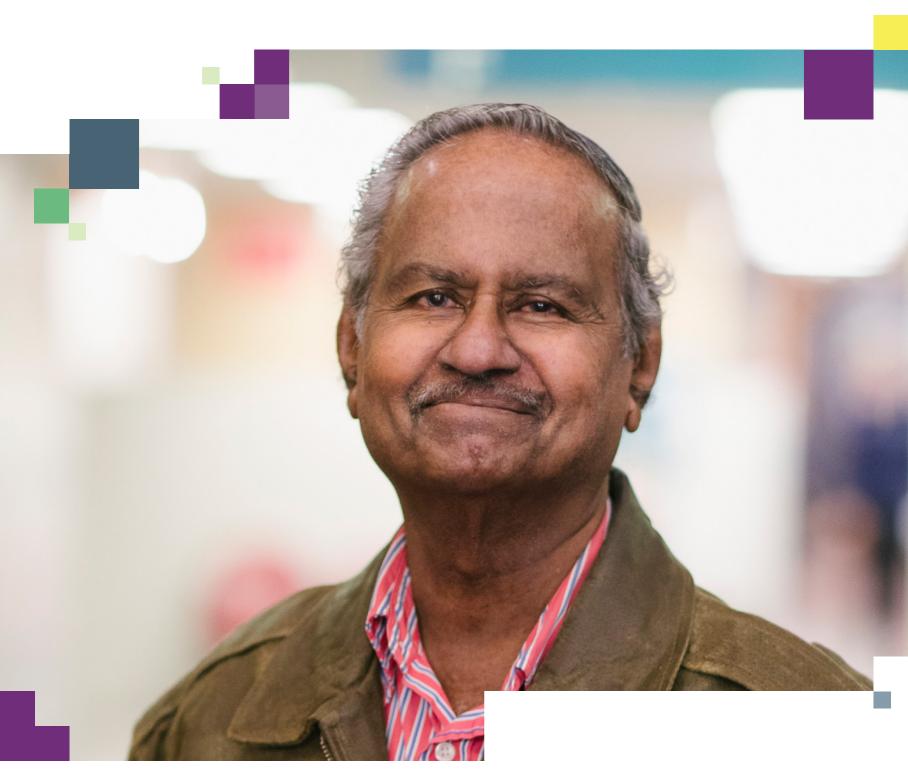
# Quality Account 2018-19





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## From the Chair of the Quality Committee



I feel privileged and honoured to present The Royal Victorian Eye and Ear Hospital's Quality Account for 2018-19. The Eye and Ear is internationally recognised as a leader in clinical service delivery, teaching, training and research. We are Australia's only specialist eye, ear, nose and throat hospital and have been providing excellent care to patients for over 150 years.

Having recently been appointed as Chair of the Quality Committee, which oversees all safety, quality and risk management activities within the hospital, I would firstly like to acknowledge and thank my predecessor, Dr Deb Colville for her leadership of this important work. Deb was deeply committed to ensuring the patient voice was included in safety and quality initiatives and on behalf of the Committee, I thank her most sincerely for her efforts.

Our clinical services are delivered in partnership with patients, carers, the community and other healthcare providers. We continued to experience high demand for our services, as we cared for over 220,000 patients in 2018–19. The Quality Account provides an overview of our ongoing commitment to the delivery of patient centred care.

The Eye and Ear is accredited every three years against the National Safety and Quality Health Service Standards and will be undergoing its next accreditation review in 2020. The Standards guide our day to day work and the hospital submits 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 continually maintained and improved as 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 14 to 17.

We have also continued to work closely with the Aboriginal community to provide Aboriginal and Torres Strait Islander patients with a safe and culturally welcoming environment at our hospital. We were proud to launch our first Reconciliation Action Plan, our formal statement on how we will work towards reconciliation and continue closing the gap for eye and ear, nose and throat health.

And this year, we expanded our partnership with the Victorian Aboriginal Health Service (VAHS) to launch a clinic to treat Aboriginal and Torres Strait Islander patients of all ages with eye problems at the VAHS site in Fitzroy.

We monitor quality and safety across many indicators as part of an overall system of clinical governance. This year we performed well in all indicators and ensured that we examined the causes of any incidents and made improvements as a result.

I was particularly pleased to see that in the People Matter Survey we achieved the highest response from all health services for our overall patient safety questions, with 87% of staff saying they would recommend our services to friends and relatives and 85% saying they

are encouraged by colleagues to report any patient safety concerns.

The Quality Account provides insight into the activities we have undertaken over the past twelve months to ensure clinical services are delivered in partnership with patients, carers, the community and other healthcare providers. The report is distributed throughout the hospital sites, and sent to our community partners as well as being available online at www.eyeandear.org.au.

I hope you find the report and its stories engaging and informative. As always, we encourage feedback on this publication and any element of our service.

I would like to thank our many committed staff and volunteers who have made this report possible and 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 2018-19.



Adjunct Professor Alan Lilly Chair, Quality & Safety Committee



## Providing a platform for our patients

Our patients are at the heart of everything we do. Feedback from our patients lets us know what we are doing well and allows us to identify areas for improvement.

During Patient Experience Week, a photo booth was set up in the hospital foyer and patients were invited to record a short video sharing their experience with us. Dozens of patients shared their stories, including Kimberly Franklin. Kimberly is a nurse, and works at Monash Health in Clayton.

One day at work Kimberly felt she was beginning to lose her balance, and soon after she noticed she was starting to lose her hearing. At the urging of her colleague, who had lost her own hearing as a result of a virus, Kimberly came to the Eye and Ear's Emergency Department.

She has nothing but praise for the medical team who saw her: nurses, doctors and audiologists.

Kimberly underwent hearing tests to investigate two possible conditions: Viral Labyrinthitis and Sudden Sensorineural Hearing Loss.

One of her treating audiologists was Paris Day, who says "Both conditions are quite rare in the general population and can involve changes in both hearing and balance. They are commonly treated with steroids, however this is usually only effective if treatment is commenced very quickly after the symptoms come about – usually within days or weeks."

Luckily for Kimberly she acted quickly. She was prescribed a course of steroids and was advised to schedule a follow up appointment in two weeks' time.

The following day Kimberly called our Outpatients Bookings Unit to schedule an appointment. She says "I'm a nurse and a shift worker and I really appreciated the team being able to work with me to find a time that worked with my schedule."

While working around an individual patient's schedule is part of business as usual for our Outpatient Bookings Unit, we also hold regular staff training sessions to ensure staff are always thinking about how to make the experience of attending hospital as positive as possible. Training topics include understanding the needs of the patient from their perspective.

At Kimberly's follow up appointment her hearing symptoms had improved following treatment. She still had some ringing in her ear with mild imbalance and nausea which was slowly getting better.

Fast forward three months and Kimberly is no longer experiencing any hearing or balance issues.

She says "I was extremely happy with the care I received, it was also super-efficient."





## Your say counts

TOTAL COMPLAINTS 2018-19

(n=275)

AN INCREASE OF 33 FROM LAST YEAR



ACCESS COMPLAINTS:

123

AN INCREASE OF 47 FROM LAST YEAR

COMMUNICATION COMPLAINTS:

65

AN INCREASE OF 1 FROM LAST YEAR



COST RELATED COMPLAINTS

20

AN INCREASE OF 6 FROM LAST YEAR





ATMOSPHERE COMPLAINTS:

4

AN INCREASE OF 5 FROM LAST YEAR

RIGHTS COMPLAINTS:

0

A DECREASE OF 6 FROM LAST YEAR



TREATMENT COMPLAINTS:

60

A DECREASE OF 2 FROM LAST YEAR



PRIVACY COMPLAINTS:

3

AN INCREASE OF 2 FROM LAST YEAR

OTHER COMPLAINTS:

0

A DECREASE OF 9 FROM LAST YEAR The biggest area of increase for complaints is about patients accessing our services. This is either as a result of extensive waiting times to receive their first appointment in our Specialist Clinics or through extended waiting times once they arrive for care, particularly in our Emergency Department. Further investigation of these complaint themes has identified that there is a need to increase the number of medical staff working in the Emergency Department outside of business hours. An increase in the medical staffing numbers after hours will commence in July 2019 and the feedback themes will continue to be monitored to determine the impact of these changes.

**TOTAL COMPLIMENTS 2018–19** 

(n=337)

AN INCREASE OF 125 FROM LAST YEAR

**TOTAL ENQUIRIES 2018-19** 

(n=133)

AN INCREASE OF 1 FROM LAST YEAR

**TREATMENT** 

300

AN INCREASE OF 116 FROM LAST YEAR **ATMOSPHERE** 

3

SAME AS LAST YEAR

**ATMOSPHERE** 

51

AN INCREASE OF 7
FROM LAST YEAR

**COMMUNICATION** 

**25** 

SAME AS LAST YEAR

**ACCESS** 

0

A DECREASE OF 2 FROM LAST YEAR

**COMMUNICATION** 

34

AN INCREASE OF 11 FROM LAST YEAR

COST

3

SAME AS LAST YEAR **ACCESS** 

42

AN INCREASE OF 7 FROM LAST YEAR **TREATMENT** 

**12** 

AN INCREASE OF 4 FROM LAST YEAR

## 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 2018–19 was higher than the state-wide average score for other hospitals in Victoria. An average of ninety four percent of our inpatients stated their experience was very good in the four quarters from July 2018 - June 2019. (Q1 – 96%, Q2 – 97%, Q3 – 90%, Q4 – 96%)

#### **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 for Q4 (Apr-Jun 2019) show that 84% of patients rate the discharge process as 'very good', in comparison with the statewide average which was 76%. In early 2019, we conducted a survey of a small number of our patients to better understand their experience of the discharge process and to identify opportunities for improvement. The feedback suggested that our patients are generally happy with the discharge process and no suggestions for improvement were identified. Most of our patients do not require service supports when they leave hospital, however we do work closely with those who do, to better support their transition to home.

No.	Transition Index score question	Jul – Sep 2018 (Q1)	Statewide average (Q1)	Oct – Dec 2018 (Q2)	Statewide average (Q2)	Jan – Mar 2019 (Q3)	Statewide average (Q3)	Apr – Jun 2019 (2019) (Q4)	Statewide average (Q4)
69	Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?	80%	71%	79%	71%	82%	71%	79%	71%
70	Did hospital staff take your family or home situation into account when planning your discharge?	71%	73%	71%	75%	64%	71%	83%	75%
71	Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?	58%	67%	59%	71%	64%	68%	85%	70%
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?	90%	89%	97%	89%	85%	89%	89%	89%

## Listening to your Feedback

The Eye and Ear appreciates all feedback – positive or constructive – 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. We gather and track suggestions for improvement, compliments and complaints. The suggestions and complaints enable us to identify opportunities to make improvements and the compliments enable us to better understand what we're doing well.

Feedback postcards and pamphlets, which are displayed around the hospital, ask patients to provide general feedback or suggestions for improvement. This type of feedback is usually provided anonymously and does not require a response. While we often receive compliments on the postcards and pamphlets, collecting this more general feedback has also 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 18 months embedding changes to the expectations for staff across the organisation around feedback monitoring and reporting. In 2018, we developed an electronic dashboard which includes all feedback collected across the hospital. This dashboard enables staff to easily review and report on the feedback themes across the organisation or in their clinical area.

Staff are encouraged to look at this dashboard as a team so they can celebrate the compliments but also review the constructive feedback and identify opportunities for improvement. This has enabled staff to make improvements in response to the themes identified in the feedback. As a result of this, we have seen the number of compliments increasing while the number of complaints has remained consistent.

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

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

In 2018-19 we received 275 Complaints, 337 Compliments and 133 Enquiries with an average complaint closure rate of 75% within 30 working days.

#### Response to your feedback

Over the last year we received feedback about the physical environment in our Specialist Clinics waiting areas at Eye and Ear on the Park. Whilst this is a temporary location during the course of our major redevelopment, it is important that the experience of our patients and staff is the best it can be. As a result of listening to our patients, new carpet was installed and the waiting areas were repainted in the waiting areas as well as some consulting rooms. This has made a significant difference to our patients and complaints about the environment have reduced significantly.

#### **Patient Opinion Pilot Project**

In 2018, we began our participation in an 18 month pilot project with the Department of Health and Human Services to trial the use of the online Patient Opinion feedback site. This feedback enables members of the community to anonymously write their story about their hospital experience on the Patient Opinion website. The story is moderated by the Patient Opinion team and then published. Staff at the Eye and Ear receive a notification when a story about their area is published to enable them to provide a response which is also moderated before being published. This online forum can be viewed by anyone and allows patients or family members to share their experiences openly and anonymously.

Since October 2018, we have had over 20 stories published, with more than 60% of these being compliments.



## **Consumer Profile: Rama Appuswamy**

Like many generous people who donate their time volunteering, it was a desire to give back to the community after retiring that inspired Rama to start volunteering at the Eye and Ear.

However Rama Appuswamy's desire to give back to the community runs deeper.

"I migrated to Australia in 1983 from India, to pursue my career in Melbourne and to seek better prospects for my two children.

"I'm a mechanical engineer by profession and retired in 2015 after working for almost 50 years, 30 of which were in Australia. My new home country gave me an opportunity to bring up my children and provide them the best of education and lifestyle. In gratitude, I always wanted to contribute in some way to the community and country. That motivation made me look for a volunteering role."

Three years ago, Rama started at the Eye and Ear in a concierge role - a role he thoroughly enjoys.

"I make the first contact with the patients (as they enter the hospital) and try to diffuse their anxiety by providing them the necessary assistance in their day's journey. This role also provides me an opportunity to comprehend first hand any issues they face."

Rama was nominated for the 2019 Minister for Health Volunteer Award for Improving the Patient Experience. Last year, he added another string to his bow as a volunteer when he joined the Community Advisory Committee as a consumer representative. The committee provides advice to the Board on effective consumer and community participation in service development and delivery. Members include consumers, carers and community members, along with members of the Board and staff.

Consumers sit on most of our clinical governance committees, and are vital to ensuring the patient perspective stays front and centre in decision making.

In this role, Rama attends regular committee meetings where he can provide feedback on issues, concerns and potential changes that affect patients.

He says the meetings cover issues and topics from all departments and areas of the hospital, and encourage discussion and collaboration.

"As a consumer representative, I'm able to articulate the patients' concerns to seek solutions from management. It is heartening that consumer representatives' views are given due attention by management, to provide greater patient satisfaction and more importantly better patient outcomes."

He says that sitting on the committee also informs his work as a concierge, where he interacts face-to-face with hundreds of patients.

"Sometimes when I hear patient feedback first-hand, I know that from the committee meetings I can mitigate some of their problems."

"It is heartening that consumer representatives' views are given due attention by management, to provide greater patient satisfaction and more importantly better patient outcomes."

## **People Matter Survey 2019**

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 an opportunity for staff to have their views heard on the workplace, express concerns, report on job satisfaction and overall engagement.

#### **Engagement**

The staff engagement index is a key data source for assessing our workplace culture. Our overall staff engagement rating was 70%.



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 satisfaction**

Satisfaction is strongly linked to engagement which relates to level of contentment with job, work/life balance and professional development. Our overall satisfaction rating was 70% which is 3% higher than the benchmark average in 2019.

It should be noted that it is difficult to compare some 2018 and 2019 results due to changes in the survey questions.



Considering everything, how satisfied are you with your current job



How satisfied are you with the work/life balance in your current job?



How satisfied are you with your career development within your current organisation?



## How we are improving physical and psychological staff safety

The health of our workforce remains a priority for the Eye and Ear. We commenced our third year of the wellness@work program promoting awareness of key health issues for staff with this year's focus on mental health wellbeing. Staff participated in a People and Work survey which is a psychosocial risk assessment of hazards in the workplace. The purpose of the survey was to determine the percentage of employees

experiencing high job demands and low job resources, the prevalence of bullying, (both experienced and witnessed) and the prevalence of job burnout, stress related absenteeism and job dissatisfaction. The results will be collated with the People Matter Survey results and other data to assist with future planning of staff mental health and wellbeing initiatives. The survey was completed by around 25% of staff.

## Patient centered care training

The Patient Experience Team has been working with staff to provide education that is based on the experiences that our patients and their carers have.

Over the past 12 months, over 200 staff have participated in Dialogue in the Dark, an immersive experience where participants learn to understand what challenges are faced by people who are totally blind. This training has been provided in response to feedback received that we needed to improve the way we treat the 'whole of patient', not just their condition.

We have also been working with Dementia Australia to provide virtual reality training to staff about the experience of having dementia. Through the use of virtual reality goggles, staff have been exposed to the challenges that a person with dementia experiences when doing everyday tasks. We have trained over 60 staff to date with plans to train a further 60 staff in the coming year.

Our Positive Patient Experience training was developed in response to a theme identified in our patient and carer feedback that suggested our staff could improve in the way they communicated with people. This training has been delivered to over 130 staff and has provided them with skills and knowledge



about how to communicate more effectively with people who may be anxious and how to provide empathetic care. All patient-facing administration, nursing and allied health staff in our Specialist Clinics area have participated as well as many of our patient facing staff in other clinical areas across the hospital. We will continue to offer this training over the next year to more of our medical and nursing staff.

## **Quick Facts**

There were **0** cases of Staphylococcus Aureus, and Clostridium Difficile which can be common causes of hospital acquired infection.

In 2018-19 the Eye and Ear exceeded the **85% target** set by the Department of Health and Human Services for staff flu vaccination rates.

Exceeded the

80%

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







0

incident reports related to the wastage of blood or blood products.



17,023

appointments used interpreters for **79** different languages



Team of volunteers:

64



512

Eye and Ear employees (full time equivalent)



Total no. of Patients cared for over

220,000



Our volunteers have given over 6,000 hours of their time and provided direct assistance to close to 60,000 patients.



We had 3 less pressure injuries recorded during an inpatient stay this year, two of which related to preexisting injuries.



There were 25
patients who fell
while at the Eye
and Ear, with 23
incidents reporting
no significant harm.



30

registered consumers partnering to help improve services



### The National Standards

#### **Accreditation**

One of the ways the Eye and Ear can assure consumers that we are doing our best to achieve excellence and to 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). This program consists of minimum standards for best practice. A new second edition of these standards came into place in January 2019. A particular focus of these new standards is health literacy, areas of vulnerability, and care provided to Aboriginal and Torres Strait Islander people.

This new program consists of eight minimum standards for best practice referred to as the National Standards including:



Standard 1 Clinical Governance



Standard 2 Partnering with Consumers



Preventing and Controlling 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

Patient Identification and Clinical Handover which were previously separate standards have merged into one priority action area referred to as 'Communicating for Safety'. There is also a new standard called 'Comprehensive Care' which includes aspects of care related to falls and pressure injury safety, nutrition, prevention of delirium, mental health and end of life care.

The Eye and Ear was audited against the previous National Standards in October 2017 and was successfully reaccredited until October 2020. All 256 action items of the national standards were met and the organisation was awarded 'Met with Merit' which demonstrates our exemplar leadership 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. This encouraging result was followed up by a positive 2018 desktop self-assessment report. The Eye and Ear's next onsite accreditation under these new standards is planned for August 2020. Some of the safety and quality activities undertaken as part of these standards are detailed.



#### **Clinical Governance**

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 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:

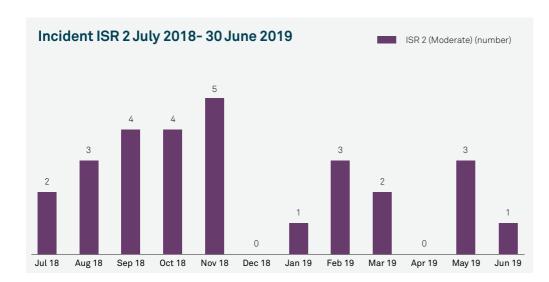
- 1. degree of impact
- 2. level of harm
- 3. treatment required

The Eye and Ear reviews all incidents with an ISR 1 or 2 rating and significant near misses as well as consumer feedback at the Executive and Senior Managers monthly meetings and the bi-monthly Patient Safety Committee (PSC).

Serious case reviews presented at the PSC meeting provide a summary of the factors which may have contributed to an event and the recommendations for improvement. Each recommendation is tracked until the action items are closed and monitored for its effectiveness.

In 2018-19 the Eye and Ear had no ISR 1 incidents and less ISR 2 incidents compared with the previous year (35 in 2017-18). However, 28 case reviews were undertaken for incidents rated ISR 2. Themes for improvement which emerged from the cases examined included:

- · Clinical patient management
- · Emergency management
- · Medication safety
- Delay and lost to follow-up for Specialist Clinic appointments



Some of the improvement actions implemented as a result of these reviews included:

#### Clinical patient management Improvement activities to enhance patient safety included:

- ✓ Signage developed in collaboration with our consumers to make sure patients don't leave with IV bungs still in
- ✓ An assessment bay in day surgery repurposed to allow for extra waiting room seating and new signage has been installed to help carers find the Recovery area when picking up their loved ones
- Development and consumer review of anaesthesia information sheets (inclusive of risks and benefits of anaesthesia)
- ✓ Penetrating Eye Injury Clinical Practice Guideline reviewed in response to increased presentations
- Review and improvement of the current patient fact sheet on oral steroids in collaboration with consumers
- Establishment of a working group for management of correspondence. An audit conducted to determine if records requested are provided at the next Specialist Clinic visit.

✓ An IT project to ensure consistency of documentation of patient's alerts and allergies within the electronic records system (Cerner). This included updating of the procedure and staff education.

#### **Emergency management**

Improvement activities to assist with emergency management included:

- Clarification of the Emergency Coordinator role in emergency codes
- Standardised testing/mapping of code emergency bells
- Mock drills for clinical emergencies and management
- ✓ Annual basic life support and targeted training advanced life support captured in Mandatory Training Scorecard. This recent advanced life support training and emergency training has been considered by staff to be very beneficial.
- Standardised format for capturing advance care directives
- √ The monitoring of the use of screening tools for delirium (confusion) and patient alerts to ensure patients are identified and supported early

#### **Medication safety**

Two key improvement activities to assist with the prevention of medication errors and improve management included:

Venous Thrombosis Emboli Prophylaxis (VTE - blood clot prevention)

- ✓ Working group formed which developed strategies to increase VTE (blood clot) risk screening
- ✓ This included the review and trial of forms to increase monitoring and treatment for blood clot prevention

Look-alike sound-alike (LASA) Drugs

- ✓ Specialised (Tallman) lettering was implemented in Cerner (medication prescribing system) in October 2018 to help highlight the difference in look-alike soundalike (LASA) medicines
- ✓ Additional dispensing alerts were implemented for some medications to caution the clinician in selection
- √ A poster of common LASA medicines was distributed to clinical areas to assist in educating the clinicians

## Follow-up for Specialist Clinic appointments

Improvement activities to enhance access to clinic appointments and follow-up included:

- ✓ Specialist clinics wait list audits undertaken
- Process developed for capturing declined appointments and notification to the referring doctor
- Review of current clinic new, review and overdue review waiting lists
- ✓ Audit of overdue review patient waiting lists
- Scorecard developed to ensure visibility of scanning and records are reviewed with action plans developed as required
- Process to monitor call centre activity
- ✓ Preadmission review undertaken and action plan developed
- ✓ Unendorsed test results tracked and actioned by the Clinical Handover Focus Group
- ✓ A new referral pathway to the Alfred Health's Neuroophthalmology that commenced in 2019, with the aim to reduce current waitlists
- ✓ An audit undertaken to identify patients overdue for review on high dose steroids and high risk groups to give them prioritised / quarantined appointments
- ✓ Improved access through the Glaucoma Community Collaborative Care Program / community optometry
- Service planning undertaken and the recruitment of additional glaucoma consultants
- Development of a glaucoma electronic letter to facilitate communication from consultants to general practitioners

## Partnering with Consumers Two staff development

programs which highlight our commitment to providing a positive environment and great care to our patients and carers are:

#### Staff workshop - Be Upstanding

An exciting new workshop Be
Upstanding is being facilitated
through our People and Culture team.
Through this program staff are
learning how to be a positive
bystander with practical
communication techniques that they
can use when they witness any
disrespectful behaviour. The program
focuses on how and why we
unconsciously use stereotypes and
strategies to reduce the impact of
unconscious bias.

## Strengthening Hospital Response to Family Violence (SHRFV)

The Strengthening Hospital Response to Family Violence (SHRFV) program was launched in May 2019. This initiative provides the opportunity for all staff to develop an understanding and awareness of family violence and the skills to response to patients and staff experiencing family violence. Training sessions for Clinical and Non Clinical staff are being provided as part of the Staff development education calendar and managers have been prioritising staff attendance at this important initiative.



#### 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 one of the key ways to prevent infection and enhance safe care.

#### Hand hygiene

This year there has been a promotional campaign rolled out hospital wide to remind staff, patients and carers about the import role hand hygiene plays in preventing infection. We congratulate all staff for exceeding the KPI.

#### Our progress on key infection control indicators:

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	84%	√ 86%
Cleaning standards	Target 90%	✓ Target consistently met: Last quarter reported rate 96%

<sup>\*</sup>VICNISS: The VICNISS program is coordinated by the VICNISS Coordinating Centre, which collates and analyses data on healthcare associated infections and reports data back to participants and to the Department of Health and Human Services.

<sup>\*\*</sup> Department of Health and Human Services



#### Flu vaccination

In a healthy person, the flu can make you feel very unwell and put you out of action for at least a week. 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 with the aim to vaccinate as many of our staff as possible. This year we exceeded the significantly increased Department of Health and Human Services target with 86% of staff vaccinated for flu.



#### Recognising and Responding to Acute Deterioration

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. The REACH program which stands for Recognise, Engage, Act, Call, and



Help has been introduced. Families can use this process when they are worried about their own or loved ones health.

Mandated escalations are required using the Eye and Ear's track and trigger observation charts unless modifications are signed to accept parameters outside of the set thresholds. In order to accurately assess changes, observations must be recorded graphically.

#### **Comprehensive Care**

Advance care planning is a process that ensures a person's family and treating healthcare team understand their wishes should they no longer be unable to communicate these themselves. This is done by setting up a legal document referred to as an Advance Care Directive (ACD).

At the Eye and Ear, a focus group was held with a number of our consumers that examined:

- Changes to the law and how this impacts our patients (Medical Treatment Planning and Decisions Act 2016)
- How best to communicate these requirements to patients (to assist in gathering pertinent information about ACDs and when to gather this information).
- What terminology is easily understood by our patient cohort when talking about ACDs.

The group helped produce an informative poster now available hospital wide and patients are now asked if they have an ACD in the Emergency Department and on admission. Procedures, tools and processes have been updated to reflect these changes to the legislation.



## Strengthening Hospital Response to Family Violence

Family violence is a serious and widespread issue in Australia. It has a significant impact on the victims, and on our community as a whole. While it may often take place in people's homes, it is a problem we must address as a community.

The health sector is a critical entry point for identifying people affected by family violence, providing medical care and a pathway to specialist support and assistance.

For people experiencing family violence, a visit to a health professional is often the first and sometimes only, step to accessing care. As an employee experiencing family violence, a workplace may be the only safe place they access in their daily life.

It is part of our role as a hospital providing patient care to ensure our staff are trained to look for the signs of family violence, and to know what to do next. It is also crucial that we address family violence as not an issue facing the individual but as a workplace issue, that can affect performance, productivity and workplace safety.

In May 2019, The Strengthening Hospital Response to Family Violence (SHRFV) project was launched at the Eye and Ear. The Victorian Government has funded SHRFV in all Victorian Hospitals, in response to the recommendation from the Royal Commission into Family Violence which requires a 'whole of hospital' response to family violence.

The project raises awareness of all forms of family violence through a dedicated training program for staff, and communication to patients via posters, a promotional video and social media messages.

Training is delivered to all hospital staff, both clinical and non-clinical, at all levels of the organisation and assists staff to better understand signs of family violence in both patients and colleagues.

Since the program launched in May, more than 310 staff have completed the training, with another 286 expected to complete training by the end of the year.

Maureen Plain is the hospital's Manager, Social Services and Project Lead of the Strengthening Hospital Response to Family Violence project. She says the training provides practical information about types of family violence, signs to look for, and referral pathways.

There are clear hospital guidelines that staff follow to refer those patients to relevant support services.

"We will continue regular training sessions to ensure as many of our staff as possible have access to this invaluable training program. This training is just one part of our commitment to addressing, and ultimately preventing, family violence."

Clinical Director of Ear, Nose and Throat Services, Mr David Marty took part in the training and says he found it invaluable.

"The training provided practical, useful information about addressing family violence in a hospital setting, including identifying potential signs that someone may be experiencing family violence and the next steps required."

If you or someone you know is impacted by sexual assault, domestic or family violence, call 1800RESPECT on 1800 737 732 or visit 1800RESPECT.org.au. In an emergency, call 000.





## **Engaging with the Aboriginal and Torres Strait Islander Community**

Strategies to improve cultural responsiveness and safety for Aboriginal staff, patients and families

Over the past year, staff at the Eye and Ear have been engaged with five other Victorian health services to develop an Aboriginal Cultural Awareness e-learning package. This package will include topics such as: the history of colonisation and segregation, the Stolen Generation, legislation and political history, significant historical events for the Aboriginal community, cultural practices and how to provide a culturally safe environment for Aboriginal and Torres Strait Islander patients, carers and staff. There will be a component which provides general information for all staff and an additional section which discusses important information for managers focussing on recruitment and retention of Aboriginal staff and the organisation's Aboriginal Employment Plan. This e-learning package will be implemented in late 2019.

#### **Reconciliation Action Plan**

In February 2019 we launched our first Reflect Reconciliation Action Plan (RAP). This RAP demonstrates our formal statement on how we will work towards reconciliation and continue closing the gap for eye and ear, nose and throat health for Aboriginal and Torres Strait Islander patients. A RAP working group has been established as part of meeting our RAP actions and three new Aboriginal consumer representatives have been recruited as members of this group to provide advice to staff

on how we can continue to work together to ensure we provide a culturally safe place for the Aboriginal community.

Some actions already completed for 2019 are:

- Establish a RAP Working Group to meet regularly and formally launch the RAP
- Build internal and external relationships with Aboriginal and/ or Torres Strait Islander peoples, communities and organisations, as well as other like-minded organisations
- Participate in and celebrate National Reconciliation Week
- Raise staff, patient and community awareness of our RAP
- Celebrate and commemorate dates of significance such as NAIDOC Week
- Raise awareness of the Traditional Owners of the lands and waters in our local area and areas of influence
- Build support for the RAP by defining resource needs and methods to track and measure success

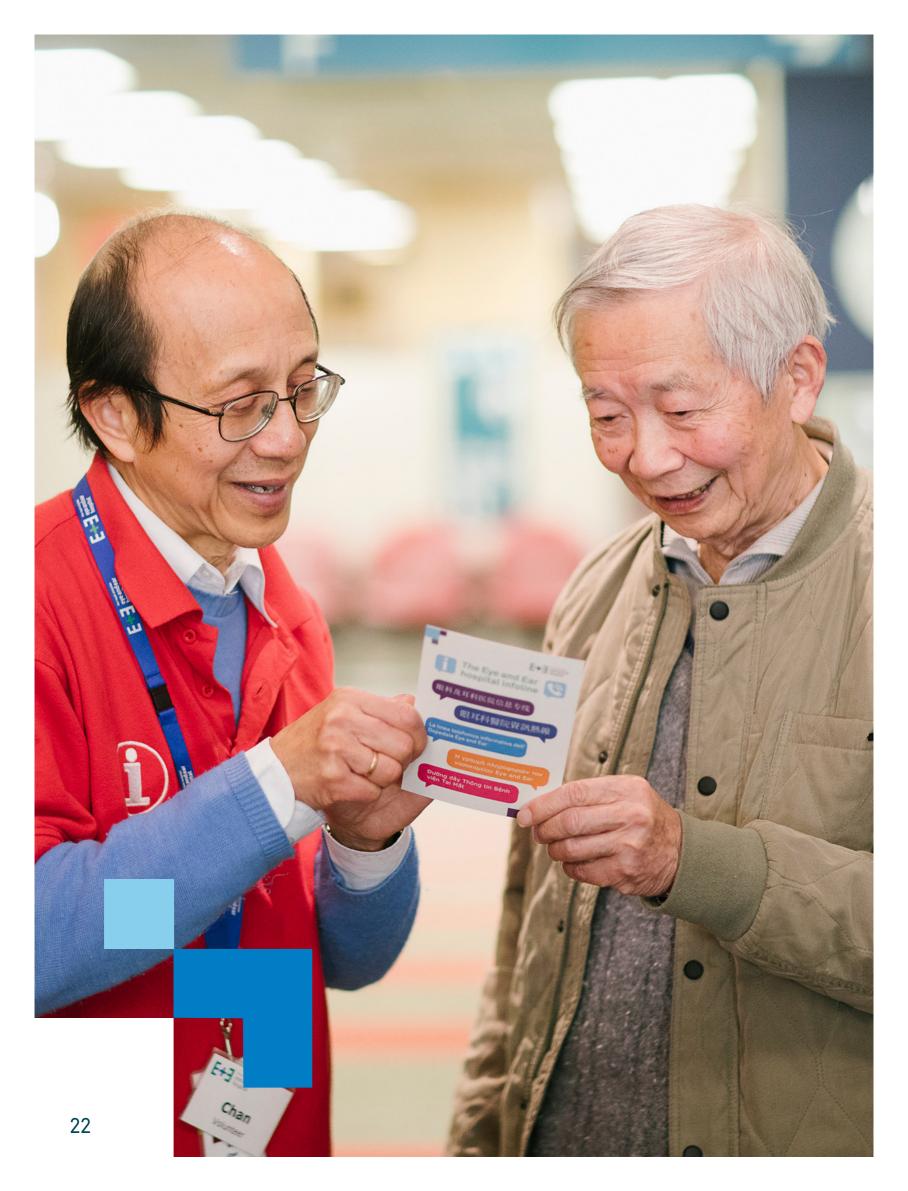
#### **VAHS Ophthalmology Clinic**

In November 2018, we saw our first patients in the new Ophthalmology Outreach Clinic run at the Victorian Aboriginal Health Service (VAHS) in Fitzroy. This clinic is the first Ophthalmology Clinic to be run in an Aboriginal Community Controlled Health Organisation in Victoria and is operational thanks to a generous grant from the Department of Health and Human Services to purchase the equipment and set the clinic up, and the strong collaboration between staff at VAHS, the Eye and Ear, and the Australian College of Optometrists who have worked tirelessly to establish this clinic and build the patient numbers.

## Aboriginal public sector employment

Aboriginal staff are supported in orientation and induction via the 100 day work plan for new Aboriginal employees. All staff are provided with a learning and development plan as part of our performance development process. Aboriginal staff plans may include attending networking events for Aboriginal workers in health, for example ICAP forums (Improving Care for Aboriginal Patients program) and participating in other Aboriginal programs, working groups, mentoring or networking opportunities.

The Eye and Ear continues to have a close working relationship with St Vincent's Health. The managers of the Aboriginal Health Liaison Officers of both organisations promote networking, mentoring and collaboration between the two Aboriginal Health teams.



## **Embracing diversity**



Recently, staff and consumer representatives have been involved in developing the Partnering with Consumers and Community Plan 2020-2023. The plan was developed with input from patients, carers, staff, the Executive and Board Directors and incorporates four key organisation wide plans: The Partnering with Consumers Plan; The Aboriginal Health Plan; The Diversity Plan; and The Disability Action Plan. The plan outlines the actions and activities that the hospital has committed to undertake over the next 4 years to continue to improve the care and services we provide to our diverse community. It represents a coming together of multiple key considerations for the Eye and Ear in patient and community engagement.

The Australian Commission on Safety and Quality in Health Care National Standards second edition provides the foundation on which the Partnering with Consumers and Community Plan 2020 - 2023 is built. National Standard 1: Clinical Governance and National Standard 2: Partnering with Consumers, are the overarching governance standards that set the direction for health service responsiveness to working with the community to improve the consumer experience.

#### **Accessibility**

To cater to this varied audience, we have included information in different formats, and are always working towards improving accessibility of all resources we produce. All our videos have closed

captions and PDFs have 'tagged' images and tables that assists screen readers to read the documents.

#### **NAIDOC** Week

Last year's theme for NAIDOC Week was 'Because of her, we can!' which celebrated the invaluable contributions that Aboriginal and Torres Strait Islander women have made and continue to make in their communities.

To demonstrate the Eye and Ear's commitment to supporting this important event, our Aboriginal Health Liaison Officers (AHLOs) held a stall in the foyer at Eye and Ear on the Park which provided information for staff and the community about the significance of NAIDOC Week and also promoted our AHLO service to patients, carers and staff.

## LGBTI practices and adhering to the Rainbow e-Quality guidelines

In our 2018-19 commitment to the Victorian Minister for Health (the Statement of Priorities), the Eye and Ear committed to ensuring that all of our policies and procedures demonstrated our inclusive and respectful practices towards staff and our community. This work has been our first step towards ensuring we adhere to the Rainbow e-Quality guidelines.

#### **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 2019, we celebrated this diversity by engaging

in fun activities such as team lunches where staff could share food and information about their cultural heritage.

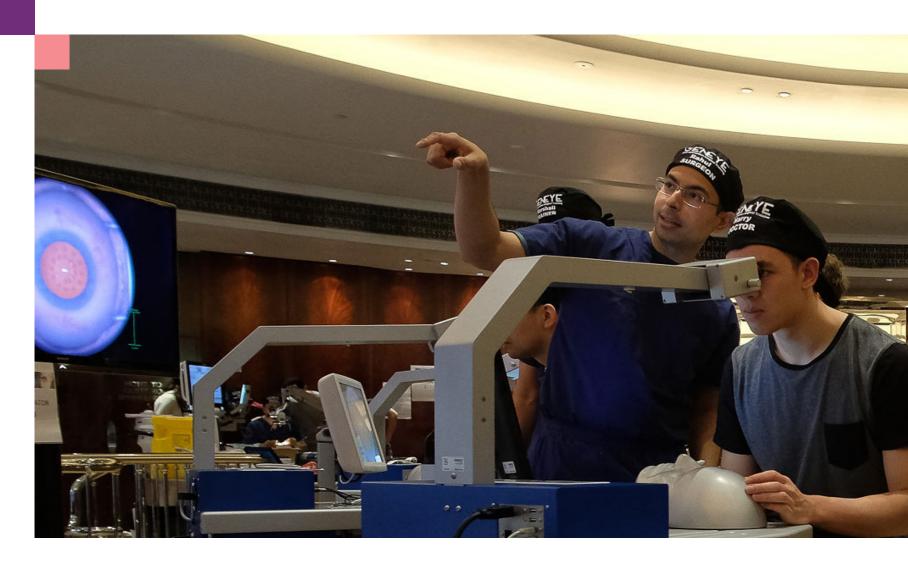
#### **Interpreters**

The Eye and Ear has an in-house interpreter service specialising in Greek, Vietnamese, Cantonese and Mandarin. The interpreters have worked at the Eye and Ear for many years and are familiar with medical terms in the clinical setting - which is valuable in the interpretation process. As well, they can be more flexible managing a number of bookings in various clinics and wards.

Over the past year, there was a slight decrease in requests from patients for interpreters when compared to the previous year. The hospital's internal interpreters attended 6,774 appointments during the year and external interpreters assisted the hospital with 7,659 appointments.

There has been an increase in the use of telephone interpreters which is often due to emerging languages where an interpreter may only be accessed elsewhere in Australia or the overall availability of interpreters is small.

Over the past year, over 17,000 appointments used interpreters for 79 different languages. Greek, Mandarin, Vietnamese and Cantonese remain the most common languages requested.



## **Continuity of care**

## Glaucoma Community Collaborative Care Program

The Glaucoma Community
Collaborative Care Program is an initiative between the hospital's Glaucoma Unit and specific community optometrists based in regional Victoria to care for patients together. The program was launched in March 2019 and has been actively enrolling patients. We believe this program helps our patients by:

- · reducing travel time and costs
- · reducing time waiting in clinics
- reducing time waiting to access eye-care
- reducing risk of suboptimal outcomes due to long wait times

The program also involves a unique education series (led by the hospital's glaucoma medical staff) for the participating optometrists. These events provide an opportunity to strengthen the relationship between participating optometrists and members of the hospital's glaucoma unit.

#### **South Eastern Cochlear Care Centre**

The South Eastern Cochlear Care Centre opened its doors for cochlear implant recipients in early 2019. The centre is a collaboration between the hospital and Cochlear Ltd and it is the third centre of its kind to open, with other centres based in East Melbourne and Geelong. Based in Dandenong, the centre has seen 71 patients, and will continue to help assess the increasing number

of patients, where it is predicted that the number of cochlear implant recipients will continue to increase over the next fifteen years.

#### **Volunteers**

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 6,000 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 during early morning sessions in our Day Surgery department at Eye and Ear on the Park. Our auxiliary volunteers run the gift shop and are often one of the first people in the hospital in the morning.

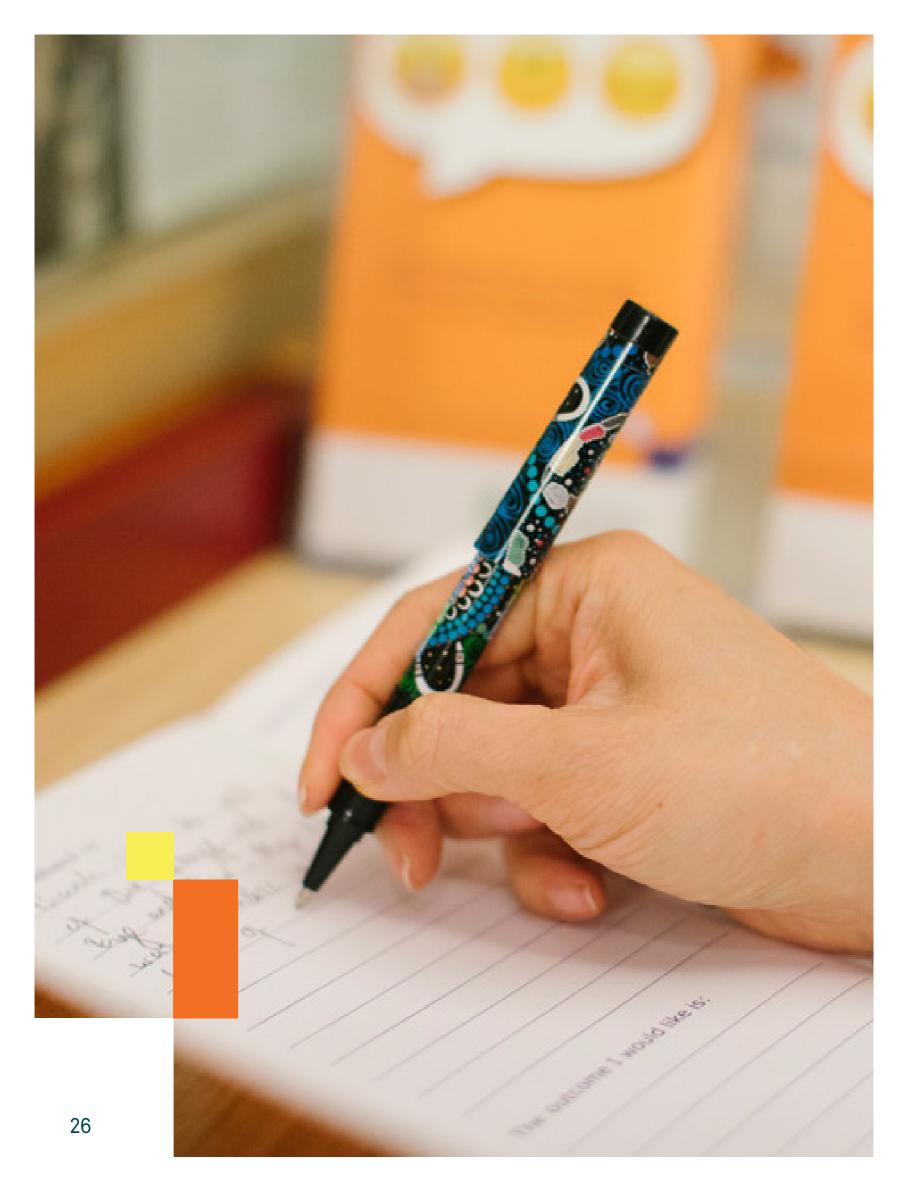
The hospital also has a group of over 30 consumer representatives who partner with us in a variety of activities including: participating on committees, reviewing patient information, providing feedback on publications and contributing in focus groups. Their contributions in meeting discussions, suggestions and feedback help us to continually improve and to meet the needs of our patients and community.

#### **Community Board Meeting**

Over 100 patients, volunteers, consumers and members of the public attended the annual Community Board Meeting.
Attendees heard presentations from leading glaucoma specialists Professor Keith Martin and Dr George Kong who presented on current treatment options in glaucoma, research development in the field, and why early intervention is key.

#### **GENEYE Virtual Reality Training**

GENEYE is a virtual reality training program, which took place in May 2019. The program ran across 3 days and eye surgeons got the opportunity to use Eyesi virtual reality simulators to improve their surgical skills. GENEYE also featured other interactive events and activities to improve the physical and mental health of surgeons.



## We want your feedback

The 2017-2018 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.
- Simplified and reduced colours in infographics to enhance legibility
- Increased font size and text is now across three columns
- Incorporated additional proactive ways to seek feedback including targeted email surveys
- Increased the size of the publication

#### Distribution of this report

The 2018–19 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

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

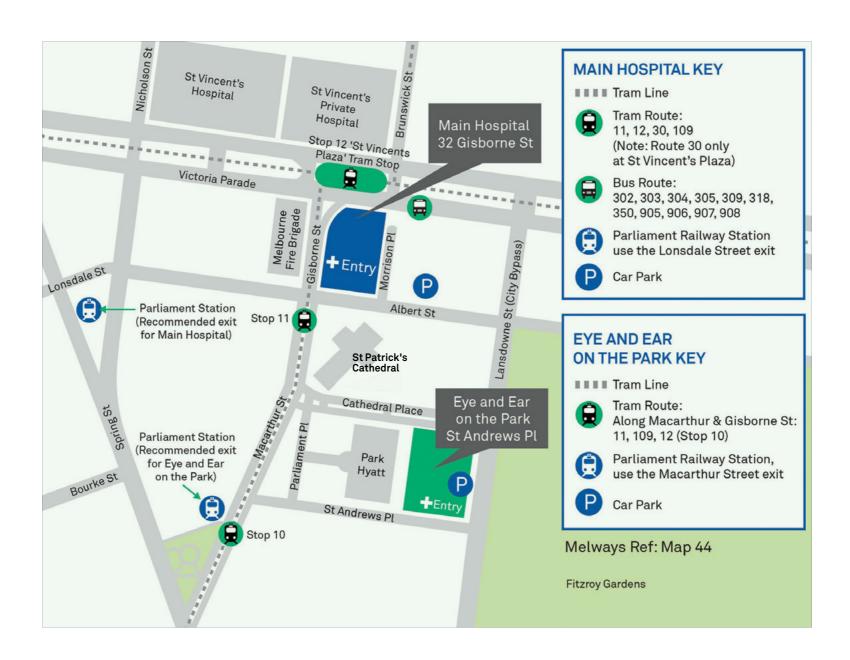
我們是提供眼、耳、鼻、喉專業保健服務方面的領導機構,對此我們深感自豪,而且我們還將繼續在服務、研究、培訓方面追求卓越。該報告以不同方式提供;這包括大字本和錄音磁帶,報告中的某些部份已譯成希臘文、意大利文、越南文和中文。撥打 (03) 9929 8689 或電郵 info@eyeandear.org.au,聯絡公共關係處,即可獲得。

ωτορινολαρυγγολογικών υπερησιών 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

Chúng tôi rất hãnh diện trong vai trò dẫn đầu , để cung cấp các dịch vụ y tế chuyên môn về mắt , tai , mũi , họng và luôn tìm cách tốt nhất để phục vụ,nghiên cứu và huấn luyện . Quí vị có thể tim được thông tin nầy qua nhiều hình thức khác nhau, điều nầy bao-gồm cả bản in chử lớn và băng ghi âm và nhiều phần trong thông-tin này được viết bằng tiếng Việt , Ý, Hy Lạp và Trung Hoạ Xin hãy liên lạc phòng thông tin,quáng bá (Marketing and — Communication) Tel(03)99298689 hoặc email — :info@eyeandear.org.au, để có được thông tin này.

Siamo orgogloisi 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.

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



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The Royal Victorian Eye and Ear Hospital Quality Account Report 2018–19

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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.eyeandear.org.au Did you find this report easy to understand? Yes ∏ No What did you like most about this report? What information would you like to see in this report? Do you have any suggestions or feedback on other services the Eye and Ear could offer the community? Thank you for your comments Please send me further information: Eye and Ear newsletter Volunteering at the Eye and Ear Title \_\_\_\_\_ First Name \_\_\_\_ Surname \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Postcode

## What do you think of our Quality Account 2018-19?

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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