

# Quality Account

2017–18



the royal victorian  
eye and ear  
hospital

# Contents

<b>01</b> From the Chair of the Quality Committee	<b>13</b> Engaging with the Aboriginal and Torres Strait Islander Community
<b>03</b> Patient story: Brad Hemperger	<b>14</b> Quick facts
<b>05</b> Listening to your feedback	<b>16</b> The National Standards
<b>06</b> Your say counts	<b>21</b> Consumer profile: Peter Rushen
<b>07</b> Victorian Healthcare Experience Survey	<b>22</b> Interpreters at the Eye and Ear
<b>08</b> Listening to our staff	<b>23</b> Collaboration key to treating more patients
<b>09</b> Patient centred care training	<b>24</b> Continuity of care
<b>11</b> Increasing awareness of occupational violence	<b>26</b> Embracing diversity
	<b>27</b> We want your feedback



# From the Chair of the Quality Committee



I am pleased to present The Royal Victorian Eye and Ear Hospital's Quality Account for 2017-18. The Eye and Ear has been caring for the senses and improving the quality of life for patients for over 150 years. It is Australia's only specialist eye, ear, nose and throat hospital and is internationally recognised as a leader in clinical service delivery, teaching, training and research.

I have recently taken on the role of Chair of our Quality Committee, which has oversight for all safety, quality and risk management activities. I would like to formally acknowledge the contributions of my predecessor, Mr Roger Greenman, who provided leadership and advocacy for patient centred care for the past nine years. During this time Roger oversaw the preparation for three successful accreditation surveys.

Our aim is to deliver positive patient experiences and outcomes to the communities we serve. The demand for our services remains high and we cared for around 220,000 patients in 2017-18 (nearly 160,000 patients attended specialist clinics, over 40,000 patients attended our ED and we had nearly 17,000 admissions). This has been in the midst of a major redevelopment, and operating over two sites. Despite these challenges, we continue to focus on providing high quality patient-centred care.

A special thanks to patients, carers and families, staff and volunteers for their patience as we progress our redevelopment project.

## **National Safety and Quality Health Service (NSQHS) Standards**

In October 2017 the Eye and Ear was successfully accredited against the NSQHS Standards, awarded nine 'Met with Merits' for Governance for Safety and Quality processes and our Partnering with Consumers program.

This was acknowledgement we actively involve consumers in everything we do, have well developed patient safety standards and frameworks in place, and use data to improve the quality of services.

## **Victorian Premier's Health Service Award**

In October 2017, the Eye and Ear was awarded the Premier's Large Health Service of the Year in the Victorian Public Healthcare Awards, recognised for outstanding excellence, dedication and innovation in public healthcare. As a smaller, specialist hospital, being recognised in this category is a tremendous honour.

I'd like to thank all staff for their hard work and outstanding contributions over the last year.

This is a chance to formally acknowledge our many volunteers and consumer representatives. They give up their time to guide patients through the hospital, diligently work on committees, thoughtfully review our publications and patient information, and ensure the consumer voice is heard. Their contributions cannot be underestimated.

The Quality Account provides insight into our ongoing commitment to ensure clinical services are delivered in partnership with patients, carers, the community and other healthcare providers. I hope you find the report interesting and informative. We encourage feedback on this publication and any element of our service.

On behalf of the Board of Directors and our dedicated staff at The Royal Victorian Eye and Ear Hospital, it is my pleasure to present our Quality Account for 2017-18.

A handwritten signature in black ink that reads "Deborah" followed by a stylized monogram.

**Dr Deb Colville**  
Chair Quality Committee





# Patient story: Brad Hemperger

Earlier this year Brad Hemperger, from Maffra, Victoria, started to experience significant vision loss. Within a few months, his local optometrist told him he could no longer drive due to his deteriorating vision.

This news was a shock to Brad – he lives independently, with two teenage sons, and works on oil rigs as a painter, scaffolder and rigger, a job requiring good vision.

Brad was referred to the Eye and Ear's Neuro-ophthalmology clinic where he underwent genetic testing for Leber's Hereditary Optic Neuropathy.

This condition causes an otherwise healthy person's optic nerve to deteriorate, leading to abrupt loss of sight. It mainly affects central vision, which is needed for detailed tasks such as reading, driving, and recognising faces.

Unfortunately Brad's loss of vision continued while waiting for results. He was admitted as an inpatient and started treatment for atypical neuropathy.

This treatment involves high dose corticosteroids, commonly known as steroids. Treatment can raise blood sugar levels in people with or without diabetes.

Brad had no previous diabetes diagnosis but unfortunately developed steroid induced diabetes. It's usually a temporary condition and most people find their blood sugar levels return to normal when they stop taking the steroid medication.

To help support Brad, he was referred to the Eye and Ear's Credentialed Diabetes Nurse Educator, Kerrie Stevens.

Because of Brad's high blood sugar levels, it was clear he needed insulin injections to manage them.

Brad says "On top of coming to terms with my deteriorating vision I had the added uncertainty of dealing with insulin and blood sugar readings – which was all unfamiliar to me".

"Kerrie visited me in the ward, we talked about the different ways and tools used to administer insulin. She made me feel supported and well prepared."

Kerrie worked with Brad's medical team on a discharge plan to ensure he felt confident to manage his diabetes at home.

"It's important to try different insulin pens and blood glucose meters as different ones work better with different visual impairments," Kerrie says.

"We worked to keep his insulin regime as simple as possible for vision impairment – it was already a stressful time for Brad so we looked for ways to reduce anxiety".

Kerrie also connected Brad to diabetes support services in his local community.

Kerrie's diverse role includes supporting patients with diabetes, providing education for patients and nursing staff, writing and reviewing the hospital's diabetes guidelines and procedures, and quality improvement activities to improve the inpatient management of diabetes as well as managing the end to end journey for patients with diabetes during their admission stay.

A week after being discharged, test results confirmed Brad had Leber's optic neuropathy.

The condition usually begins in the teens or twenties, but in rare cases, like Brad, it can occur later in life. There is currently no cure.

He now travels by bus and train rather than car, and says at the moment only small changes have been necessary for him to keep living at home, such as adjustments to the lighting.

"I live in a small town so it has been a bit awkward in the main street if I don't recognise someone as I can't see faces as well now. So I need to explain I'm not just being rude!"

Despite considerable challenges, Brad's attitude is one of pragmatic optimism.



# Day Surg

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Tell us what we did well  
and what we can do better



We want and value your  
feedback, we encourage  
you to contact us.

Step 1



Speak to a  
staff member

Step 2



Fill in a  
feedback form

or



feedback@eyeandear.org.au

or



(03) 9929 8225  
Consumer  
Liaison Officer

Step 3



1300 582 113  
Health Complaints Commissioner

**E+3** the royal victorian  
eye and ear  
hospital

As these waiting rooms  
get very busy, we ask  
carers and family  
members to wait down  
the corridor where  
chairs are provided.

This is to ensure there  
is enough room for all  
patients.

Thank

P

## Feedback Box

Put your complete  
feedback form in here



# Listening to your feedback

The Eye and Ear appreciates all feedback – positive and negative – from patients, carers and their families about their experiences at our hospital. Feedback allows us to continuously strive to improve our services and care.

## Consumer feedback

Consumer feedback continues to be a focus for the organisation as we strive to better understand the patient experience. With the introduction of our new Patient Feedback materials in 2017, we can now gather and track suggestions for improvement as well as compliments and complaints.

The feedback postcards and pamphlets displayed around the hospital, ask patients to provide general feedback or suggestions for improvement. This type of feedback is usually provided anonymously and doesn't require a response. Collecting this more general feedback has highlighted common concerns or suggestions for improvement, which can often be quickly resolved. This helps patients and staff recognise the value of patient feedback.

We have spent the last 12 months embedding changes to the expectations for staff across the organisation around feedback monitoring and reporting.

As of this year, all feedback is entered into a centralised hospital system. This means each clinical area can access feedback reports, and staff are encouraged to do this as a team, celebrating the compliments but also reviewing improvements made.

This has enabled staff to make improvements in response to the themes identified in the feedback. This has already shown an impact with the number of compliments increasing and the number of complaints remaining consistent.

These reports are also reviewed at Executive level and by board sub committees so senior staff are aware of the issues for consumers and the improvements being made.

We encourage patients, carers, families and visitors to use any of the channels available to provide feedback: feedback postcards/pamphlets, in person, by phone or on email, on Facebook or Twitter, or on our website.

In 2017-18 we received 242 complaints, 197 compliments and 115 enquiries with an average closure rate of 85% within 30 working days.

## Response to your feedback

Over the last year we received some feedback about the environment at both hospital sites. Unfortunately due to our redevelopment project, there is occasionally significant noise at the main hospital on Gisborne Street presenting challenges for patients, carers and staff.

Additionally, some of our services have been temporarily relocated to Eye and Ear on the Park. We did some initial refurbishments before we moved in but knew there was scope for improvement.

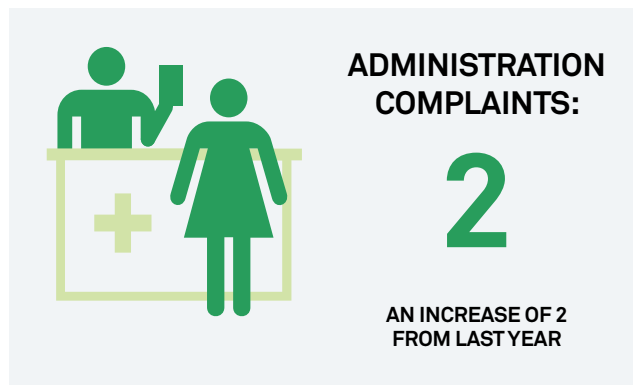
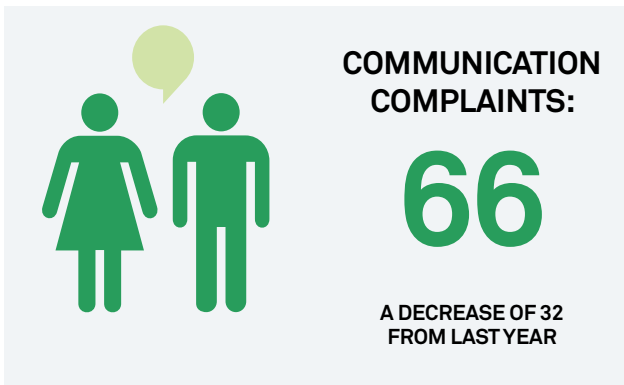
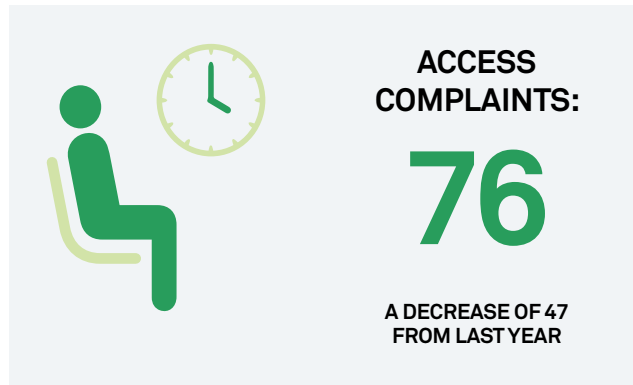
While we will not be located here forever, it is important that the experience of our patients and staff is as good as possible, so taking on board the feedback, we installed new carpet and a fresh coat of paint to the waiting areas, and some consulting rooms.

It has made a significant difference to our patients and complaints about the environment have reduced significantly.

## Patient Experience Trackers – PETs Plus

In 2017, we introduced Patient Experience Trackers (PETs), a simple survey questionnaire on a tablet device, to measure the everyday experience at our hospital. Initially the PETs were limited to five set questions relating to patient care. In 2018 we upgraded these devices to allow us to gather broader feedback and seek suggestions for improvements. The PETs were rolled out gradually, and are now used to collect feedback in our Short Stay Ward, Day Surgery and Pharmacy, with a continual roll out planned for the rest of the organisation. We have experienced challenges with using PETs in the Specialist Clinics and Emergency Department as we need to capture the feedback at the end of the patient's experience by which stage the patients are often very keen to head home. Our volunteers have been instrumental to the successful roll out of this program, collecting most of the data to inform improvements.

# Your say counts





# 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 is coordinated by the Department of Health and Human Services and conducted by an independent research company. The survey consists of 92 questions and provides the hospital with quarterly feedback measuring patient experience in the Emergency Department and inpatient areas. The feedback is compared with other Victorian hospitals' results and, when combined with our other methods of collecting consumer feedback, helps to form an overall picture of the patient experience and to identify themes for improvement.

## Overall patient experience and satisfaction

Our overall patient experience score throughout 2017–18 was consistently higher than the state-wide average score for other hospitals in Victoria. Ninety nine percent of our inpatients stated their experience was 'very good' in the January – March 2018 quarter.

However, previous VHES surveys indicated that only 56% of patients responded positively to the question 'How clean were the toilets and bathrooms that you used in hospital?' This result was supported by feedback received in other feedback modes. As a result, the cleaning regimen for the toilets was reviewed and improved, and upgrades made to the flooring. "You Said, We Did" posters, displayed in public areas, informed patients and visitors that we were listening to their feedback and making improvements as a result. Since then, the percentage of patients responding positively to this question has

increased to 65% and work is ongoing to monitor the cleanliness of the facilities and act quickly if their condition changes.

## Leaving hospital

The VHES survey also measures patient experience with the discharge planning process. Four questions contribute to a measure called the 'Transitions Index'. Patients at the Eye and Ear have a relatively short average length of stay so early planning for discharge is important. Our most recent results show that 73% of patients rate the discharge process as 'very good'. Most of our patients do not require service supports when they leave hospital, however work is in progress to better understand the specific needs of those patients and carers who do need additional support on discharge and may require more complex discharge planning.

## Increased communication

We received feedback through VHES that some patients felt they didn't receive enough information during their stay. As a result, we organised several training sessions for staff about providing a positive patient experience, run by external provider Institute for Communication Management and Leadership. Since we started these courses, communication complaints have decreased and compliments have increased significantly.

Transitions Index score question	Jul – Sep 2017 (Q1)	Statewide average (Q1)	Jan – Mar 2018 (Q3)	Statewide average (Q3)
Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?	88%	71%	73%	72%
Did hospital staff take your family or home situation into account when planning your discharge?	73%	74%	69%	73%
Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?	62%	69%	62%	72%
If follow up with your General Practitioner (GP) was required, was he or she given all the necessary information about the treatment or advice that you received while in hospital?	100%	91%	90%	89%

\*There were no results for Oct – Dec 2017 (Quarter 2) due to a low survey response rate - less than 43 responses.

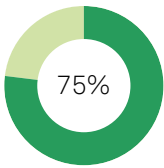
# Listening to our staff

## People Matter Survey

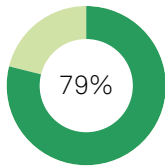
Each year, all Eye and Ear staff are encouraged to take part in the People Matter Survey, an employee opinion survey conducted by the Victorian Public Sector Commission. The survey is a chance for staff to be heard about their views on the workplace, express concerns, report on job satisfaction and overall engagement.

### Engagement

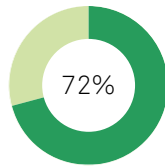
Our overall staff engagement rating was at **74%**, up one per cent from last year. The staff engagement index is also a key data source for assessing our workplace culture.



I would recommend my organisation as a good place to work.



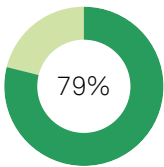
I am proud to tell others I work for my organisation.



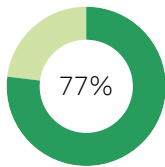
I feel a strong personal attachment to my organisation.

## Employee job satisfaction

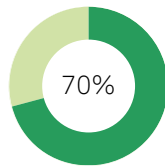
Our employee job satisfaction rates have continued to rise over the last three years, rising two per cent this year to **79%**.



2018

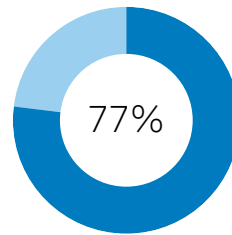


2017

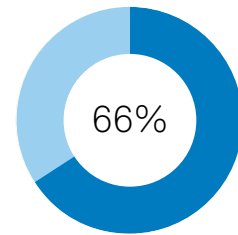


2016

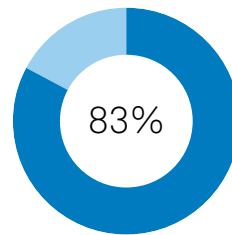
## Patient safety 2018



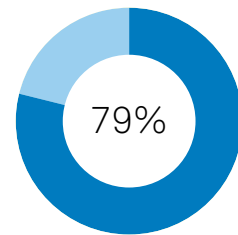
Patient care errors are handled appropriately in my work.



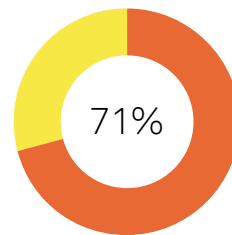
This health service does a good job of training new and existing staff.



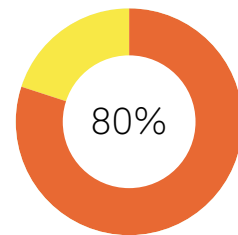
I am encouraged by my colleagues to report any patient safety concerns I may have.



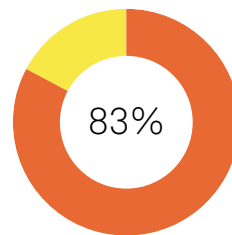
The culture in my work area makes it easy to learn from the errors of others.



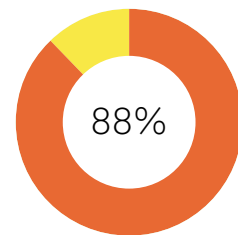
Trainees in my discipline are adequately supervised.



My suggestions about patient safety would be acted upon if I expressed them to my manager.



Management is driving us to be a safety-centred organisation.



I would recommend a friend or relative to be treated as a patient here.

# Patient centred care training

Imagine you are facing a serious health problem – perhaps you are losing your sight or hearing – and the clinician you see rushes through their explanation. Another staff member you encounter seems distracted or disinterested, perhaps they don't look you in the eye. This could be one of the worst days of your life, but no one seems to acknowledge your concerns.

This hypothetical scenario isn't good for anyone involved. At the Eye and Ear, we know that technical expertise is only one part of delivering high quality care to our patients. Treating patients as an individual and providing information that is easily understood helps treatment and improves the patient experience. That's why our Patient Experience Team is continually looking for different training programs, patient stories and experiences to help staff 'walk a mile their shoes,' and better understand what it is like to be a patient at our hospital.

Training is open to staff across the hospital: nurses, doctors, security, porters, administrative staff, and clerks. Recent training opportunities have included:

## Dialogue in the Dark

An immersive experience run by Guide Dogs Victoria where vision impaired guides lead participants through simulated experiences in complete darkness - like navigating peak hour crowds. Approximately 50 of our staff have participated to date and over 90% believe the experience will help them support people with a vision impairment.

Ward 4 Nurse Unit Manager Mitch Wilson says "I found the experience quite cathartic. Not just for the level of awareness it provided into the world of those who are unsighted, but also because of the focus and dependence on the other senses such as sound and touch. By the end of the experience I was surprised at how peaceful I felt".

## Virtual Dementia Experience

A large percentage of our patient cohort is elderly, and it's not uncommon for our patients to be living with forms of dementia. This year more than 60 staff took part in Dementia Australia's Virtual Dementia Experience. The immersive, interactive virtual reality

experience invades the senses and takes people into the world of a person living with dementia, simulating thoughts, fears and challenges. This gives them an insight in to what it is like to live in a confused state, and better empathise with patients living with a diagnosis of dementia.

## Art of Communication Workshops

Our ED staff have taken part in a series of regular Art of Communication workshops with actors, to explore their communication style and better understand the patient perspective.

### "What Matters"

In June we hosted a play called "What Matters", presented by the Hush Foundation, who work specifically to transform the culture of healthcare through the Arts. Trained actors presented various patient and staff scenarios which focused on how small acts of kindness make such a difference to patients and carers.

Upcoming training includes a program with Yooralla to understand empowering methods for working with consumers living with a disability as well as Aboriginal Cultural Awareness trainings led by our Aboriginal Health Liaison Officers, Robyn Bradley and Natalie Tieri.

Later this year training sessions on mental health with The Blackdog Institute will commence, focussing on how crucial it is to understand whole of patient care and to recognise the difficulties in treatment compliance for those with a history of mental illness.

These initiatives are often spurred by consumer feedback.







# Increasing awareness of occupational violence

Occupational violence (OV) is a serious issue, one that unfortunately impacts a large number of healthcare workers.

Each and every member of our staff has the right to feel safe at work, and we continue our efforts to increase awareness of what constitutes occupational violence and aggression, and to ensure our staff feel confident in responding to these situations.

These efforts are in line with the Department of Health and Human Services' strategy to prevent and reduce occupational violence and aggression in Victorian health services.

Although the Eye and Ear scored well in response to 'Management is driving us to be a safety centred organisation', we have received feedback from staff after incidents of threatened or actual occupational violence and aggression that they were eager for additional education to learn how to safely de-escalate tense situations and respond to patients' concerns.

Last year, 86 of our staff from clinical and non-clinical areas, including nurses, allied health, clerical, security, after hours and emergency coordinators took part in 'Seriously OV' training. A professional actor worked through various scenarios of occupational violence, giving staff additional skills in how to respond when confronted with aggressive behaviour.

Occupational violence can come in many forms including: verbal or physical abuse, threats, racial vilification, sexual harassment or any form of indecent physical conduct.

The training worked through some of these scenarios, with staff learning additional skills to help manage and diffuse situations. The training also reinforced the importance of following procedures, and that if staff are confronted with an aggressive or potentially violent situation that they alert the response team, which includes our experienced security team.

The training feedback was positive, with staff saying the course gave them added confidence in dealing

with heated situations, skills to stop a situation from escalating and reinforced that they don't have to tolerate aggressive behaviour.

One attendee said "I learnt that it's important to let people know if their behaviour is unacceptable, and to give a warning".

Another said they learnt "to pretend you are in their situation and come to it (the conversation) with an open mind and feel what the patient is feeling".

In addition to this training, the hospital's People and Culture team carry out welfare checks on staff involved in an OV incident, and we continued to roll out posters in clinics to reinforce the message that violence and aggression is never OK.

**It's not OK**

We are here to help, not be abused. The following behaviours are not acceptable towards staff or others:

**Swearing or threats Shouting Racist comments**  
**Name calling Abusive gestures Use of physical force**

**Unacceptable behaviour**  **Acceptable behaviour** 

If you are abusive or aggressive you may be asked to leave and reported to the Police.

**Our staff, patients and visitors have the right to be safe.**



Robyn Bradley  
Aboriginal Health

Natalie  
Aboriginal Health



# 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 for the hospital.

Our Aboriginal Health Liaison Officers (AHLOs), Natalie Tieri and Robyn Bradley play a vital role, helping the hospital better engage with and serve our Aboriginal and Torres Strait Islander patients, by providing a supportive environment and ensuring they have a positive experience.

Robyn and Natalie both joined the team recently.

Robyn hails from Gunditjmara country in Victoria's West and has a long history of working in Aboriginal health. Natalie is a Yorta Yorta woman, originally from the Shepparton region.

In their role they engage with people from diverse communities and language groups, working to build a bridge between communities, families and hospital staff.

There's no typical day – tasks include accompanying patients to specialist clinics appointments, visiting patients on the wards after surgery, ongoing follow up to ensure families can make their appointments, and ensuring there is appropriate support in the local community when patients return home or organising transport.

"It's about making them feel more comfortable accessing services," says Robyn.

"And that's about cultural safety and making sure we are providing acceptable services," adds Natalie.

In addition to directly supporting patients they are both members of multiple committees: State Eye Health Strategy Committee, Primary Care and Population Health Advisory Committee, Partnering with Consumers Committee, and more. These committees have a strong focus on improving health outcomes for Aboriginal and Torres Strait Islander patients and lead the work required for the hospital to close the gap for eye and ear, nose and throat care.

It's a busy and rewarding role says Robyn.

"I speak to families nearly every day who are coming here for surgery or a specialist appointment. The hospital also continues to build strong links with our

community partner organisations – for example the great collaboration between the hospital and the Victorian Aboriginal Health Service (VAHS) through the Healthy Ears clinic."

This clinic runs at VAHS and is supported by Eye and Ear doctors, nurses and audiologists who see children between the ages of 0-21 years for ear, nose and throat and hearing issues.

The community demand for this clinic has increased over the past few years which means that children who are seen there have their issues treated at an earlier age and so require minimal medical care for these issues as they get older.

Robyn and Natalie are encouraged by seeing tangible improvements in the care for Aboriginal and Torres Strait Islander patients.

For example, the introduction of the Cataract Surgery Pathway for Aboriginal and Torres Strait Islander patients. In 2017, the Eye and Ear committed to closing the gap for eye health through providing timely cataract surgery to patients who require it. Approximately 30 Aboriginal and Torres Strait Islander patients have had their surgery done through this pathway in the past year. The AHLOs have been integral in ensuring the process for these patients has been streamlined.

Robyn and Natalie say these successes also demonstrate the hospital's visible commitment to closing the healthcare gap.

"We are in a really strong position because the commitment comes from the top," says Natalie. "And because our role is uniquely positioned as part of the Patient Experience Team, meaning that the Cultural Safety of care is considered key to an overall positive experience".

Looking to the future, Robyn and Natalie would like to see more Aboriginal and Torres Strait Islander people working in clinical roles at the Eye and Ear, and point out the hospital's Reconciliation Action Plan and Aboriginal Employment Plan are steering things in the right direction.

# Quick facts

**220,000**

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



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

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



**512**

Eye and Ear employees  
(full time equivalent)

A team of  
**66**  
registered  
volunteers

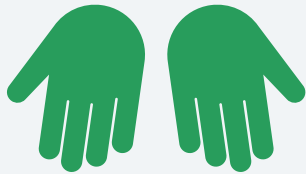


We had **5 pressure injuries** recorded during an inpatient stay, three of which related to pre-existing injuries.

30

registered consumers,  
partnering to help  
improve services

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



100%

**100%** Hand hygiene compliance with the Department of Health and Human Services targets.

17,353

appointments using  
interpreters, for 76  
different languages

Volunteers  
helped almost  
**60,000**  
patients, donating  
over 8,000 hours

In 2017-18 the Eye and Ear **exceeded the 75% target** set by the Department of Health and Human Services for staff flu vaccination rates.

↑  
76%





# The National Standards

## Quality and Safety - Accreditation

One of the ways in which The Royal Victorian Eye and Ear Hospital can assure consumers that we are doing our best to achieve excellence, provide safe care and quality services is through the accreditation process. All Australian health services are assessed against the national accreditation program developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

The Eye and Ear was audited against the national standards in October 2017 and was successfully reaccredited until October 2020. The National Standards are a set of minimum standards for best practice, the first edition consisted of ten standards. All 256 action items of the NS were met and the organisation was awarded 'Met with Merit' for nine areas relating to governance, performance and improvement and programs for working with our valued consumers. The review did not provide any recommendations for improvement but acknowledged the risk of working across two hospital sites with aged infrastructure, risks associated with transitioning to an electronic medical record and challenges in ensuring comprehensive timely discharge information to general practitioners and other referrers. The review was extremely positive about the commitment provided by consumers and staff to develop and implement safety programs and quality improvements. Some of the activity is detailed below.

We are now moving to the second edition of the national standards, the 10 priority areas from NS1 are incorporated into eight. With falls and pressure injury safety and management combined into one priority area referred to as 'Comprehensive Care' and Patient Identification and Clinical Handover merged into one action area referred to as 'Communicating for Safety'. For the purpose of this report the information provided will be framed within the topic areas aligned with the second edition of the NS.

This program consists of eight minimum standards of quality and safety referred to as the National Standards (NS) including:



**Standard 1**  
Clinical Governance



**Standard 2**  
Partnering with Consumers



**Standard 3**  
Healthcare-Associated Infection



**Standard 4**  
Medication Safety



**Standard 5**  
Comprehensive Care



**Standard 6**  
Communicating for Safety



**Standard 7**  
Blood Management



**Standard 8**  
Recognising and Responding  
to Acute Deterioration



## Use of incidents and feedback to inform improvements

The Victorian Department of Health and Human Services requires investigations and/or case reviews to be conducted to determine root causes for all incidents reported in the our electronic incident reporting system (referred to as VHIMS - Victorian Health Incident Management System), with severity ratings of 1 (catastrophic/ death) and 2 (moderate impact). VHIMS derives the incident severity rating (ISR) from a response to three questions relating to

1. Degree of impact
2. Level of harm, and
3. Treatment required.

The Eye and Ear reviews all incidents with an ISR 1 or 2 rating and significant near misses/ feedback at both the Executive and Senior Managers monthly meeting and the Patient Safety Committee (PSC), which meets every two months.

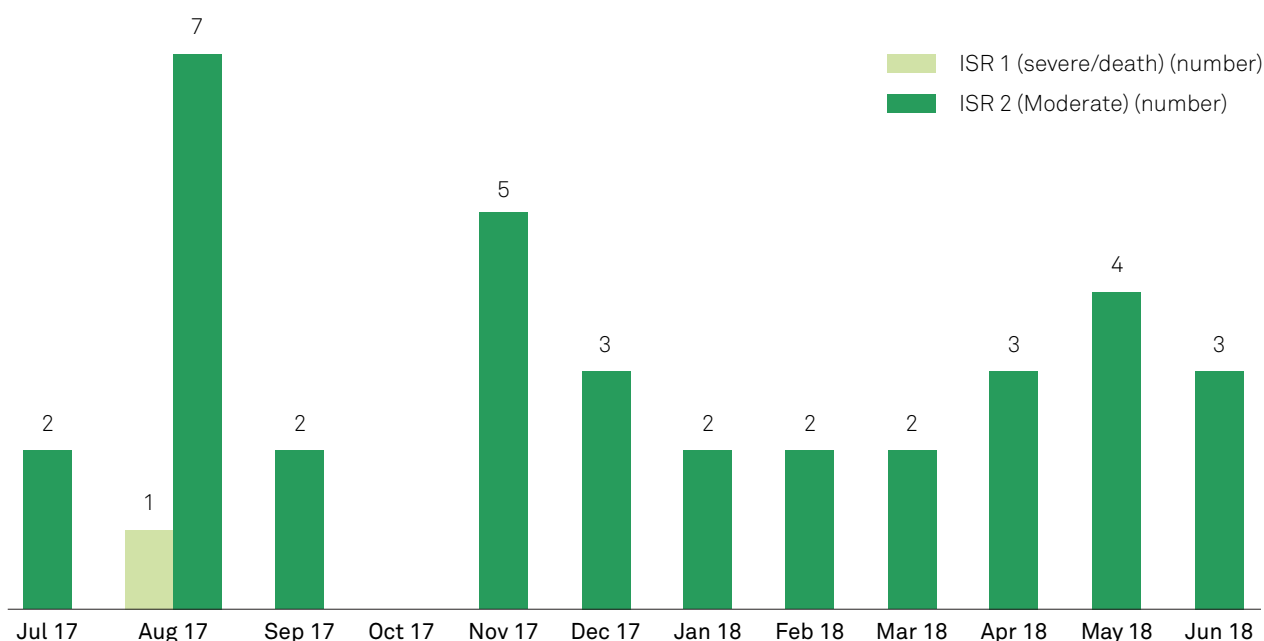
The cases presented at the PSC meeting provide a summary of events, critical review and recommendations for improvements. Each recommendation is tracked until the action items are closed and monitored for its effectiveness.

Sadly, in 2017 there was a death in the operating theatre reported as an ISR 1. An elderly patient had a cardiac arrest immediately following uneventful retinal surgery. A death has not been reported at the Eye and Ear for more than 15 years, and our condolences are with the family. Understandably this event also had a significant impact on staff. The case review detailed how the staff managed the emergency code proficiently but the patient did not respond to resuscitative measures. Improvements after this event included changes to the 'Care of the Deceased and Dying Procedure' to add clarity for online Coroner notifications and culturally sensitive management of the deceased patient.

Additionally 35 case reviews were undertaken for incidents rated 1 and 2. Themes from the cases examined included:

- Delay to clinic appointments
- Delayed/evolved diagnosis
- Emergency Management/anaphylaxis management and
- Falls safety.

### Incident ISR 1 and 2: July 2017- 30th June 2018





## Commitment to Child Safety

As part of our commitment to child safety, last year we produced a poster to help reinforce that children are welcome and safe here and to subtly inform them of our Child Safety Statement.

These posters were consumer reviewed by children, to ensure that the messages were clear to the target audience – children. The posters are colourful, using images of diverse children and have simple text.

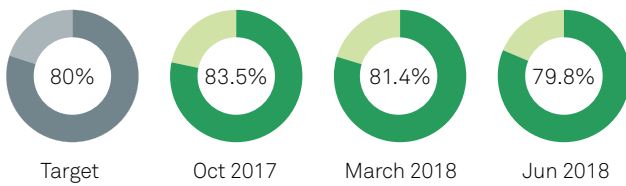
In addition, the posters are displayed at a lower height than usual, where they are most likely to be seen by children.

This work was in response to some incidents when Child Protection Services have not been contacted where they should have been.



## Preventing and Controlling Healthcare Associated Infection

Numerous activities are undertaken at the Eye and Ear to ensure optimal infection control within the hospital. Hand hygiene is paramount to safe care. Throughout 2017-18 we launched a medical leadership campaign for hand hygiene ensuring senior medical staff acted as role models for others, this also led to other activities such as the SKINman90 trial detailed below.



### Challenge

Introduction of 'SKINman90' for Surgical Hand Disinfection, which replaces the need to do the traditional surgical scrub prior to surgery.

### Aim

Ensure staff use the Skinman90 product correctly to prevention of surgical

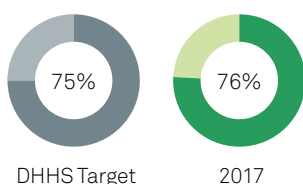
### Action

- Introduction of Skinman90 dispensers in the intravitreal injecting rooms, Day Surgery and main Operating Theatres
- Education provided to nominated staff (Super users)
- Super users provided onward training, supervision and assessment
- Assessment tool developed
- Additional teaching aids and memory prompts used: eg posters, video
- Surveillance evidence indicates a slight decrease in our already low infection rates after the introduction of Skinman90.

Infection control indicators reported to VICNISS	DHHS target	Eye and Ear compliance
Hand hygiene rates: Use of soap and water, or alcohol-based hand rubs, when hands are not visibly soiled	Hand hygiene: 80%	✓ Average rate of 82%
Staphylococcus aureus bacteraemia (SAB)—the most common cause of serious healthcare associated bloodstream infection	SAB: 0%	✓ Target consistently met: Nil reported cases
Clostridium difficile (C. diff) bacteria which causes intestinal symptoms	Every case reportable	✓ Zero reports
Influenza vaccination campaign	75%	✓ 76%
Cleaning standards	Target 85%	✓ Target consistently met: Last quarter reported rate 97%

## Flu Vaccination

In a healthy person, the flu can make you feel really unwell and put you out of action for a week or so. If you are elderly, have a medical condition, or your immune system is weak, complications from the flu can be extremely serious. Each year we encourage our staff to have the flu vaccine for their own protection and for the protection of others. We ran a 'Flu fighter' campaign, providing roaming services for influenza vaccinations in all areas and prior to clinical meetings in order to vaccinate as many of our staff as possible.



## Escalation of Care

More than 50% of our patients are older than 61, many have complex medical problems, and sometimes during hospital stays a patient's condition can decline. So, it's extremely important that staff recognise the signs of deterioration and know how to respond appropriately and in a timely manner.

The Eye and Ear has many safety measures in place to detect deterioration, including specialised charts for recording observations such as heart rate and blood pressure. These charts make it easier for staff to see when a patient is moving out of the 'normal' observation zone, highlighting possible, early signs of deterioration. Depending on the observations staff will then escalate care accordingly. This may vary from having one of the doctors review the patient to alerting the Medical Emergency Team (MET) if staff are particularly worried.

Patients and their families or carers also have an important role to play, as they are usually the first to recognise subtle changes in their own, or a loved one's, condition. In June 2017, a program called REACH was introduced. REACH stands for Recognise, Engage, Act, Call, and Help is on its way. Families can call an emergency number to summons a team of clinicians to discuss their concerns and co-ordinate ongoing care. To date, patients and families have not used this service.



## Advanced Care Directives

Advance care planning is a process that ensures a person's family and treating healthcare team understand your wishes should you no longer be able to communicate them for yourself. This is done by setting up a legal document referred to as an Advance Care Directive (ACD).

As part of the Department of Health and Human Services' *Advance care planning: have the conversation: A strategy for Victorian health services 2014-2018* strategy the hospital is required to report patients that have an advance care directive and/or a medical treatment decision maker. Data is submitted monthly as part of the hospital's statutory reporting processes. This data collection is aimed to provide data on advance care planning that will quantify activity and enable benchmarking across the service system.

### Challenge

As a largely ambulatory hospital how do we ensure our patients are aware of the benefits of ACDs?

### Aim

Diminish the myth that ACDs are only to be put in place if you have a life threatening illness.

### Action

A focus group was held with a number of our consumers to determine:

- What are the changes to the law and how does that impact on our patients? (Medical Treatment Planning and Decisions Act 2016)
- How best to communicate requirements to patients (to assist in gathering pertinent information about ACDs).
- When to gather this information?
- Confirm terminology which is easily understood by our patient cohort relating to ACDs.
- The group helped produced an informative poster available hospital wide
- Procedures, tools and processes were updated to reflect these changes.





# Consumer profile: Peter Rushen

**Having a consumer voice to provide input on our committees is essential to continuous quality improvement and ensures that we are putting Eye and Ear patients at the centre of everything we do.**

Consumers sit on most of our clinical governance committees, alongside staff from across the hospital. These consumer representatives may be a current or former patient, a carer or family member of a patient, or a member of the broader community.

Peter Rushen joined our Patient Safety Committee as the consumer representative in 2017.

The Patient Safety Committee's role is to review any significant adverse events or near misses that may impact patients while considering preventative or corrective actions and how effective they are. The committee is comprised of a number of senior clinicians, and staff who work in various roles and areas throughout the hospital.

After officially retiring Peter was looking for meaningful ways to volunteer his time and contribute to the healthcare sector. That's when the opportunity presented to serve as a community member on our Patient Safety Committee.

He says it's a role he finds both interesting and rewarding.

**“It's so important to properly deal with safety issues raised in a hospital. I enjoy hearing about the different medical issues, and also having the chance to reflect on what things mean for the patient. It's a satisfying role”.**

Peter first experience working or volunteering in health was serving as volunteer board member at the South Gippsland Hospital, as Treasurer and Vice Chair.

After decades working in the corporate world, a tree change took Peter and his family to Foster in Gippsland in 2001 where they ran a winery, and became part of the local community.

Peter didn't have a background in health, but a desire to do something on a voluntary basis and a sense of community spirit inspired him to join the board, as well an identified gap in accounting and financial management, skills Peter could bring to the organisation.

After eight years serving on the board, Peter successfully applied for the role of the South Gippsland Hospital's CEO.

“I had a long history working for BP, across departments including accounting, marketing, and HR, mainly overseas. Working in health was different to working in the commercial world, but many skills are still relevant and crossover– my experience with risk management was useful. Working in health also gives me a real sense of contributing to the community”.

Peter says working at a smaller regional hospital gave him the opportunity to see the workings of all parts of the hospital, apply his strong interpersonal skills and to work with different teams.

“I have experience working with hospital safety from South Gippsland Hospital, and I also understand how important it is to have consumer feedback and input in conversations about patient safety. I have also been a patient at the Eye and Ear's Emergency Department - and I am learning a lot as I go too”.

He says sometimes some of the acronyms and terminology are initially unfamiliar, but consumers are assisted by the hospital's Risk and Quality team, Linda Miln and Dorina Heng. The team compiles glossaries and briefing notes so that consumers are well-equipped to contribute to meetings. Some of the terms that may be unfamiliar to external audiences are added to a 'Consumer Dictionary', a useful tool for our consumer representatives.

Retirement hasn't signalled slowing down for Peter - in addition to sitting on our Patient Safety Committee, Peter volunteers with the National Trust, and serves as a volunteer mentor for boards.

# Interpreters at the Eye and Ear

Organising health and hospital appointments can sometimes be tricky and if you can't speak English this can add another layer of difficulty.

Here at the Eye and Ear, our patients come from a diverse range of countries and backgrounds, and speak many different languages, from Mandarin to Macedonian, Arabic to Assyrian.

Over the last financial year, we provided interpreter services in 76 languages.

We have an in-house interpreter service specialising in Greek, Vietnamese, Cantonese and Mandarin – the most common languages requested by our patients.

These languages are in line with the most common languages other than English spoken at home, according to census data.

In addition to our in house team, we work with a number of external interpreters to ensure all of our patients can discuss their healthcare in their own language. Combined, these interpreters attended more than 17,000 appointments over the last year.

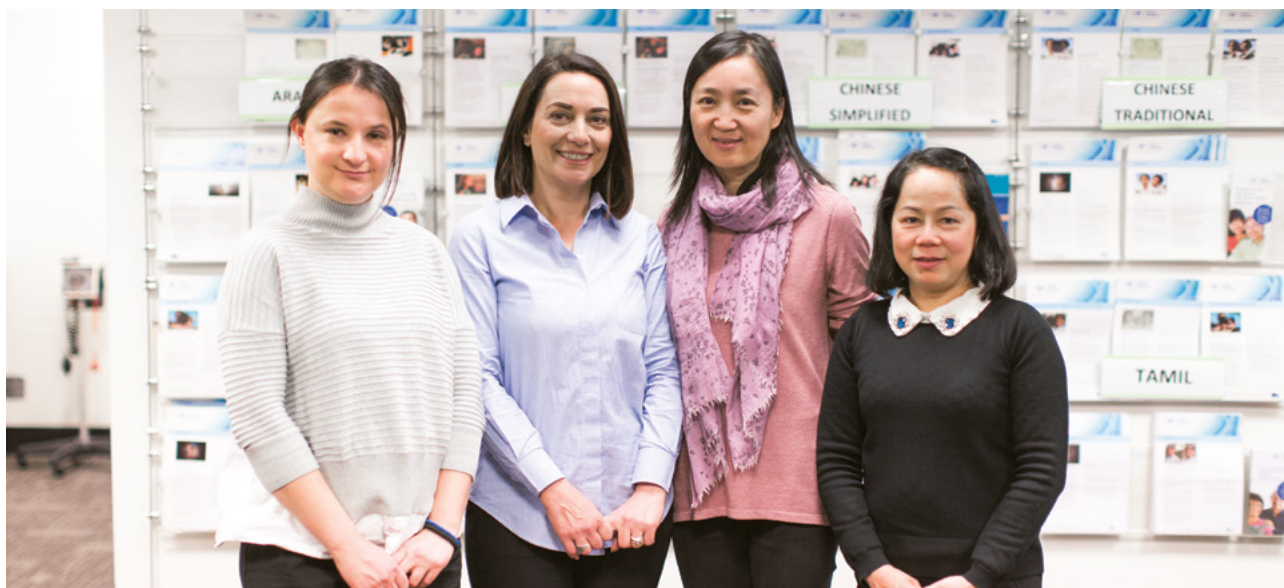
Vee (Venka) Nikolovska works as part of our social services team here at the Eye and Ear, where she coordinates interpreter bookings. It's a huge task – but one she really enjoys.

She says sometimes it isn't as clear cut as it seems – a patient's record might suggest that they need an interpreter, but they have never used one in the past. This is when it requires a little investigative work. In some instances patients aren't aware of the free language service that we provide, and it is our role to ensure that patients can communicate in their preferred language.

Vee and the interpreters aim to organise bookings six weeks out, to ensure that interpreters are available. However, working in a hospital with a busy emergency department, you can't always plan ahead.

As is the nature of an Emergency Department, patients will generally attend without warning and telephone interpreting can be accessed 24 hours by all staff members.

Vee says she likes working with the social services team, making the bookings, and working to ensure things run smoothly for the patients and the interpreters.





# Collaboration key to treating more patients

As a busy public hospital, we are constantly working to ensure we do everything we can to reduce the time that our patients spend on surgical waiting lists.

Earlier this year, a hospital-wide collaborative approach was key to successfully treating additional patients on our waiting lists.

During May and June 2018, we ran additional theatre sessions, with 101 additional patients treated. These patients were predominantly long-wait, complex cases.

To make this happen, a team from across the hospital, led by Sinead Cucanic, Director of Surgical Services and Site Manager of the Eye and Ear on the Park, worked closely together to make all the pieces of the puzzle align.

**“The collaborative approach was essential to the success of this project. We are glad we were able to reduce the waiting time for more than 100 patients.”**

There were two main strategies to treat additional patients:

- a treatment room in the Day Surgery Facility at Eye and Ear on the Park was temporarily used as an additional operating theatre room, and
- the main site Operating Theatre Suite coordinated an additional 12 surgical sessions on Saturdays.

A large part of this work involved ensuring that there were sufficient staff from all areas rostered on for these additional sessions.

Sinead says “The collaborative approach was essential to the success of this project. We are glad we were able to reduce the waiting time for more than 100 patients. While it isn’t always feasible to run additional sessions on an ongoing basis we are planning to run some additional surgery sessions again next year.”





# Continuity of Care

## Telehealth

### Cataract Post Operation appointments available via Telehealth

Cataract surgery is one of the most common procedures we perform here at the Eye and Ear. To ensure healing is going according to plan, patients need a follow up appointment – this means either returning to the hospital in person or over the phone.

Since the start of the year we have been trialling running cataract post operation (CPO) follow up appointments as video calls between nurses and patients, with overwhelmingly positive feedback.

One of the keys to success of this project is the simplicity of the set up. All a patient needs is internet access and a computer, tablet or smartphone. The software is relatively straightforward, removing barriers for those who are not tech savvy.

Outpatient Bookings Coordinator Kathryn Day coordinated this telehealth trial and credits the dedication, persistence and willingness of staff to embrace the new system.

Work continues investigating the use of telehealth initiatives in other clinics.

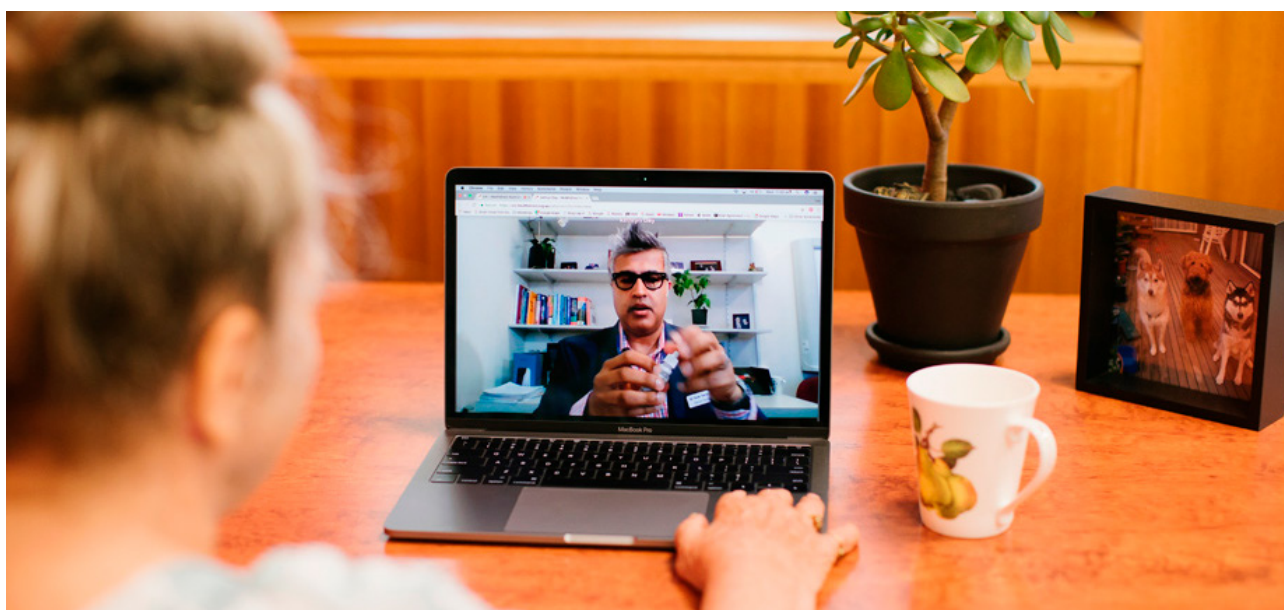
### eyeConnect saving patients unnecessary travel

The eyeConnect device, which links rural and regional emergency departments with specialists at the Eye and Ear, has now been rolled out to 14 sites statewide. The device takes photos of the eye to create a package of patient clinical data including visual acuity information and images. Since launch, 63% of patients have been managed at their local hospital with support from local optometrists, ophthalmologists and GPs, representing a saving of 41,000kms of travel.

## 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. This past year our volunteers have given over 8,000 hours of their time and provided direct assistance to close to 60,000 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 Specialist Clinics,



Emergency Department and in recent months in our Day Surgery department. With their warm smiles and compassionate understanding, volunteers provide a sense of calm to what can be an anxious time for many of our patients.

Our volunteers come from diverse backgrounds with a range of different knowledge and experience. One of our friendly outpatient volunteers, Kok Chan, was nominated for the 2018 Minister for Health Volunteer Awards for supporting Diversity. As Chan is bilingual in Cantonese and Mandarin, he is automatically able to put many of our patients at ease with a simple hello in their own language.

Our auxiliary volunteers run the gift shop and are often one of the first people in the hospital in the morning. They help to raise funds within the hospital while greeting everyone with a friendly hello. The gift shop also receives many hand crafted donations and books from generous members of the community and these all contribute to our fundraising efforts.

The hospital also has a group of over 30 consumer representatives who partner with us in a variety of activities including: participating on committees, reviewing patient information, providing feedback on

publications and contributing in focus groups. The suggestions and feedback provided by our consumer representatives help us to meet the needs of our patients and community. Their suggestions ensure hospital services work in ways that are useful for them.

### **Community Hearing Loss Forum**

Our 2018 Community Board Meeting was presented as a Community Hearing Loss Forum, looking at hearing loss in people over the age of 60. More than 60 people attended including staff, board members, volunteers, consumer representatives and members of the community.

Attendees heard presentations from Dr Jean-Marc Gerard and Dr Caitlin Barr. Caitlin's presentation looked at some of the barriers to older adults seeking help for hearing loss and how to overcome these. Jean-Marc spoke about deafness 'the invisible disability,' some of the causes, and the connections between hearing loss and cognitive decline.

Both speakers touched on the importance of continued research into hearing loss - by 2050 over 900 million people (that's one in every ten people) will have disabling hearing loss.



# Embracing diversity

## Disability Action Plan

The Eye and Ear's Disability Action Plan is incorporated into the Partnering with Consumers and Community Plan 2016-19. There are seven key actions relating to improving access and services for disabled people. Many of these actions have been completed in previous years or are ongoing embedded practices. Examples of this are our strong partnerships with consumers and services that represent patients with disabilities. This year we have been working with consumers to review and update signage and wayfinding directions to ensure we meet current disability standards. This work will continue to be a key focus during the redevelopment project.

## Infolines

This year we launched the hospital infolines, to provide consumers with information in an accessible audio format and in six languages – English, Cantonese, Greek, Italian, Mandarin and Vietnamese. Line 1 includes helpful pre-visit information such as how to get to the hospital and what to expect at an outpatient appointment. Line 2 provides information on common eye conditions, the Australian Charter of Healthcare Rights and how to provide feedback following a visit. Patients can either call or access the information on the website.

## Translated videos

We also launched an Informed Consent video during the year to encourage patients to be active partners in their healthcare, and to remind them that they have the right to ask questions to help understand the risks and benefits of procedures or medications. These videos were translated into Auslan, Cantonese, Greek, Italian, Mandarin and Vietnamese. They aim to reduce anxiety by improving our patients understanding of hospital processes. You can watch the videos on the website [www.eyear.org.au](http://www.eyear.org.au), search 'Informed Consent'.

## Cultural Diversity Week

We are proud to be a culturally diverse hospital – our staff and volunteers are from around the globe: South African to Spanish, Aboriginal to Welsh, Vietnamese to Irish, and almost everywhere in between.

To coincide with Cultural Diversity Week in March 2018, we celebrated this diversity by sharing personal stories from our staff and volunteers. These stories were displayed in the hospital, and shared on our intranet.

## 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. The Eye and Ear participates in the ICAP program and reports on the outcomes of our actions to improve Aboriginal and Torres Strait Islander eye and ear, nose and throat healthcare to the Department of Health and Human Services annually.

## Engagement and partnerships

We work collaboratively with key Aboriginal organisations and committees to identify and focus improvement activities. These include the State Eye Health Strategy Committee and the

North West Metropolitan Aboriginal Eye Health Committee. Actions from these groups have supported the Victorian Aboriginal Subsidised Spectacle Scheme (\$10 prescription glasses for Aboriginal people), and streamlining referral pathways for Aboriginal people requiring health care.

We have been working closely with our partners to improve the care we provide to our Aboriginal and Torres Strait Islander patients in order to work towards closing the eye and ear healthcare gap for our Aboriginal community. Our Cataract Surgery Pathway is well embedded and provides streamlined access to cataract surgery for our Aboriginal and Torres Strait Islander patients. This pathway will be evaluated in late 2018 and we plan to expand this model to other eye conditions.



# We want your feedback

The 2016-17 Quality Account report was distributed to the community via our website, sent to community organisations, GPs and hospital consumers and committee members. It was also available throughout both campuses of the hospital and was promoted via social media.

We asked for feedback via a website form, a form in the printed version and sent an online survey to consumers and contacts at community groups.

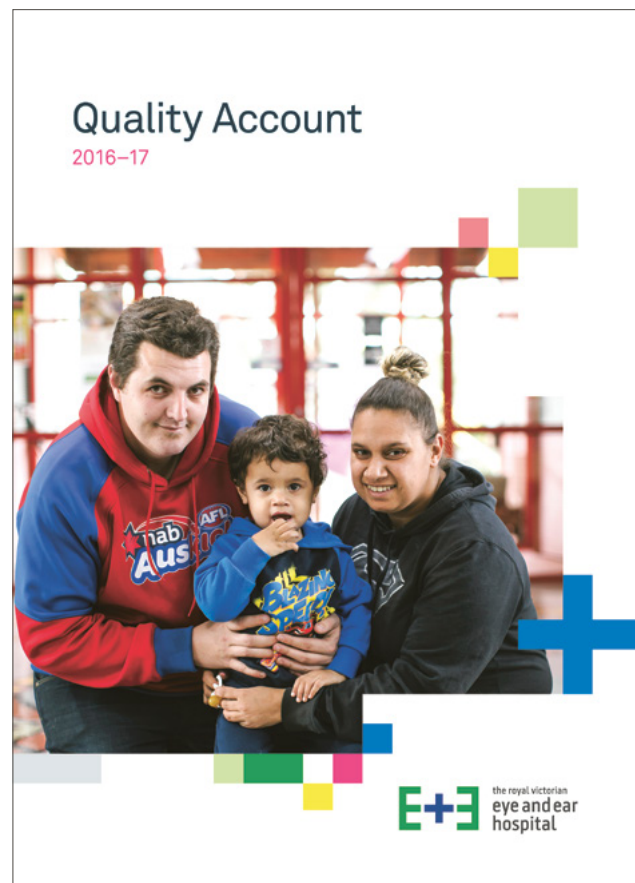
Our Community Advisory Committee and Clinical Quality Committee also provided feedback on the report through meetings.

Based on feedback, the following changes have been made:

- Measures to increase accessibility – PDF version will be screen reader accessible, with appropriate tagging and structure.
- Design has been further simplified to decrease potential 'busyness'
- Assessment of colour contrast using Vision Australia's Colour Contrast Analyser
- Increased contrast of infographics and contents page to enhance legibility
- Incorporated additional proactive ways to seek feedback including targeted email surveys
- Increased the size of the publication

## Distribution of this report

The 2017–18 Quality Account will be distributed to health care partners, GP clinics, community leaders and relevant partner organisations. Copies will be available in patient areas in both hospital sites, and it will be available on the website: [eyeandear.org.au](http://eyeandear.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](mailto: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

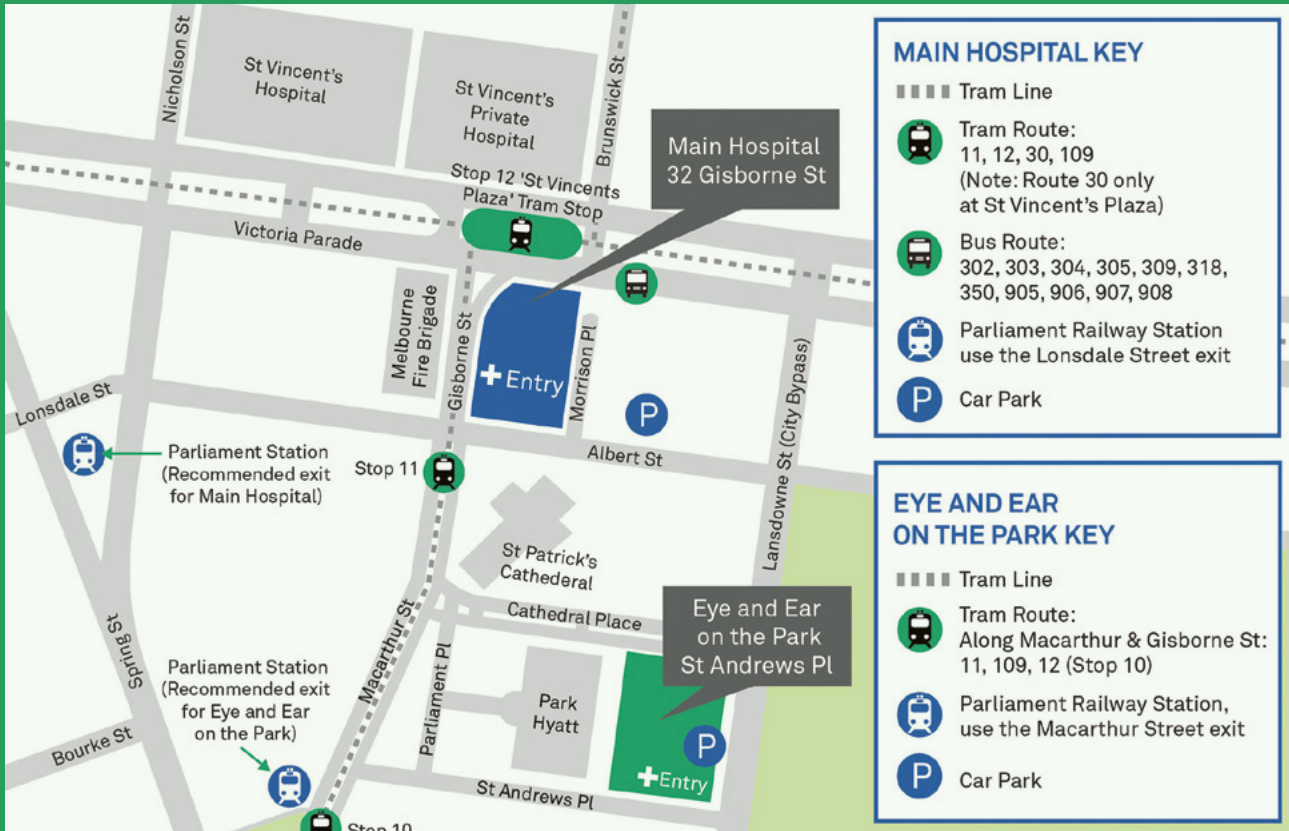
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ωπορινολαρυγγολογικών υπερχσιών και συνεχίζουμε να επιδιώκουμε διακρίσεις στην παροχή υπηρεσιών, επιστημονική έρευνα και εκπαίδευση. Μπορείτε να έχετε πρόσβαση σε αυτή την αναφορά σε διάφορα σχήματα. Συμπεριλαμβανομένων έντυπα με μεγάλα γράμματα και μαγνητοφωνημένες ταινίες. Επίσης μέρη της αναφοράς διατίθενται στα Ελληνικά, Ιταλικά, Βιετναμέζικα και Κινέζικα. Μπορείτε να λάβετε ένα από αυτά τα έντυπα με το να επικοινωνήσετε με το Τμήμα Δημοσίων Σχέσεων στον αριθμό (03) 9929 8689 ή στην ιστοσελίδα [info@eyeandear.org.au](mailto:info@eyeandear.org.au)

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Xin hãy liên lạc phòng thông tin,quảng bá (Marketing and – Communication) Tel(03)99298689 hoặc email – [:info@eyeandear.org.au](mailto:info@eyeandear.org.au), để có được thông tin này.

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 e' 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](mailto:info@eyeandear.org.au).

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



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

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

You can also provide feedback on our website:  
[www.eyelandear.org.au](http://www.eyelandear.org.au)

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Did you find this report easy to understand?

Yes       No

What did you like most about this report?

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What information would you like to see  
in this report?

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

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**Thank you for your comments**

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**Please send me further information:**

Eye and Ear newsletter

Volunteering at the Eye and Ear

Title \_\_\_\_\_ First Name \_\_\_\_\_


Surname \_\_\_\_\_

Address \_\_\_\_\_

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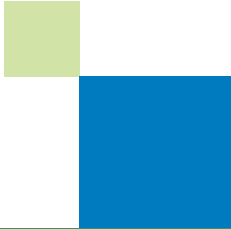
State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

A decorative graphic consisting of several colored shapes: a yellow square in the upper right, an orange rectangle below it, a large light green shape covering the middle and bottom, and a purple rectangle in the bottom left corner.

## What do you think of our Quality Account 2017-18?

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.



## **The Royal Victorian Eye and Ear Hospital**

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Victoria 3002

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