

Quality of Care Report

2014–15



the royal victorian
eye and ear
hospital

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From the Chair of the Quality Committee

It gives me great pleasure to present The Royal Victorian Eye and Ear Hospital's (Eye and Ear) 2014–15 Quality of Care report. As Australia's leading provider of eye, ear, nose and throat services, we are proud to play an important role in caring for the Victorian community.

We work hard to provide the very best in clinical care and safety standards to more than 250,000 patients and their families each year. We also continue to look for new ways to improve access for patients by collaborating with community and other health care services, including rural health partners.

In December 2014, the Eye and Ear was surveyed against the National Safety and Quality Health Standards and I am delighted to say that we passed the accreditation survey with flying colours. The 10 standards provide a nationally consistent framework for auditing health services. We met all of the core standards and achieved several with merit. The surveyors particularly acknowledged our culture and highlighted the effectiveness of the National Standards Community, a communication education tool available on our Intranet site. The excellent result of the survey demonstrates our ongoing commitment to engaging with consumers and providing a consistently high level of care to all our patients.

At the Eye and Ear, we are always looking for new ways to collaborate with consumers to ensure that we are listening to the community and achieving the best possible outcomes for patients. Community members sit on our committees and working groups, including the Community Advisory Committee, and we continue to recruit patients, carers and family members to our consumer register.

In May, the Eye and Ear hosted a Community Participation Workshop to help develop the hospital's Partnering with Consumers and Community Plan 2016–19. Over 25 hospital staff, community members and consumer representatives attended, contributing their ideas about promoting community participation, embracing diversity and improving patient experiences. Your feedback and participation is always welcome and appreciated at the Eye and Ear.

We have continued to work closely with the Aboriginal community to provide Aboriginal and Torres Strait Islander patients with culturally appropriate health care. This year we officially launched the Eye and Ear's art collection by unveiling the first five pieces, all from local Aboriginal artists. The carefully selected pieces will help to provide a culturally welcoming environment for our Aboriginal and Torres Strait Islander patients and signify our ongoing commitment to closing the gap.

The Eye and Ear has continued its commitment to world-class research by maintaining strong partnerships with leading organisations such as the Centre for Eye Research Australia (CERA), the University of Melbourne, the Bionics Institute, Bionic Vision Australia, Monash University and HEARing CRC.


The hospital's redevelopment is well underway. The redevelopment is part of our ongoing effort to improve access for patients and meet the demand for our speciality services in Victoria. Throughout the redevelopment project, we have ensured our patients continue to receive the highest quality of care.

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





“For the first time in five years
I felt confident and completely
trusted the team at the hospital
who were looking after me.”

An improved quality of life

For five years, Rosemary Hall suffered from chronic sinusitis and was in constant pain.

“It was so debilitating, my quality of life was dreadful. I couldn’t breathe properly, I couldn’t smell or taste, I coughed all the time, I couldn’t sleep at night, I couldn’t work — it was eating me up,” Rosemary recalls.

Rosemary saw a number of different professionals and specialists who weren’t able to properly diagnose her condition.

Then she met Mr Chris Brown, which she describes as a “light bulb moment”. Mr Brown referred Rosemary to the Eye and Ear, knowing she would receive the best possible specialist care.

It was here Rosemary met Ear Nose and Throat specialist Mr Philip Michael.

“When I met Philip, he was able to empathise with me and he completely understood my symptoms, how I was feeling and the enormity of the impact it was having on my life,” Rosemary said.

“For the first time in five years I felt confident and completely trusted the team at the hospital who were looking after me.”

Rosemary was diagnosed with Samter’s Triad or Aspirin Exacerbated Respiratory Disease — a medical condition that consists of asthma, recurrent sinus disease with nasal polyps and sensitivity to aspirin and other non-medical anti-inflammatory drugs.

Mr Michael says sinus disease can have a distressing impact on someone’s life.

“Sinus disease is not glamorous and it really can affect your day-to-day living. If you can imagine having headaches continuously, feeling tired all of the time, these things can have a significant impact on your daily activities.”

Nasal polyps are swellings that grow from the lining of the nose and sinuses and the main problems they cause are nasal obstructions and a runny nose, but they can also contribute to headaches, tiredness and loss of smell.

“Rosemary’s polyp problem was much worse than others for two reasons; the first being that her polyps grow back and the second reason was that Rosemary had quite a significant infection in her forehead sinuses.”

Endoscopic sinus surgery is a surgical technique where operations can be undertaken through the nasal passages, meaning no external incisions are needed. In order to see into the sinuses, endoscopes (specialised telescopes

designed to be used through the nostrils) are attached to camera systems for the surgeon to be able to see a magnified image and perform surgery.

Describing the surgery, Mr Michael says: “It is a tricky area because we are operating very close to the brain and very close to the eye. That is where the equipment we have at the hospital, which we are very fortunate to have, helps tell us where we are operating and guides us to reduce the risk.”

One of the pieces of equipment used in Rosemary’s surgery was an image enhancement system which was secured in September 2014 and funded by the Jack Brockhoff Foundation.

This technology adjusts the image from the endoscope so the whole picture is brighter. This is especially important in sinus surgery where surgeons can sometimes be looking into a dark cavern and sub-millimetre adjustments can potentially influence the occurrence of complications. During Rosemary’s surgery the imaging system was linked with another piece of technology called an image-guidance. This provides ‘satellite navigation’ for surgeons telling them where their surgical instruments are.

Because Rosemary’s polyps grow back, she has had two lots of surgery at the Eye and Ear, the first in January 2015 and the second in August. Although both surgeries have been a success in removing the polyps and opening up her nasal cavity, what Rosemary is most thankful for is the follow-up care, advice and communication received at the Eye and Ear.

“Philip put me onto a different type of medication that I pump through my sinuses with some saline, and it works, for the first time in five years I have not been on prednisolone (a steroid) which caused me so many problems previously.”

Mr Michael says it is important to listen and have honest two-way communication with patients.

“Reassuring and informing patients can go a long way in helping their care plan. Rosemary exemplified this, she was diligent, she followed instructions and her condition now has improved.”

Rosemary: “The quality of care here has been fantastic, right from the first point of contact with the clerical staff, the nursing care has been brilliant and the specialist team — by them working together, they have changed my life.”

Our people



Meet some of the staff members involved in Rosemary's care at the Eye and Ear.

Philip Michael Consultant

Mr Philip Michael is an Ear, Nose and Throat (ENT) specialist and has been working at the Eye and Ear for five years.

Mr Michael moved from the United Kingdom to Melbourne in 2010 to complete his Fellowship in Rhinology, and stayed on at the Eye and Ear as a staff specialist.

Rhinology is the study of the nose, including sinuses.

“ENT as a specialty provides things that few specialties can because of its breadth — we do surgery from the traditional open surgery to the very very small microscopic surgery, and many of our procedures can make an immediate impact on people.”

Passionate about ENT, Mr Michael enjoys being able to teach students and junior doctors as well as researching further into ENT conditions.

“I am here as a staff specialist, which from my perspective is nice because I get to know people and I get a continuity of things, it also gives me a chance to indulge in my other interests which are research and teaching,” Mr Michael says.

“It's a great time to be at the Eye and Ear, especially with the redevelopment which gives some really exciting prospects for the future.”

Mr Michael says working collaboratively allows for a positive work environment.

“At the Eye and Ear, most people know each other and are very friendly. That close community feeling I think makes a good working relationship, but it also provides a good patient centred environment because you can ask a colleague for help and advice and you might not get that at a large general hospital.”



Deb Cutts Manager, Fundraising and Philanthropy

Deb Cutts is the Manager of Fundraising and Philanthropy.

Deb's role involves engaging the Philanthropic Trusts and Foundations and individual donors to help them understand the strategic direction of the Eye and Ear. She also works closely with the clinicians to secure new pieces of authorised equipment, such as the endoscopic tower that was used in Rosemary's surgery.

"Discussing the values and aspirations of the Eye and Ear with the people who make decisions about their funding is very rewarding and there is real excitement when our funding applications are successful. The applications are primarily for state-of-the-art equipment that will assist our specialist clinicians diagnose and treat our patients at the Eye and Ear."



Briarna Murphy Clinical Nurse Specialist

Briarna Murphy is a Clinical Nurse Specialist in the operating suite and started her career at the Eye and Ear almost eight years ago as a Graduate Nurse.

Perioperative nurses provide surgical patient care by assessing, planning and implementing the nursing care patients receive before, during and after surgery.

"I worked alongside Philip Michael and assisted him during Rosemary's surgery. I was responsible for the overall quality of care for Rosemary in the operating theatre, while creating and maintaining a sterile and safe surgical environment throughout the duration of her procedure."

"Patient centered care was the main focal point throughout the surgical care continuum and ensuring that Rosemary gained a positive prognosis following her surgical experience."



Angela James Clinical Pharmacist

Angela James is a Clinical Pharmacist and has been working at the Eye and Ear for five and a half years.

Rosemary was admitted on Ward 4, which is where Angela works in a rotational role as a Medication Reconciliation Pharmacist. "In the Medication Reconciliation role I obtain a complete and accurate medication history from the patient and transcribe the medications onto the medication chart for review and authorisation by medical staff," Angela says.

"Providing people with the knowledge and skills to manage their medical conditions and medications is an important part of patient centred care. Through the provision of appropriate information, patients gain an understanding of their medical condition, and are willing to partner with healthcare professionals to proceed with treatment options that provide best outcomes."



Thanh Van Registered Nurse

Thanh Van is a Registered Nurse and has been at the Eye and Ear since 1987. Thanh cared for Rosemary during her recovery on Ward 8, the hospital's inpatient ward.

Thanh says it is important to have a good bed-side manner especially by listening to the patient and answering any questions they may have.

Upon discharge, when Rosemary was able to go home after surgery, Thanh made sure Rosemary had all of the information she needed.

Thanh says patients deserve the best possible care.

"It is important to treat all patients and carers with respect and dignity. By communicating clearly and sharing information with patients, carers and relatives we are encouraging them to participate in decision making."

Your say counts

COMPLAINT CATEGORIES 2014–15

(n=336)



ACCESS COMPLAINTS:

159



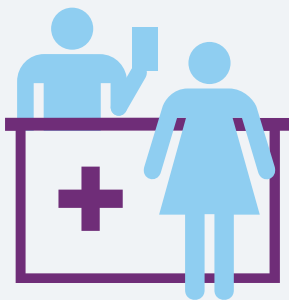
COMMUNICATION COMPLAINTS:

107



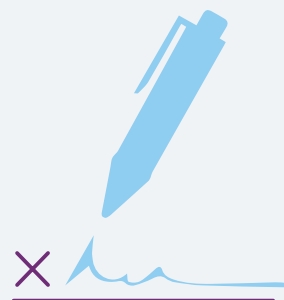
TREATMENT COMPLAINTS:

42



ADMINISTRATION COMPLAINTS:

1



RIGHTS COMPLAINTS:

1



ATMOSPHERE COMPLAINTS:

15



COSTS COMPLAINTS:

11

Listening to your feedback

The Eye and Ear actively seeks to support and encourage patients, carers and families to provide feedback on their experience at the hospital.

Feedback is a valuable source of information and enables the Eye and Ear to identify what we are doing well, along with areas of need, risk or opportunity. The hospital is committed to consistently gathering and reviewing patient feedback and implementing appropriate changes and recommendations as required.

Feedback can be submitted through multiple methods including feedback forms located in the hospital, letters, emails, in person and through the internet.

During 2014–15 the hospital provided over 250,000 occasions of care, and received a total of 336 complaints (an increase of 16% from 2013–14) and 105 formal compliments.

A timely and accurate response to complaints is an important aspect of complaints management. The following is a summary of the response to complaints during 2014–15.

- **98%** of complaints entered on to the hospital's computerised risk register within one working day
- Of these, **100%** had an acknowledgement sent within three working days
- Within 30 days of the initial complaint **87%** were closed (target 80%).

During 2014 the Eye and Ear undertook a patient experience survey project. The aim of the initiative was to gather information directly from patients about their experience of the hospital. The surveys, designed in collaboration with team members of the service area and consumers, were sent to 3,517 patients with 998 returned back to the hospital.

Three different versions of the survey were sent to outpatients, Emergency Department patients and inpatients/day procedure patients.

- **87%** of patients attending the hospital felt they were treated with dignity and respect during their visit, with **95%** of patients stating that they would recommend the hospital to family and friends.
- **87%** of patients felt they were greeted courteously and professionally by reception staff and **86%** of patients had confidence and trust in the care provided by the hospital.

Activity response to feedback

Over 2014–15 the hospital undertook a number of activities in response to complaints to improve the patient experience. These have included a significant focus on our Emergency Department (ED) experience.

In response to feedback the ED has made a number of changes, including remodelling the medical workforce rostering to provide more senior staff during busy periods, and implementing a fast track system in ED to improve response times for patients waiting. In addition, volunteer support has been introduced into the waiting areas to provide information and support to patients waiting at busy times. The positive outcomes of these activities have been reflected in our patient experience data. The ED has experienced a 45% reduction in complaints (especially around wait time) and a steady improvement in the patient experience as highlighted in the VEHS results over the year.

Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey of people's public healthcare experience. The VHES is sent to English speaking patients who attended the Emergency Department or were an inpatient for the specified period.

The VHES reports are produced quarterly and provide comparative results. Over 645 Eye and Ear patients responded to the surveys over the July 2014–March 2015 period, a response of 30% which is a similar response rate to other participating hospitals.

Percentage of satisfaction from the Victorian Healthcare Experience Survey

Dates	Overall	Adult Inpatient	Adult Emergency
Jul-Sep 2014	91.4%	99.00%	88.5%
Oct-Dec 2014	91.8%	94.6%	90.7%
Jan-March 2015	92%	96%	91%
State-wide	89.3%	91.7%	82.5%

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 accreditation.

Accreditation is a process where 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 Eye and Ear adheres to the National Safety and Quality Health Service Standards (National Standards), a national initiative aimed to improve safety and quality systems in Australia's health care.

This program consists of 10 minimum standards (209 core and 47 developmental actions), which aim to maximise patient safety and quality. Standards 1 and 2 are specific

to governance and partnering with consumers, and standards 3 to 10 focus on key clinical objectives.

In December 2014, the Eye and Ear underwent an accreditation survey against the 10 National Standards. The Eye and Ear satisfactorily met all 209 core and 45 developmental actions, and staff and consumers were awarded 23 'Met with Merit' ratings. Two developmental actions remain work in progress. The hospital coordinates an organisational wide approach to continually meet all of the National Standards.



Your care is our priority



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 implement the National Standards



Betty Tellis
Coordinator, Community Engagement
and Participation

Betty Tellis is the Coordinator of Community Engagement and Participation and was instrumental in coordinating the patient information project within National Standard 2, Partnering with Consumers.

The patient information project was one of the four core action items that the Eye and Ear needed to pass for Standard 2 during the accreditation process. This action item involved reviewing over 300 pieces of patient information distributed to patients and their families by the Eye and Ear, consulting consumers about the accessibility of this information, and taking action to incorporate consumer feedback.

“My main role in the lead up to the National Standards accreditation was to coordinate the review of the hospital’s patient information, assist with the removal and roll-out of updated information, and conduct audits regarding the use of approved information,” Betty says.

Betty also assisted in monitoring the progress of action items in Standard 2, collecting evidence supporting these items, and helping staff to prepare for the accreditation by delivering information sessions about the Partnering with Consumers Standard.

“The patient information project was and continues to be important because it assists us in giving our patients accurate, up-to-date information that is accessible to them and which meets their needs.”



Linda Miln
Risk and Quality Manager

Linda Miln is the Eye and Ear’s Risk and Quality Manager and was responsible for coordinating the implementation of the National Standards program, with the support of Executive Sponsor Jenni Bliss and a team of clinical leads and staff auditors. Linda also coordinated the actions required to meet National Standard 1, Governance for Safety and Quality in Health Care.

Linda has worked at the Eye and Ear for nine years in various roles including the Nurse Unit Manager of Day Theatres and Acting Improvement and Redesign Manager.

With the introduction of the National Standards, Linda and the team initially completed a gap analysis of the hospital’s safety, quality and risk management processes and compared it to the requirements of the National Standards’ audit and improvement program.

“This required us to undertake a comprehensive review of our organisational structure—with a particular focus on patient safety committees. We examined every aspect affected including the hospital’s policies and procedures, our compliance with federal and state laws, infection control, medication safety and patient and employee safety — just to name a few.”

Linda says the introduction of the National Standards has raised the hospital’s quality profile and most importantly ensured that patients and carers are actively engaged in their care delivery and management plans.

“Consumers now have the opportunity to be part of our quality teams and involved in committees, safety walk-arounds and focus groups, and therefore have a say in how services will be provided now and in the future.”



Governance for Safety and Quality in Health Care

A large component of National Standard 1 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.

As part of our continuous quality improvement program a number of actions were undertaken including:

- The introduction of a National Standards newsletter, which communicates the requirements of all the standards as well as, staff and patient safety and quality responsibilities.
- The introduction of quality and safety e-bulletins, which detail lessons learned from incidents as well as feedback and quality initiatives implemented as a result.
- A revised Governance Framework and Committee structure to ensure any patient risks and improvement work required is identified and corrected.
- Endorsement and communication of the mandatory staff training program and calendar, which is available on the intranet.
- Introduction of performance review processes to allow staff to concentrate on quality and safety accountabilities and further professional development options.
- Development and communication to staff of our Resuscitation Choices procedure to ensuring advanced care planning are carried out according to a patient's requests.
- The development of '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 mandatory training obligations.
- Development of our annual Quality Plan which supports staff undertaking continuous quality improvement activities, with progress updates provided to the Board Quality Committee quarterly.

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

Reported to	Department of Health & Human Services 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</i> bacteraemia (SAB)	Hand Hygiene 80% Staphylococcus aureus bacteraemia 0%	✓ Exceeded targets Last Quarter reporting 85.5% ✓ Target consistently met Nil reported cases
Cleaning standards Department of Health & Human Services	Target 85%	✓ Target consistently met June 2015 results were 97.1%
Clinical risk Sentinel event reporting within three days of event to Department of Health & Human Services	All Incident Severity Rating (ISR) 1 (Catastrophic) to be reported	✓ Nil ISR1 incidents reported
Clinical risk Incident reporting monthly to the Department of Health & Human Services	All reports forwarded	✓ Fully Compliant
Pressure ulcers (New collection) Department of Health & Human Services	All pressure injuries to be graded and reported	✓ 1 pressure injury developed during surgical case
Quality of Care reports Department of Health & Human Services	Annual publication developed with our consumer groups	✓ Fully Compliant



Partnering with Consumers

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 hospital.

Some of our key initiatives to meet National Standard 2 include:

- Conducting patient experience surveys in Outpatient Clinics, Emergency Department and inpatient areas, with feedback informing improvement ideas
- Continued review of patient information and publications by consumers
- Continued recruitment of consumers to our consumer register, our consumers actively participate in our Governance Committees and Quality Improvement focus groups
- Development of patient stories and patient experience videos for teaching purposes.



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.

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 & Human Services set targets. The Eye and Ear has a schedule of compliance auditing which is carried out to ensure these targets are met.

To promote patient safety and the best infection control practice we have implemented the 'Hands Up For Hand Hygiene' campaign. The campaign was designed, with consumer consultation, to raise awareness of hand hygiene and to help improve the hospital's hand hygiene compliance rates, which it successfully did. The campaign also highlights to patients and visitors that they have an important role to play in their own healthcare.

The Eye and Ear also continued the 'It's OK to ask' program, which encourages consumers and carers to ask staff if they have washed their hands.

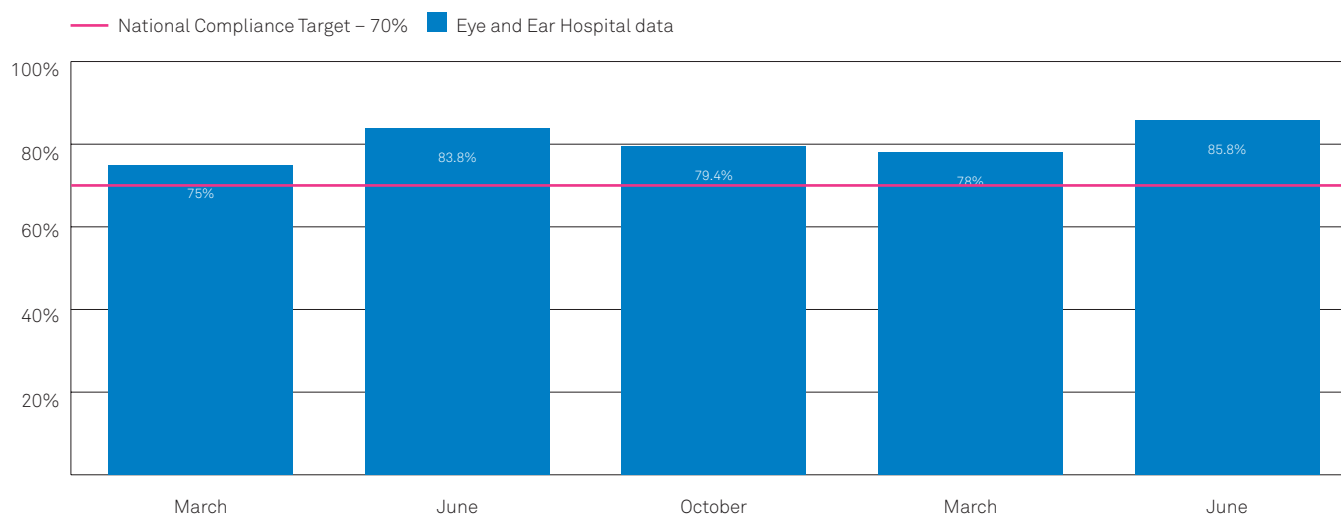
In an effort to improve and target infection control, a new online learning package for clinical staff 'Standard and Transmission Based Precautions' was developed and implemented.

The Eye and Ear is currently undergoing a redevelopment. Construction, renovation and maintenance of health care facilities bring specific risks associated with potential effects on the wellbeing of patients, staff and visitors. There is a strong focus on infection control around construction that encompasses risk management, occupational health and safety and business continuity. Strategy implementation and support of preventative measures to protect against potential harm are an infection control imperative during these days of redevelopment at the hospital.

We have continued our Antimicrobial Stewardship Program, to ensure that our patients receive the appropriate antibiotics as required and to reduce antibiotic resistance. This program is in partnership with the St Vincent's Hospital Infectious Disease Service and is overseen by our Drugs and Therapeutics Committee.

We have also implemented tools and training around Aseptic Non Touch Technique (ANTT) to standardise the best practice wound care and intravenous therapy management.

Hand Hygiene Compliance. Eye and Ear data against the National Compliance Target 70%.





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, including:

- Introducing a process for all inpatients to have a 'best possible' medication history documented at admission, this information is important to help inform treatment and to ensure safe management of patients during their stay.
- Implementing a process to provide a comprehensive medication list to high risk patients and their general practitioners on discharge to ensure continuity of medication.
- Implementation of a Paediatric Medication Chart with additional safety features for patients 16 years and under.
- Development of a High Risk Medicines procedure detailing precautions to prevent serious outcomes if these types of drugs are misused or used in error.
- Implementation of electronic and automated systems for medication management.
- Educating and training our workforce on various aspects of medication safety.
- Reviewing medication related procedures against best practice and making changes where possible to improve safety for our patients.
- Completion of the Medication Safety Self-Assessment (MSSA). The self-assessment is divided into key elements that have been shown to significantly influence safe medication use. Each time the assessment is conducted there has been a notable improvement.
 - 2014 – 78.2%
 - 2010 – 70.6%
 - 2008 – 56.9%



Patient Information and Procedure Matching

Patient Identification and Procedure Matching describes the systems and strategies to identify patients and match their identity with the correct treatment. The Eye and Ear developed education packages to actively involve patients in the safety checks for identification by asking patient's to state:

- Their full name
- Date of birth
- Address or identification band.

Patient Identification and Procedure Matching audits are regularly completed hospital wide and the outcomes are communicated to staff to ensure a standardised process is in place. The patient identification process occurs during multiple points of the hospital visit including registration, patient consultations, when documenting in the medical record, when handing over the responsibility for care, when performing procedures, when making referrals, when gathering specimens and when prescribing, administering, supplying and dispensing medicines.



Clinical Handover

Clinical Handover describes the systems and strategies for effective clinical communication whenever accountability and responsibility for a patient's care is transferred. The Eye and Ear adheres to a formal clinical handover process called ISBAR (Identify, Situation, Background, Assessment and Recommendation). It is a process that outlines how and when clinical handover should occur and staff have been educated to Think, Talk, Write – ISBAR.

The Eye and Ear implemented a clinical handover education program with scenario based learnings available, it was mandatory for nursing and junior medical staff to complete. This formalised handover process ensures effective, concise and complete communication of a patient's requirements and care plans in all clinical situations.

We also introduced a bedside handover project, to ensure patients are able to actively participate in the handover process and feel able to ask any questions or queries.



Blood and Blood Products

Blood is transfused at Eye and Ear very occasionally. The Eye and Ear has a comprehensive Blood Management procedure, which ensures staff adheres to the safe management of blood administration; this process has been completed with the assistance from St Vincent's Hospital pathology (our pathology provider). The Eye and Ear has also developed and implemented other procedures and processes to access lifesaving blood and massive blood transfusion protocols. These procedures have been communicated through a variety of channels, including education packages.

Nursing and medical staff participate in mandatory education for blood administration. Some of the areas covered in the blood management education package include the risks, benefits and the consent process required — which includes taking a comprehensive blood transfusion history to identify any special needs a patient may have.



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. In the last financial year we have revised our Pressure Injuries Prevention and Management procedure, which requires staff to:

- Perform skin assessments and screening tools referred to as the 'Braden scale'
- Report all pressure injuries in the hospital's incident reporting system
- Document pressure injuries management plans
- Include patient and carers in management plans and ensure written information, in understandable language, is provided to patients' and carers.



Recognising and Responding to Clinical Deterioration in Acute Health Care

This standard describes the systems and processes to be implemented by health service organisations to respond effectively to patients when their clinical condition deteriorates. Some of our key initiatives to continually meet National Standard 9 include:

- The introduction of adult observation, recognition and response charts. For example the 'track and trigger' system which identifies changes in physiological (observations) parameters over time and prompts prescriptive action/escalation required, if these parameters become abnormal.

- Development of education modules for staff to recognise and manage a deteriorating patient.
- Structured debrief pro formas are used which capture feedback after emergency responses, this system communicates the lessons learnt, improvements required and the processes that were managed well.
- Competencies for basic life support overseen by the Executive Team to ensure completion rates remain high.



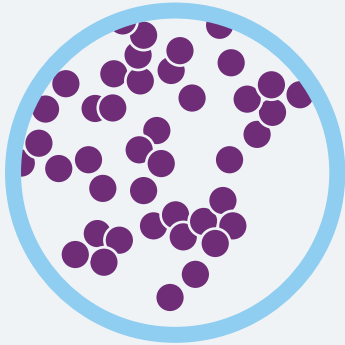
Preventing Falls and Harm from Falls

At the Eye and Ear we recognise the link between vision impairment and inner ear conditions increase the risk of falls. Our Health and Safety representatives regularly undertake environmental audits to identify hazards and ensure improvements are implemented. We updated our Falls Prevention and Management procedure, which requires staff to:

- Use our best practice approach to screening and identifying high falls risk patients.
- Ensure that patients and carers are involved in the planning of their falls prevention program.
- Ensure discharge planning and referral to appropriate services where an actual fall or risk of fall is determined.
- Ensure that all patient falls incidents are reported in our incident reporting systems and a fall investigation form is completed to review any preventable patient risks.



Did you know?



DURING 2014–15 THERE WERE

0 CASES

OF STAPHYLOCOCCUS AUREUS



WE HAD **NO INCIDENT** REPORTS RELATED TO THE TRANSFUSION OF BLOOD OR BLOOD PRODUCTS THROUGHOUT 2014–15.



100%

HAND HYGIENE COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TARGETS.

INDUSTRY

0.35%

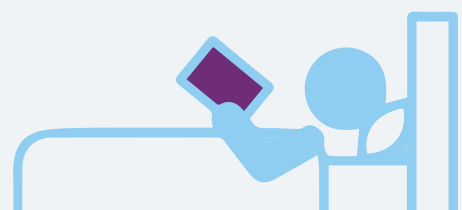
EYE AND EAR

0.01%



32 PATIENTS (0.01%) FELL WHILE AT THE EYE AND EAR IN 2014–15, WITH ONE PATIENT REQUIRING HIGHER ACUITY CARE. **THIS IS WELL BELOW THE INDUSTRY AVERAGE OF 0.35%.**

IN 2014–15 THERE WERE 19 PRESSURE INJURIES RECORDED, WITH **ONLY ONE DEVELOPING DURING OUR CARE**, THE OTHER 18 WERE PRE-EXISTING.

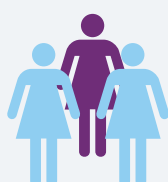




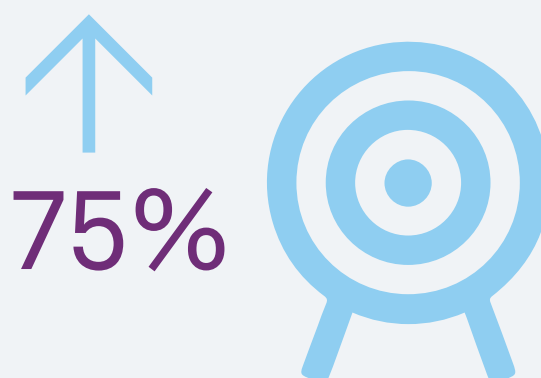
DURING 2014–15 THERE WERE
140 AUDITS CONDUCTED
OVER THE 10 NATIONAL STANDARDS,
WITH ACTION PLANS PRODUCED
AS REQUIRED.



AN ADDITIONAL
30 STAFF
UNDERWENT
**ADVANCED
LIFE SUPPORT
TRAINING**



AT THE END OF THE 2014–15
FINANCIAL YEAR WE HAD
92 CONSUMERS
ON OUR REGISTER
ASSISTING WITH QUALITY
AND SAFETY ACTIVITIES.



DURING 2015 THE EYE AND EAR
EXCEEDED THE 75% TARGET
SET BY THE DEPARTMENT OF HEALTH
& HUMAN SERVICES FOR **STAFF FLU
VACCINATION RATES.**

Hand hygiene tips

When should I clean my hands?

For medical staff

- Before touching or eating food
- After you have gone to the bathroom/toilet
- After sneezing, coughing or disposing of tissues
- Before touching your eyes, nose or mouth
- After handling dirty clothes or linen
- Before and after touching a dressing

For visitors or carers

- Do not visit someone in hospital if you feel unwell or have a cold, or have been vomiting or had diarrhoea. Wait until you feel better.
- Clean your hands with alcohol hand rub or soap and water before visiting friends/relatives, and before going home.
- Avoid bringing too many visitors at one time to visit someone. Always check with staff.
- Be careful not to touch dressings, drips or other equipment around the bed.

Source: National Health and Medical Research Council



Consumer engagement: small changes making a big difference

Kevin Boyce and his guide dog Nez travel to the Eye and Ear from their home in Warrnambool to provide a consumer perspective on plans and services at the hospital.

Kevin devotes his time to enhancing the experiences of patients by suggesting small changes such as providing easily accessible information about public transport options for getting to the Eye and Ear.

“It’s just the little things that make it easier for the patients accessing the hospital. If the patient can get to the hospital and they feel comfortable, then the outcome is going to be better for them.”

Kevin became passionate about disability services following a farm accident in 1999 that left him with an acquired brain injury and a visual impairment.

He undertook studies in disability work and community engagement and then became involved as a consumer at the Eye and Ear.

“One of our disability groups down in Warrnambool suggested that I might like to get involved with a few of the hospital groups,” he says.

“My name was put forward to the Eye and Ear because of my visual impairment and that’s how it started.”

Kevin is a particularly passionate advocate for people with a visual impairment as well as multilingual and rural patients.

“I’m very proud that we made the hospital homepage language accessible, which means multilingual patients from country areas can get on the Eye and Ear website and find out where it is and how to get there.”

Kevin is one of 92 consumers on the hospital’s consumer register.

He has served two terms on the Community Advisory Committee which assists and advises the hospital’s Board, and is now involved with the Diversity and DisAbility working group.

The working group consists of staff and consumers who collaborate to develop and implement plans aimed at improving the hospital’s engagement with a diverse range of patients and their families.

Betty Tellis, the hospital’s Coordinator for Community Engagement and Participation, says consumers play an important role at the Eye and Ear.

“Involving consumers in the work that we do is important to ensure we are listening to the needs of our patients and their families and responding accordingly,” Betty says.

“Kevin’s involvement in the group is very significant because what is important to the consumer might not be what we as staff would automatically expect.”

Kevin agrees, highlighting that a simple change, such as the colour of the seating in the hospital’s new redevelopment, can make a big difference for patients.

“The seating they were looking at was comfortable and modern but the colouring of the seats blended in with everything else and there was no contrast,” he says.

“If you’re going to the Eye and Ear it’s likely that you may not be able to see very well. I suggested that it would be better to make everything colour contrasting so that you can actually pick the difference, making it safer.”

Kevin says it is important that the Eye and Ear continue its engagement with consumers like himself.

“I think they are doing a great job. They are listening and not assuming what consumers need.”



Volunteers enhancing patient experiences

Kok Chan is a dedicated volunteer who warmly welcomes patients at the Eye and Ear's Outpatient Clinic, to ensure their visit is as easy and comfortable as possible.

"Many patients, particularly those who are elderly, might be a bit scared or experiencing some anxiety when they arrive and I will help them check in, have a chat, reassure them that everything is okay and make sure everything is in line for their appointment," Chan says.

"I also assist the wonderful doctors, medical staff and clerical staff in any way possible."

Chan started volunteering at the Eye and Ear in October 2013, after a visit as a patient.

"I was here having my six-monthly eye test and I saw the concierge desk and asked how I could get involved."

"The hospital was looking after me and this was one way that I could pay back the care that was given to me," he says.

Chan works two four-hours shifts a week and has assisted at the concierge desk in the reception area and in the busy Emergency Department.

He now spends most of his time in the Outpatient Clinic where he is particularly passionate about using his language skills to assist patients who speak English as a second language.

"I do my best with Mandarin and can definitely help people with my Cantonese to understand some of the check-in information."

Chan says it is a pleasure to volunteer at the hospital and believes the work he does is making a real difference.

"Our role is coordinated very well and all the volunteers have a genuine interest in helping," he says.

"It does feel good to know that the work I am doing is appreciated and when I get a personal thank you it makes it all worthwhile."

Community Consultation Workshop

In May the Eye and Ear hosted a Community Participation workshop to help develop the hospital's Partnering with Consumers and Community Plan 2016–19. The aim of the plan is to integrate the Community Participation Plan, Disability Action Plan, Cultural Responsiveness Plan, the Aboriginal Health Plan and provide a clear and consistent direction for the hospital in our strategic goal of actively partnering with our consumers to improve our patients' experience.

Hospital staff, community and consumer representatives attended the workshop and were given the chance to have their say on how the hospital can further promote community participation and embrace diversity.

The community representatives on the day included people from Blind Sports Australia, Vision Initiative, Primary Care Partnership and Medicare Locals. This was the first forum aimed at the development of the draft plan, which will then be communicated wider for feedback from a broader group of representatives.

Rebecca Power, Manager of Strategy, Planning and Partnering with Consumers said: "It was fantastic to have consumers and community representatives involved right at the beginning of the development of our plan. Our community and consumers were incredibly generous with their time, especially on a wet and dismal day, and have provided excellent feedback and advice which will form the basis of our plan moving forward."

Embracing and Recognising 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.

Cultural Responsiveness Plan

The Eye and Ear's Cultural Responsiveness Plan is guided by the Department of Health & Humans Services 2009 *Cultural Responsiveness Framework*. The framework identifies four domains: organisational effectiveness, risk management, consumer participation and effective workforce.

The framework also identifies six standards:

- Standard 1 – A whole-of-organisation approach to cultural responsiveness is demonstrated
- Standard 2 – Leadership for cultural responsiveness is demonstrated by the health service
- Standard 3 – Accredited interpreters are provided to patients who require one
- Standard 4 – Inclusive practice in care planning is demonstrated, including but not limited to dietary, spiritual, family, attitudinal and other cultural practice.
- Standard 5 – CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services in an ongoing basis
- Standard 6 – Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness.

Over 2014-15 the Eye and Ear progressed a number of initiatives supporting the plan, including:

- Actively seeking consumer representatives who are representative of our diverse community
- Celebrating diversity days
- Focus on continuously improving timely and appropriate access to interpreting services
- Education and support provided to staff on working with interpreters
- Actively monitoring and supporting feedback from patients from CALD communities.

Celebrating Cultural Diversity Week (14-22 March)

The Eye and Ear embraced Cultural Diversity Week with two engaging and lively events.

On Wednesday 18 March, former refugee Mariam Issa shared her personal journey of resilience, strength and determination and spoke to staff about how she uses her East African values to influence her Australian way of life. Mariam's presentation was incredibly inspirational. She described the challenges she faced after arriving in Australia and how she created her not-for-profit organisation RAW (Resilient Aspiring Women) with its community garden and meeting space in her Brighton backyard.

On Friday 20 March, Eye and Ear employees and consumers' culinary skills were then put to the test with a cooking competition called A Taste of Harmony. There was a range of sweet and savoury family favourites from all parts of the globe including curries, dips, salads, cakes, slices and a host of other delicious dishes. The winner of the popular vote was Chris Breheny with Mrs Wilson's Carrot Cake, Jagdeep Thind took out second place with Aloo gobi (cauliflower and potato curry) and Roti Bread and third place went to Michele Schot with Greek Cypriot Grain Salad.

Interpreting at the Eye and Ear

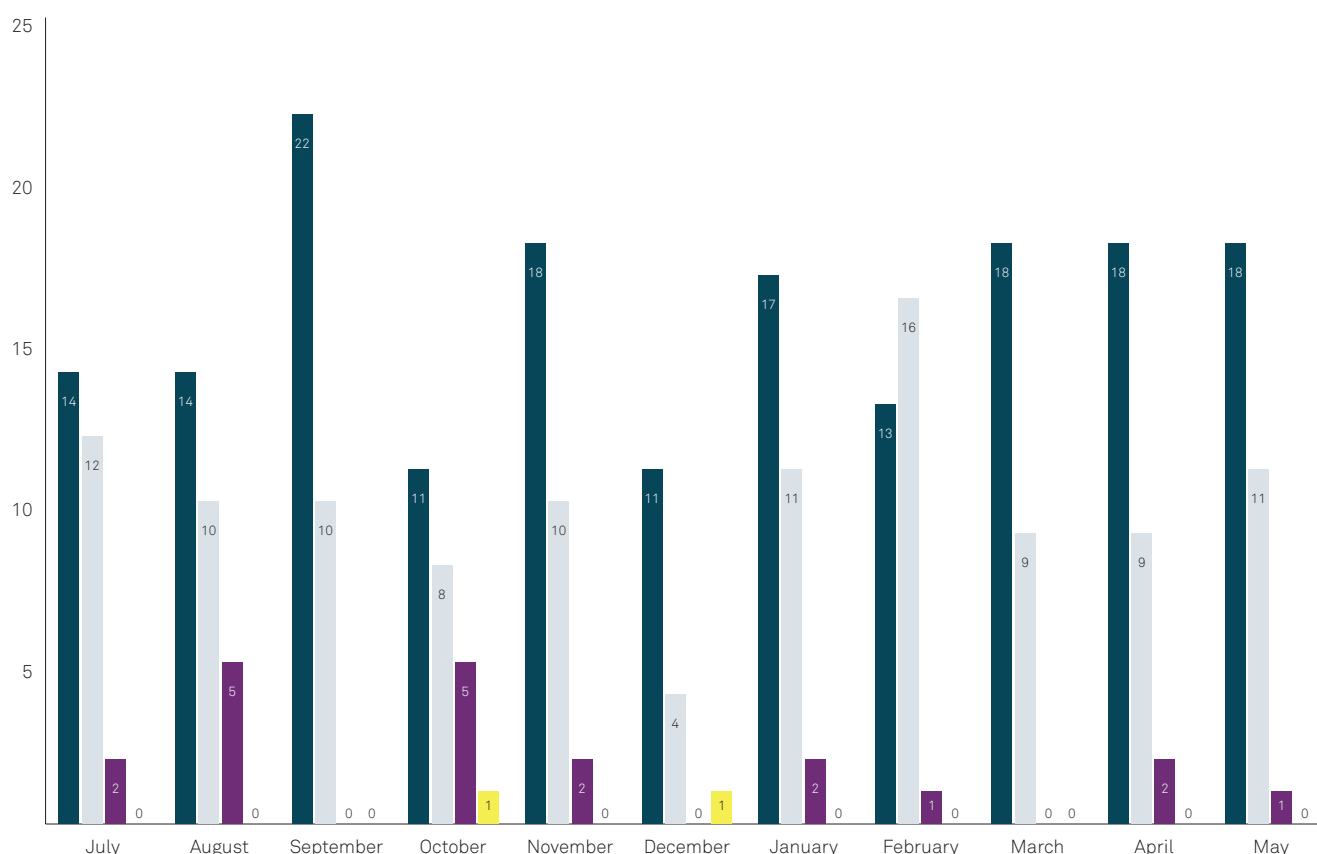
During 2014–15 the hospital's internal interpreters attended 7,677 appointments. During the same period external interpreters also assisted the hospital and attended 8,091 appointments. Greek, Mandarin and Vietnamese were the most common requested languages.

The Eye and Ear 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. Eye and Ear Chief Executive Officer Mark Petty, staff and consumer representatives sampled a selection of meal options available to our inpatients. "Overall I was very impressed with the quality and taste of the food which was significantly better than other hospitals I have worked at," Mark says. "This is reflected in the very high scores we receive for patient satisfaction for meals at the Eye and Ear."

We asked our inpatients 'Were your meals enjoyable?' The below graph details the responses.

Always Mostly Occasionally Never



Disability Action Plan

The Eye and Ear is committed to reducing the barriers and discrimination faced by people with disabilities. The hospital's Disability Action Plan is guided by the Victorian Disability Act 2006 and the Commonwealth Disability Discrimination Act 1992 and covers four outcome areas.

The hospital has focused on a number of key initiatives during 2014–15, including:

- Improving communication with patients through a comprehensive consumer review of patient information and letters.
- Promoting staff wellbeing and celebrating the International Day of Disability and *R U OK? Day*.
- Providing education and support to staff on working with patients with a disability, including an awareness guide, and targeted training for all staff at orientation on hearing and sight issues.
- Building a representative consumer register, supporting people with disabilities to participate in consumer roles.

“We’re able to see the patients in a more culturally appropriate setting where they’ve got all the support of the Aboriginal Health Service.”



Improving access to health services in the Aboriginal and Torres Strait Islander community

The Eye and Ear's outreach clinic at the Victorian Aboriginal Health Service (VAHS) has helped to improve the hearing of eleven-year-old Caitlyn Lovett, in a culturally appropriate setting for her and her family.

Caitlyn was referred to the clinic in 2011 after her mother Joahah noticed that she was experiencing hearing loss.

“Caitlyn is happy, always running around with her two brothers but I noticed she was short of hearing so I took her to the service [VAHS] to have a look at her.”

The Eye and Ear's Dr Michael Dobson visits the outreach clinic once a month to provide children and teenagers in the Aboriginal community access to important ear health services.

He discovered that Caitlyn was suffering from otitis media with effusion, a fluid build-up in the middle ear, which was impacting Caitlyn's schoolwork and day-to-day life.

“Children can present as being inattentive in class as they don't hear exactly what the teacher says... [they] do not hear the rain on the roof, bubbles in lemonade, and soft sounds which may lead to mispronunciation of words and misinterpretation of commands,” Dr Dobson says.

Caitlyn was admitted to the Eye and Ear for surgery to drain the fluid from her inner ear and have grommets inserted which act to keep the ear ventilated.

Her hearing improved immediately.

Joahah says being able to attend the Eye and Ear clinic at VAHS was critical for getting Caitlyn treated, as she would not have felt comfortable taking her to the hospital to be assessed.

“We could have slipped through the system if we hadn't been able to access the hospital's services through VAHS.”

“The health service [VAHS] is practically all I know,” says Joahah. “I was brought up using that same service so I just feel more comfortable in that environment.”

Dr Dobson says the hospital's partnership with VAHS helps to remove barriers for Aboriginal people in accessing the Eye and Ear's services.

“We're able to see the patients in a more culturally appropriate setting where they've got all the support of the Aboriginal Health Service,” he says.

Caitlyn has recently suffered a series of ear infections and has been experiencing hearing loss again.

She will return to the Eye and Ear for a second surgery in late 2015.

Dr Dobson says that Aboriginal patients can find the hospital environment unfamiliar and intimidating but says that Caitlyn and her family will have access to extra support during their visit for Caitlyn's surgery.

“We have an aboriginal liaison officer at the hospital who will help the admission and who will make sure that everything is in place for the family.”

Joahah says that while she is not looking forward to attending the hospital again, the outreach clinic at VAHS has prepared her for the visit to the Eye and Ear.

“They explain the procedures that are going to happen really well.”

“I think it is a really good idea to have the linked service between VAHS and the hospital because without the link I wouldn't feel as comfortable going in to the hospital,” Joahah says.

Helping to close the gap

Alicia Morris is helping to break down barriers and improve access to the Eye and Ear's health services for Aboriginal and Torres Strait Islander patients.

Working two days a week in her role as an Aboriginal Patient Support Worker, Alicia identifies Aboriginal patients and provides them with culturally appropriate support during their visit to the hospital.

"I find out if Aboriginal patients need any assistance coming to the hospital or with their appointment."

"It's about providing cultural support," she says. "They know that they've got someone that they can sort of relate to and a face that they feel comfortable with when they come into the hospital."

Alicia also provides Aboriginal patients with ongoing support by referring them to Aboriginal Health Services in their local communities.

"I'm aware of the services available in the wider community," says Alicia. "Some of our patients come from outside of Melbourne and I can direct them to services in their area."

Aboriginal people are more likely to suffer from eye and ear conditions than the wider Australian community but are less likely to seek treatment.

Alicia says simply identifying Aboriginal patients is critical in ensuring they receive the targeted support that is available.

"Asking the question and identifying whether patients are Aboriginal or not is really important."

"If we're not aware that a patient is Aboriginal then they don't get our support and we can't help with discharge planning or providing access to other Aboriginal services in the community."

The Eye and Ear's Aboriginal Patient Support Workers report to Rebecca Power, the Manager of Strategy, Planning and Partnering with Consumers.

Rebecca explains that Alicia was recruited as part of the hospital's Aboriginal Employment Plan, which aims to support and encourage the recruitment of Aboriginal and Torres Strait Islander staff.

"It's part of the hospital's contribution towards 'closing the gap' — not just to close the health gap, but to support employment opportunities for Aboriginal and Torres Strait Islander community members," Rebecca says.

"Alicia's role was developed in response to feedback from the community, which highlighted the need for an entry level, well supported role to provide workers with the opportunity to experience mainstream acute care."

Rebecca says that having Aboriginal Patient Support Workers onsite, such as Alicia, is improving the cultural awareness of all staff at the hospital.

"We have formalised training programs, but actually having someone there on the ground for staff to ask questions, and to be a bit of a leading light in terms of improving cultural awareness, I think makes a huge difference."

Alicia agrees saying that being able to share her knowledge with her colleagues at the hospital ultimately benefits patients.

"Having that broad cultural awareness across the hospital is important because then members of the Aboriginal community just feel more comfortable in approaching anyone when they come into the hospital."



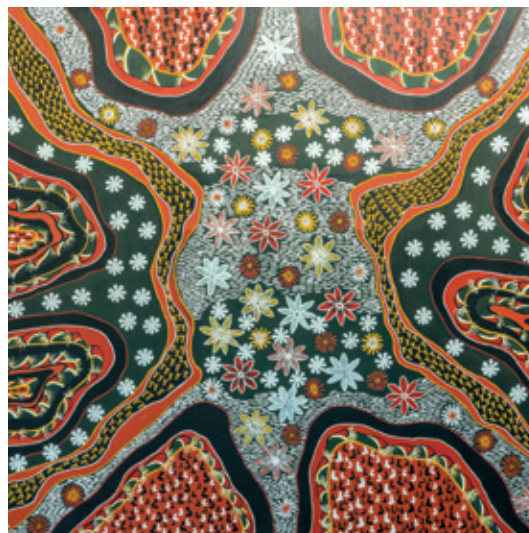


Celebrating Aboriginal Artwork

More than 70 people gathered at Lucy Jones Hall for the official launch of the Eye and Ear's art collection.

Eye and Ear CEO Mark Petty says the hospital is looking to build a quality art collection for the newly redeveloped hospital to improve the patient journey, reduce anxiety, assist with healing and provide a welcoming environment.

At the launch, the first five pieces in the hospital's collection, all from local Aboriginal artists, were unveiled. The pieces chosen were carefully selected by Banmirra



Arts specifically to help provide a welcoming and inclusive environment for all our Aboriginal and Torres Strait Islander patients. This is a key component of our Aboriginal Health Strategy and our ongoing commitment to Closing the Gap.

"Art will play an important role in the newly redeveloped hospital and I look forward to having a collection of Aboriginal artwork, which will enable the hospital to have a cultural welcoming environment," Mark says.

Cultural Awareness

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. During NAIDOC week Eye and Ear staff were encouraged to complete an Aboriginal and Torres Strait Islander quiz. The quiz was very successful and provided a great opportunity to learn and celebrate Aboriginal cultures.

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; the Aboriginal Health Plan, the Continuous Quality Improvement tool: Aboriginal health (CQI) and the Aboriginal Employment Plan.

Closing the Gap Pharmaceutical Benefits Scheme Co-payment Measure

The Eye and Ear supports 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

eyeConnect: Telehealth services at the Eye and Ear

The hospital has created a prototype device for a remote ophthalmic diagnostic system, named the 'eyeConnect' and a disposable tonometer (that measures intra-ocular pressure) call the "eyePressure". These devices have been developed as part of a sponsored partnership project with the Department of State Development, Business and Innovation, a niche medical technology manufacturer called Ingeneus Pty Ltd and the hospital. The purpose of the device is to provide a way to support ophthalmic telemedicine — that is, for a remote health service to capture and send quality images, a patient history and eye test results directly to the Eye and Ear Emergency Department.

In 2014 the hospital received a grant from the Department of Health & Human Services to rollout 15 eyeConnects across Victoria to improve the access of ophthalmic services via a telehealth service. The hospital has run a number of 'roadshows' to rural health services with a view to implementing the eyeConnect into these health services over the coming year and begin to establish a telehealth service for eye injuries.

Improving outcomes

Communicating with General Practitioners

Written communication from service providers to general practitioners and other community based referrers helps a patient's care plan. The Eye and Ear is currently undertaking a discharge planning project to improve the quality and quantity of correspondence to referrer's hospital wide. This project includes optimal handover and interim updates to our referrers from our Emergency Department, Outpatient Clinics and Inpatient areas. We have recently introduced a digital health record with the capacity to produce Electronic Forms which will help with this process. We continue to monitor discharge rates monthly and audit medical documentation quarterly with actions for improvement tracked.

People Matter Survey

In May 2015, the Eye and Ear participated in the People Matter Survey, conducted by the Victorian Public Service Commission. The survey provides insights into the application of values and employment principles, for example what is valued and important to Eye and Ear staff.

The survey reviews eight patient safety indicators relating to safety concerns, reporting, organisational culture, training and improvement work. We received a positive result, with an overall patient safety score of 91% which is 2% above our comparator organisations. Six of the eight patient safety scores rated in excess of 90%. All except two indicators exceeded the average results obtained by our comparator organisations. A number of initiatives helped

drive the improvement in our safety profile including, the introduction of the National Standards accreditation program, organisational auditing and improvement program and several patient centred care initiatives. These undertakings have strengthened the links between risk reporting, lessons learned and quality initiatives. Additionally, the mandatory training matrix provided a clear framework for staff to work towards and resulted in good completion rates of training in: basic life support, emergency management, laser and radiation safety, bullying prevention, manual handling and cytotoxic drug handling. There has also been significant work in OHS activities that has involved consultation with managers and Health and Safety Representatives.

The staff engagement index has demonstrated that we have an overall staff engagement rating of 67% which has remained unchanged since 2013. Our 2015 rating is 5% below our comparator organisations. Activities to increase staff engagement have included: increasing the frequency of communication to staff, further supporting flexible work arrangements, providing support to managers on conducting effective performance appraisals and building individual development plans, delivering a leadership development program to new and emerging managers, and providing a training calendar to address collective needs. This work is ongoing and is set out in the Strategic Workforce Plan 2014–18.

Fast track trial

The Eye and Ear's Emergency Department implemented a new fast track stream for eyes at the beginning of March, which aims to improve patient flow and decrease wait and length of stay times for patients presenting with specific eye conditions. Of the 2100 potential fast track patients that attended ED during the trial period, over 540 of them were seen as fast-track patients. This resulted in a reduction of average length of stay by up to an hour in some instances. To demonstrate the successful impact the fast track stream can have on the patient outcomes, two patients were selected from an audit, both patients presented with corneal abrasions. One patient was put onto the fast track stream and was discharged within 80 minutes of arrival; the other was waiting for over four hours. By achieving a higher conversion rate into fast track, the Emergency Department has the potential to improve the patient's experience, simply by reducing their length of stay.

Digital Health Record

The Digital Health Record is the hospital's new clinical system providing access to patient results in a digital format. It was introduced at the Eye and Ear to enable the hospital to transition towards a system that is much less dependent on paper and allows staff to view a patients' record from wherever they are in the hospital. All patients will have their results and documentation stored on the DHR, with security in place to protect patient information. The DHR will improve accessibility and visibility of all

patient records for hospital and research staff and forms part of the hospital's overarching Electronic Medical Record strategy.

Gandel Philanthropy Balance Disorders Diagnostics

Thanks to generous funding from a Gandel Philanthropy Community Build Grant, in October 2014 the Eye and Ear opened the Gandel Philanthropy Balance Disorders Diagnostics — an area dedicated to a new balance disorder diagnostic and management system. Housed in this area is the state-of-the-art \$225,000 Epley Omniax System, one of only 34 in the world and only the second in Australia. It increases diagnostic accuracy for sufferers of balance disorders, meaning shorter hospital stays and a rapid return to daily activities and productivity for the patient. The cutting-edge technology enables the Eye and Ear to explore new treatment techniques and ensure the hospital is at the forefront of balance disorder research and diagnosis.

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. During 2014–15 there were 12 members from a broad spectrum of the community. The CAC provides strategic level input on issues such as responding to patient feedback.

Community Board Meeting

Close to 70 staff, patients, volunteers, consumers and members of the general public attended the Eye and Ear's Community Board Meeting in November 2014. Dr Penny Allen provided an insightful update on the Bionic Eye Project and Jenni Gratton-Vaughan gave an overview of the redevelopment project and plans. There was great interest in the hospital from the community, with a number of consumers and community members asking questions.

National Volunteer Week

11-17 May

The hospital celebrated National Volunteer Week with a photo board displaying members of our volunteer team. Patients and staff were also given the opportunity to leave messages reflecting on what the volunteers mean to them. Many people thanked the volunteers for their "smiling faces", "warm welcome" and "cheerfully responding to the individual needs of our patients".

The Eye and Ear is fortunate to have had support from volunteers for over 90 years. Between July 2014 and June 2015 the amazing group of 53 volunteers at the Eye and Ear helped more than 74,188 people with various queries from the concierge desk, Outpatient Clinics and the Emergency Department.

Concierge volunteers provide a valuable service, directing and escorting patients and visitors who are unsure of where to go. This is particularly important during the hospital's redevelopment while we experience many changes. Volunteer support and assistance has also been extended into our Emergency Department and some of our Outpatient Clinics.

Four of our long serving volunteers operate a charity kiosk selling newspapers, magazines and donated goods. They have dedicated 99 years of volunteering between them and continue the strong tradition of Auxiliary support. We also have a dedicated group of ten Frankston volunteers who assist the Eye and Ear with fundraising in their community.

Promoting good health

World Sight Day

We celebrated World Sight Day on Thursday 9 October 2014. The international theme for World Sight Day 2014 was *Universal Eye Health*, with a call to action: *No more Avoidable Blindness*. To help get the message out, Andrew Thomas shared his story of being rushed to the Eye and Ear's Emergency Department after a blood vessel burst in his left eye. In Australia, 75 per cent of vision impairment is preventable or treatable. The key to good eye health is regular eye tests by an eye care professional and seeking advice as soon as changes in vision are experienced.

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 Tuesday 26 August 2014, the Audiology Department conducted free hearing screenings for Eye and Ear staff members. The event was particularly popular and helped ease the hearing concerns of many staff. The hearing screenings were conducted by University of Melbourne students who also benefited by gaining valuable hands-on clinical experience.

Sharing our knowledge

Emergency Seminar

In September 2014, the Eye and Ear hosted the 14th annual Eye and ENT Emergency Seminar. The seminar is an opportunity for clinicians to access some of the leading specialists in the fields of ophthalmology and ENT. The seminar has a great reputation as a speciality course, attracting emergency physicians and registrars, rural GPs and nurse practitioners from across Australia and New Zealand. There were 43 participants from New Zealand, Queensland, New South Wales, Western Australia, Tasmania, Melbourne and rural Victoria. Dr Carmel Crock, the Eye and Ear's Director of Emergency, has run the seminar since its inception in 2001. Dr Crock says the seminar is a great chance for the participants to up-skill and to be able to confidently deal with eye and ENT emergencies.

We care about your thoughts and appreciate your feedback.

The 2013–14 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 and Clinical Quality Committee also provided feedback on the report through their meetings. Based on feedback, this year we have focussed on the readability of the report by including understandable graphs and info-graphics. We have also printed on environmentally friendly paper.

Distribution of this report

The 2014–15 Quality of Care report will be distributed to health care partners, GP clinics and community leaders. Copies will be available in Eye and Ear foyers and on the website: www.eyearandear.org.au

We welcome your feedback about all aspects of our services and this report. Please keep us informed by:

Telephone (03) 9929 8666

Email info@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 8689 或電郵 info@eyeandear.org.au，聯絡公共關係處，即可獲得。

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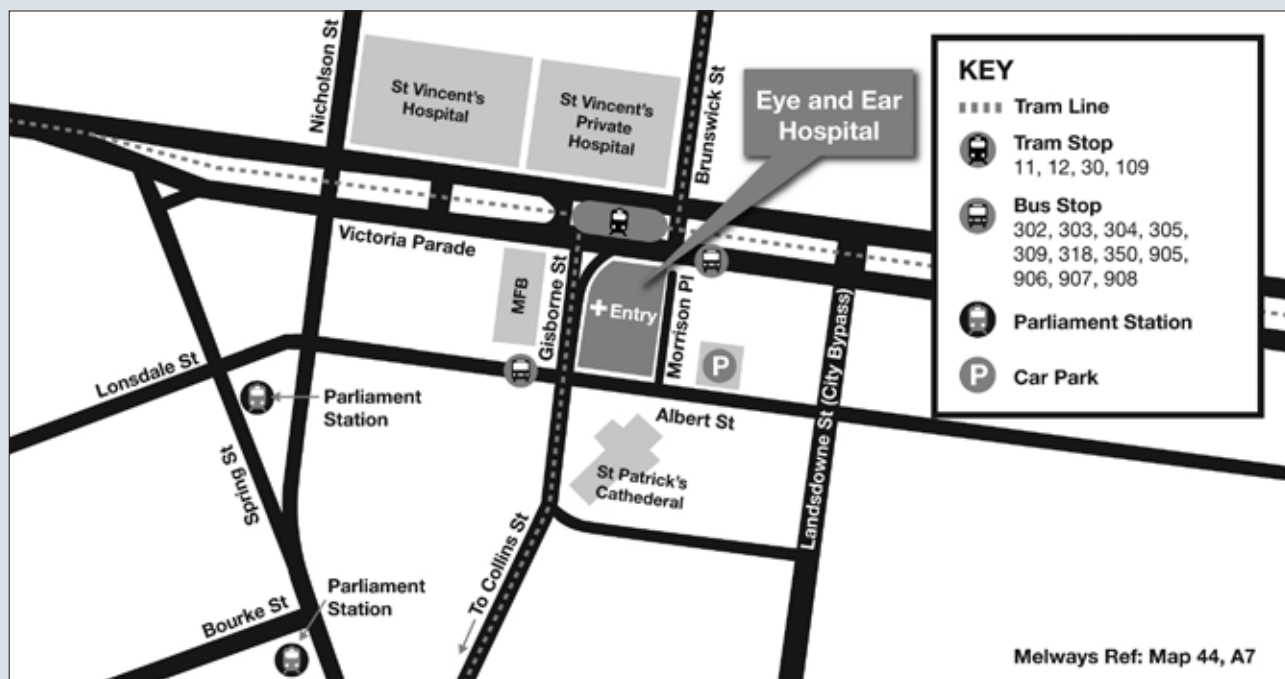
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