than a dozen projects that have been active for over 10 years. The hospital’s longest active research projects date back to the mid-1990s, involving genetic research and studies following the progress of children with cochlear implants.



“The need for research is ongoing,” Kerryn says. “As the world moves on, there are new technologies and new drugs, and researchers are always looking to improve the current standard of care for patients and find better outcomes.”

At the conclusion of research projects, findings are reported to the ethics committee, senior medical staff and hospital management to ensure key outcomes are translated into better patient care and service delivery.

Kerryn says this has resulted in direct changes to clinical practice in a number of areas.

“The findings help our staff determine what changes are needed to improve patient care. It’s rewarding to see projects go through the process, from the initial application to an outcome that results in changes to clinical practice.”

Translating research into practice

A trial by the Eye and Ear's Pharmacy Department is speeding up hospital visits for eye patients like Charles Braganca.

Charles was referred to the Eye and Ear following a blood leak behind his left eye two years ago.

"It felt like something was blocking my left eye," Charles says. "I could see but I couldn't read properly, everything was a bit hazy and I couldn't focus."

"They discovered there was a blood leak behind the eye. I was pretty distressed because of that. The eyes are everything to a person."

Charles' condition was successfully treated using intravitreal injections, which deliver medicines straight to the eye.

However, visiting the hospital for the injections was often a lengthy process, requiring Charles to make a round-trip from the intravitreal injecting clinic to the pharmacy to pick up his injection.

Charles says navigating his way to the pharmacy, located in a different part of the hospital, was particularly difficult after receiving eye drops at the clinic first.

Thanks to a trial undertaken in 2013, a pharmacist is now positioned at intravitreal injecting clinics to process prescriptions for patients.

"Now it's so much easier because they do it on the spot and you don't have to go anywhere, they just call you when they're ready," Charles says. "It's a much better system."

Eye and Ear Director of Pharmacy Angela Stathopoulos says the Point of Care Dispensing trial was the first of its kind for a public hospital outpatient eye clinic in Australia.

"It avoids the step of patients having to actually leave the clinical area and come to pharmacy and then go back up to the clinical area," Angela says.

"It shows that pharmacy is not just a box where you provide the service from, but a service you can take to the patient to make it better for the patient and everyone involved."

"The feedback has been really positive with many patients saying it has significantly increased convenience. We've also had really good comments from the doctors because it's allowed a better throughput of patients."

As part of the 11-month trial, pharmacists were positioned at four intravitreal injecting clinics at the hospital, processing prescriptions for 260 patients each month. Pharmacists also added value by reviewing the patients' history to ensure treatment was compliant, and assisted with prescription maintenance by providing medication information to patients and clinic staff. Following the success of the trial, pharmacists have now permanently been positioned at these clinics.

Angela says the success of the trial could see the pharmacy service expanded to other areas of the hospital in the future.

"We're very proud of what we've achieved for our patients and there's scope to look at what other clinics this might be useful for.

"We have also had interest from other hospitals looking at our model to see if they can do something similar."





Collaborating with our consumers

From concierge volunteer to hospital redevelopment representative, Jan Collins has become a familiar face around the Eye and Ear.

When patients and visitors need help finding their way around the Eye and Ear, they can count on volunteers like Jan to point them in the right direction.

Jan has been a concierge volunteer for six years, fielding calls, answering questions and directing and escorting patients to appointments every Monday morning.

"It can be basic things like showing people where the toilets, café and pharmacy are," Jan says. "But we also get some unexpected questions like 'where can I buy biscuits that don't have cream in them?'"

With her knowledge of the hospital, Jan was asked to take on an additional role in 2012 as a consumer representative on the hospital's Emergency Department Redevelopment User Group.

The user group, involving architects, designers and hospital staff, met weekly to discuss plans for the new Emergency Department, which is expected to be completed by mid-2015.

"We spoke about the design aspects — things like what kind of doors and chairs they should have," Jan says.

"My role was to speak from the point of view of a patient.

"I found it very interesting because I had never been involved in a project like that. Actually seeing the drawings and the amount of detail needed in each of the treatment rooms was fascinating. I was very impressed with the process."

Redevelopment Project Officer Kylie Young says the Emergency Department Redevelopment User Group, which finished up in May 2014, was the first of 10 user groups established as part of the hospital redevelopment.

"The idea was to have clinical, nursing, allied health and admin representatives working alongside consumers for each redevelopment area to get input into the design," Kylie says.

"We need to ensure that the redevelopment meets the needs of patients and consumers and the hospital is somewhere they feel comfortable coming to. Through the user groups, we were able to ensure we met the needs for each space to work for patients, consumers and hospital staff."

Kylie says there was at least one consumer on each redevelopment user group who may have had either a limited experience or more involved experience with the hospital.

"We selected people who we thought would be able to provide input based on their background and involvement with the hospital.

"The things they highlighted, flagged and queried during meetings were fantastic. It gave our staff the opportunity to hear from the other side and get a different perspective. The process also gave our consumers a better insight into how we operate, so it's been valuable for all involved."



Partnering for the best possible care

Cedric Young joined the Eye and Ear's consumer register following a visit to the hospital's Emergency Department two years ago.

Cedric was taking a walk one Sunday morning in 2012 when he felt a sudden sharp pain in his left eye.

"I thought a bug had flown into my eye," Cedric says. "After three or four days, I couldn't get rid of it and went to the doctor who said I had to go to the Eye and Ear."

Specialists at the hospital's Emergency Department discovered Cedric had a torn retina and used laser treatment to repair the damage the same day.

"They say that a fall or exercise can cause it, particularly as you get older and your eyes start to deteriorate. If I hadn't had the treatment, it could have got worse and I could have ended up blind."

Impressed by the quick actions of doctors, Cedric decided to volunteer his time at the Eye and Ear by joining the hospital's consumer register. The register gives patients and consumers greater input into service improvements.

When the Eye and Ear undertook a major review of patient information documents during 2013-14, Cedric was among the team of consumers who carefully scanned and provided feedback on more than 300 documents. Cedric also sits alongside hospital staff on a working group dedicated to making service improvements based on feedback from patient experience surveys.

"Our role is to help specialists and staff see things from the perspective of the patients and consumers who use the hospital," Cedric says.

"They take on board a lot of our feedback. It shows that the staff care about our needs and it creates a more friendly culture within the hospital."

Consumer Strategy Manager Rebecca Power says the register has close to 70 consumers, representing the hospital's diverse patient group.

"The feedback from our consumers is that they enjoy the fact that they're making a difference and being able to represent other consumers who may not have a voice in our health service," Rebecca says.

"From a service quality perspective, it's vital that we're here for consumers and it's important that they have a say."

The Eye and Ear has introduced orientation sessions to help volunteers like Cedric get a better understanding of key hospital services and the role of registered consumers. Participants are also given access to external consumer training opportunities.

"The orientation day was fantastic," Cedric says.

"We had the heads of three to four departments talk to us about what they did and we also heard from a lady from Guide Dogs Victoria.

"When you decide to volunteer for something like the consumer register, you do get worried about whether you have enough knowledge to contribute.

"It's a real boost of confidence to know that your opinion matters and that you can make a difference, even if it's just in a small way. You don't look for a reward in a volunteer position like this because the great benefit comes from knowing that you're helping other people."



Orientating staff

Joan Smith is the Public Education Coordinator for Guide Dogs Victoria and attends the hospital's monthly staff orientation program. Joan accompanied by her beautiful Labrador, Rupert, provides an interactive program where staff learn about the joys and the challenges vision impaired people deal with on a daily basis. As part of the program, staff have to navigate around unfamiliar surroundings whilst being blindfolded. This gives them a small understanding of what it is possibly like to have impaired sight. Feedback from staff is always very positive, noting how valuable the session is.

Embracing Cultural Diversity

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.

Interpreting at the Eye and Ear

During 2013–14 the hospital's internal interpreters attended 12,889 appointments, helping 3,678 patients. During the same period external interpreters also assisted the hospital and attended 6,124 appointments, helping 1,843 patients. Greek, Mandarin and Vietnamese were the most common requested languages.

Interpreter Patient Satisfaction Survey

In March 2014 the Eye and Ear conducted an interpreter patient satisfaction survey. Of the 194 people who participated in the survey, 97% had previously used internal interpreters at the hospital. Overall, the majority of respondents were satisfied with their experience and service provided, explaining that the service was professional and facilitated clear communication.

Celebrating Harmony Day

The hospital embraced and celebrated Harmony Day on Friday March 21. The celebration included a traditional Welcome to Country Ceremony and Smoking Ceremony, a didgeridoo demonstration and a lively Zorba Greek dance, which received some audience participation.

The walls of Lucy Jones Hall were covered in multicultural proverbs and photo entries as part of the Wonderful World of Diversity Photo Competition.

"The cultural aspects embedded within the photos were interesting and diverse, from celebration of birth to celebration of the lives of those who passed away, from making traditional dishes to making traditional food art. There are many ways to understand culture and those photos reflected it perfectly," said Chun Ho Kwong the hospital's Cantonese Interpreter.

Chun says the gathering was a great opportunity for staff, volunteers and consumers to celebrate diversity within the hospital.

"Harmony Day offers staff an opportunity to realise the diversity we have at the hospital. In a normal busy working day, we may not notice the diversity around us. Sometimes even a small celebration can remind us that diversity lights up our life."

The Eye and Ear's food menu for patients

We aim to maintain the principles of a healthy diet, by offering patients a choice of nutritious 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.



Recognising diversity

Receiving treatment at the Eye and Ear inspired Nora Refahi to join a working group at the hospital focused on giving a voice to patients from diverse backgrounds.

Nora has been a passionate advocate for causes that promote cultural diversity and social inclusion since immigrating to Australia from El Salvador in 1987.

As a member of the Eye and Ear's Diversity and DisAbility Working Group, she is helping provide input into relevant services at the hospital.

"I feel passionate about services being inclusive and accessible to people from different cultural backgrounds as well as patients and consumers with disabilities," Nora says.

"Coming from a non-English speaking background, I have personal experience of the difficulties that people from different cultural and linguistic backgrounds may encounter. For instance, language barriers can result in patients being unable to explain their needs properly, which can be frustrating for both the patient and service provider.

"My role is to provide a consumer perspective on relevant issues to help the hospital meet patients' needs."

Nora joined the hospital's consumer register after receiving treatment for an eye condition in 2012 and became a member of the Diversity and DisAbility Working Group in 2014.

"When I came to the hospital for treatment, I couldn't see much at all out of my left eye due to an inflammation behind the optic nerve," Nora says.

"I was really pleased with the care I received, which was not only high quality but also culturally responsive. Joining the Diversity and DisAbility Working Group has given me the opportunity to give back to the hospital in a small way."

Eye and Ear Community Engagement and Participation Coordinator Betty Tellis says the working group plays a key role in developing and implementing the hospital's cultural and disability action plans.

"Patient centred care is critical to our organisation and we aim to embed this in everything we do," Betty says.

"We work with our patients, carers and families — including consumers with disabilities and from culturally diverse backgrounds, to provide an accessible and inclusive service to everyone who visits the Eye and Ear."

Nora says being part of the working group has given her a strong connection to the hospital.

"It's very empowering because as a consumer I can provide my insight and opinions in line with the hospital's cultural and disability action plans. The opinions of consumers are valuable and always taken seriously."





Closing the gap

Graham Briggs supported the ongoing development of the Eye and Ear's Aboriginal health strategy during his time as the hospital's Aboriginal Health Project and Pathway Coordinator.

Graham knows only too well the impact of eye and ear conditions within the Aboriginal community.

Of the 76 first cousins on his dad's side of the family, Graham estimates one third have diabetes, a condition that can lead to eye conditions including cataracts.

While Aboriginal people are more prone to eye and ear conditions than the rest of the community, they are less likely to attend health services for treatment.

As the Eye and Ear's Aboriginal Health Project and Pathway Coordinator during 2013-14, Graham worked closely with staff and external Aboriginal health service providers to make the hospital more accessible to Aboriginal patients.

The role included chairing the hospital's Aboriginal Health Committee, which includes representatives from organisations including the Victorian Aboriginal Health Service, Vision 2020 Australia, Diabetes Victoria and the University of Melbourne's Indigenous Eye Health Unit.

"My job on the committee was to enable pathways into the hospital and to create a better understanding of the hospital among Aboriginal people," Graham says.

"We want to let the Aboriginal community know that we are keen to engage them. Word-of-mouth and having positive experiences is really important in making the hospital more friendly and welcoming."

One initiative already making a difference is a monthly clinic run by Eye and Ear nurses and specialists through the Victorian Aboriginal Health Service. The clinic has seen an increase in the number of Aboriginal children receiving Ear, Nose and Throat (ENT) services.

Graham says the partnership has been particularly valuable given ENT conditions are the leading cause of hospital admissions among Aboriginal children aged five to 14 and the third highest cause of admissions among Aboriginal babies and children aged under five.

"We know that Aboriginal children are more prone to ear conditions such as ear infections and holes in the ear drum."

"It's critical for Aboriginal mums and dads to get their child into see a specialist because, if they don't, these conditions can lead to other health problems down the track."

As well as reaching out to Aboriginal patients and service providers, Graham worked with Eye and Ear staff to raise awareness of Aboriginal health issues through cultural awareness workshops. He also organised cultural celebrations including a traditional Smoking Ceremony on Harmony Day and the presentation of a message stick during NAIDOC Week from Wurundjeri Elder Diane Kerr.

"It's important to have a safe and culturally appropriate environment where staff know how to relate to Aboriginal patients and these patients in turn feel comfortable coming to the wards."

Graham says one of the most rewarding parts of his role was seeing staff and stakeholders collaborate to address Aboriginal health and break down barriers.

"To have Aboriginal and non-Aboriginal people working together for a common cause was really pleasing. It allows Aboriginal people to start believing that there are pathways being developed."

The Aboriginal Health Committee has been established to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples attending the Eye and Ear. The membership of the committee is inclusive of Eye and Ear staff, key stakeholders and community representatives. The committee oversees the implementation of the Aboriginal Health Strategy and provides an advisory function to the hospital.



Celebrating NAIDOC Week

The Eye and Ear embraced NAIDOC week with a special celebration at Lucy Jones Hall on Monday 7 July. Approximately 50 people attended the event, which was officially opened by Aunty Di Kerr who performed a personal 'Welcome to Country'. Aunty Di also presented the hospital's CEO, Ann Clark, with a message stick symbolising the partnership between the Eye and Ear and Aboriginal cultures. The audience were encouraged to join in with traditional didgeridoo playing and dance performances.

Engaging with Aboriginal and Torres Strait Islander cultures

The Eye and Ear works in collaboration with the Aboriginal community to provide culturally appropriate health care for Aboriginal and Torres Strait Islander patients.

In 2012 the Eye and Ear's CEO Ann Clark signed a Statement of Intent to close the health gap between Aboriginal and non-Aboriginal Australians. The framed statement is displayed in the public foyer at the hospital, and as an organisation the Eye and Ear is committed to 'Close the Gap.'

Koolin Balit: Strategic Directions for Aboriginal Health 2012–2022

The Koolin Balit is the Victorian Government's strategic directions for Aboriginal health and identifies six key priorities for health services. Koolin Balit informs Aboriginal health strategy at the Eye and Ear through three key plans:

Aboriginal Health Plan

The Aboriginal Health Plan 2014–2016 addresses key result areas identified in the Improving Care for Aboriginal Patients guidelines. The key result areas help guide the hospital's approach to improving care for Aboriginal patients and ensure strategies are relevant to the community's needs. The plan was developed in consultation with the Aboriginal community through the Aboriginal Health Committee.

The Continuous Quality Improvement tool: Aboriginal health (CQI)

The CQI tool supports Victorian health services to provide culturally responsive healthcare to Aboriginal Victorians. The tool provides the opportunity to reflect

on progress and achievements and identify gaps in the organisation in the provision of culturally responsive healthcare. The tool supports the Aboriginal Health Plan and is developed and monitored through the Aboriginal Health Committee.

Aboriginal Employment Plan

In June 2014, the Eye and Ear launched an Aboriginal Employment Plan which has practical strategies to increase the number of Aboriginal employees at the Eye and Ear. Some of the key items in the Aboriginal Employment Plan include:

- Providing a culturally inclusive workplace
- Developing a culturally aware orientation program for all employees
- Ensuring HR practices are sensitive to Aboriginal cultural practices and preferences
- Establishing positive, culturally appropriate training and employment opportunities for Indigenous Australians
- Continuing to foster relationships with schools and students through work experience and university placement
- Establishing an internal mentoring program which provides a supportive work environment for employees of an Indigenous Australian heritage.

Cultural Awareness Training

Eye and Ear staff and volunteers attended cultural competency training sessions run by Gunnai Advisory and Consultancy Service. The sessions gave an insight into traditional Aboriginal Society and provided practical and relevant information in a Victorian context. Feedback from staff has been very positive and more sessions are planned for later in 2014.

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. To remind patients about this initiative, Closing the Gap posters are on display at the Pharmacy and reception areas. The posters help demonstrate the hospital's commitment to the Closing the Gap initiative and raise awareness among patients and staff.

Continuity of care

Telehealth

Remote Ophthalmic Diagnostic System (RODS)

In June 2014 the hospital received a prototype device for a remote ophthalmic diagnostic system, named the “eyeConnect”. This device has been developed as part of a sponsored partnership project between the Department of State Development, Business and Innovation, an external developer called Ingeneus and the Eye and Ear. The purpose of the device is to provide a way to support ophthalmic telemedicine — that is, for a site to be able to capture and send quality images, patient history and eye test results directly to an offsite specialist (e.g. from a rural health service to the Eye and Ear Emergency Department). The device itself needed to be easy-to-use for any (non-eye trained) health service personnel to take the images and collect and send this information, as well as ensure the images were of a quality that an initial screening assessment could be made. 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.

Improving outcomes

Communicating with General Practitioners

Written communication from service providers to General Practitioners and other community based referrers helps facilitate a patient's care plan. In December 2012, results indicated that 65% of patients seen in the Eye and Ear's Emergency Department received a letter to their GP. Since then the Health Information Services Department circulated completion rates to Emergency Department doctors twice a month. This correspondence provides doctors with completion rates and also provides an analysis of letters outstanding to highlight potential areas for improvement. Notification directly to clinicians is also carried out by the Director of Emergency, Dr Carmel Crock. Over the past two and a half years, completion rates have increased with results for June 2014 indicating 90% of patients seen in the Emergency Department received a letter to their GP. This improvement increases the chances of patients following up on necessary steps in their health care.

Balance Disorders and Ataxia Service (BDAS)

In late 2013, the Eye and Ear opened the Balance Disorders and Ataxia Service (BDAS). The service is a multidisciplinary team of sub-specialist neurologists,

ENT doctors, trainees, rehabilitation specialists and also houses the country's largest group of vestibular audiologists, as well as vestibular physiotherapists and speech pathologists. The clinic provides a complete range of services for the diagnosis, treatment and rehabilitation of patients with a variety of balance disorders. The BDAS team work together to manage dizziness, vertigo and imbalance covering all possible causes from the ear to the brain. The BDAS is further enhanced by the Gandel Philanthropy Balance Disorders Diagnostic — an advanced diagnostic technology secured through a Gandel Philanthropy Community Building grant.

Partnerships

ACO partnership

On Monday 16 December, the Australian College of Optometry and the Eye and Ear signed an Affiliation Agreement. This affiliation is a major step forward in our partnership and further highlights the improved integration of primary and secondary care services that is being achieved by ophthalmology and optometry. By working together we are able to provide care for those patients needing both ophthalmological and optometric management. Patients have access to an optometrist and will be referred to an ophthalmologist at the Eye and Ear if needed, meaning faster access to care for our patients.

Vision Initiative

The Eye and Ear is a proud partner of the Vision Initiative, a health promotion program implemented by Vision 2020 Australia. The aim of the Initiative is to prevent vision loss and blindness for all Victorians. As a result of this partnership, Vision Initiative factsheets are available throughout the hospital.

Cochlear Care Centre launch

In May 2014, the Cochlear Care Centre™ officially opened. Located near the hospital on Victoria Parade, the Cochlear Care Centre is a partnership between the Eye and Ear and Cochlear Ltd. The Centre will help cochlear implant recipients with programming their implant systems and aftercare. With a quarter of all Australia's cochlear implants conducted at the Eye and Ear and demand for services increasing, the new centre will not only enhance patient care but also enable the hospital to see more patients and perform more cochlear implant surgeries.



The Eye and Ear Board of Directors

Improving access

Community Advisory Committee

The Community Advisory Committee advises the Board on consumer and community participation in the development and delivery of services of the hospital. The Committee meets bi-monthly and members include community, consumer and carer representatives. The CAC provides strategic level input on issues such as responding to patient feedback.

Community Board Meeting

Our Community Board Meeting was held in November 2013, where we had the pleasure of hearing from Associate Professor Anne Brooks on Excellence in Teaching and Training. As it was our celebratory 150th year Associate Professor Brooks also gave an insightful history of teaching at the hospital. This annual meeting is a great opportunity for the community to learn how the hospital is continually improving the services we offer for all Victorians.

National Volunteer Week 12-18 May

The hospital celebrated National Volunteer Week with a special function and an awareness campaign. The Eye and Ear is fortunate to have had support from volunteers for over 90 years. Between August 2013 and July 2014 the amazing group of 40 volunteers at the Eye and Ear:

- Helped more than 35,188 people with queries
- Gave over 5,370 hours of their time.

Concierge volunteers provide a valuable service, directing patients who are unsure of where to go. They operate a charity kiosk selling donated goods and in so doing, continue the strong tradition of Auxiliary support. During the year the program expanded to include volunteers being located in the waiting areas of the Emergency Department and Outpatient Clinics.

Promoting good health

World Sight Day

We celebrated World Sight Day on Thursday 10 October 2013. The international theme for World Sight Day 2013 was *universal eye health*, with a call to action: Get your eyes tested. Dean Crooks shared his story of being rushed to the Eye and Ear's Emergency Department after a piece of metal pierced his eye whilst mowing the lawn. Dean's story highlighted the importance of protecting your eyes at all times.

Hearing Awareness Week

Hearing Awareness Week is an annual event that aims to raise the awareness of hearing loss and the impact that this can have on people's lives. On Wednesday 28 August 2013, the General Audiology Department, together with Audiology students from Melbourne University, held hearing screenings for all Eye and Ear staff.

Sharing our knowledge

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.

Public lectures

To mark our 150th anniversary last year 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.

NOTSA 2013

In October 2013 the 23rd Annual Clinical and Scientific Meeting of the Neuro-otology Society of Australia was held at the Eye and Ear for the first time. There was a record attendance of 160 people, comprised of specialist neurologists, ENT surgeons, audiologists, physiotherapists, psychologists, scientists and trainees in these disciplines. The keynote speaker was Professor Måns Magnusson, Head of the Vestibular Laboratory and Division of Otorhinolaryngology, Lund University, Sweden. This international conference is a prestigious event and generated much interest in the Balance Disorders and Ataxia Service (BDAS).

We care about your thoughts and appreciate your feedback.

The 2012–13 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 consumer and staff profiles, focussed on the readability of the report and have included a section that highlights our partnership with Guide Dogs Australia. We have also printed on environmentally friendly paper.

Distribution of this report

The 2013–14 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.eyeardear.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@eyeardear.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 8689 或電郵 info@eyeardear.org.au，聯絡公共關係處，即可獲得。

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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 è 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@eyeardear.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

☐

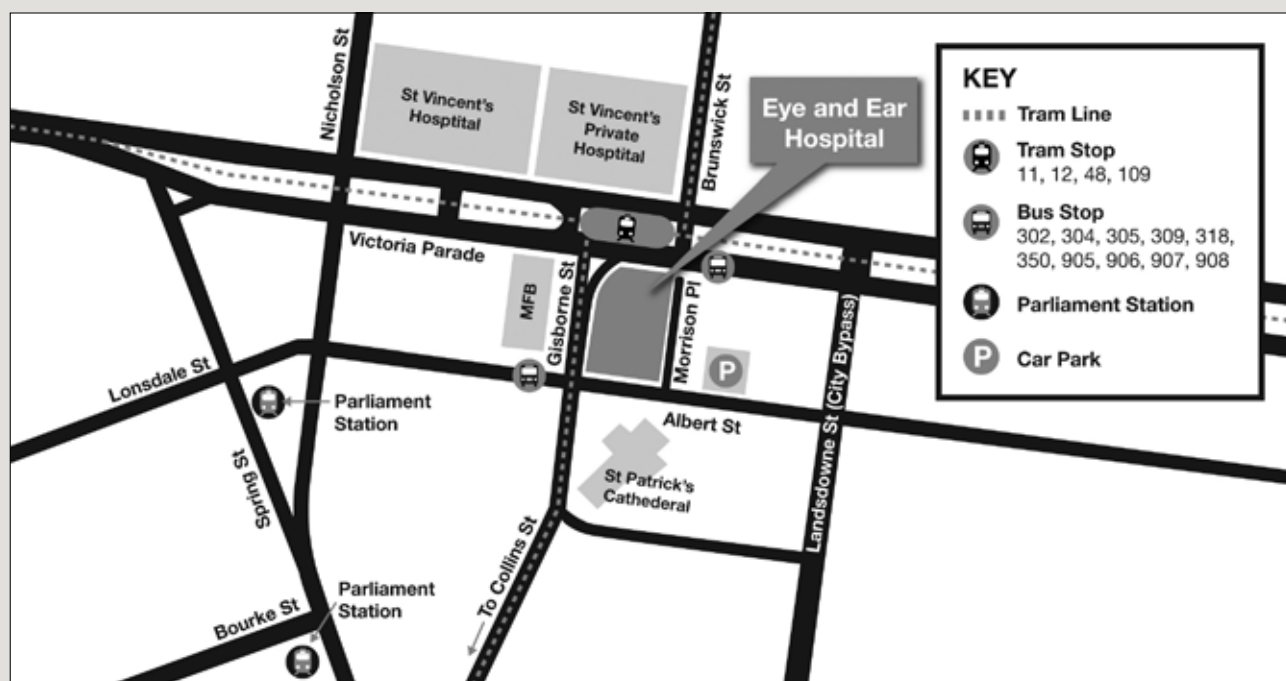
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Title _____ First Name _____ Surname _____

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