

# Quality Account

2015–16



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# From the Chair of the Quality Committee

**I am pleased to present The Royal Victorian Eye and Ear Hospital's (the Eye and Ear) Quality Account for 2015–16. As Australia's leading provider of eye, ear, nose and throat care services, we are dedicated to providing high quality, world-leading care to the Victorian community.**

Previously titled the Quality of Care, this report builds on similar information to previous reports, with an increased focus on the quality and safety of our care and services. The theme of this year's report is communication and action across areas including; safety and quality processes, consumer, carer and community participation, and continuity of care.

At the Eye and Ear, hearing from our patients and their families is important to us and 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 2015, the Eye and Ear developed the Partnering with Consumers and Community Plan 2016–19. The creation of the plan included reviewing patient feedback, extensive consultation with staff, patients and consumers and joins together the goals and activities which support the hospital's commitment to high quality, patient centred, equitable and accessible health care. It combines all the organisation responsibilities outlined in the Aboriginal Health Plan, Community Participation Plan, Cultural Responsiveness Plan and Disability Action Plan.

With more than 250,000 patients visiting our hospital each year, we work hard to provide the very best in clinical care and safety standards. We continue to look for new ways to improve access for patients by collaborating with community and other health care services, including rural health partners. One of the ways we do this is through the accreditation process. The Eye and Ear has been accredited against the National Safety and Quality Health Service Standards until January 2018. The hospital provides quality plans and annual updates of the improvement work and auditing undertaken to our accrediting agency to provide assurance that systems and processes are maintained and improved if required.

We have continued to work closely with the Aboriginal community to provide Aboriginal and Torres Strait Islander patients with a safe and culturally welcoming environment at our hospital. This year we were proud to sign a Memorandum of Understanding with our neighbours St Vincent's Hospital to improve integration across our services to promote better health and wellbeing outcomes for Aboriginal people. We also introduced posters encouraging patients to notify staff if they identify as Aboriginal or Torres Strait Islander, as well as postcards offering information about our Aboriginal Health Team and where our indigenous patients can find additional information and support. Through these initiatives, together with the ongoing development of our Aboriginal Health and Employment plans, we are strengthening our partnership with the Aboriginal community and working towards our ongoing commitment to Closing the gap.

The hospital's redevelopment is well underway, with our new Emergency Department opening its doors in May 2016, the first clinical area of the project to be completed. We also undertook extensive planning and consultation to move a number of our services to a new temporary site to allow the redevelopment project to continue with minimal impact to patients, staff and volunteers.

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 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







# Sharing the journey with our patients

## At 90 years old, Janet Secomb never dreamed she would receive a cochlear implant.

Janet, now 91, first experienced hearing loss 40 years ago. Mild at first, the loss deteriorated over time which was significantly impacting her quality of life.

“It had reached the point where I couldn’t hear anything at church, even when sitting at the front of the congregation,” Janet explains.

Janet had become reliant on her hearing with her sight deteriorating due to Macular Degeneration. Determined to maintain her independence, Janet attended the Cochlear Implant Clinic at the Eye and Ear, after her daughter suggested she could benefit from a cochlear implant.

**“It never would have occurred to me to investigate a cochlear implant because of my age; I thought I was far too old.”**

“But when my sight continued to deteriorate and there was nothing that could be done, my daughter suggested I look into getting the implant so I could at least retain my hearing.”

Janet met with audiologist Rebecca Farrell and testing indicated she had the potential to benefit from a cochlear implant. Rebecca discussed the benefits and potential risks with Janet, and given her motivation to retain her hearing and her good understanding of the procedure, it was determined that a cochlear implant was a suitable option for her.

“I underwent surgery in February and the implant was turned on in March. The effect has just been fantastic,” Janet says.

While enjoying the benefits of the implant, Janet said what really surprised her was how thorough the hospital follow up has been.

“The follow up has been incredible.”

“I wasn’t expecting that they would set up a series of appointments for me to see both the audiologist and the surgeon, and I am really amazed at the care they have taken to check that everything is working properly and in making any adjustments,” Janet says.

**“Rebecca has been fantastic and seeing her for each of my appointments made such a difference to my experience. I absolutely felt confident in her expertise,” Janet says.**

When the cochlear implant is programmed and switched on, patients are also shown how to manage the device. To assist in the process, the hospital will schedule frequent appointments in the first three months after the implant is switched on.

Rebecca said these appointments can be highly emotional for patients and therefore having a good relationship and trust in the audiologist helps them immensely.

“Personally I obtain greater job satisfaction and enjoyment when I am able to work with a person throughout their journey.”

“Whenever possible the Cochlear Implant Clinic endeavours to maintain continuity of care for patients and it is very rewarding to see the positive impact a cochlear implant can have on someone’s life,” she says.

“I have been thrilled with Janet’s outcome with her cochlear implant. She has attended every appointment and has put in an amazing effort into improving her outcome.”

“Janet is also participating in research with the hope of helping others in the future which, at 91 years of age, is no small feat.”





Volunteer  
Eye & Ear Hospital





# 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 allows 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 in person, via feedback forms located in the hospital, in letters, emails and through the internet.

During 2015–16 the hospital provided over **250,000 occasions of care**, and received a total of **322 complaints** (a decrease of 4% compared to 2014–15).

A timely and accurate response to a complaint is paramount. During 2015–16:

- **99%** of complaints were entered on to the hospital's computerised risk register within one working day
- Of these, **100%** had an acknowledgement sent within three working days
- **86%** were closed within 30 days of the complaint being made (target 80%)

**Formal compliments are celebrated and shared with staff; they are used to inform service improvement and highlight when staff are doing things that are important to patients. This year we received 84 formal compliments which included cards, letters and emails.**

## Activity response to feedback

Access remains a challenge for our hospital and this is reflected with 40% of our complaints relating to this category. The Specialist Clinics are in high demand which can result in lengthy waits for an appointment. Staff have worked hard to reduce these access issues by conducting several waiting list audits to ensure optimisation of available appointments.

Complaints received last year regarding access to our Specialist Clinics accounted for 28% of total complaints. There has been a slight decrease this year (4%), and with ongoing improvement activities being undertaken we believe there will be further reductions.

Other activities in response to feedback includes our "Hello, my name is..." campaign, launched in April 2016. The campaign encourages staff and volunteers to wear name badges at all times and introduce themselves and their role at the start of every care conversation, promoting a more welcoming and positive experience for our patients.

Planning for further initiatives in response to feedback includes our waiting room communication. We are aware that patients and carers can feel anxious when waiting for their appointment, so a new initiative involving regular verbal and visual updates on average wait-times is being investigated.

### What could the ED do to improve the care and services it provides to better meet the needs of patients?

"Keep me informed about how long I would need to wait, where I was in the queue, if there were really urgent patients that needed to be seen first."

### What could the hospital do to improve the care and services it provides to better meet the needs of patients?

"Make sure pharmacists understand country patients need medicines promptly. I left the hospital at 11.30am to catch the train at noon, thanks to my taxi driver and the train being a little late I made it by the skin of my teeth or I would have had to sit at the station for 6 hours for the only other one home."

### What were the best things about your stay in hospital?

"Exceptional care. Brilliant communication despite being understaffed. Nurses and doctors were always patient, nurses and doctors were always cheerful & helpful."

"I can give the hospital a triple a rating in dealing with my emergency condition, thank you very much."

"My stay was very short, but the care I received was excellent."

# Your say counts

## COMPLAINT CATEGORIES 2015–16

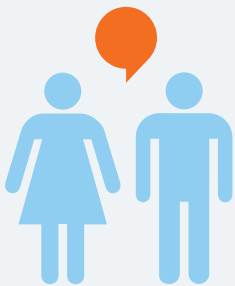
(n=322)



### ACCESS COMPLAINTS:

130

A DECREASE FROM 159 IN THE PREVIOUS YEAR



### COMMUNICATION COMPLAINTS:

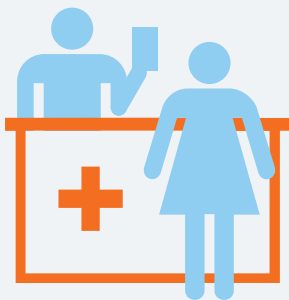
93

A DECREASE FROM 107 IN THE PREVIOUS YEAR



### TREATMENT COMPLAINTS:

61



### ADMINISTRATION COMPLAINTS:

0



### RIGHTS COMPLAINTS:

4



### ATMOSPHERE COMPLAINTS:

16



### COSTS COMPLAINTS:

18



# Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey of the public healthcare experience, focusing on Inpatient and Emergency Departments. In 2016, VHES commenced surveying patients from the Specialist Clinics, which is an exciting development for our hospital as the majority of our care is performed in this environment.

The VHES reports are produced quarterly and provide comparative results with other specialist hospitals and are benchmarked with other public hospitals in Victoria. Between July 2015 and June 2016, 2,334 patients were approached and 761 patients completed the survey; a response rate of 32% which is similar to other participating hospitals.

## Patient satisfaction

The table below shows the patient satisfaction with their experience at the hospital in each quarter of the year, compared with the same period in the previous year.

### Patient satisfaction:

	July–September		October–December		January–March		April–June	
	2014	2015	2014	2015	2015	2016	2015	2016
Overall	91%	88%	91%	92%	94%	94%	93%	93%
Inpatient Presentations	99%	94%	94%	95%	96%	95%	85%	97%
Emergency Presentations	88%	86%	91%	91%	92%	93%	97%	91%
<b>State-wide average</b>	<b>88.4%</b>	<b>88.4%</b>	<b>92.3%</b>	<b>89.3%</b>	<b>91.5%</b>	<b>89.7%</b>	<b>88.4%</b>	<b>91.3%</b>

## Leaving hospital

Below is a sample of questions from the VHES relating to patient discharge and how the Eye and Ear performs in this area. This data enables us to identify focus areas to improve the patient experience and also to highlight with staff how the public perceives the level of care and service they receive. With an average patient length of stay of 1.1 days, our patients predominantly have their discharge planning undertaken prior to admission,

where questions are asked about their social and discharge arrangements. Because of these results, the Eye and Ear will be placing more emphasis on ensuring that appropriate discharge planning is in place and that this is communicated clearly to patients.

### Leaving hospital:

Question	January–March		'Like Hospital'	State-wide average
	2015	2016		
Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?	79.6%	80.8%	75.7%	68.3%
Overall, how would you rate the care and treatment you received from your doctors?	98.6%	92.4%	95.8%	94.1%
Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (e.g. transport, meals, mobility aids)	65.2%	52.3%	67.3%	69.4%





# Taking the lead in open communication

**If you're looking for directions or being treated in the Eye and Ear's Emergency Department, Judy McCahon's warm nature and pleasant smile will help ease any concern you may have.**

Attending the Boroondara Volunteer Expo six years ago, Judy knew she had found the perfect organisation to become involved with.

"I met Coral and Joan [volunteers] and I thought 'I think I can fit in there' because I had a lot of transferrable skills that I could bring with me — I didn't know a great deal about hospitals but you learn these things pretty quickly, and I certainly did learn," Judy says.

As well as volunteering two days a week, Judy is a member of the Community Advisory Committee. The committee ensures the consumer voice and opinion is heard when reporting on the hospital's safety, quality and risk management.

The Community Advisory Committee is where Judy floated the idea of implementing the "Hello, my name is ..." campaign.

The "Hello, my name is ..." campaign originated in 2013 when an English doctor, who was being treated in hospital, realised that very few staff looking after her introduced themselves before delivering care.

The initiative encourages everyone to wear a name badge and provide a personal introduction at the first point of care.

"I first came across the concept when doing some committee work at Peter MacCallum Cancer Centre," Judy says.

"I thought 'yes, that's it, that is what we need' because it frustrated me that very few people seemed to be introducing themselves effectively to each other, as in staff and volunteers, and particularly when they interfaced with patients."

**"I could see from my own observation that when I was wearing a name badge, people would read it and they would use my name and it was the beginning of open communication between the patient and the volunteer."**

Betty Tellis, the Coordinator, Community Engagement and Participation, has been instrumental in coordinating the name badges and rolling them out across the hospital.

"As well as continuing to encourage staff to introduce themselves, name badges assist patients and staff to know who they are speaking to, which promotes an environment where we are all working together to improve the patient experience."

Passionate about communication and helping others, Judy is thrilled that she has made a difference — especially for the patients.

"I was so delighted that it was embraced and championed by our CEO Mark Petty — it has become a part of the hospital's culture and hopefully in 12 months' time it really is embedded," Judy says.

**The Eye and Ear received funding from the Louis & Lesley Nelken Trust Fund, managed by Equity Trustees, which enabled the hospital to purchase the badge printing machine and produce a promotional video, which was launched at the Community Board Meeting in May.**

Volunteers have dedicated their time to printing and assembling over 800 badges for Eye and Ear staff and volunteers across all disciplines within the hospital. The badges were first rolled out to clinical and patient facing areas and then also distributed amongst administrative departments. The hospital has received positive feedback on the campaign, including an increase in the number of patients in the Victorian Healthcare Experience Survey saying all staff introduced themselves from 84% (in January to March) to 95% in April to June.

# Safety in numbers: the 10 National Standards

One of the ways the Eye and Ear can assure our consumers we are doing our best to achieve excellence and provide safe care and services is through the accreditation process.

Accreditation is the ongoing review of our performance against set standards across a range of areas. All Australian health services must be assessed against the national accreditation program developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC).



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



## So what does that mean for patients?

### Staff at the Eye and Ear:

1. Monitor and improve organisational performance to ensure safe practice.
2. Engage patients, families, carers and the community to participate individually and collectively in planning of service provision and implementation of their healthcare.
3. Work to actively prevent the development or spread of infection.
4. Reduce harm/errors through safe medication management.
5. Use safety checks to confirm patient's identity and match to their intended treatment.
6. Optimise handover opportunities between care providers to coordinate care.
7. Ensure those who receive blood, do so appropriately and safely.
8. Support pressure injury prevention and management plans.
9. Use early detection and rapid response tools for any medical deterioration.
10. Practice a variety of strategies to prevent falls and harm from falls.

Collectively these processes translate to safer quality care for patients and carers.

The Eye and Ear has been accredited against the National Safety and Quality Health Service Standards until January 2018. The hospital provides quality plans and annual updates of the improvement work and auditing undertaken to our accrediting agency to provide assurance that systems and processes are maintained and improved if required.

Once a safety issue is flagged, action needs to occur to decrease any risk to patients and improve our responsiveness.

During the 2015–16 year, the Eye and Ear has implemented a number of new initiatives to optimise safety including:

- Introduction of a digital health record to ensure electronic access to patient records.
- Oversight of a compliance and improvement audit program to adhere to safe practice for the 10 standards, including correct patient identification and handover, and optimal documentation.
- Development of a suite of trauma procedures and clinical practice guidelines to standardise best practice treatment.
- Education and communication to staff about appropriate use of effective antibiotics.
- Completion of waiting list audits to optimise access to outpatient clinics to decrease wait times where possible.
- Consumer engagement in the Diabetic Pathway Improvement Project to streamline escalation processes for management of unstable diabetes.
- Pathology results and endorsement available in the Electronic Medical Record.
- Risk assessment and planning for co-located services to Eye and Ear on the Park.
- Increasing use of patient stories and patient presentations for staff training.
- Independent review of our risk management activities by external auditors, leading to the development of an Enterprise Risk Register overseen by the board.

Our Safety and Quality Performance is reviewed by the Executive team monthly. Data is presented in a scorecard format with themed information on a number of important patient safety matrix including wait times, Hand Hygiene rates, infection surveillance, incident reviews for falls, pressure injuries, blood and medication management, to name just a few.

# Up to standard



## Preventing and Controlling Healthcare Associated Infections

National Standard 3 refers to preventing and controlling healthcare associated infections. Healthcare associated infections are infections acquired in healthcare facilities while receiving care. At least half of all healthcare associated infections are thought to be preventable. Strategies such as good hand hygiene and Aseptic Technique are initiatives to minimise the risk of healthcare associated infections throughout our hospital.

### Hand Hygiene

Hand hygiene aims to reduce the number of germs (microorganisms) on hands that may be passed on to you.

The '5 moments of hand hygiene' is a national initiative originally developed by the World Health Organisation (WHO) which refers to the process of cleaning your hands with soap and water or alcohol based hand rubs. This practice is subject to regular observational audits with results reported to the Department of Health and Human Services (DHHS). To promote continued excellence, hand hygiene training is mandatory for all staff and key messages are communicated through posters, reports and education. Consumers are asked to practice hand hygiene, especially if they have a cold or virus.

An annual seasonal flu vaccine is offered to all staff as this is the best way to reduce the chances of getting the flu and passing it on to others. When more people get vaccinated against the flu, less flu can be spread in the hospital and the community. The Eye and Ear has exceeded the DHHS healthcare worker targets for vaccination by making safety a priority.

The Eye and Ear continued to promote the message that 'it's OK for you to ask us if we have cleaned our hands' via our ongoing 'It's OK to ask!' campaign.

### Aseptic Technique

Bacteria are everywhere. Some are good, others may be harmful. That's why our staff minimise exposure to harmful bacteria when patients undergo medical procedures by practicing processes to minimise germs (microbes) from being introduced via hands, surfaces and equipment during clinical procedures. As a result, our infection rates remain extremely low.



## Preventing Falls and Harm from Falls

National Standard 10 refers to preventing falls and harm from falls. Falls can occur in all age groups, with some patient cohorts being more of a risk due to vision impairment, balance disorders and cognitive impairment. Our number of falls and harm from falls continues to be low. We adhere to a number of falls prevention strategies, including:

- Screening to determine falls risk.
- Developing plans with patients and carers to minimise any risks.
- Completing a falls investigation form should there be a fall, to determine the mechanism of injury and any changes required to patient management plans to prevent reoccurrence.
- Development of an alert report detailing if patients are coming to the Eye and Ear and have a known falls risk to ensure a coordinated approach to care.
- The provision of falls information brochures to patients and carers to improve awareness.



## Medication Safety

National Standard 4 refers to medication management processes to optimise safety. A multidisciplinary committee reviews all reports entered into our incident management system with a large number of reports resulting in pharmacy interventions. Examples of these types of reports may include scripts documented with sub-therapeutic doses, incorrect side/site scripts, drug interactions, impacts of medicines for patients with special medical needs, for example kidney/ liver abnormalities requiring drug dosage adjustments, and all of these examples corrected by the pharmacy team prior to reaching patients.

For the past financial year, 631 medication incident reports (including pharmacy interventions) were reported. Of these cases, none resulted in severe harm and 10 cases reported moderate harm, resulting in numerous improvement activities including:

- Team approach to the prevention of blood clots with the increasing use of compression stockings to reduce risks.
- Review of diabetes management protocols with formalised escalation pathways for reviews and/or insulin administration.
- Revision of drug labelling in the operating theatre to meet revised safety standards.
- Implementation of paediatric medication chart with safety features for paediatrics.



- Implementation of a wireless temperature monitoring system for medicines to ensure product integrity.
- Staff education programs for antibiotic awareness.
- Medication safety newsletters detailing quality improvement activities regarding 'look like, sound like' medications, calculation and independent double checks for paediatric medication.
- Procedural reviews to ensure best practice medication safety practices.



## Blood and Blood products

National Standard 7 Blood Management refers to the safe use of blood or blood products when and if required. This standard ensures that patients can understand why they may need some type of transfusion, what the risks involved are, what alternatives are available and to give patients the opportunity to ask questions, so that they can make an informed decision.

Blood transfusions administered at the Eye and Ear are not common, however, nursing and medical staff participate in mandatory education for blood safety to ensure recognition of early warning signs for adverse reactions and appropriate escalations. Our blood safety program is closely linked with our patient identification procedures to ensure the correct patient receives the correct blood product; to date a blood product has never been incorrectly administered. We track blood wastage and can happily report that this precious resource has not been wasted and is used sparingly.



## Governance for Safety and Quality in Healthcare

National Standard 1 Governance is a broad term used for the systems, structures and processes to ensure the Eye and Ear delivers safe, quality services. This includes ensuring visibility to staff of expected code of conduct, policies and procedures. A large amount of work has been undertaken this year to standardise care based on the development of best practice clinical guidelines for specific eye and ear, nose and throat conditions. The aim is to reduce variances and measure outcomes.

This year we have revised our advanced care planning procedures to ensure a coordinated approach to patients presenting with end of life plans. As an ambulatory hospital with most of our patients staying for very short time frames, we do not usually develop these plans but can do with the expertise of our neighbouring partners, St Vincent's Health. We intermittently see patients who present with Advanced Care Plans detailing any wishes for their end of life care. This has usually been developed by our patients in conjunction with their general practitioner. When this occurs our admission or preadmission staff ensure alerts are placed within our digital health record to ensure visibility of these plans to all clinical staff. If it gets to the stage where these plans may need to be enacted we have arrangements with St Vincent's Health medical staff to transfer patients or coordinate care plans to ensure our patients and their family's needs and wishes are met.

Additionally, our governance requirements include reporting to external bodies to ensure benchmarking and adherence to set performance targets, as follows:

Infection control indicators — Reported to Victorian Hospital Acquired Infection Surveillance System (VICNISS).	Department of Health Target	Eye and Ear Compliance
<b>Hand Hygiene rates</b>	<b>Hand Hygiene</b>	<b>Target consistently met</b>
Use of soap and water, or alcohol-based hand rubs, when hands are not visibly soiled.	80%	Averaged rate of 86%
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)	SAB 0%	Target consistently met Nil reported cases
Clostridium difficile (C. diff) Bacteria which causes intestinal symptoms	Every case reportable	2 reports in separate audit periods, nil outbreak
Cleaning standards	Target 85%	Target consistently met Last quarter reporting 97%
<b>Quality Indicators</b>	<b>Department of Health Target</b>	<b>Eye and Ear Compliance</b>
Clinical risk — sentinel event reporting within 3 days of event to Department of Health	All Incident Severity rating (ISR) 1 (Catastrophic) to be reported	Fully complaint 1 event reported relating to access to Glaucoma Clinics
Clinical risk – Incidents reporting monthly	All reports forwarded	Fully Compliant
Pressure ulcers	All pressure injuries to be graded and reported	Nil pressure injuries developed during inpatient stay
Victorian Quality Account formerly (Quality of care reports)	Annual publication developed with our consumer groups	Fully Compliant

## Did you know?



DURING 2015–16 THERE WERE

# 0 CASES

OF STAPHYLOCOCCUS AUREUS  
A COMMON CAUSE OF HOSPITAL  
ACQUIRED INFECTION.



WE HAVE **NOT HAD ANY INCIDENT  
REPORTS** RELATED TO THE  
TRANSFUSION OF BLOOD OR BLOOD  
PRODUCTS THROUGHOUT 2015-16.

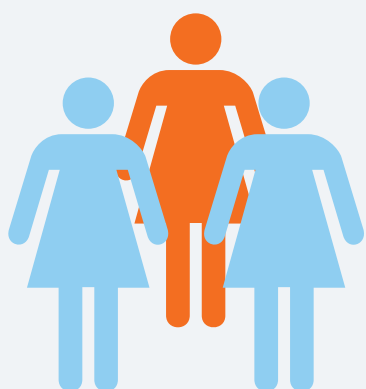


THERE WERE **12 PATIENTS** WHO  
FELL WHILE AT THE EYE AND EAR  
IN 2015–16, WITH TEN INCIDENTS  
REPORTING NO SIGNIFICANT HARM

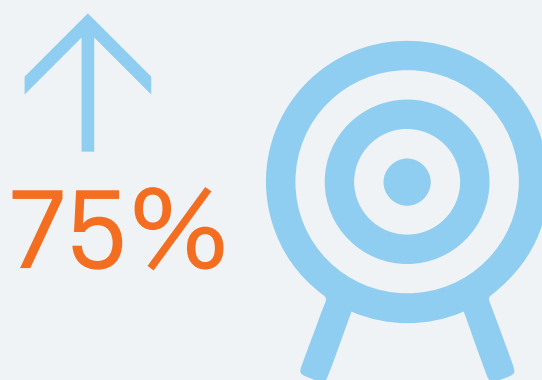


# 100%

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

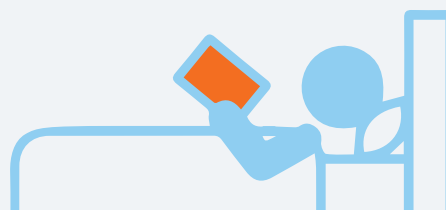


AT THE END OF THE 2016 WE HAD  
**OVER 100 CONSUMERS**  
ON OUR REGISTER ASSISTING WITH  
QUALITY AND SAFETY ACTIVITIES.



DURING 2016 THE EYE AND EAR  
**EXCEEDED THE 75%**  
**TARGET** SET BY THE DEPARTMENT  
OF HEALTH & HUMAN SERVICES FOR  
**STAFF FLU VACCINATION RATES.**

IN 2015–16 THERE WERE  
**0 PRESSURE INJURIES**  
RECORDED DURING AN  
INPATIENT STAY.



### Hand hygiene tips:

#### When should I clean my hands?

- Before touching or eating food
- After going 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 your dressing

### Remember

- Do not visit someone in hospital if you feel unwell, have a cold, have been vomiting or had bowel symptoms. 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





E+3  
eye and ear  
hospital

Room 5

Room 4



Staff Base

# Delivering world-class facilities to the Victorian community

**In a major milestone for the Eye and Ear, our new Emergency Department was officially opened in May 2016 by the Minister for Health, The Hon Jill Hennessy, as the first stage of the hospital's five-year redevelopment project to be completed.**

The Eye and Ear's Emergency Department sees around 40,000 patients a year.

The old Emergency Department was confusing, with very little natural light and limited waiting room space, and for most of the year it resembled a building site during the initial stages of the redevelopment. We anticipate positive feedback to increase over the next 12 months as a result of the physical improvements to the Emergency Department, with the safety and quality of our care significantly enhanced by this project.

Emergency Department Director, Dr Carmel Crock, says the new Emergency Department is a more pleasant environment for patients, families, volunteers and staff.

"The new area is bright and functional, the waiting and staff base areas are much larger, there are more consulting rooms and the patient flow is much more streamlined," Dr Crock says.

"This helps to support our clinicians, nursing and clerical staff to provide dedicated patient centred care that will enhance the patient's experience."

Dr Crock says patients can get very anxious when attending the Eye and Ear's Emergency Department.

"Patients are worried and fear they are going to go blind or lose their hearing permanently. Therefore, to have a brand new, state of the art Emergency Department with a calming environment is so important."

At the opening event, Eye and Ear Board Chair, Dr Sherene Devanesen, said the process to redevelop the Emergency Department was a significant effort.

"Our planning involved a wide range of consultation with staff from a number of disciplines, we also involved our patients, families and visitors as well as other key stakeholders," Dr Devanesen says.

**"By getting input from all levels, we made sure the redevelopment met the needs of our patients and consumers and also gave our staff the opportunity to have a say in designing a world-class, specialist eye, ear, nose and throat facility."**

The Emergency Department is the first clinical area to be unveiled as part of the hospital's overall redevelopment project, due for completion in late 2018.

## New location: Eye and Ear on the Park

In 2016, extensive consumer consultation was undertaken in preparation for the temporary relocation of some of our day surgical and specialist clinic services to a new site, Eye and Ear on the Park (the former Peter MacCallum Cancer Institute site), to allow the redevelopment of our main hospital to continue in a less disruptive manner to our patients, consumers, staff and volunteers.

This included focus groups and committee meetings to discuss patient information, letters, maps and hospital signage, involving our consumers in the planning and decision-making wherever possible.







# Learning from our consumers

**When Sandra Knight was invited to attend a Community Advisory Committee (CAC) meeting, she was interested to understand how the Eye and Ear engaged with its consumers to improve the patient experience.**

“I was on the board for the Royal Victorian Institute for the Blind many years ago, so I was familiar with meetings at this level however, within a hospital environment was not something I was used to.”

“It’s been a learning curve for me,” she says.

Sandra works part time as a program coordinator with Blind Sports Victoria, the State Sporting Association responsible for the development, promotion and support of recreational opportunities for blind and vision impaired people throughout Victoria.

“It’s a varied role which I really like. I coordinate walking programs, volunteers and other projects as they come along.”

It was Sandra’s collaboration with the Eye and Ear in her role with Blind Sports Victoria which established her relationship with the hospital.

To celebrate International Day of People with Disability 2015, the Eye and Ear’s Partnering with Consumers Team, in partnership with Blind Sports Victoria, held a Swish competition – a modified version of table tennis. The event aimed to raise awareness of the sports and recreational activities available to people who have a vision impairment. After a demonstration from representatives from Blind Sports Victoria, hospital staff took part in a round robin.

“It was a really good day and well embraced by staff,” Sandra says.

Since being appointed to the CAC in February 2016, Sandra has enjoyed the opportunity to contribute to improving the experience and outcomes of patients of the Eye and Ear.

**“The meetings are great as they are an opportunity for me to provide practical input.”**

“I’ve done a lot of work with people who are vision impaired, having been part of their journey from losing their vision and then how they recoup from it, and I found that how a patient is treated in hospital and their experience is really important to their self-esteem and future outlook.”

As a CAC member, Sandra was invited to take part in one of the focus groups to engage with consumers in the lead up to the temporary relocation of the hospital’s outpatient and day surgery services to a second site, Eye and Ear on the Park. “The focus groups are really interesting because they are an opportunity to provide more in-depth input.”

“We particularly focused on the walking maps for patients from the main hospital to the new site, and changed the proposed route as we didn’t feel it was safe for patients to walk that way.”

“We also discussed appropriate font size and colours in patient letters.”

**“It can be small changes that really do make people’s lives easier,” Sandra explains.**

While relatively new to the Eye and Ear, in her short time at the hospital Sandra has been impressed by its approach to improving the patient experience.

“No-one wants to come to hospital, or lose their vision or hearing, so I feel really passionate about making sure the patients’ experience is the best it can possibly be.”

As part of her role in the Community Advisory Committee, Sandra was also involved in focus groups forming part of the consumer consultation for the Eye and Ear’s Partnering with Consumers and Community Plan 2016–19, which provides a framework for action and activities that support the hospital’s commitment and progress towards working in partnership with consumers and the community.

“The thing I like about the Eye and Ear is that consumer involvement is not tokenistic, they do genuinely want consumer feedback – both positive and constructive – and they actively seek it to improve their services,” she said.

## Partnering with Consumers and Community Plan 2016–19

In 2015, the Eye and Ear developed the Partnering with Consumers and Community Plan 2016–19. The creation of the plan included extensive consultation with staff, patients and consumers and joins together the goals and activities that support the hospital’s commitment to high quality, patient centred, equitable and accessible health care. It combines all the organisation responsibilities outlined in the Aboriginal Health Plan, Community Participation Plan, Cultural Responsiveness Plan and Disability Action Plan.

# 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, prayer, dress, privacy and customs respected.

## Cultural Responsiveness Plan

The Eye and Ear's Cultural Responsiveness Plan is guided by the Department of Health and 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 on an ongoing basis
- **Standard 6** – Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness

Over 2015–16 the Eye and Ear has progressed a number of initiatives supporting the plan, including:

- Actively seeking consumers who are representative of our diverse community
- 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 diversity days

## Celebrating Cultural Diversity Week (12–20 March)

The hospital embraced and celebrated cultural diversity week this year by profiling the diversity of our patients, staff and volunteers to find out more about their culture, faith and language. The profiles were displayed in our Emergency Department, as well as social media pages during cultural diversity week.

Staff also participated throughout the week by hosting a team cultural meal to share with their colleagues. A competition was held to judge the best meal put on by the teams, with our Level 1 Specialist Clinic team taking out the prize. It was a great opportunity for staff to learn more about their colleagues, share stories and try new foods.

## Harmony Day (21 March)

To celebrate Harmony Day on Monday 21 March, the hospital invited volunteers from West Welcome Wagon to present to all staff. West Welcome Wagon was founded in 2013 by a group of Yarraville residents, to support asylum seekers in their community with basic life necessities. In 2013 West Welcome Wagon helped 913 asylum seekers (155 children and 758 adults) and now they assist more than 500 households of asylum seekers from 20 countries with donated items and volunteer support. The focus of their presentation to the hospital was local communities and how small actions can create change. As part of the session, lunch was provided by the Sorghum Sisters, an initiative developed with the support of the Department of Victorian Communities to encourage entrepreneurship in African women.

To thank West Welcome Wagon for their time, staff donated dried goods including lentils, rice, tinned vegetables, flour and sugar.

## Interpreting Services at the Eye and Ear

During 2015–16, there was a slight decrease in requests from patients for our in-house interpreters; however there was an overall increase in the use of interpreters at the Eye and Ear, compared to the previous year. The hospital's interpreters attended 7,532 appointments during the year and external interpreters also assisted the hospital with 8,526 appointments. Greek, Mandarin and Vietnamese were the most common requested languages, with an increase in rare and emerging languages.



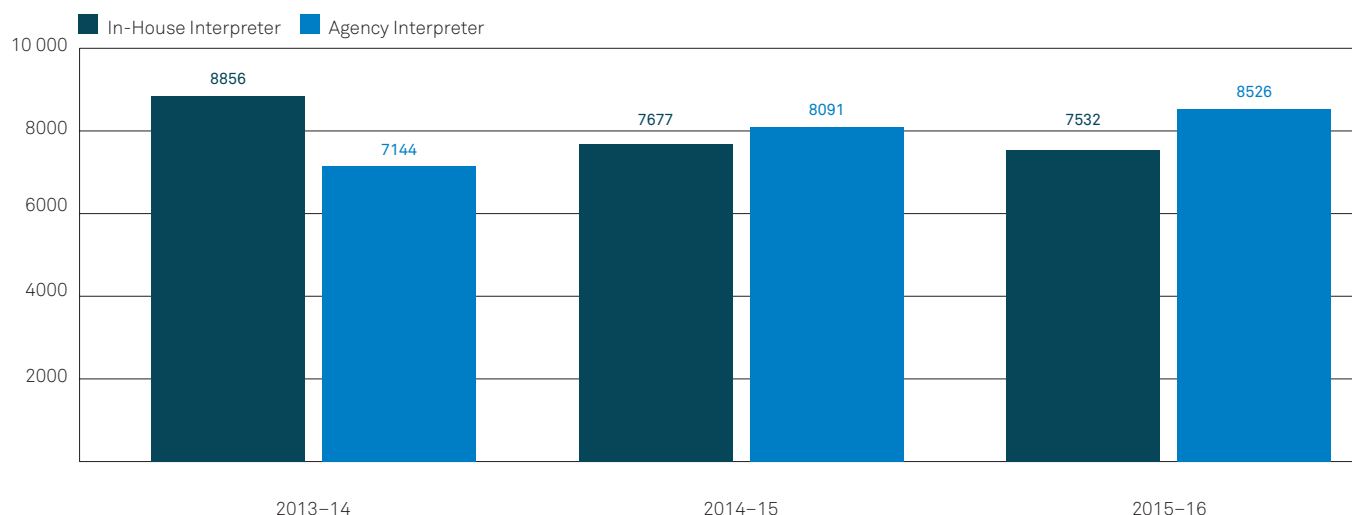
## Disability Action Plan

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 areas during 2015–16, including:

- Improving communication with patients through a comprehensive consumer review of patient information and letters.
- 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.

Interpreter Use









# Aboriginal eye and ear health

## In August 2015, the Eye and Ear signed a Memorandum of Understanding (MOU) with our neighbouring partners, St Vincent's Hospital.

The MOU outlines the relationship between St Vincent's Hospital and the Eye and Ear, and our organisations' joint commitment to promote better health and wellbeing outcomes for Aboriginal people.

Both hospitals understand and recognise the importance of Aboriginal health, and by working together we will be able to combine forces to improve the experience for Aboriginal patients when attending either hospital.

The current Aboriginal Health Team at Eye and Ear consists of two part-time staff with roles ranging from patient care to strategic and project support. By working with St Vincent's in sharing our expertise, knowledge, passion and resources, we can make a difference to Aboriginal healthcare not only in East Melbourne, but the state of Victoria.

The Eye and Ear's Aboriginal support staff provide culturally appropriate health care to Aboriginal and Torres Strait Islander patients, and our staff assist them with their healthcare journey. This hands-on service is complemented by the hospital's Aboriginal Health Plan, Aboriginal Employment Plan and Aboriginal Health Committee – which was set up to improve the health and wellbeing of Aboriginal and Torres Strait Islander people attending the Eye and Ear.



### Improving access to health services in Aboriginal and Torres Strait Islander communities

The Eye and Ear has been in partnership with the Victorian Aboriginal Health Service (VAHS) since 2012 to address the delay in Aboriginal children accessing treatment by providing services in a culturally safe and familiar environment.

The Eye and Ear transports equipment to the VAHS clinic in Fitzroy every month and provides clinical support including an ENT consultant, audiologist, ENT nurse and Aboriginal patient coordinator. VAHS provides an Aboriginal health worker, project manager and reception support to run the clinic.

The project is overseen by an Aboriginal Ear Health Clinic Committee comprising key staff from both organisations. In the past year, the service has seen an increase in the number of children attending the clinic.

### Closing the Gap

To foster a welcoming and culturally sensitive environment for our indigenous patients, posters encouraging patients to notify staff if they identify as Aboriginal or Torres Strait Islander, as well as postcards to raise awareness of the Aboriginal Health team, are now on display and available around the hospital.

The Eye and Ear also 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.

### Aboriginal Health Plan

The Aboriginal Health Plan 2014–16 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.

### Aboriginal Employment Plan

The organisation continued activities to support the Aboriginal Employment Plan which is designed to provide practical steps to achieve increased workforce participation under Karreeta Yirramboi. The hospital is working towards setting strong foundations and developing greater cultural awareness and understanding of the Victorian Aboriginal community's needs and requirements. We are implementing attraction and retention strategies to ensure Aboriginal employees are engaged in sustainable and rewarding employment, both now and well into the future.







# Creating a welcoming environment

## Phyllis Andy has been travelling to the Eye and Ear from Gippsland for over two years.

After her local doctor first identified macular degeneration in her right eye, over time it was soon discovered that her left eye had also started to show symptoms and she was referred to the Eye and Ear for specialist treatment.

In what Phyllis describes as a wonderful relationship with the hospital, from the very beginning she found visiting the Eye and Ear to be a welcoming and enjoyable experience.

“When you arrive at the hospital the staff are always so pleasant and greet you with a smile. It’s such a big hospital and they see so many patients, so to have that moment of connection is really nice and welcoming,” Phyllis says.

**“Sometimes you need an injection or uncomfortable procedure, but when the staff do everything they can to make it a pleasant experience, you can leave the hospital without feeling so awful about the treatment,” Phyllis says.**

Phyllis said the “Hello, my name is...” campaign has really made a difference to her experience, too.

“An introduction makes such a difference. You feel like you can really get to know who is treating you and feel safe and trust in their care,” Phyllis explained.

Phyllis attends her appointments by using a volunteer driving service in her community. She is dropped off at the hospital by her driver who then returns to collect her when her appointment is finished. While a wait time can never be guaranteed, Phyllis says the medical staff always did their best to make sure her appointment was on time and she could get home to Gippsland as soon as possible.

“The doctors and staff are so efficient, but they take the time to understand your situation and accommodate it as best they can,” Phyllis says.

Eye and Ear Aboriginal Patient Support Worker, Marisa Smiler-Cairns says it is important for the hospital to be aware of Aboriginal and Torres Strait Islander patients, to ensure the appropriate care and assistance is provided.

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

“As a dedicated Aboriginal Health team, we follow up with patients who have identified as Aboriginal or Torres Strait Islander to offer our support and assistance before they arrive at the hospital,” Marisa explains.

“This includes helping them with transport to and from the hospital, or any assistance they need during their appointment.”

“By asking the question, our patients feel more comfortable knowing there are services and support available to them and how to access them when they visit the hospital.”

# Continuity of care

## Telehealth

In June 2016, the first eyeConnect device was successfully launched at Frankston Hospital. The device allows clinicians, who are not ophthalmic specialists, to capture and send quality images, a patient history and eye test results directly to our specialists at the Eye and Ear. Our specialists can then advise on the best approach to the patient's care. This means patients can be managed locally and do not have to travel long distances to our hospital.



## Improving outcomes

### Communicating with General Practitioners

In an effort to improve communications to external referrers we have streamlined our electronic system where medical staff create discharge letters and interim reports. There have been a number of other activities implemented to ensure letters get to external providers. These processes are subject to monthly audits showing that we have consistently improved the rate of GP discharge letters 83% (for inpatients) and continue to work with clinicians on achieving our target of least 95%.

### Affiliation Agreement with the Australian College of Optometry

In late 2015, the Eye and Ear signed an Affiliation Agreement with the Australian College of Optometry. This affiliation is a continuation of the partnership between our two organisations and demonstrates the integration of primary and secondary care services, which is being achieved by ophthalmology and optometry. By working together we are able to provide innovative care models for those patients needing both ophthalmological and optometric management.

## Caring for our staff, caring for our patients

### People Matter Survey

In June 2016, the Eye and Ear achieved a 46% response rate to the People Matter Survey, conducted by the Victorian Public Service Commission amongst employees at the Eye and Ear. The survey provides an understanding of key indicators such as employee job satisfaction, equity and fairness, employee wellbeing, workplace bullying, diversity and inclusion and sexual harassment.

The survey also reviews eight patient safety indicators relating to safety concerns, reporting, organisational culture, training and improvement work. The Eye and Ear achieved a positive score of 94% on these questions, which was the highest score from Health Services across the State. This successful outcome is related to the emphasis staff place on patient safety and the embedding of the National Standards for Safety and Quality for Healthcare into their daily activities, to optimise care delivery and patient safety.

Of the respondents, 86% would recommend a friend or relative to be treated at the hospital as a patient, which is a strong validation of staff confidence for the clinical services provided. Furthermore, staff agreed there was a strong culture of reporting incidents, implementing improvement initiatives and learning from these types of events.

The survey also showed a reduction in staff experiencing bullying or harassment by 4% to 14% in comparison to the previous year.

### A positive workplace culture

Activities undertaken in the last year which aim to increase staff engagement have included; building a stronger culture of informal regular feedback, structuring purposeful change consultation practices with staff and up-skilling managers to support their staff before, during and after change. Furthermore, we launched an employee wellbeing program at the beginning of 2016, which has so far seen a high level of staff involvement and positive feedback.

The Reward and Recognition Program was reviewed in early 2016 to ensure it is aligned with our current priorities and continues to provide a platform for meaningful recognition which contributes to increased staff engagement and positive workplace behaviours. Consultation has occurred with a number of key stakeholders which has resulted in recommended changes being approved by executive that will occur over the next year.

The 2016 Leading with Impact training for operational managers was held over four days and builds manager capability to drive individual performance, communicate change and manage staff effectively.

Our mandatory training matrix continues to be monitored and provides a clear framework for staff to work towards essential competency trainings. There has also been significant work in occupational health and safety activities which has involved consultation with managers and Health and Safety Representatives.

### Health and Wellbeing Initiatives

The Eye and Ear recognises the important link between employee wellbeing and the delivery of high quality patient care.

During the year, our wellness@work program focused on building a foundation of staff wellbeing with initiatives such as:

- Forming a Health and Wellbeing Committee with staff members who have an interest in this area.
- Taking part in the State Government's Healthy Together Victoria Achievement Programs for Workplaces.
- Providing information about healthy eating and food choices.
- Providing free sunscreen.
- Introductory mindfulness sessions.
- Building links for staff to access a local gym which provides yoga and fitness classes.

### Staff recognition

The Eye and Ear Excellence Awards recognise individuals and specialist groups who have contributed to achieving organisational excellence. The award categories acknowledge creative and original thinking which results in positive outcomes for our patients, an improved working environment or improved hospital systems. In 2015, the Length of Service Awards were combined with the Excellence Awards and we awarded 128 staff acknowledging either 10, 15, 20, 25, 30, 35 and one outstanding 40 years of service.

## The role of Consumers and the Community

### Community Advisory Committee

The Community Advisory Committee (CAC) 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 2015-16 the CAC comprised of three Board Directors and nine members from a broad spectrum of the community. The CAC provides strategic level input on matters concerning partnering with consumers and consumer engagement.

### Community Board Meeting

In May, staff, patients, volunteers, consumers and members of the general public attended our Community Board Meeting. Attendees heard updates from a selection of our specialists and had the opportunity to

ask questions of our specialists and Board. Professor Robyn Guymer detailed her ground breaking research in Macular Degeneration and the Bionic Eye, and Dr Claire Iseli explained the research and technology addressing hearing loss, including the likely advancements in the cochlear implant.

### National Volunteer Week (9-15 May)

The hospital celebrated National Volunteer Week this year through social media posts and displaying a picture wall outside the Emergency Department to thank our volunteers for their commitment to improving the patient experience. In the past year our volunteers have given close to 8,000 hours of their time and provided direct assistance to over 65,000 patients. The Concierge volunteers provide an important personal touch to our patients' experience as they help patients and their carers throughout their journey from arrival at our front door to arranging a taxi ride home. Volunteers also support patients in our Specialist Clinics and have been instrumental in making the transition to our new Emergency Department a smooth one for our patients and visitors. We sincerely thank all our volunteers for their hard work and continued commitment.

## Sharing our knowledge

### Emergency Seminar

This year, we hosted the 16th 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. 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.

### General Practitioner (GP) Education

Our GP liaison officer holds three education events for GPs annually. A variety of common eye and ENT topics are covered surrounding diagnosis and management. These events are well attended by GPs from all of Victoria. The feedback from participants is overwhelmingly positive. Feedback includes:

**"Excellent relevant information, common relevant topics"**

**"Very informative and comprehensive; thoroughly enjoyed it"**

**"Awesome!"**

We are currently in the process of video recording events and making these available to GPs online.



### We care about your thoughts and appreciate your feedback.

The 2014–15 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 continued to improve the readability of the report by including understandable infographics.

### Distribution of this report

The 2015–16 Quality Account report will be distributed to health care partners, GP clinics and community leaders. Copies will be available in Eye and Ear foyers and on the website: [www.eyelandear.org.au](http://www.eyelandear.org.au)

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

**Telephone** (03) 9929 8666

**Email** [info@eyelandear.org.au](mailto:info@eyelandear.org.au)

**Mail** Consumer Liaison Officer

The Royal Victorian Eye and Ear Hospital  
Locked Bag 8 East Melbourne VIC 8002

**In Person (on site)** You can speak to our Consumer Liaison Officer

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Quality Account Report 2015–16

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## What do you think of our Quality Account 2015-16 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 Account reports.

### Please complete this short survey and return to:

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

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

What did you like most about this report?

What information would you like to see in this report?

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

### Thank you for your comments

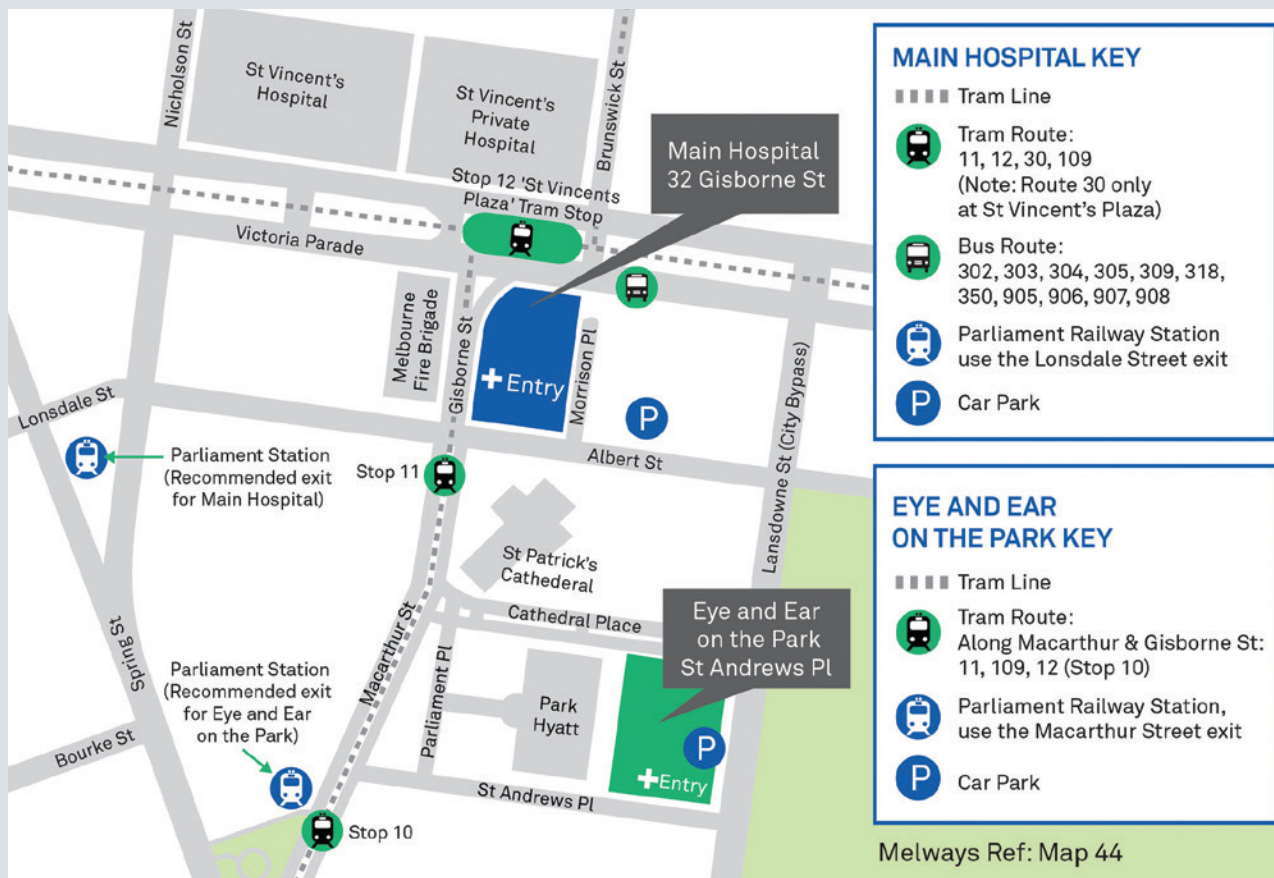
Please send me further information: ☐ Eye and Ear newsletter ☐ Volunteering at the Eye and Ear

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





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#### **Main Hospital**

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#### **Eye and Ear on the Park**

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East Melbourne

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[eyeandear.org.au](http://eyeandear.org.au)

