

Our stories

Annual Review
2016–17



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CEO welcome



On behalf of our committed staff and Board, I am proud to share the 2016–17 Annual Review.

At the Eye and Ear we continuously look at improving the care we provide to patients and their families. This includes working in partnership with other service providers, supporting research into new treatments and utilising advancements in technology. This year has provided wonderful examples of staff and patients working together. Continuing with our redevelopment while building our state-of-the-art hospital, we opened our temporary second site, Eye and Ear on the Park, to provide quality care.

I hope you enjoy reading the stories of some key successes for 2016-17. What binds each experience is the role the Eye and Ear has played in improving quality of life.

Working together for a strong future

As Victoria's largest public provider of ophthalmology and ENT services, patient feedback is essential to the hospital's future. From our outpatient clinics to inpatients, to emergency and our research participants – we want to hear from everyone.

This year we launched a campaign to encourage patients and families to share their experiences. We use consumer feedback to review and strengthen the way we provide patient care. Thanks to everyone who has shared their thoughts with us.

Caring in every sense

The Eye and Ear is Australia's only specialist stand-alone eye, ear, nose and throat (ENT) hospital. Every year we see around 250,000 patients.

As some of the stories show, the hospital is exploring new and exciting ways to support healthcare for regional and remote Victorians and Aboriginal and Torres Strait Islanders.

A tradition of learning

Learning is essential to all advancements and we are proud to work with so many skilled clinical professionals and researchers across eye and ENT specialties.

This year we undertook 220 active research projects with our partners such as the Centre for Eye Research Australia, the University of Melbourne, the Bionics Institute, Bionic Vision Australia, HEARing CRC and Monash University.

Our commitment to innovation, professionalism and the highest standards of care is demonstrated in our accreditation by the relevant colleges, including The Royal Australian and New Zealand College of Ophthalmologists, The Royal Australian College of Surgeons, The Royal Australian and New Zealand College of Anaesthetists and the Royal Australasian College of Emergency Medicine.

I extend my thanks to all our partners, stakeholders and collaborators.

As you read the Annual Review, I hope you feel the appreciation and inspiration I do about the wonderful work of our staff.

Mark Petty
Chief Executive Officer



VOLUNTEERS
HELPED OVER

50,000

PATIENTS



VOLUNTEERS
DONATED OVER

8,400

HOURS



STAFF WHO FEEL
A CULTURE OF
PATIENT SAFETY

94%



ALL OF VICTORIA'S
PUBLIC COCHLEAR
IMPLANTS

100%



WE DO MORE THAN
HALF OF VICTORIA'S
PUBLIC EYE SURGERY

50%



EYE AND EAR
EMPLOYEES

589



What are accreditation and national standards?

This year, the hospital is going through the Australian Commission on Safety and Quality in Healthcare's (the Commission) accreditation process. The Commission sets out 10 national standards covering many areas including governance and partnering with consumers to managing medication, patient identification and clinical handover.

Hospitals go through the accreditation process every three years. Auditors visit to observe and review our clinical practices to ensure we meet the standards. This means patients can feel confident that every hospital they go to will have the same high level of safety, quality and care.

Providing our patients with quality and safe eye and ear healthcare is at the core of everything we do. Accreditation is the stamp of approval that says we are achieving this.

Putting patients first

ENT surgeon Dr Claire Iseli was a hit with patients and staff alike when she presented at the Eye and Ear's Community Board Meeting in 2016 with her insights and warm, friendly manner. Now Dr Iseli is sharing her insights to improve the experience for Eye and Ear patients through her involvement in the hospital's Partnering with Consumers Committee.

Dr Iseli said she enjoyed presenting at the Eye and Ear's Community Board Meeting in 2016 because she was keen to share her hearing loss expertise with the hospital's consumers. She believes in empowering patients with the knowledge they need to make choices about their care.

Staff at the Cochlear Implant Clinic work with patients aged from three months to 90 years meaning no two cases are ever the same. Dr Iseli says she likes the clinic because "it's not black and white but involves the family's choice and all those complexities. I like that there is no 'right' answer".

This theme is the crux of the Australian Commission on Safety and Quality in Healthcare's Standard 2 Partnering with Consumers. It ensures hospitals actively involve patients and families in their healthcare so that the care speaks to each patient's individual needs.

Dr Iseli says the need to truly partner with patients and families is particularly evident in her work with hearing impaired children.

"There is the tendency to assume that all families will want oral communication for their children but it's not always the case. The goal is to develop communication that suits the family and the child's current and future needs.

This could be any combination of cochlear implants, hearing aids, sign language and oral communication."

"As doctors our role is to educate appropriately and early to give each family choice" explains Dr Iseli.

Dr Iseli says her practice changes all the time to do the best for patients.

"I worked with a patient who had long term hearing loss. Regaining her hearing was actually an emotionally overwhelming process. I've since changed my pre-operative counselling to not assume that all the new sounds will be easy and exciting in the first stages."

Dr Iseli explains that the Cochlear Implant Clinic assigns patients the same clinician to encourage them to ask questions and share feedback.

"It was inherent in my surgical training to strive to provide the best care for patients", says Dr Iseli, "and no one can improve without feedback. I ask my patients questions from different angles to draw out their experience. Without knowing their lives and goals I can't best support them."

John Rogan, Manager Planning and Patient Experience, says Dr Iseli's passion is clear in her approach to working with consumers.

"Since she joined the Partnering with Consumers Committee, I have seen Dr Iseli show such strong commitment to ensuring everything we do is centred on consumers. She really thinks outside the box to make things work for patients."



Dr George Kong
Senior Doctor

Dr George Kong has recently returned to the Eye and Ear after a prestigious year-long fellowship at Cambridge University, and continues to pursue his interest in technology to improve patients' eye care.

Innovative technology to improve eye healthcare

Dr Kong has always enjoyed the combination of clinical work, conducting research and working on medical technology.

“I love treating individual patients, hearing their stories and being able to help with their specific conditions. But then I also think ‘How can I help a lot of people?’ Research and technology are useful tools to help a lot of people,” he says.

Dr Kong returned to the Eye and Ear in 2017 after undertaking his ophthalmology training here followed by a glaucoma fellowship in 2015.

“I’m excited to be back at the hospital, to work alongside great teachers and doctors. It’s a dynamic and energetic environment and everyone has the patients’ benefit at heart.”

Combining his medical knowledge and software design skills, Dr Kong developed the first ever visual field testing smart phone app, ‘visualField easy app’ and its improved version ‘Melbourne Rapid Fields’. This app is revolutionising glaucoma management.

“It has huge potential for patients to monitor and manage glaucoma at home. Glaucoma is irreversible but early detection and treatment means you can retain more vision,” Dr Kong says.

The app made international headlines in 2014 when research proved it helped to detect glaucoma during an eye screening program in Nepal. In less than five minutes it measures an individual’s peripheral vision, a key indicator of glaucoma progress. It analyses and compares previous results and sends notifications to the patient’s doctor.

Traditional visual field machines are expensive and not easily portable. The ‘Melbourne Rapid Fields’ app, which has a free trial period, allows patients to regularly test their visual fields at home to identify changes early, rather than only during routine six monthly clinic testing. Dr Kong is excited about the impact of this technology, both locally and abroad.

“The software has a lot of potential in rural or remote areas where access to specialist visual field testing is limited. It has also been popular among optometrists who visit patients in nursing homes or with mobility issues.”

Associate Professor Michael Coote, senior consultant ophthalmologist at the hospital, was Dr Kong’s mentor and says the Eye and Ear is lucky to have Dr Kong on the team.

“He is very bright, industrious and has a magnificent work ethic. He makes a real contribution and can make a difference to the world – we can be very proud of him.”

Alongside consulting, Dr Kong continues to develop software to advance eye care. His latest project is ‘CataractSurgery’, a simulation app for teaching cataract surgery for trainee ophthalmologists in developing countries.



Dr Georgia Cleary
Senior Director



The Eye and Ear is Australia's only hospital dedicated to treating eye, ear, nose and throat problems and our Emergency Department (ED) sees around 40,000 patients a year for a diverse range of conditions. Thanks to recent initiatives, patient wait times are down and overall access has improved.

Award winning Emergency Department

Last year, a major milestone in the Eye and Ear's redevelopment was reached with the opening of our new Emergency Department. The first clinical area of the redevelopment to open, the new ED is light filled, has a larger waiting area, centralised staff areas and built for purpose consulting rooms.

The improvements also went beyond the physical. Since 2013, more than a dozen innovations have led to shorter waiting times and better access to emergency and surgical care, and freed staff to fully concentrate on emergency patients.

ED Director Dr Carmel Crock says the improvements were as a result of teamwork from all ED staff and taking on board patient feedback and considering patient needs at every stage.

"We want to hear their voices loud and clear – patients notice things we don't necessarily notice, they want the experience to be better for the next patient and so do we."

"It's a busy bustling environment but we have to remain focussed on doing our best for EVERY patient."

Clinical Improvement Coordinator Chris Breheny was involved in the 18 months of planning before the move to help set up processes to align with the physical change.

From clerks to nurses, junior doctors to specialists, the hospital's ED team all worked in collaboration to improve patients' ED experience.

"We considered every perspective including consumers and different staff with complementing skill sets. Changes were trialled in a collaborative way, which were

reviewed before we continued. This structured, evidence-based approach ensured the changes were effective."

The ED received the prestigious 'Secretary's Award for Improving Hospital Performance' at the 2016 Victorian Public Healthcare Awards, providing recognition of the team's outstanding innovation and dedication.

"Our success and recent improvements in ED depend largely on team work and having each other's back. We're like a family – an ED family. It helps to know what others in your team are going through so we can look after each other and share our experiences – both good and bad – and learn as a group."

ED Nurse Unit Manager Ramil Tranquilino says "The benefits for patients are significant. Not only is it a nicer physical space, but wait times to see a clinician have more than halved."

The benefits have been shared with other staff throughout the hospital as flow-on effects from improved emergency access and waiting times have positive impacts on wards, departments and theatre.



Working together sees glaucoma patients faster

Dr Cathy Green, Head of the Glaucoma Unit at the Eye and Ear, was key in establishing the Glaucoma Collaborative Clinic, a partnership between the Eye and Ear and the Australian College of Optometry (ACO) that is Government funded.

Opened by the Minister for Health Jill Hennessy, the Glaucoma Collaborative Clinic recently celebrated its one year anniversary and Dr Green says teamwork has been key to its success.

The clinic was established to manage patients with suspected or early glaucoma and aims to address the demand for glaucoma services and provide safe, correct and timely management from eye care practitioners.

The clinic is located at the ACO's main clinic in Carlton and is staffed by an interdisciplinary team of ophthalmologists, optometrists and orthoptists.

“We have established a model of effective care in a collaborative setting. There has been a focus on team care, and skills and knowledge extension, with ACO optometrists and Eye and Ear orthoptists working alongside Eye and Ear glaucoma specialists.”

Working together is a key way to address the growing demand for glaucoma services and maintain patient happiness.

“Levels of patient satisfaction are high as patients have all tests performed in one place at one appointment. The majority of patients seen in the clinic have been confirmed as suitable for ongoing community based care. Only a small number of patients – around 10% – have needed to go to the Eye and Ear for specialist care.”

The benefits are twofold: patients who don't require specialist hospital services go on to receive care in community settings closer to home and therefore removed off hospital waiting lists. This then improves waiting times for patients on our waiting lists who do require specialist care at the Eye and Ear.

Dr Green looks forward to the next steps for the clinic, in particular expanding the range of patients referred.

“Initially we looked at treating the lowest risk patients at the clinic – now we can look at patients with a slightly higher risk. Some may be able to be treated primarily in a community setting by optometrists with less frequent visits to an ophthalmologist,” she says.

“We can look to connect with other optometrists and partners in the community and potentially use the clinic as a model for future collaborative care projects.”

Dr Green says the next challenge for the clinic is finding the best way to share information digitally between partners.

Glaucoma is the leading cause of preventable and irreversible blindness worldwide. In Australia, it is estimated that over 380,000 people have glaucoma or are strong suspects for the disease.

With such a large impact, initiatives such as the Glaucoma Collaborate Clinic may be essential to the future of treating glaucoma.



ED PATIENTS
EVERY YEAR

40,000



PATIENTS CARED
FOR EVERY YEAR

200,000



CATARACT SURGERY IS
OUR MOST COMMON
SURGERY



PATIENTS WHO RATED
THEIR EXPERIENCE AS
GOOD OR VERY GOOD

98%



REGISTERED
CONSUMERS
PARTNERING TO
IMPROVE SERVICES

115



APPOINTMENTS
WHERE PATIENTS USED
INTERPRETERS

16,803



Eighteen year old Sam McLarty is living the dream of many teenagers: last year he was drafted to play for the AFL's Collingwood Football Club. Sam was also born profoundly deaf and had a cochlear implant at the Eye and Ear when he was 16 months old.

4000 cochlear implants and still kicking goals

Sam is one of more than 1000 children who have received cochlear implants at the Eye and Ear's Cochlear Implant Clinic.

Sam was a patient of Dr Brian Pyman, one of the core team who implanted the world's first multi-channel commercial cochlear implant at the Eye and Ear in 1978, alongside Professor Graeme Clarke.

In May the 4000th cochlear device was implanted at the Eye and Ear, with recipients ranging from three months to 92 years. This is an exciting milestone in Victorian healthcare and one that began at the Eye and Ear.

Sam's surgeon, Dr Markus Dahm, says seeing people with cochlear implants succeed is one of the most fulfilling parts of working in medicine.

"Seeing the positive impact on their life and development, to see individuals with implants go on to play elite sport, study medicine or who are multi lingual – it's very satisfying."

Sam is also the first ever AFL player with a cochlear implant. The only modification is that he wears a helmet to play to give the implant extra protection.

"Growing up I was definitely aware of the implant, and when I was younger I rejected some of the technologies. As I got older I began to appreciate the technology more and the devices kept improving. I wanted to prove that as a deaf person I can do everything anyone else can do."

Sam recently met with a 12 year old footy fan who also has a cochlear implant. He says having someone look up to him was a "total headpsin" and felt humbled to be an inspiration.

Sam's mum Cynthia said while they knew there were some risks with him playing footy, she didn't want him to experience life differently to any other teenager.

"There are always risks in life but we wanted to support him in doing what he wanted."

Cochlear implant milestones

This year the Eye and Ear proudly celebrated the 4000th cochlear implant surgery as well as the 1000th child to receive an implant. After marking the 2000th cochlear implant surgery in 2010, it's taken just seven years to double that number.

Research and technology have seen increased eligibility which has greatly widened the cochlear implant candidature pool. The Eye and Ear's Cochlear Implant Clinic now sees patients from three months to 90 years.

On 24 July we hosted a special event to celebrate these Victorian healthcare milestones. We thank Minister for Health Jill Hennessy for joining us in celebration.

The Eye and Ear provides 100 percent of Victoria's public cochlear implant surgeries. Additional funding from the Victorian Government in August 2016 supports the hospital to develop future advancements to continue progressing and providing hearing healthcare.



Falling behind at school, not getting enough sleep, missing swimming lessons and birthday parties – what can seem like a relatively minor condition, recurrent tonsillitis had a significant impact on Armani.

The little things that make a big difference

At just three-years-old, Armani has already had tonsillitis eight times, along with several ear infections.

Armani's mum Bobbi Jean says it was hard watching her daughter miss out on the things that kids love.

"She was often sick and missing out. Also, I didn't want to be constantly giving her medication."

Armani was one of nine Aboriginal and Torres Strait Islander children from regional Victoria who came to the Eye and Ear for ear, nose and throat surgery in early 2017.

Professor Stephen O'Leary performed the surgeries on children from the Rural Workforce Agency Victoria's (RWAV) Indigenous Eye and Ear Surgical Support Services waiting list. The surgeries were during school holidays to ensure the kids were well for school.

"It's the little and simple health problems ... that seem not to be that urgent that are in the big picture very important. These little 'run of the mill' operations make such a big difference," Professor O'Leary says.

These children had been on waiting lists for ENT surgeries for anywhere from a few months to years. These surgeries happened thanks to collaboration between the Eye and Ear, RWAV, the Victorian Aboriginal Health Service and Aboriginal Community Controlled Health Organisations – Mallee District Aboriginal Services in Mildura and Njernda Aboriginal Cooperative in Echuca.

Aboriginal and Torres Strait Islander people have higher incidences of eye and ear disease and wait longer to access surgery than other Australians. This impacts on quality of life outcomes including health, social interaction, connection to country and culture, and spirituality.

The partners provide everything from the surgery itself to care coordination and support, transport and accommodation.

Bobbi Jean says this made it much easier for them travelling from rural Victoria.

"Everything was organised and we didn't need to spend too long away from home. Armani has recovered really well and the nurses and doctors are so lovely."

"I'm very grateful she had the surgery done young so she doesn't miss out on any more school. Since the surgery she hasn't been sick once – she's doing so well and is happy."

Dr Yousuf Ahmad, Chair of RWAV, says "This was a fantastic outcome for the children who received access to ENT surgery ensuring improvements in their health and ongoing education."



As part of the redevelopment project, The Royal Victorian Eye and Ear Hospital opened a temporary second site called Eye and Ear on the Park. Sylvia was one of the first patients to have her cataract surgery at the new site.

A second home at Eye and Ear on the Park

Sinead Cucanic, Director of Surgical Services and Site Manager of Eye and Ear on the Park, explains “Our temporary move to Eye and Ear on the Park means we can fast-track the redevelopment of the main hospital site without reducing the number of patients we see.”

The move was a huge project that included relocating 700 m³ of equipment and building four new soundproof booths for our audiology team.

Moving outpatient clinics and day surgery to Eye and Ear on the Park allows the builders to complete the main hospital on Gisborne Street faster.

“All of our teams worked really closely with one another during the move to Eye and Ear on the Park” says Sinead, “I’m proud that we’ve been able to maintain our high quality of care while continuing to build a state-of-the-art hospital”.

Sylvia came to Eye and Ear on the Park in October for right eye cataract repair and returned in December for her left eye.

Sylvia’s surgery was done in one of the three theatres that were recommissioned ready for the opening day of Eye and Ear on the Park at the end of August 2016. In February 2017, we opened a fourth theatre allowing us to perform even more surgeries and further reduce wait times for patients.

Sylvia says that one year before her cataract surgeries, “I couldn’t see the street signs properly and was getting lost.”

Her family started to notice that her behaviour

was changing and encouraged Sylvia to see her doctor and an optometrist.

Sylvia knew the risks of not getting treatment because eye disease runs in her family and, seven years ago, her husband also had a procedure at the Eye and Ear. “My father went blind so I know how hard losing your eyes can be.”

Both of Sylvia’s cataract surgeries at Eye and Ear on the Park were very successful.

“Now I’m back to driving safely and can do more things by myself. It’s like getting a second life”, says Sylvia, “I can see again!”

“Thank you to the wonderful doctors, nurses and really all the staff. Also to my husband, my children and my grandchildren for always coming with me to Eye and Ear on the Park.”

Redevelopment overview

The redevelopment is a major project to upgrade all aspects of the main hospital. To help progress the works, outpatient clinics and day surgery moved to Eye and Ear on the Park in late 2016.

Our Emergency Department, main theatres and inpatient wards as well as the Cochlear Implant Clinic and Acute Ophthalmology Service (AOS) are still at the main Eye and Ear site on Gisborne Street East Melbourne (on the corner of Victoria Parade).

All hospital services will move back to the main hospital site when the redevelopment work is finished.



Ensuring children with vision impairment are not held back at school is the main aim of the Education Vision Assessment Clinic (EVAC), a long standing collaborative program run by the Department of Education and the Eye and Ear.

Working together to support kids in school

Twelve-year-old Estella is a passionate reader, loves creative writing – especially fantasy – and is excited about starting high school.

When she was in Grade 3, Estella started having trouble seeing the whiteboard. Tests showed she had cone dystrophy and in 2016 she attended the EVAC at the Eye and Ear. Eye conditions are a particular concern for children given around 80 per cent of all learning at school is visual.

Assessments are carried out by Eye and Ear ophthalmologist Dr Susan Carden and a hospital registrar as well as education officers and an educational psychologist from the Statewide Vision Resource Centre (SVRC), Department of Education and Training.

Dr Carden, who has been involved in the clinic for over 15 years, says the EVAC is critically important to ensure students with vision impairment are receiving a good education without barriers.

“We’ve had kids who are sitting at the back of the classroom and people think they don’t want to learn but it’s because they’re having trouble seeing. Many kids have come through the clinic and gone on to do really well in VCE.”

Estella says there are various adjustments and forms of support to help her at school.

“I have special equipment like a computer that can take photos of the board and zoom in on the content, a special slanted book holder to make it easier for me to read – before my eyes and my neck would get sore reading, but not anymore.”

Estella’s teacher adds lesson information and tasks in a dedicated online folder so that if Estella’s eyes are tired she can take breaks and listen to the file using accessible technology.

Dr Carden explains that the clinic assesses school children with moderate to severe vision impairments across Victoria. The team undertakes a functional vision assessment at the school and recommend adjustments.

Students who qualify can access visiting teachers and the resources of the SVRC, including learning materials in alternative format (braille, large print and electronic text), an assistive technology equipment library and professional learning opportunities for school staff.

Deb Davidson, Clinic Education Officer with the Department of Education and Training, says busy teachers appreciate strategies to assist students with vision impairment.

“Often very simple changes, like simplifying text, make a big difference.”





ACTIVE RESEARCH
PROJECTS

220



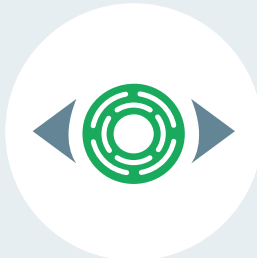
NEW PROJECTS
APPROVED

60



HONORARY
RESEARCHERS IN
THE EYE AND EAR
RESEARCH PRECINCT

130+



FUNDING TOWARD
DEVELOPING THE
BIONIC EYE

\$24M



Austen is one of the early teen recipients of corneal cross-linking with Dr Connell. Teenagers with keratoconus are the newest group to undergo surgery at the Eye and Ear to maintain vision and prevent corneal transplant.

Teens benefit from new procedure

Keratoconus is a condition that thins the central zone of the cornea, the eye's window. Patients often wear glasses to correct vision but on progression, hard contact lenses and eventually corneal transplant may be required.

Corneal collagen cross-linking is one surgical intervention used to prevent keratoconus developing to the stage of requiring a corneal transplant, which is the last resort.

After high success rates in adults, ophthalmologist Ben Connell is now leading a study into performing corneal cross-linking surgery on teenagers.

Dr Connell says 30 children aged 13 to 15, have been treated so far.

“It looks very promising. The disease is more aggressive in children and starts early so it’s great for the kids that we can stop progression at an early age before it does too much damage,” he says.

The study found children's keratoconus was less likely to progress after cross-linking, and halting progression meant best vision was maintained.

Head of the Corneal unit at the Eye and Ear and Director of Surgical Research at the Centre for Eye Research Australia, Associate Professor Mark Daniell explains that while most cases of keratoconus present in adults, it progresses faster in children.

“It's best done early because it can't be done if the cornea is too thin, and treating before progression damages vision too much means maintaining good vision with glasses or contact lenses.”

“We think it will last forever but there's a window of opportunity while they're a teen before it's too severe,” Dr Connell says. “Because of these results, corneal cross-linking will become standard procedure and maybe 50 teens a year will undergo cross-linking at the hospital.”

Corneal collagen cross-linking and keratoconus

Corneal collagen cross-linking has been successful worldwide, including at the Eye and Ear, in adults with keratoconus.

Professor Daniell says nearly one-third of corneal transplants are in patients with keratoconus.

“The laser cross-links collagen fibres which run across the cornea in parallel strips, and this linking between collagen fibres makes the cornea more rigid.”

“We estimate about 25 percent fewer transplants will be done in adults with keratoconus who have had cross-linking. The Eye and Ear has done hundreds of treatments and they have stabilised vision with patients' usual glasses or contact lenses.”



Leona Edwards was enjoying gardening when something flicked up in her eye. Thanks to the world first eyeConnect device, she received the care she needed at her local hospital and was saved the stress of unnecessary travel.

eyeConnect keeping patients close to home

Leona lives in Hastings, over an hour from the Eye and Ear, so when she injured her eye her husband took her to their local hospital for assessment.

Luckily for Leona, Frankston Hospital was the first to receive an eyeConnect device which links local emergency departments (ED) with specialists at the Eye and Ear.

After seeing a clinician at Frankston ED, the eyeConnect device was used to send images of Leona's eye to the Eye and Ear, where a specialist confirmed she could be treated locally. Thanks to this telemedicine technology, this all happened in under an hour and close to Leona's home.

Leona says avoiding the trip to the city for treatment was a huge relief.

"It saved us additional stress, and saved time waiting and travelling – everything was easier. If the service wasn't there we would have had to catch a train to Melbourne to see a specialist, and likely missed the last train back home."

"I was treated quickly and close to home. Having services like this in regional areas is essential" she says.

The device was created by the Eye and Ear in partnership with local medical technology manufacturer Ingeneus with funding from the Victorian Government.

The eyeConnect device takes photos of the eye to create a package of patient clinical data including visual acuity information and images. This is sent via a secure online connection to the Eye and Ear, where a specialist doctor advises if the patient can be managed locally or not. Crucially, it can be operated by non-ophthalmic clinicians.

Eye and Ear eyeConnect Coordinator, Sue McCallum, says eyeConnect aims to minimise unnecessary patient travel and support regional and rural areas that don't have dedicated ophthalmology services.

"There are complex reasons why people may not be easily able to get to a specialist hospital hours away, including travel time and time off work. The launch and rollout of the eyeConnect device means people can often be looked after locally."

eyeConnect was launched in mid-2016 at Peninsula Health's Frankston Hospital. Since then, 42% of patients who were assessed on via eyeConnect were treated locally.

Peninsula Health's Clinical Director of Emergency Services, Dr Shyaman Menon, says the device is a game changer for those who are in need of a specialist ophthalmological consultation.

"After looking into the statistics with the Eye and Ear, we found that we could have treated many of these patients if we had access to this new telemedicine technology."

"eyeConnect is a win-win for both patients and hospitals," he says.

The eyeConnect devices have now been rolled out at Rosebud Hospital and in the Loddon Mallee and Gippsland regions, with the Grampians region next on the list. Hume and Barwon South West regions will receive eyeConnect machines later in the year.



Associate Professor Alan McNab is only the fourth Australian in over 100 years to be invited to give the Robert Doyne Memorial Lecture at the prestigious Oxford Ophthalmological Congress. This year, his research takes centre stage in his Doyne lecture 'The Orbit as a Window to Systemic Disease'.

Honour for top Eye and Ear ophthalmologist

Every second year an ophthalmologist from overseas is invited to deliver the Doyne lecture at the Congress, one of the most important ophthalmology meetings in the United Kingdom. Associate Professor McNab was sought because of his high profile in teaching and research in his ophthalmology speciality areas.

Two previous invitees from the Eye and Ear were Australia's first professor of ophthalmology, Professor Gerard Crock, and the founder of the Centre for Eye Research Australia, Professor Hugh Taylor.

“It’s an enormous honour,” says Associate Professor McNab, who has been head of the hospital’s Orbital Plastic and Lacrimal Unit since 1999.

Doctors from around Australia and the world come to this clinic to train under his guidance. Associate Professor McNab specialises in treating diseases, infections and trauma in the eye socket, eyelids and tear ducts.

Much of Alan’s clinical interest and research investigates the orbit as a window to ‘systemic’ diseases that affect the body generally. The orbit is the socket in which the eye and its appendages sit.

“There is a wide variety of diseases which may have orbital manifestations. This includes the thyroid condition Graves’ disease, some cancerous tumours, and the inflammatory diseases sarcoidosis and Sjogren’s syndrome which causes dryness in the eyes and mouth“, Alan says.

The wide range of health conditions connected to the orbit means research and cross-disciplinary training is essential. Associate Professor McNab’s Orbital Plastic and Lacrimal Unit hopes to shed further light on orbital diseases in order to improve early patient diagnosis and care.

Associate Professor McNab has been an ophthalmologist for 30 years since graduating from the University of Melbourne, a research partner of the Eye and Ear. After a stint at the renowned Moorfields Eye Hospital in London, he returned to the Eye and Ear in 1990.



Daphne Williams, 81, received a cochlear implant at the Eye and Ear last year and says it's a 'whole new life' now, with radically improved hearing and social life. Current research is looking into ways to better predict the outcomes of adult cochlear implant recipients.

Research helps patients of all ages

The research is being carried out by the HEARing Cooperative Research Centre (CRC) in partnership with the Eye and Ear, led by Professor Robert Cowan and Dr Kerrie Plant.

Professor Cowan says that while the majority of cochlear implant recipients have improved communication after surgery, it is challenging to predict how an individual patient might benefit.

“People want to know ‘Will I be better off?’. This research will help both patients and clinicians make informed decisions about the likely benefits from cochlear implants,” he says.

Study participant Daphne never thought she'd be eligible for an implant at 80 years old. She says the difference it has made to her life is incredible.

“I had virtually no social life before. I had the strongest hearing aids available but it was still hard to hear. Now, I play croquet twice a week and last week I went to a restaurant for my friend's birthday and could have a conversation. It's a whole new world.”

Research such as Professor Cowan and Dr Plant's helps a broader range of people make decisions about cochlear implants and their hearing.

While lots of people think you can only get your first cochlear implant early in life, they are available for all ages whenever severe hearing loss presents.

Previous HEARing CRC research has evaluated outcomes of a range of recipients, providing guidance to clinicians about potential benefits to patients such as older adults, those with unilateral and asymmetric hearing loss, and those with greater levels of residual hearing.

Professor Cowan says it's great that the candidature pool is expanding with advances in technology.

“There have been huge improvements in implant technology and speech processing. In the 1980s, only people who were totally deaf were eligible for implants.”

Outcomes of this research partnership will help clinicians ensure patients make well informed decisions about undertaking the surgery and to manage their expectations.

“With more accurate information we can make the most informed decisions about procedures, and ensure that any funding is spent as optimally as possible.”

Our Partners

Our Research Partners

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

Our Memberships

The World Association of Eye Hospitals

Members: Tun Hussein On National Eye Hospital, Kuala Lumpur, Malaysia; Singapore National Eye Centre, Singapore; Moorfields Eye Hospital, London, UK; The Royal Victorian Eye and Ear Hospital, Melbourne, Australia; Rutnin Eye Hospital, Bangkok, Thailand; St Eriks Eye Hospital, Stockholm, Sweden; The Rotterdam Eye Hospital, The Netherlands; The Royal Victoria Eye and Ear Hospital, Dublin, Ireland; Jakarta Eye Center, Jakarta, Indonesia; Tianjin Medical University Eye Centre, China; Sydney Eye Hospital, Sydney, Australia; Kim's Eye Hospital, Seoul, South Korea; St John Eye Hospital, Jerusalem, Israel; Kellogg Eye Center, Ann Arbor, USA; Fondation Asile des Aveugles, Lausanne, Switzerland; The Metta Eye Hospital (Mettapracharak (Wat Rai Khing) Hospital), Bangkok, Thailand; Ispahani Islamia Eye Institute and Hospital, Bangladesh; Bascom Palmer Eye Institute, USA; Massachusetts Eye and Ear Infirmary, USA; Phillips Eye Institute, USA; Wilmer Eye Institute at Johns Hopkins, USA; Emory Eye Center, USA; New York Eye and Ear Infirmary, USA; Wills Eye Hospital, USA; Turin Ophthalmic Hospital, Italy; Hoftalon Eye Hospital, Brasil.

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New York, USA; Phillips Eye Institute, Minnesota, USA; The Royal Victorian Eye and Ear Hospital, Melbourne, Australia; Rutnin Eye Hospital, Bangkok, Thailand; Singapore National Eye Centre, Singapore; St Eriks Eye Hospital, Stockholm, Sweden; Wills Eye Hospital, Pennsylvania, USA; Wilmer Eye Institute, Maryland, USA.

Victorian Healthcare Association

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Our new Emergency Department, which won the Secretary's Award for Improving Hospital Performance at the 2016 Victorian Public Healthcare Awards.



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