

Quality Account

2016–17



the royal victorian
eye and ear
hospital

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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 2016–17. As a world class specialist hospital in eye, ear, nose and throat care, we have been providing care for Victorians for over 150 years.

We continued to experience high demand for our services in 2016–17, with over 200,000 patients. Our clinical services are delivered in partnership with patients, carers, the community and other healthcare providers. The Quality Account provides insight into our ongoing commitment to the delivery of patient centred care.

Quality and safety

The Eye and Ear is accredited against the National Safety and Quality Health Service Standards and will be undergoing the accreditation process again in 2017. The hospital provides quality plans and annual updates on our improvement work and auditing to our accrediting agency. This provides assurance that systems and processes in our hospital are maintained and improved if required. You can read more about the National Standards and the many new initiatives we have introduced over the past year to improve patient safety on pages 16 to 19.

Eye and Ear on the Park

Continuing to provide high quality services while undergoing a major redevelopment remains a top priority. At the end of last year, we relocated our Specialist Clinics and some of our day surgery services to a temporary new location to allow the builders to complete the redevelopment of our main hospital site in a less disruptive way to patients, consumers, staff and volunteers. The planning of our move to Eye and Ear on the Park was a massive project, involving staff collaboration and consumer consultation. It is testament to the dedication of our staff and consumers that with minimal disruption to patients, the new site was officially opened by our patron in August 2016.

Closing the gap

The eye and ear health of the Aboriginal and Torres Strait Islander community is an important issue at our hospital and we continued our partnership with the Victorian Aboriginal Health Service this year.

In December 2016, the Healthy Ears Outreach Clinic was shortlisted as a finalist for the 'Minister for Health's Award for improving indigenous health - Closing the gap' category in the Victorian Public Healthcare Awards. It was a great achievement to be recognised and shortlisted for this award. You can read more about the Healthy Ears clinic, including one family's story with the clinic on pages 12 and 13.

Thank you

I'd like to take this opportunity to thank all of our volunteers, including our consumer advisory members who donate their time to make the patient experience at our hospital a more positive and memorable one. I'd also like to recognise the efforts of all our staff for their contribution to improving the quality and safety of our services.

I hope you find our 2017 Quality Account interesting and insightful. We have been striving in so many areas across the health service to improve our delivery of care so that each patient experience is of the highest standard. Like previous years, we have used images and graphics in our Quality Account to make the content accessible for all our readers. As always, we welcome your feedback on this publication and on any of our services.

Roger Greenman AM
Chair Quality Committee



John gives the 'thumbs up' to the Eye and Ear

Six years ago John Teare suffered a massive, near fatal stroke. One of the side effects he experienced was the language disorder known as aphasia.

Both he and wife of 27 years, Liz, were forced to retire earlier than planned to manage his condition.

Aphasia affects 30% of stroke survivors. No two people will experience it in the same way. For John, every conversation is a struggle to communicate his thoughts and feelings. Often he says something completely different to his intentions, or just cannot find the words at all.

Last year John developed a detached retina and was sent to the Eye and Ear Emergency Department. Although John's treatment was medically successful, the couple felt that, overall, the hospital staff needed a broader awareness of aphasia. In particular, John's post-operative treatment revealed a lack of understanding of the condition and its impact on patient care.

"At his first check-up, John was asked by an orthoptist to read letters from a chart, which was frustrating as she had been made aware of his aphasia. Not surprisingly, John couldn't respond to the questions," explains Liz.

Liz suggested the Orthoptist ask John to respond another way, using the 'thumbs up, thumbs down' technique (for example, "Is there an A on the top line? Thumbs up or down?"). This approach enables aphasia sufferers to respond to queries visually rather than verbally. In John's case this is essential, because his type of aphasia makes it difficult to express his thoughts.

When they received a hospital feedback survey, the couple decided to include a letter to the CEO explaining their concerns in detail. They were delighted to receive an invitation from the hospital to assist with a staff training program.

The aphasia training was presented by neurologist Dr David Szmulewicz. The course outlined the 'thumbs up, thumbs down' technique and Liz also recommended hospital staff always ask an aphasia patient's carer for advice, as they are best placed to understand the individual's specific communications needs.

"The CEO and staff from the top down were open to recognising a gap in the system and rectifying it. What an open minded and sensational CEO!"

"There needs to be a greater recognition of aphasia in the community, because people with this condition are intelligent and should be treated with respect. I am over the moon that the hospital listened to us and did this," says Liz.

Dr Szmulewicz agrees with Liz and adds "I'm really grateful John and Liz gave us their feedback and were happy to spend time with our staff, to help us improve the care we provide."

John agrees and gives a big 'thumbs up' to the hospital for responding so positively. He now wears an aphasia awareness bracelet at all times, and recommends others with the condition do the same in case of a medical emergency.

What is Aphasia?

Aphasia is a language disorder and can range from mild to severe.

Sufferers may have difficulty in expressing themselves when speaking, trouble understanding speech, or difficulty in reading and writing.

It is most often caused by strokes that occur in the areas of the brain that control speech and language.



“A long wait, but your
volunteers make you feel
you are not forgotten”

– A patient in our ED

“The system is fantastic and
the medical staff are great”

Listening to your feedback

The hospital values all feedback it receives from patients, carers and families about their experience at the Eye and Ear.

In April 2017, we launched our new Patient Feedback materials to coincide with Patient Experience Week. Our executive team met with patients in our Specialist Clinics to promote our new feedback postcards and brochures and talk with them about their experience. Most patients approached conveyed their gratitude for a service that had made such an impact on their day to day lives.

As well as the new feedback postcards, we encourage our patients and visitors to tell us about their experience in person, over the phone, in writing, on our website or via our Facebook and Twitter pages.

Since the launch of our new feedback materials, we have received an increased number of both complaints and compliments. All complaints are acknowledged via phone or in writing within three days, with 84% of all complaints closed within 30 days. All formal notifications result in a written response detailing the investigation and actions the hospital has put in place to address concerns raised.

In 2017, we will be introducing Patient Experience Trackers to measure everyday experience at our hospital. These small, portable devices ask 5 or 6 short questions about a patient's visit to the Eye and Ear; the questions can vary depending on the area of the hospital the patient has visited. This will provide us more opportunity to evaluate our services.

Response to your feedback

Between July and December 2016, our Emergency Department (ED) received nine complaints about the wait times and communication between staff and patients waiting to be seen. In response to this we developed a patient journey poster to help patients understand what to expect during their visit to the ED. Consumers were involved in its development to ensure it contained the right information in a meaningful way for its intended audience. Similar posters have also been implemented in our Specialist Clinics.

Access remains a challenge for our hospital and the high demand for our services can result in lengthy waits for an appointment. As part of the redevelopment, the hospital will be implementing a new patient queuing and registration process. This will streamline our 'checking -in' processes and benefit our patients.

"I was absolutely amazed at how all staff were so kind and professional, not to mention their attention to cleanliness after each patient. An absolute credit to the healthcare system. I just could not believe how patient they were with me, as I was stressed and nervous."



Your say counts

COMPLAINT CATEGORIES 2016-17

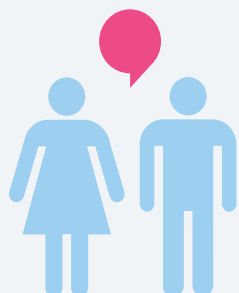
(n=316)



ACCESS COMPLAINTS:

123

A DECREASE OF 7 FROM LAST YEAR



COMMUNICATION COMPLAINTS:

98

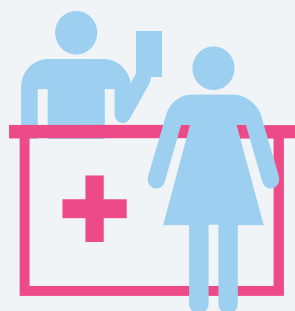
A DECREASE OF 9 FROM LAST YEAR



TREATMENT COMPLAINTS:

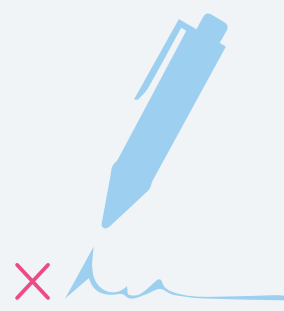
44

A DECREASE OF 17 FROM LAST YEAR



ADMINISTRATION COMPLAINTS:

0



RIGHTS COMPLAINTS:

1



ATMOSPHERE COMPLAINTS:

10



COSTS COMPLAINTS:

16

Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey which asks patients' views about their hospital experience.

This survey, conducted by an independent market and social research company, provides the hospital with quarterly data measuring patient experience in the Emergency Department and inpatient areas, and compares results with other public hospitals in Victoria. For the first time this year we received data on our Specialist Clinic patient experience. This data, when combined with our other methods of gaining consumer feedback helps to form an overall picture of the patient experience.

Overall patient experience and satisfaction

Our overall patient experience score throughout 2016–17 was consistently higher than the state-wide average score for other hospitals in Victoria.

Satisfaction with inpatient presentations was the area we scored highest in, with a 98% satisfaction score in July – September 2016.

Previous VHES surveys indicated that 80% of patients responded yes to the question 'Did the staff treating and examining you introduce themselves and their role?' As a result, the 'Hello, my name is...' campaign was introduced encouraging staff to introduce themselves and their role to each patient and staff have been provided with a large print name badge. Since then, the percentage of patients agreeing with this question has increased to 95%.

To ensure that all of our staff are aware of our patient experience scores, we have developed posters providing staff with a snapshot of how patients are experiencing our services, highlighting the areas we perform very well in and identifying goals where services can be improved.

Leaving hospital

The VHES survey also measures patient experience on the care they received just prior to leaving the hospital. Patients at the Eye and Ear have a relatively short average length of stay so early planning for discharge is important. An increased staff focus has seen patient satisfaction improve in this area with 92% of patients rating the discharge process as 'very good'. Whilst many patients do not require service supports when they leave hospital, continued work is required to better understand the specific needs of those patients and carers who do need additional support on discharge. We have recently refined our pre-admission and admission Risk Assessment forms to help identify patients who will require supports.

Question	State average 2017	January–March 2016	January–March 2017
Overall, how would you rate the discharge process?	84%	82%	92%
Before you left the hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?	71%	81%	76%
Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?	69%	52%	64%



Support for staff affected by family violence

We have introduced a new Family Violence Workplace Support Procedure for staff, due to the potentially sensitive processes that may need to be followed in cases of family violence. Staff representatives attended an industry education workshop and consulted with key stakeholders in the development of the procedure.

As part of the procedure, family violence leave entitlements have been extended to all staff. An awareness session was provided to managers and a more detailed education session will be provided to Contact Officers, Health and Safety Representatives, security staff and the Health and Wellbeing committee members in the near future.

Listening to our staff

Each year, all Eye and Ear staff are invited to take part in the People Matter Survey, which is conducted by the Victorian Public Service Commission. The survey gives staff the opportunity to express their views on how our values and employment principles are demonstrated at the Eye and Ear. The survey also measures the level of staff engagement and job satisfaction.

Staff are asked questions about: organisational culture, safety concerns, reporting, training and improvement work. From this a Patient Safety score is calculated. This year, our Patient Safety score was 77%, which is five percentage points higher than other similar healthcare organisations.

87% of our staff would recommend a friend or relative to be treated at the Eye and Ear as a patient, a strong validation of staff confidence in the clinical services provided.

How we are improving staff safety

We continue to analyse trends in incidents of bullying and staff complaints via our staff culture survey and using a new standardised complaints form. In the last year we have provided staff with more information on: our informal versus formal complaints process, how to deal with complaints and witness participation in complaints investigations. As part of our manager training, we ran a bullying awareness education session, which included case studies, open debate and discussion. "I'm proud to be able to provide a service in a wonderful organisation like the Eye and Ear; I get enormous satisfaction always doing whatever I do, to the best of my ability."

Occupational Violence is never OK

In June, we launched a new campaign in our clinical areas informing visitors that no matter what the situation, aggression and violence against our staff is never OK. Staff were also reminded to follow our procedures to alert a response team of trained staff, including our experienced security team, if they are concerned about an aggressive or potentially violent situation. This is a really important issue and something we take very seriously at the Eye and Ear.

ENGAGEMENT INDEX

↑ 1% from last year

72%

The staff engagement index is also a key data source for assessing our workplace culture.

EMPLOYEE JOB SATISFACTION

↑ 2% from last year

77%

STAFF EXPERIENCING BULLYING

↓ 1% from last year

13%

STAFF EXPERIENCING DISCRIMINATION

↓ 2% from last year

6%

STAFF AGREED THAT 'BULLYING IS NOT TOLERATED IN MY ORGANISATION'

↑ 1% from last year

75%

11% better than industry average



Talking quality and safety with our consumers

As a hospital we gather a lot of data on how we are keeping our patients safe and providing quality healthcare. We communicate this information through posters, on our website and in this report.

Recently Linda Miln, our Risk and Quality Manager, facilitated a focus group with consumers on the type of quality and safety information they would like to see available both within the hospital and by other mediums. A diverse group of 14 consumers who have used a range of our services came together to discuss

what is important to them. The group recommended a number of quality indicators they would like available and suggested we provide more information in the hospital on what to expect in a clinic and move more detailed information to our website. From that meeting it was decided that another focus group will be held to look at where we currently display posters to ensure they are visible and easy to understand. We look forward to continuing this conversation with our consumers to keep improving the care we provide.

Involving our consumers in all we do

Our Consumer Advisory Committee represents patients and the community, advising the Eye and Ear on key projects, initiatives and improvements.

Pam West joined our Consumer Advisory Committee in 2016. Although Pam had never been a patient at the Eye and Ear, she had been seeing specialists in other hospitals as she is living with glaucoma and was also diagnosed with Parkinson's disease. Pam was interested in volunteering in a healthcare setting and found the Eye and Ear details on a volunteering website; she was delighted to be accepted onto our Consumer Advisory Committee (CAC).

"CAC represents patients and the community. We are the voice of the patients and we are lucky enough to have the ear of the Board," Pam explains.

"I was really pleased to realise that board members, the executive, senior staff and the rest of the workforce all listen to the committee and take on board our thoughts, comments and ideas. At the Eye and Ear it's not just a box ticking exercise to have a committee, the committee feel useful and involved"

CAC is made up of 8 consumer representatives and 3 members from our Board. They meet 6 times a year and members are appointed for 3 years, to ensure ideas are kept fresh and relevant.

CAC are involved in a wide range of hospital activities. "We have advised on items related to the redevelopment, the Aboriginal Health Plan and new policies or procedures." Pam explains that sometimes a fresh set of eyes or a review from a patient's perspective makes all the difference. "I reviewed a script for a DVD which was being filmed for patients and felt like the main messages I would want to know as a patient were lost in a lot of other information. I suggested that the wording of the introduction should be changed. My idea was listened to and the change was made, which was really pleasing."

Pam also appreciates how open the hospital is with the CAC. "We discuss feedback which has come in from patients. We don't just hear the good news stories, we also get to hear about complaints, which we discuss and have input on accordingly. They could just show us the compliments but the hospital knows that learning from the complaints is important."

A focus for Pam over the next 12 months is to work with other members of the CAC to look at potential partnerships for the hospital. Given her own experience with healthcare organisations, she is keen to explore any partnership opportunities or staff training opportunities with the organisations she is connected to. "The Eye and Ear can take advantage of the relationships I have with other organisations or charities, that's another advantage of having consumers so involved in the hospital."

John Rogan, Manager of Planning and Patient Experience appreciates the work our consumers do, "Pam and our CAC bring a strong and reasoned voice to the hospital. They have been able to identify important issues for consumers and help the hospital identify ways in which it can improve our patient's experience."



Ongoing partnership helps Aboriginal and Torres Strait Islander children

Since 2013 the Eye and Ear and the Victorian Aboriginal Health Service (VAHS) have worked in partnership to deliver the monthly Healthy Ears Clinic.

The clinic is for Aboriginal and Torres Strait Islander children to see an audiologist and/or Ear, Nose and Throat (ENT) doctor. Currently three ENT doctors, two audiologists and a series of nurses from the Eye and Ear rotate to staff the clinic.

The Healthy Ears Clinic was short listed for the 2016 Minister for Health's Award for improving Indigenous health – Closing the gap.

Katie Edney is an Aboriginal Health Worker at VAHS who coordinates the Healthy Ears Clinic. Most patients come from outer areas of Melbourne but sometimes drive hours from rural Victoria. Katie says a key benefit of the clinic is the shorter wait times than in hospitals, made possible because it's such a targeted program.

"The kids get a referral from either a health worker here at VAHS or externally from the Royal Children's Hospital or their GP. Then they usually only have to wait two or three months to see the specialist from the Eye and Ear."

Chris and Nari found the faster wait times a real benefit when both of their children needed grommets. They took their eighteen-month-old son, Jace, to the GP for a burst eardrum only to discover he needed grommets. Their daughter had already been diagnosed as needing grommets too.

VAHS and the Eye and Ear's Aboriginal Health Liaison Officer helped coordinate Jace's grommet surgery at the Eye and Ear in December.

"Katie and the clinic team helped coordinate for both our kids to have their grommet surgery on the same day. Nari doesn't like driving in the city and I have to take time off work to come along so that really helped" said Chris.

Chris and Nari said they are already seeing big improvements. "His speech was all mumbling but now his words are coming fast which is great. They're amazing here at VAHS, they've really helped us out."

Our Aboriginal Health Liaison Officers

The Eye and Ear has two Aboriginal Health Liaison Officers. Their primary role is to provide cultural support for Aboriginal and Torres Strait Islander patients who are accessing the Eye and Ear's services. This can include organising transport, going along to appointments and administrative help such as completing forms.

The Aboriginal Health Liaison Officers also raise awareness and train Eye and Ear staff, to ensure the needs of Aboriginal and Torres Strait Islander patients are considered and supported.

Quick facts

200,000

patients cared for,
including 40,000
patients in our ED

589

Eye and Ear
employees

15,080

appointments using
interpreters, for 89
different languages

115

registered consumers,
partnering to help
improve services

A team of

60

registered
volunteers

Volunteers
helped over

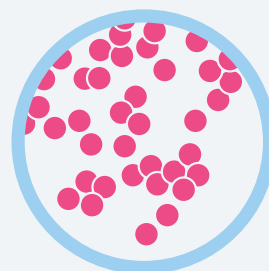
50,000

patients, donating
over 8,400 hours



We have **not had any incident reports** related to the transfusion of blood or blood products.

There were **0 cases** of Staphylococcus Aureus, a common cause of hospital acquired infection.

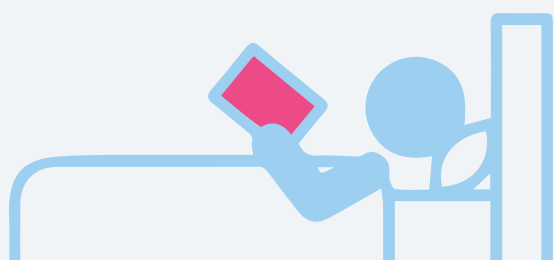


There were **23 patients** who fell while at the Eye and Ear, with 21 incidents reporting no significant harm.



100%

Hand hygiene compliance with the Department of Health and Human Services targets.



We had **5 pressure injuries** recorded during an inpatient stay, all were related to pre-existing injuries.

In 2016 the Eye and Ear **exceeded the 75% target** set by the Department of Health and Human Services for staff flu vaccination rates.



The 10 National Standards

All Australian health services are assessed against the national accreditation program developed by the Australian Commission on Safety and Quality in Health Care. Accreditation is the process where an organisation is assessed by external surveyors against the National Safety and Quality Health Service (NSQHS) standards. It is one method to ensure the appropriate standards of care are provided by our health service.



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

The Eye and Ear is accredited against the National Safety and Quality Health Service Standards and we will undertake our next accreditation survey in late 2017. In preparation for our accreditation we undertook a mock survey in February 2017 with two experienced surveyors. Focus groups on all of the ten National Standards met with the surveyors, which allowed us to identify any gaps and opportunities for improvement prior to the formal survey in later in the year.



Preventing and controlling health-care associated infections

National Standard 3 refers to preventing and controlling healthcare associated infections. These 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 employed 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. The '5 moments of hand hygiene' is a national initiative originally developed by the World Health Organisation which refers to the critical times when hand hygiene should be performed. 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 working in clinical areas. Visitors to the hospital are also asked to practice hand hygiene, especially if they have a cold or virus.

A renewed education campaign was launched in 2017 to raise awareness and encourage staff to undertake hand hygiene. Posters are prominently displayed featuring medical staff



and the CEO, and hand sanitiser dispensers are available in key locations.

Flu vaccine program

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

Aseptic technique

Bacteria are everywhere; some are good and some are harmful. Aseptic technique aims to prevent harmful bacteria from being introduced to susceptible body sites by hands, surfaces or equipment. It protects patients during invasive clinical procedures by using infection prevention measures to minimise the presence of bacteria. As a result, our infection rates remain extremely low.



Medication safety

National Standard 4 refers to medication management approaches to optimise safety. In the past year, 437 medication incident reports (including pharmacy interventions) were reported. A large number of our incidents are captured by our pharmacy team and corrective action is taken before there is any impact to our patients. Examples of these types of reports include sub-therapeutic doses, incorrect side/site scripts, drug interactions and impacts of medicines for patients with specially needs, for example kidney/liver abnormalities requiring dose adjustments.

A multidisciplinary committee reviews all reports entered into our incident management system. As a result of these incidents medication related procedures are reviewed against best practice and changes are made where possible. A medication safety newsletter detailing quality improvement activities is produced and shared with all our clinical staff.



Blood and blood products

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

Blood transfusions are not commonly administered at the Eye and Ear, however nursing and medical staff participate in mandatory education for blood safety to ensure safety and quality responsibilities are adhered to. Our blood safety program is closely linked to our patient identification procedures to ensure the correct patient receives the correct blood product. To date no blood product has been incorrectly administered. We also track blood wastage and can report this precious resource was used sparingly and has not been wasted.



Preventing and managing pressure injuries

National Standard 8 refers to the systems and strategies to prevent patients from developing pressure injuries and best practice management when pressure injuries occur. All patients at the Eye and Ear have a pressure injury risk assessment completed during their pre-admission assessment, following an admission, throughout the episode of care or following a change in the patient's condition. Our number of pressure injuries continues to be low, with all reported incidents related to pre-existing pressure injuries.



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 cohorts at higher risk due to vision impairment, balance disturbance and cognitive impairment. The number of falls and harm from falls amongst patients at the Eye and Ear continues to be low. We adhere to a number of falls prevention strategies, including:

- Screening to determine a patient's risk of falls.
- Developing plans with patients and carers to minimise any risk.
- Completing a falls investigation should there be a fall, to determine the mechanism for injury and any changes required to the patient management plans to prevent recurrence.
- Development of an alert report detailing if patients coming to the Eye and Ear 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.

New safety initiatives

During the 2016–17 year, the Eye and Ear has implemented a number of initiatives to improve safety including:

- Commencement of telehealth consultations, meaning some patients are able to access medical care without travelling to our East Melbourne sites.
- New feedback posters, forms and postcards launched to encourage feedback from patients.
- Providing patient centred care training for staff and increasing the use of patient stories and patient presentations.
- Successful relocation of some services to the Eye and Ear on the Park.
- Ongoing commitment to our “Hello, my name is...” campaign; survey results showed the rate of staff introducing themselves to patients increased from 80% to 95% following the campaign.
- Oversight of a compliance and improvement audit program to adhere to safe practice for the 10 standards.
- Establishing a number of innovative projects to improve the efficiency of the service and experience for patients in the new Emergency Department.

- Introduction of occupation violence posters and program commenced to eliminate Occupational Violence.
- Introduction of REACH program for short stay and overnight patients.

Once a safety issue is identified, action needs to occur immediately to decrease any risk to patients and improve our responsiveness. Safety and Quality Performance data is presented in a scorecard format with themed information on a number of important safety measures, including wait times, hand hygiene rates, infection surveillance, incident reviews for falls, pressure injuries and medication management, to name a few. This scorecard is reviewed by the Executive team monthly, the Board Quality Committee quarterly and is available for all hospital staff members and discussed at team meetings.

The Patient Safety Committee reviews the investigations for reported safety events, including sentinel events. They monitor the implementation and evaluation of corrective and preventative actions plans in order to improve patient safety. This committee is also responsible for communicating lessons learnt from serious case reviews to staff to optimise patient safety.

REACH program

REACH is a patient and family activated response program implemented at the Eye and Ear. It empowers patients and families to escalate care if they are concerned about the condition of the patient.

First they are encouraged to engage with the treating team, but they can call for emergency assistance if they remain concerned. A program of staff education has been implemented and new posters are displayed in the inpatient setting to raise awareness.



REACH
out for
patient
safety

If there is a sudden change in yours or a loved one's medical condition, don't sit in silence.

Follow these steps:

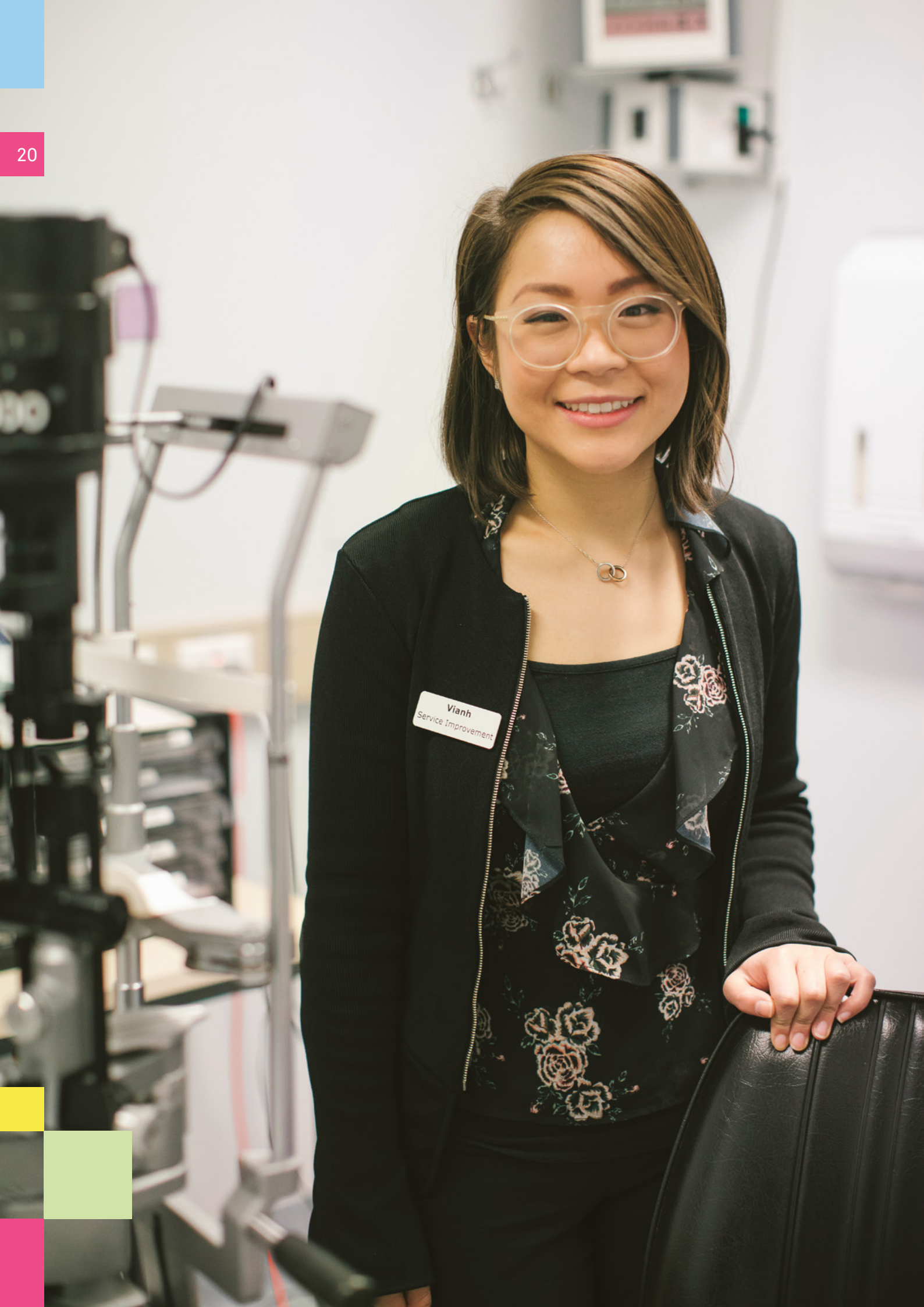
- 1 Talk to your nurse or doctor, then if needed
- 2 Ask to talk to the nurse in charge
- 3 If you are still concerned you have the right to activate a 'REACH' call by:
 - Call 9929 8444 from your mobile
 - Say you are making a 'REACH' call
 - State patient name, ward and bed number
 - The emergency team will attend

You are on ward 4
You are in chair

 Patient and Family Escalation

 **E+E** the real response eye and ear hospital

* REACH = recognise, engage, act, call, help is on it's way



A focus on improvement in our glaucoma clinics

With an aging population in Australia, diseases such as glaucoma are becoming more prevalent and demand for glaucoma treatment and services is increasing.

Glaucoma is the name given to a group of eye diseases where vision is lost due to damage to the optic nerve. The loss of sight is usually gradual and a considerable amount of peripheral (side) vision may be lost before there is an awareness of any problem. If it not treated, people with glaucoma may lose their sight completely.

In February, Vianh Huynh started working at the Eye and Ear as our Glaucoma Service Improvement and Liaison Coordinator. This new role was created to improve our current glaucoma services and ensure patients are given the best treatment possible in a timely manner. The Eye and Ear runs a number of glaucoma clinics and it depends on the severity and complexity of the glaucoma as to which clinic patients are treated in.

“We have recently introduced a new clinic which is dedicated to only seeing new patients,” Vianh explains. “It is vital these new patients are triaged, or assessed, thoroughly so the patient can receive the right care. Therefore in this clinic, the triage process (or initial assessment) is always completed by a glaucoma doctor. A treatment plan for the patient can then be put in place.”

Vianh is also looking into collaborative care pathways with community based optometrists.

“For patients with mild glaucoma, it can be better for the patient to see a local optometrist regularly during the time they are waiting to be seen in our glaucoma clinics at the Eye and Ear. This is better for the patient as they can use a service closer to home. It also frees up staff at the Eye and Ear to provide our specialist services to patients with severe or complex glaucoma.”

Vianh is building relationships with community based services, to ensure the high level of care patients receive at the Eye and Ear continues when they move to their local healthcare provider once they have been discharged.

Whilst she is dedicated to her service improvement role, Vianh also works as an optometrist in the glaucoma clinics. “I really like seeing patients in the clinical setting. I like the interaction and the immediate satisfaction from helping solve the patient’s issue. My role as Service Improvement and Liaison Coordinator is challenging in a different way as it’s an ongoing project, on a much larger scale. The improvements and changes I make in my service improvement role will help more patients in the longer term.”

The Glaucoma Service Improvement and Liaison Coordinator role was introduced at the Eye and Ear after a review of a serious incident event. It was identified that the demand for glaucoma appointments was greater than the capacity for appointments. As a result a number of improvements have been introduced, like working with partner organisations and the introduction of Vianh Huynh’s role.



Continuous improvement in our Emergency Department

Our Emergency Department (ED) was the first clinical area of our hospital redevelopment to open. As well as the physical changes to the department, improvements have been made within our new ED, all focused on providing safer, more patient centered care.

One of these improvements was managed by Associate Nurse Unit Manager, Ivy Tamparong. Ivy was aware that patients were frustrated by wait times within the ED and often confused by other patients being seen ahead of them. Ivy implemented a patient journey poster as part of a strategy to help better inform patients about what to expect on their visit to ED. As a result of her work, there has been a drop in the number of times patients approach staff asking about the length of their wait to see a doctor.

Innovations such as this have improved efficiencies within the ED, allowing staff to concentrate on providing the best care possible and shortening wait-times for patients. ED Nurse Unit Manager Ramil Tranquilino is really happy with the new department. "The benefits for both staff and patients are significant.

The decrease in wait-times have reduced patient frustration and also improved staff morale. All round, it's a nicer environment for everyone."

In 2016, our ED was presented with the 'Secretary's Award for Improving Hospital Performance' at the Victorian Public Healthcare Awards. The Healthcare Awards celebrate outstanding innovation and excellence in public healthcare.

There are a range of different award categories and judging is conducted by an independent team of health professionals and consumers. To have our ED win a healthcare award was an honour, especially as the award recognised the innovations and improvements we are making within the department.



Consumer involvement in the opening of Eye and Ear on the Park

Our hospital redevelopment project continues to progress and a key focus for the year was the opening of a temporary second site, Eye and Ear on the Park. The move to Eye and Ear on the Park was a huge project, which involved relocating equipment and building new sound proof booths for our audiology team. As well as the physical move, it was vital our consumers were consulted and involved in planning for the site opening.

A group of our consumer representatives were invited to make up a focus group to review patient communications about the move. They paid close attention to a walking map, which patients would follow if walking between the sites. The group decided to change the route of the map, as they felt there was a safer option for patients instead of walking alongside and crossing busy roads. They also advised on appropriate font sizes and colours on patient letters.

Prior to the opening, consumer representatives tested the signage at the new site, to ensure directions were clear and easy to follow for patients, particularly those who have a vision impairment.

Although only a temporary location for our hospital, Eye and Ear on the Park offers many benefits for our patients. All the clinics are located on the same floor, meaning improved patient flow. Access is also easier as the clinics are on the ground floor and car parking is available under the building.

Early in 2017, we opened a new theatre at Eye and Ear on the Park, increasing the operating capacity in our Day Surgery Facility to a total of four operating rooms and one treatment room. This additional theatre has resulted in patients being booked into theatre earlier than expected and has reduced wait-times.

Engaging with the Aboriginal and Torres Strait Islander community

The eye and ear health of the Aboriginal and Torres Strait Islander community is an important issue at the Eye and Ear. This year, we have continued to work closely with the Aboriginal community to ensure we provide a safe and culturally welcoming environment for Aboriginal and Torres Strait Islander patients at the hospital. We are also proud to have taken our specialist services and care out to rural and regional areas.

ENT surgery for Aboriginal and Torres Strait Islander children

Early in 2017, nine Aboriginal and Torres Strait Islander children came to our hospital for ear, nose or throat surgery. These children had been on waiting lists in regional Victoria for minor surgeries, such as having tonsils or adenoids taken out, or grommets put in, from anywhere between a few months and a few years. These surgeries happened thanks to the collaboration between our hospital, Royal Workforce Agency Victoria, the Healthy Ears program and Aboriginal Community Controlled Health Organisations, Mallee District Aboriginal Services in Mildura and Njernda Aboriginal Cooperative in Echuca. These small operations can have a significant impact on a child, for example not missing as much school, attending swimming lessons and getting more sleep. The surgeries were performed in the school holidays, to ensure the children were well enough to return to school at the start of term.

Indigenous Outreach Program

In 2017, one of our ENT Registrars, Fiona Hill, travelled to Doomadgee in Queensland to assist with an Indigenous Outreach Program. The program is run by Queensland Health with 27 outreach weeks a year, across seven regional communities. Due to the low number of ENT trainees in Queensland, they were really pleased to have Fiona attending. Fiona found it an amazing experience, meeting and helping Indigenous families.

Improving Care for Aboriginal Patients program

The Improving Care for Aboriginal Patients (ICAP) program identifies key result areas for organisations to inform priorities for improving health outcomes for Aboriginal people.

Engagement and partnerships

The Eye and Ear works collaboratively with key Aboriginal organisations and committees to identify and focus improvement activities. These include the Statewide Eye Health forum and the North West Metropolitan Aboriginal Eye Health Advisory group. Actions from these groups have supported the Victorian Subsidised Spectacle Scheme (\$10 prescription glasses for Aboriginal people), and streamlining referral pathways for Aboriginal people requiring health care.

Workforce development

A number of initiatives are underway to build sustainable employment programs for Aboriginal staff. A 100 day work plan is utilised to support orientation of new employees and the manager of the service has attended a cultural awareness and supporting Aboriginal staff program to increase the organisations capacity to support Aboriginal staff.

To improve our systems of care, the hospital has started a review of our referral procedures to ensure it captures identification of Aboriginal patients at the earliest possible point. This will enable our Aboriginal Health Liaison Officers to provide cultural and social support and enables the hospital to understand the health issues facing Aboriginal community. This will assist in the early identification of and treatment of eye and ear conditions in the Aboriginal community.

Embracing diversity

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

Working with people with disabilities

The Eye and Ear has implemented a number of initiatives to reduce the barriers faced by people with disabilities. We have focussed on the following areas during 2016-17:

- As part of the move to Eye and Ear on the Park, a way finding and signage review was undertaken with consumers and Vision Australia to optimise signage and safety for people with disabilities.
- Establishment of 'hearing loops' in the new Emergency Department to ensure people can hear messages more effectively.
- Focussed staff education to increase awareness of caring for people with disabilities. This has included patients presenting their experience at staff education forums, staff attending Dialogue In The Dark (an exhibition whereby staff experience surroundings in complete darkness with a blind guide and white cane for navigation), and educating new staff on how to support people with vision and hearing impairment at new staff and volunteer training.

Interpreting Services

The Eye and Ear has an in-house interpreter service specialising in Greek, Vietnamese, Cantonese and Mandarin. Over the past year, there was an overall decrease in requests from patients for interpreters when compared to the previous year. The hospital's internal interpreters attended 7,355 appointments during the year and external interpreters also assisted the hospital with 7,725 appointments. Greek, Mandarin and Vietnamese and Cantonese remain the most common languages requested. This trend is comparative to census data for top languages spoken at home, other than English.

Harmony Day celebrations

In March, staff came together to celebrate Harmony Day. Harmony Day celebrates Australia's cultural diversity; it is about inclusiveness, respect and a sense of belonging for everyone. Staff celebrated diversity by bringing in and sharing food from their home nations: Asian salads, Italian and French cheese, Greek breads and dips, along with some British cucumber sandwiches were enjoyed by all.



Continuity of care

Advanced care planning

An Advanced Care Directive is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves due to illness or incapacity. For example, a person might decide that if their heart stops during a procedure they don't want CPR to be performed.

The Eye and Ear is committed to respecting a patient's rights to determine their end of life care and medical treatment pursuant to the Medical Treatment Act 1988 and the Guardianship and Administration Act 1986 (Guardianship Act). In the past year, 24 (or 0.0005%) of patients over the age of 75 had an Advanced Care Directive in place. Shortly all patients undergoing an assessment prior to surgery will be asked if they have an Advance Care Directive.

Telehealth

Telehealth partnership with Northeast Health Wangaratta

Last year we received funding from the Victorian Government to work with Northeast Health Wangaratta trialling telehealth consultations for specialist clinics. Rural and regional patients currently travel long distances to attend appointments at the Eye and Ear. Telehealth appointments are appropriate in some circumstances, saving the patient this inconvenience. The trial is taking place in a range of specialist clinics including the Balance Disorder and Ataxia Service, Neuro-ophthalmology Clinic and Cochlear Implant Clinic. The patient presents at Northeast Health Wangaratta and the consultation is conducted via video-conferencing with an Eye and Ear specialist in East Melbourne. As part of this trial, new technology will also be explored which allows patients to connect with Eye and Ear specialists from their home.

eyeConnect: connecting patients to the Eye and Ear

In 2016 the first eyeConnect telemedicine device was launched at Frankston Hospital in the Emergency Department. 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 was designed to be operated by non-ophthalmic trained clinicians.

When a patient with an eye condition presents at a hospital like Frankston, the local clinicians can use eyeConnect to create a package of patient clinical data, including visual acuity information and photos. 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.

Since the launch in Frankston Hospital, 42% of patients who were assessed via eyeConnect were treated locally. Being treated locally saves the patient time and money in travel to our specialist hospital in East Melbourne and reduces the patient's stress. It also supports regional and rural areas that don't have access to speciality ophthalmology services.

All fifteen of the Eye and Ear's eyeConnect devices have been allocated to emergency departments and urgent care centres in outer metropolitan, regional and rural hospitals. Eight of these units are operational, four will be in service soon, and the remaining three will be launched in October 2017.

Sharing knowledge

General Practitioner (GP) education events

As part of our GP Liaison program, we provided three education events to GPs over the last year. All the events were well attended by GPs and the feedback from them was excellent.

- Diagnosis and GP Management of Common Eye and Ear Presentations and Dizziness with Dr David Szmulewicz, Dr Elizabeth Rose and Dr Elsie Chan. Evaluation showed that learning objectives were entirely met for 95% of participants.
- Uveitis and Hearing Loss with Associate Professor Lyndell Lim and Dr Claire Iseli. The feedback from participants was outstanding with over 90% agreeing that learning objectives were entirely met.
- Sudden Loss of Vision and Acute Ear Conditions with Dr Brian Ang and Professor Stephen O'Leary. The feedback from participants was very good, with over 73% stating that the learning objectives were entirely met.

Due to funding from the Collier Foundation we have been able to video-record our GP education events this year and make them available for viewing. This increases the reach of education for GPs, enabling

doctors who were unable to attend the sessions to benefit from the knowledge and experience of our experts speakers via video. It also improves access to the sessions for rural and remote GPs.

GP Communication

We recognise the important role that GPs play in the ongoing care provision, coordination and monitoring of our mutual patients. Over the last year we have been focusing on correspondence with GPs from our Specialist Clinics. This is a difficult task due to the vast numbers of patients seen in our clinics, as well as the large number of doctors who work in these clinics.

Via the GP liaison network we were able to audit of our discharge summaries for April 2017 and benchmark this against seven other Victorian hospitals which participated. Our discharge summary completion rate for that month was 75%, which was average for the 8 hospitals participating in the audit.

In previous years we have made improvements to the rates of letters being sent to GPs from our Emergency Department. These letters are continually monitored and rates are fed back to the doctors. This year, we have been able to maintain our excellent correspondence rate of 88% from our Emergency Department.

Consumers and the community

Volunteering their time

We have a dedicated and growing group of volunteers who assist in a range of roles at the hospital. In the past year our volunteers have given over 8,000 hours of their time and provided direct assistance to over 50,000 patients. The concierge volunteers at both the main campus and at Eye and Ear on the Park provide an important personal touch to our patients' experience as they help patients and their carers through their journey from arrival at our front door to arranging a taxi ride home. Volunteers also support patients in our Outpatient Clinics and have been instrumental in making the transition to our new Emergency Department a smooth one for patients and visitors.

Our auxiliary volunteers are often one of the first people in the hospital in the morning and help to raise vital funds both within the hospital and the wider community. In May, Sandra Braithwaite attended the 2017 Minister for Health Volunteer Awards. Sandra was a finalist for the lifetime achievement award, nominated for more than 26 years of dedicated volunteering with the Eye and Ear. Most patients are familiar with Sandra as she is a permanent fixture at the Eye and Ear, offering a welcoming smile and a friendly face to all.

Community Board Meeting

Over sixty patients, volunteers, consumers and members of the public attended our 2016-17 Community Board Meeting. The focus of the event was Quality and Safety. Attendees heard presentations from a selection of our specialist staff: Dr Caroline Clarke, Dr Kristen Wells and John Rogan. We had some excellent audience questions which sparked conversation about staff safety, accessible communications, wait lists, working with GPs and new technology.

Our staff

Leading with Impact

The 2017 Leading with Impact program was held over three days and was offered at team leader and associate nurse unit manager level and above. It aimed to build capability in driving change, coaching for peak performance, communicating for success and delegating with purpose.

Other courses offered to staff over the year included topics such as resilience and managing stress, giving effective feedback and performance reviews.

Staff wellbeing

We invited Beyond Blue to host a workshop to increase managers' knowledge on the impact of anxiety, depression and suicide on individual staff members and the organisation. Participants were provided with information on how to create a mentally healthy workplace and relevant strategies and resources for managing staff with mental health conditions, including anxiety and stress.

Other safety and wellbeing initiatives offered to staff over the past year include our early intervention program, Premier's Active April promotion, workplace yoga classes, mindfulness sessions, ergonomic information sessions and occupational violence awareness training.



We care about your thoughts and appreciate your feedback.

The 2015–16 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. Committee members were also asked their opinion on the image used on the cover of the 2015–16 report. Based on feedback, this year we have continued to improve the readability of the report by including understandable infographics and increasing the font size of the text.

Distribution of this report

The 2016–17 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

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

Telephone (03) 9929 8666

Email info@eyeandear.org.au

Mail Consumer Liaison Officer

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

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

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Siamo orgogliosi del nostro ruolo preminente nel campo dell'assistenza medica specializzata nella cura degli occhi, orecchi naso e gola ed aspiriamo ad eccellere sempre nelle prestazioni dei servizi, nella ricerca e nella formazione professionale. Questa relazione è disponibile in diversi formati, tra questi una versione su audiocassetta ed una versione stampata a grandi caratteri. Alcuni brani della relazione sono disponibili in greco, italiano, vietnamita e cinese. Per ottenerne copia contattate l'ufficio Marketing and Communications telefonando al numero (03) 9929 8689 o scrivendo a info@eyeandear.org.au.

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Quality Account Report 2016–17

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What do you think of our Quality Account 2016-17 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

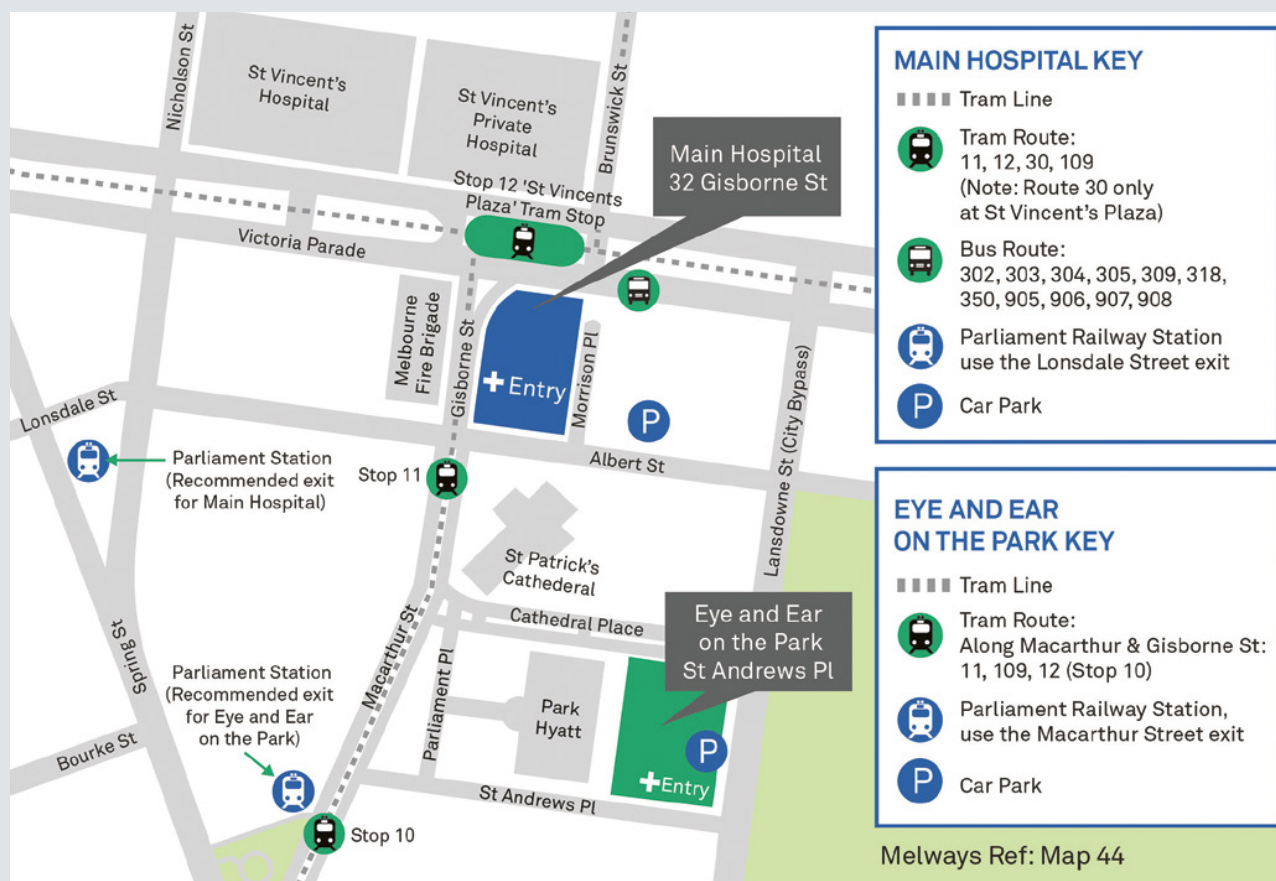
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How do I get to the Eye and Ear in East Melbourne?





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