



**The Royal Victorian
Eye & Ear Hospital**
caring in every sense

Quality of Care Report 2010-11

Looking forward—
a sight changing decision

Portable goggles diagnose
inner ear issues

Eye and Ear goes
back to school



Contents

From the Chair of the Quality Committee	1
Looking forward—a sight changing decision	3
Excellence in quality and safety	6
Our research	12
Consumer, carer and community participation	14
Working with our diverse communities	18
Aboriginal eye and ear health	20
Continuing our care	23

The Royal Victorian Eye and Ear Hospital is Australia's leading provider of specialist eye and ear health care and clinical training, with an international reputation for innovative research. We maintain an excellent record of safety and quality, by following rigorous standards, monitoring performance and implementing improvements.

From the Chair of the Quality Committee

The Royal Victorian Eye and Ear Hospital is a state-wide provider of eye, ear, nose and throat health care. In 2010–11 we had the privilege of caring for over 243,000 patients.

Patients and their families are the focus of our service provision. This is your hospital and we believe one of the best ways of improving the care we provide is by listening to you. Our Community Advisory Committee is just one of the many ways the Eye and Ear gives you, our community, a voice.

This report is intended to tell you more about the clinical care, quality, safety and risk management practices at the Eye and Ear. It details how we received 13 awards for exemplary performance and one award for outstanding performance during our recent accreditation survey by the Australian Council on Health Standards.

This year, a large, complex and interrelated program of works was initiated, aimed at delivering a better patient experience.

The program of works, now grouped together and known as the Hospital Improvement Program (HIP) will streamline the hospital's general eye and cataract models of care, improve new patient access to outpatients, support

better care and decision making in the Emergency Department, engage with the Australian College of Optometry to assist in the advanced triage of new patients and roll out improvements to the hospital's clinical IT system.

We have continued to work closely with the Aboriginal and Torres Strait Islander community this year. I am delighted to announce that in 2010 the hospital established an Aboriginal Patient Pathway Coordinator role, which is funded by the Department of Health. This provides a crucial link between Aboriginal and Torres Strait Islander patients, Aboriginal Health Services and the community.

The hospital has developed a Cultural Diversity Plan, in line with the Department of Health's Cultural Responsiveness Framework Guidelines. Our Cultural Diversity Committee, which includes staff and consumers, guided the development of the Plan which aims to provide an organisational approach to cultural diversity for staff and patients.

The Eye and Ear is committed to providing an inclusive and accessible environment for staff, patients and visitors to the hospital, regardless of ability or capacity. A Disability Action Plan has been endorsed by the Eye and Ear



Roger Greenman AM
Chair, Quality Committee

Board after a rigorous development phase that included extensive consultation, the formation of an action group and a review by the hospital Executive and Community Advisory Committee.

With demand for the Eye and Ear's services continuing to grow, improving access to our specialist services for all Victorians is a major priority. We continue to work closely with the Department of Health on planning for a redevelopment to accommodate increasing patient numbers in a specialised environment, ensure innovation in service delivery continues and further the hospital's leadership role in eye and ear health teaching and research.

Our commitment to research and partnerships positions the hospital as a world leader in eye and ear research, which is evident in the groundbreaking research that has occurred this year. Our patients have helped translate the research of the University of Melbourne, the Centre for Eye Research Australia, La Trobe University, the Bionics Institute and HEARing CRC into patient-centred clinical care.

On behalf of the Board of The Royal Victorian Eye and Ear Hospital, I would like to thank all hospital staff, volunteers, financial donors and Community Advisory Committee members for their contribution to improving the quality and safety of our services. I hope you find the report interesting and informative and I welcome your feedback.



Roger Greenman AM
Chair, Quality Committee

At The Royal Victorian Eye and Ear Hospital, quality and safety is everyone's responsibility. Our Quality Committee and our Community Advisory Committee are made up of a diverse range of people, including members of the Executive, staff, community members and members of our Board of Directors.

Jan Boxall
Chair, Board of Directors
Quality Committee

Roger Greenman AM
Board Director
Chair, Quality Committee

Mike Zafiropoulos AM
Board Director
Chair, Community Advisory Committee

Ian Pollerd
Board Director
Quality Committee
Community Advisory Committee

Katerina Angelopoulos
Board Director
Community Advisory Committee
(term ended 30 June 2011)

Looking forward—a sight changing decision

Neslihan Sari is a strong, independent woman who has just made a life changing decision for the better.





Neslihan with Dr Michael Coote and Dr Michael Loughnan

Neslihan has recently undertaken a complex set of surgeries that she says was either going to work or she might have to accept that she could be blind. The decision is testament to the strength and commitment of a young woman who has been on a 28 year journey to restore vision in her left eye.

Neslihan was born in Turkey with Congenital Glaucoma in both her eyes. Congenital Glaucoma is a rare form of glaucoma that occurs at birth or within the first few years of life. "The day that I was born my Mum said, she's not opening her eye and it's all white and hazy," says Neslihan. Ten days later, Neslihan was having the first of five surgeries and by the time she was two years old she had lost all vision in her right eye.

When Neslihan was three years old, her family immigrated to Australia. They had family in Melbourne and wanted to have the opportunity to access specialist care to treat Neslihan's glaucoma. "It was a big decision to move, I guess you could say we moved to Australia because of me," she says with a laugh.

As a patient at The Royal Victorian Eye and Ear Hospital for more than 25 years, Neslihan can rattle off more than 10 doctors that she has seen over the years without drawing breath. She speaks fondly of Dr William Gillies, her long term Ophthalmologist who is now deceased and Dr Anne Brooks, both of whom made her feel very welcome at the Eye and Ear. "When I was younger, there used

to be a children's ward and I would stay overnight," she explains. "The nurses would look after my Mum and let her stay the night, setting up a bed or a recliner for her and making sure that she had some dinner too."

In her early 20's and after her second corneal transplant had failed, Neslihan's vision was deteriorating to a point where her quality of life was affected and she knew something had to change.

"Not only was my vision deteriorating, but I was also getting headaches and other physiological side effects," she says.

Clinical Director of Ophthalmology, Dr Michael Coote says that Neslihan's condition is a complex problem. "Neslihan has three different issues and to salvage the eye, we needed a joint approach with a number of Eye specialists," explains Dr Coote.

Working with Dr Michael Loughnan, a senior staff specialist of the

Corneal Clinic and Dr Penny Allen, a Vitreo-retinal specialist, an idea formed that if these multiple surgeries could be performed at the same time then there might be a chance of restoring Neslihan's vision. "When I met Neslihan we took her to theatre and performed an examination under anaesthesia," he explains. "Given the results of the scan, we formed a view that she did have the potential for vision."

The surgery looked straightforward on paper, but Neslihan had previously undergone so many surgeries that her eye was very weak. "What we are working with here is not simple," he explains. "It is about getting enough of the right people together in the same room to make this set of operations a possibility."

"When I first met Dr Coote, I was so happy because he gave me hope, he answered my questions and started to develop a plan for me straight away," says Neslihan. After the ultrasound scan, Dr Coote and Dr Loughnan went through her options. "They explained the risks of further surgery and said that I had a 50/50 chance of success," she says. "I really appreciated the fact that none of the doctor's sugar coated anything and I understood my options."

In July, Neslihan underwent the surgery. She was extremely nervous, but says that her parents and older brothers were very supportive and optimistic. "My Mum has been with me every step of the way and was praying a lot."

After the surgery, Neslihan stayed in the hospital overnight. She awoke in the evening and everything was dark in her room until a nurse came around with a torch. "I remember this nurse came around with a torch and I could see a flicker of light from the side of my eye patch and I thought to myself YES!"

In the morning when Dr Coote removed her eye patch she was shocked. "It was so amazing, I don't even know how to describe it, my brain couldn't register what I was seeing and everything was sparkly and vibrant," she says. "I'm looking around and I can see Dr Coote for the first time."

"I called my Mum and said, I can see!"

Neslihan's experience with vision loss has prompted her to evaluate her calling in life. Graduating from

an Arts Law degree at Melbourne University in 2009, she is considering further study in social science or advocacy. "Before I got my sight back I was thinking of looking for some administration type work," she says. "Now I want to go back and study and find a way to move into some kind of advocacy work."

Neslihan is no stranger to advocacy. She recently started a support group called Disabled Muslims, an online forum that she says is an "outlet for people to have a chat about anything they like." She believes that every community has their own set of issues and people need a space where they can relate with others who have a common experience. The group already has 130 members from around the world.

She is also a member of a Disability Action Group that is currently developing a project to celebrate International Day of People with Disability. The group already has the support of the Hume City Council. She loves networking with other people and developing initiatives for people with disability. "When you enjoy something it's easy," she says.

What she is most enjoying though are the simple things in life. "I love writing and drawing," she says. "I'm getting to do lots more of that!"

"When you lose your sight you actually forget how life was and how everything looks," she says. "I'm just so excited to see that the grass is green and the sky is blue rather than everything looking the same shade of grey!"



Photos of Neslihan at the Eye and Ear at seven years of age

Excellence in quality and safety

The Eye and Ear is committed to providing high quality and safe care to each and every patient.



Our accreditation

Accreditation is an important process that ensures our hospital, entrusted with the eye and ear health care of our community, meets accepted standards of care. The Accreditation process is a four year program with one assessment per year.

The Eye and Ear has been accredited by the Australian Council on Healthcare Standards (ACHS) until April 2015. The hospital's last assessment was completed in December 2010 with the hospital receiving 13 commendations for exemplary performance and one commendation for outstanding performance, including

- Consent
- Discharge
- Patient Information
- Care Delivery
- Infection Control
- Correct Site
- Consumer Participation
- Risk Management
- Records Management
- Data for Service Delivery
- Data and Information
- Policies and Procedures
- Security
- Medication Safety / Management (Outstanding achievement)

Our Clinical Governance

Clinical Governance is about maintaining and improving the quality of our patient care. This means ensuring that we have the right people and systems in place to continue to provide the highest standards of care. Our Clinical Governance is implemented through a framework, based on the Victorian Government Clinical Governance Policy.

This promotes consumer participation, clinical effectiveness, an effective workforce and appropriate risk management.

The Eye and Ear Board Quality and Clinical Quality Committees oversee our Clinical Governance. This includes the development and implementation of objectives

Domains of quality and safety



in our annual Quality Plan which outlines our quality, safety and risk management priorities. The Board Quality Committee is chaired by a Board Director and attended by several Board Directors, the CEO, Executive Directors and the Risk and Quality Manager. We encourage consumer participation in our Clinical Governance by inviting two consumers to sit on the Clinical Quality Committee.

The consumer representatives provide invaluable input into the work we do from a user perspective. We support this participation by providing a formal orientation pathway, including the provision of a terminology dictionary and briefing sessions before and after each Clinical Quality Committee meeting.

Clinical Effectiveness

The Eye and Ear has developed a Quality and Risk Scorecard aligned to the Governance Framework. This scorecard incorporates all incidents, complaints, access targets, human resources and quality of care indicators, including complications rates, hand hygiene, falls, pressure ulcers, blood issues, medication errors and infection rates. Areas of concern are investigated to ensure corrective action and all policies and procedures are revised in line with current legislation and evidence of best practice.

The Eye and Ear review key indicators including:

Infection prevention and control

Our Infection Control Consultant (ICC) provides expert advice and consults on a broad range of activities to implement measures to reduce infections. Our ICC works closely with staff to develop policies that guide clinical practice and supports infection control

practices, like hand hygiene and staff immunisation.

Incident Management and Consumer Feedback

Implemented in May 2010, the Victorian Health Incident Management System (VHIMS) is a state-wide system monitored by the Quality and Risk Department. Complaints, compliments and reported incidents are reviewed and assist in developing process improvements.

Occupational Health and Safety

The Eye and Ear has an annual Occupational Health and Safety operational plan, endorsed by the Health, Safety and Environment Management Committee. The Plan supports the hospital's commitment to providing a safe and healthy workplace for employees, contractors, patients and visitors and meets legislative requirements and Accreditation criteria.

Effective Workforce

All clinical staff working at the Eye and Ear are credentialed, through a formal process based on national standards, to verify the qualifications, experience, registration and professional standing of potential staff to ensure competence and suitability to provide safe, quality health care services. This applies to doctors, nurses, orthoptists, audiologists and pharmacists. All staff complete a police check and those who may have contact with children complete a working with children check, a hospital initiative that complies with the *Working with Children Act 2005*. All Senior Medical Staff have a formal scope of practice approved by the Medical Appointments and Credentialing Committee.

How do we make your hospital safer?

At the Eye and Ear, we focus on patient and staff safety and invite everyone to contribute to ideas and solutions for improvement. We provide education and support to all staff to develop their skills and expertise and measure our performance against other hospitals. We report incidents and encourage patient feedback to learn from patients and their families and identify risk by looking at incidents that impact on patient safety, patient complaints and reviews of clinical practice. Complications are reviewed to ensure that the care provided was appropriate and to identify areas for improvement.

The importance of capturing information

Incident reporting aims to improve our quality of service by reporting and analysing critical incidents to identify trends and implement preventative and corrective measures. Incidents are recorded in our incident reporting system according to their severity as follows, Incident Severity Ratings (ISR) ISR 1 = Severe, ISR 2 = Moderate, ISR 3 = Mild, and ISR 4 = No Harm. (See Figure 1)

Serious Case Reviews are conducted for all Clinical ISR 1, 2 and significant 'near miss' incidents by the Patient Safety Committee. Systemic issues are flagged with the respective Managers and Executive Directors for follow up of action plans identified.

Our incident data for 2010-11 shows no reported ISR 1s, our ISR 2 reports are mostly related to emergency management/ collapse and staff are reporting a number of ISR 4s which represents opportunities for improvement.

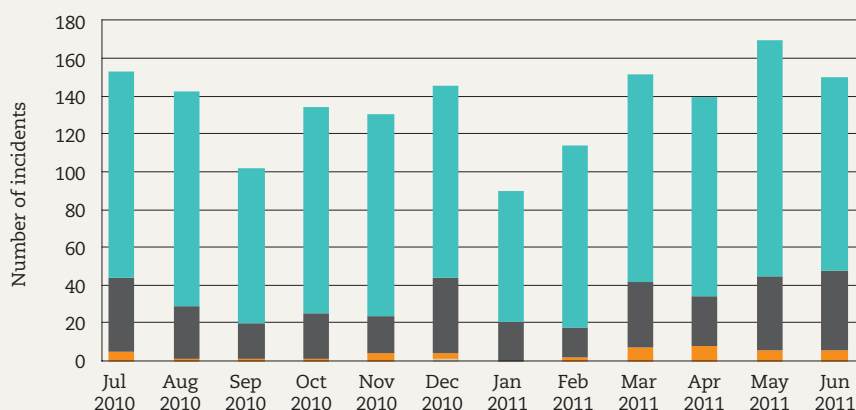
From incident analysis we have implemented several improvements including:

- A Clinical Handover project, specifically designed for our Emergency Department to ensure accurate patient information is handed over, including any patient condition which has the potential to deteriorate.
- Improved policies, procedures and guidelines to govern patient management.
- Introduction of Safety Walkrounds, where members of the Executive team, Risk Manager and Occupational Health and Safety Manager visit different areas of the hospital to review the facilities and quality activities being performed.
- Introduction of a paediatric working group, which reviews issues relating to the hospital environment, child's experience and staff caring for children to ensure optimal care.
- Introduction of the World Health Organisation (WHO) Surgical Safety Checklist in the operating theatres, which ensures we are providing the correct care to the correct patient whilst ensuring communication to staff of the patient's individual risk factors
- Improved time to treatment project in the Emergency Department.

Figure 1: Clinical incident reporting for the period July 2010 to June 2011

ISR= Incident Severity Rating.
Data Source: VHIMS Riskman

■ ISR 4 No Harm ■ ISR 2 Moderate
■ ISR 3 Mild ■ ISR 1 Severe



Reporting on key measures

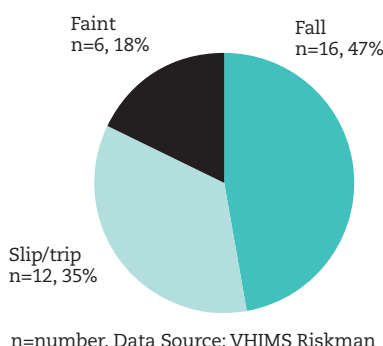
1. Preventing falls and harm from falls

According to a report conducted by the Centre for Eye Research Australia, visually impaired and elderly patients have an increased risk of falls, particularly in an unfamiliar environment. At the Eye and Ear, we make sure our patients are less susceptible to falls by ensuring that our environment is organised and that patients are well orientated to their surrounds. We recorded 50 falls (49 of these were minor injury and only one was a moderate injury) during 2010–11, of which 34 were patient falls, 10 were staff falls and six were visitor falls. (See Figure 2)

All falls are reviewed by the hospital's Falls Prevention Working Group, which make falls prevention recommendations. The group has implemented four steps to minimise falls and injuries;

- 1. Screening** To identify patients at greater risk of falls during the preadmission or admission process.
- 2. Assessment** To identify the falls risk factors that contribute to the overall risk of falls and fall-related injuries.
- 3. Intervention** To develop and implement an individualised care pathway, aimed at reducing the risk of falls and fall-related injuries
- 4. Response** To ensure the patient is cared for and incident is reported if a fall occurs.

Figure 2: Breakdown of types of patient falls



2. Pressure Ulcers

The length of stay of patients at the Eye and Ear is very short, with an average stay of 1.22 days for inpatients, therefore the risk of pressure ulcers, a skin lesion caused by unrelieved pressure that results in damage to underlying tissue, is very small. All patients are assessed for their potential risk of developing a pressure ulcer. No notifications relating to any forms of skin damage or pressure ulcers were recorded.

3. Infections

In 2010–11, 10,554 eye surgeries were performed with five reported cases of infection with an overall rate of 0.05%. This is well below our benchmarked target of 0.2% for surgical eye patients. There were no infections reported for ear, nose and throat patients after 2097 surgeries. (See Figure 3)

4. Medication errors

The Eye and Ear works hard to minimise the risk of medication error. The Pharmacy Department and Medication Safety Committee play an active role in medication error prevention initiatives. (See Figure 4 on page 10)

As a result of medication related incident reporting, the following improvements have been implemented:

- Monthly Emergency Department medication safety forums.
- Standardised pharmacist annotation of medication charts.
- An updated Patient Identification procedure to ensure patients identity is checked prior to administration of medication.
- The development of a procedure to optimise medical care, which includes the St Vincent's Medical Registrar being available to provide medical advice for inpatients. This assists with complex medication issues and individualised care plans.
- The distribution of bi-monthly newsletters at area staff meetings which highlight prescribing and administration errors.

Figure 3: Number of infections reported after eye surgery

Data Source: ICC

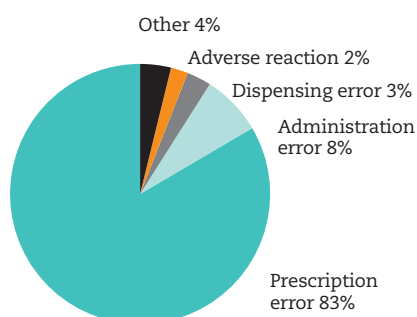
	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
Number of eye infections reported	0	0	1	1	0	1	1	0	0	0	0	1
Total number of eye surgery performed	940	991	904	878	874	803	577	821	921	890	1021	934

5. Safe use of blood

Blood transfusions at the Eye and Ear are rare, with only two patients receiving packed cells in the last six months. The hospital has a comprehensive Blood Administration procedure, which is regularly revised and updated. Recent audit results indicate the procedure is well understood and being followed. The Eye and Ear participates in the Victorian State 'Blood Matters' survey. The Blood Matters Program is a Victorian state government program for improving the quality and safety of hospital transfusion care to patients.

In addition to packed cells, patients are now able to receive Intragram infusions at the hospital. All Nursing and Medical staff receive education about the consent process that precedes any transfusion and an E-Learning package is also being developed to maintain staff awareness.

Figure 4: Breakdown of medication incidents



Prescription errors are corrected prior to having any impact on the patient. An example may include a script for the left eye when it was intended for the right.

Data Source: VHIMS Riskman

6. Hand Hygiene

Hand Hygiene (HH) is a general term referring to any action of hand cleansing, including the use of a soap/solution (non-antimicrobial or antimicrobial) and water or a waterless antimicrobial agent to the surface of the hands (such as alcohol-based hand rubs). When performed correctly, HH results in a reduction of microorganisms on hands and minimises the risk of infection for patients.

Our last audit results showed 81% compliance which exceeds the Department of Health compliance target of 65%. (See Figure 5)

When our audit results in 2010 indicated a decrease in HH compliance, we implemented a number of education initiatives, including:

- An online HH assessment tool
- Appointment and credentialing of HH auditors
- Revision of procedures
- Educational posters

7. Cleaning standards

To ensure we meet the cleaning standards for Victorian hospitals, regular external cleaning audits are undertaken. Our standards are consistently high and exceed the Department of Health's Acceptable Quality Level (AQL) scoring target of 90, with the Eye and Ear averaging 95.57 AQL in 2010-11.

8. Patient Satisfaction Monitor (VPSM)

The Victorian Patient Satisfaction Monitor (VPSM) is a government survey detailing patient's opinions about their recent stay in hospital. Results from the VPSM are reviewed by the hospital Executive, the Board and various committees to implement improvements to hospital care, services and process. The Eye and Ear has performed consistently well when compared to hospitals of a similar size and service configuration (A2 Hospitals). (See Figure 6)

Figure 6: Benchmark data comparing the Eye and Ear with Category A2 Hospital benchmarks for the period January to December 2010

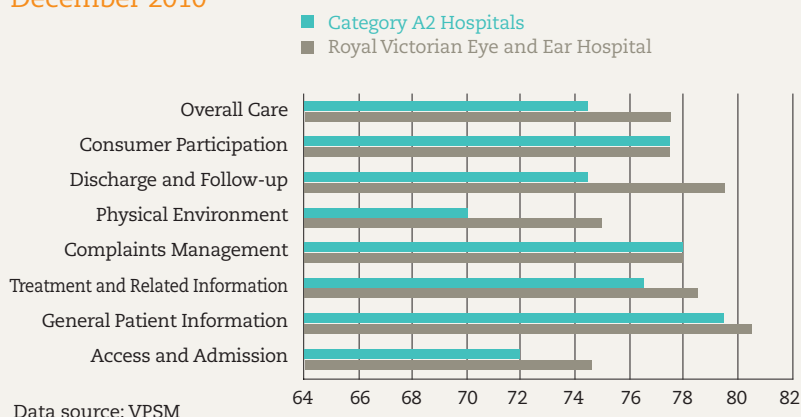
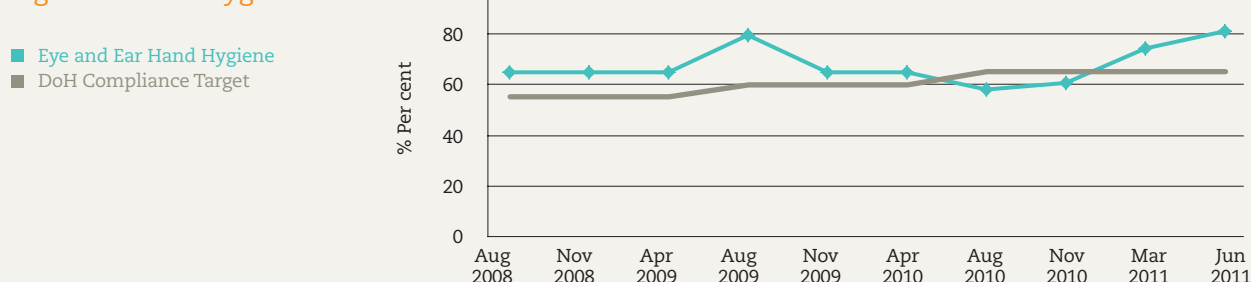


Figure 5: Hand Hygiene results



Meet some of the Eye and Ear health professionals leading quality



Dr Anne Brooks

Dr Anne Brooks has a long history with the Eye and Ear. Starting her University studies in Arts and Music, she graduated in medicine in 1977 and became a Consultant at the hospital in 1985. Currently the Head of Clinic 3, Dr Brooks specialises in eye and vision care, with particular interest Glaucoma, Cataract and Anterior Segment abnormalities.

Dr Brooks is passionate about teaching. "I run a special teaching clinic on Wednesdays for the registrars and help them to prepare for exams," she explains. She is also involved in research projects and has completed a PhD investigating corneal abnormalities and glaucoma.

Dr Brooks is committed to patient safety and advocacy and sits on several committees including; Human Research and Ethics, Patient Safety, Clinical Quality, and Perioperative Services. Her significant contribution to improving quality and safety processes at the hospital helps to ensure optimal patient outcomes.



Dr David Marty

As the head of the Rhinology Clinic, Dr David Marty is responsible for patients who present with surgical diseases of the nasal passages. The Rhinology Clinic sits within the Ear, Nose and Throat division of the hospital.

In addition to working with patients, Dr Marty is responsible for surgical supervision and is leading a research project into Balloon Sinuplasty, which will allow patients presenting with a particular blocked nasal sinus condition to undergo simple day surgery. "We have received a new technology grant to trial 100 of these balloons," he explains. "Although they are an expensive device, they will allow patients presenting with particular symptoms to be treated very safely and quickly."

Dr Marty contributes significantly to patient safety and risk management activities within the hospital, chairing the Drugs and Therapeutics Committee and participating on the Patient Safety and Medical Appointments and Credentialing Committees.



Dr Peter Read

Dr Peter Read is the Director of Anaesthetics at the Eye and Ear. The Anaesthetist is responsible for administering anaesthesia and manages the patient's health and pain control around their procedure. Patient safety is at the centre of an Anaesthetist's practice.

Dr Read is a strong patient advocate. "The Anaesthetic department focuses on patient safety and fear management," he explains. "We work closely with the hospital's perioperative staff to ensure that all patients feel comfortable and supported and that we have clear informed consent," he explains.

Sitting on the Anaesthetics Quality, the Drugs and Therapeutics and the Patient Safety Committees, Dr Read says the hospital was an early adopter of the World Health Organisation Surgical Safety Checklist and the earlier 'Time-Out' correct site and side check and has also implemented an Anaesthetic newsletter for all staff. "We have a very strong safety culture here with a good risk reporting and feedback structure," he said.

Our research

Our research enables the Eye and Ear to translate quality research into improved clinical care.



New goggles diagnose Vestibular disorders

The Eye and Ear is trialling one of just four devices worldwide, which diagnose vestibular disorders, including dizziness and vertigo.

Dr David Szmulewicz is a Neuro-otology fellow at the hospital and PhD student with the Department of Otolaryngology, University of Melbourne and is leading the trial. "Dizziness is a big problem in the community," he says. "We see approximately 2000 patients a year who suffer from dizziness, which can often lead to other physical ailments."

Traditional methods of diagnosing inner ear balance disorders are expensive and labour intensive and only available to specialist centres.

"This new device, the Rapid video-oculography system, bridges the gap between clinical examination and access to traditional equipment," he explains. "It is completely portable, I can take it to a clinic, off site and was even able to use it interstate."

The device records each examination and stores the information, enabling clinicians to accurately diagnose vestibular disorders and monitor changes in their patients. It is also making significant contributions to the field of vestibular research.

The research, which started in June 2011 in collaboration with the University of Sydney Vestibular Research Laboratory, will include multiple projects aimed at the diagnosis of vestibular disorders in a range of patients, from traditional diagnoses, to complex neurological conditions. The trials will also investigate the role of the vestibular system in dizziness associated with cochlear implant surgery.

Urine reveals blindness risk

Ophthalmologist, Professor Robyn Guymer has discovered the potential of urine as a source of biomarkers for age-related macular degeneration (AMD). The discovery could pave the way for the first urine test to detect AMD, long before the disease can be identified through an eye test or a patient experiences irreversible vision loss.

Recently, researchers have begun to view AMD as a chronic low grade inflammatory disease, leading scientists to look to the blood and urine for biomarkers to predict the disease.

Professor Robyn Guymer, who is leading the study for the Centre for Eye Research Australia (CERA), said that the discovery is exciting news for patients who are often unaware they have the disease until they experience symptoms.

"The current practice of detecting AMD and monitoring its progression and the effectiveness of treatment is expensive and time consuming, requiring sophisticated equipment and clinical expertise," Professor Guymer said. "Through the discovery of urinary biomarkers, we aim to develop a simple urine test in the future to detect early AMD."

The early detection of AMD can help patients seek treatment to prevent the irreversible vision loss that is associated with the late stages of the disease.

Consumer, carer and community participation

We believe that one of the best ways of improving our quality of care is by listening to you.

*Reg Thorpe, Judy McCahon and Jenny Taing
members of the Community Advisory
Committee*

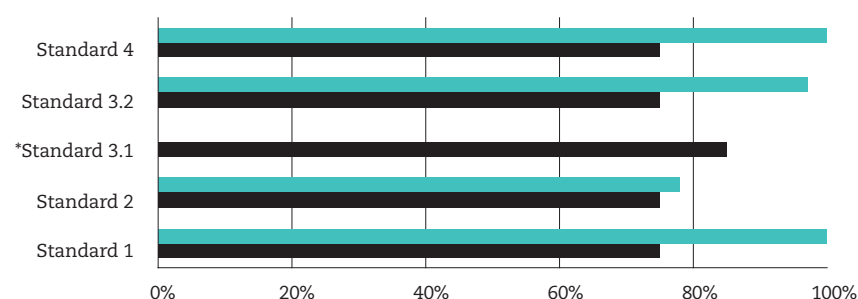




The Royal Victorian Eye and Ear Hospital is committed to patient-centred care. We focus on providing an accessible, supportive environment for our patients and their families, and opportunities to participate in their own health decisions. By placing patients at the centre of their own care, we can improve their experience at the hospital and ultimately their health outcomes.

The hospital's core values of Integrity, Care, Teamwork and Excellence guide our approach to patient-centred care, with a focus on dignity and respect, information sharing, participation and collaboration. Working together, we are committed to embedding patient-centred care across the hospital and this guides how we work in partnership at an individual, departmental and organisational level.

The Eye and Ear implements the Department of Health's 'Doing it with us not for us 2010-13' policy, which is a key way of measuring our success. Our performance against the policy is illustrated below.



■ Eye and Ear
■ Policy target

Standard 5 is descriptive reporting, which is in the table on the next page.

*The Eye and Ear is currently working towards this indicator

Evaluating Effectiveness of Participation project

In 2010, the Eye and Ear received funding from the Department of Health to undertake the 'Evaluating Effectiveness of Participation' project in partnership with the Centre for Eye Research Australia. The aim of the project is to develop an educational tool for medical staff on patient-centred care and communication. This has been informed by tracking the experience of 50 patients through our outpatient clinics.

The Disability Action Plan

The Eye and Ear is committed to providing an inclusive and accessible environment for staff, patients and visitors to the hospital, regardless of ability or capacity. A Disability Action Plan has been endorsed by the Eye and Ear Board after a rigorous development phase that included extensive consultation, the formation of an action group and reviewed by the hospital Executive and Community Advisory Committee. This Plan reflects the strategic priorities of the Eye and Ear, whilst meeting the requirements of the *Federal Disability Discrimination Act 2006*.

Vision Friendly Training

Vision Friendly Training is available to all Eye and Ear staff and volunteers and is an opportunity to learn how to safely guide a person with vision impairment. The training is provided by Guide Dogs Victoria, who also attend the hospital's induction program to provide information about vision impairment and their services.

Community Advisory Committee

In 2001, we established a Community Advisory Committee (CAC) to provide advice to the hospital's Board on effective consumer and community participation in service development and delivery. The Committee meets bi-monthly and is made up of a diverse membership of 12 community members and two Board members.

The Committee plays an active role in the hospital's feedback process. Our Patient Representative, who monitors and manages patient feedback attends the Committee meetings to present and discuss feedback from our patients. Each hospital department also has an opportunity to review its performance based on relevant feedback. This provides an opportunity for the CAC to discuss and provide advice on strategies to improve the experience of our patients.

Community Participation Plan

In 2009, the hospital implemented a Community Participation Plan to guide our approach to consumer participation and increase consumer participation across the hospital. This plan focussed on four key strategies;

- creating a welcoming environment
- engaging the community
- encouraging patients to be involved in their own health care
- advocating community needs

The CAC is now developing the 2011–13 Community Participation Plan. This will focus on the outcomes of the 2009–11 Community Participation Plan and recommendations from key research projects, such as the 'Evaluating Effectiveness of Participation' project and the 'Outpatient Access and Reform' project.

The Community Advisory Committee is made up of a diverse membership of 12 community members and two Board members. (below)



‘DOING IT WITH US NOT FOR US’ POLICY

A report of the Eye and Ear’s achievements against the ‘Doing it with us not for us’ policy is within this report and below.

Standard	Achievements
<p>Standard 1 The organisation demonstrates a commitment to consumer, carer and community participation</p> <p>Indicator 1 The number of specified strategies (8) that demonstrate a commitment to consumer participation</p>	<p>Indicator 1 We have met all eight strategies including:</p> <ul style="list-style-type: none"> – Implementing the ‘Doing it with us not for us’ policy; our Community Participation Plan 2009–11; our Cultural Diversity Plan; our Aboriginal Health Plan and our Disability Action Plan; which all meet the requirements. – Reporting regularly on working with consumers through this report, in newsletters, at conferences and on our website. – An active CAC with processes and procedures in place to include consumers. – A focus on staff education, including presentations at orientation and support from key staff to facilitate better consumer participation.
<p>Standard 2 Consumers, and where appropriate carers are involved in informed decision making about their treatment, care and wellbeing at all stages and with appropriate support</p> <p>Indicator 2.1 The consumer participation indicator score on the Victorian Patient Satisfaction Monitor</p>	<p>Indicator 2.1 We scored 78 (78%) for wave 19 on the Victorian Patient Satisfaction Monitor. This consumer participation indicator is made up of our patients’ feedback on;</p> <ul style="list-style-type: none"> – The opportunity to ask questions about treatment – The way staff involve patients’ in decisions – The willingness of staff to listen
<p>Standard 3 Consumers and where appropriate carers are provided with evidenced based accessible information to support key decision making along the continuum of care</p> <p>Indicator 3.1 Service rated on at least 30 items of the Checklist for Assessing Written Consumer Health Information</p> <p>Indicator 3.2 The rate of respondents to consumer and carer survey who rate the information as being ‘good’ to ‘excellent’</p>	<p>Indicator 3.1 We are currently working with the CAC to develop a process to ensure patient information meets the ‘Checklist for Assessing Written Consumer Health Information’ (Currie, Spink and Rajendran 2000), after identifying that there are some gaps in the information that is provided to consumers.</p> <p>Indicator 3.2 Of our patients who completed the Victorian Patient Satisfaction Monitor, 97% on wave 19 rated the written information that they received on their condition and their recovery at home as being ‘good’ to ‘excellent’.</p>
<p>Standard 4 Consumers are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis</p> <p>Indicator 4 The number of specified activities (6) where consumers are active participants</p>	<p>Indicator 4 We have met all six strategies:</p> <ul style="list-style-type: none"> – Consulted and engaged the CAC in the development of the Eye and Ear’s Strategic Plan. – Consumer involvement in working groups and steering committees and various projects, including the ‘Evaluating Effectiveness of Participation Project’. – Consumer representation on the Clinical Quality Committee, which discusses quality improvement activities. – A standing CAC agenda item is the review of complaints, feedback and quality improvements for each department. – Consumer representation on several committees including, the Community Advisory, Primary Care and Population Health Advisory, Cultural Diversity, Aboriginal Health, Disability, Human Research and Ethics and Clinical Quality. – CAC assists in the development and review of consumer health information and documents, including patient admission letters/brochures.
<p>Standard 5 The organisation actively contributes to building the capacity of consumers to participate fully and effectively</p> <p>Indicator 5.1 Descriptive reporting</p>	<p>Indicator 5.1</p> <ul style="list-style-type: none"> – The hospital actively contributes to building the capacity of consumers. An orientation session is provided for all CAC members, who also have the opportunity to attend training sessions and conferences, like the ‘Safety and Quality in Healthcare Conference’ in Perth. Orientation sessions and training for the volunteers also take place.

Working with our diverse communities

We are committed to supporting the needs of diverse communities.

The Eye and Ear is committed to providing an inclusive and welcoming environment for all patients. We encourage participation and respect for patients from diverse backgrounds.

In 2010–11, the hospital developed a Cultural Diversity Plan, based on the Department of Health's Cultural Responsiveness Framework. The Cultural Diversity Committee, which includes staff and consumers, has guided the development of the Plan which aims to provide an organisational approach to cultural diversity for staff and patients.

Our patients speak more than 90 languages. In 2010–11, 16,440 interpreter requests were accommodated.

Our Interpreting Department

The hospital's Interpreting Department is one of the largest in Victoria. Dedicated to facilitating participation in care for patients who come from non-English speaking backgrounds, we provide in-house interpreting services for people who speak Greek, Vietnamese, Italian, Mandarin, Cantonese, Arabic, Lebanese, Saho, Tigrinya and Sudanese Arabic.



Interpreter Ismail Ahmed celebrating Harmony Day at a morning tea at the hospital.

Celebrating Cultural Diversity

In 2011, the hospital celebrated Harmony Day and Cultural Diversity Week, an opportunity to celebrate our cultural, linguistic and religious diversity.

A morning tea was held to showcase the role of the Interpreting Services Department. An event was also held for all staff where Dr Berhan Ahmed, a member of the CAC and Cultural Diversity Committee provided an inspirational presentation of his experience of cultural diversity in Australia. Dr Ahmed is an African community leader and Chairperson of the African Think Tank.

The key message of Harmony Day was 'Everyone Belongs', promoting community participation, inclusiveness and respect.

CULTURAL DIVERSITY

A report of the Eye and Ear's achievements against the Department of Health's Cultural Responsiveness Framework is within this report and below. The Framework requires the reporting against the standards as part of the staged approach.

Standard	Measure	Achievements
<p>Standard 1</p> <p>A whole-of-organisation approach to cultural responsiveness is demonstrated</p>	<p>1.1 The health service has developed and is implementing a Cultural Responsiveness plan that addresses the six standards of the framework</p> <p>1.2 Reporting on the cultural responsiveness standards in the health services' <i>Quality of Care report</i></p> <p>1.3 A functioning CAC, Cultural Diversity Committee, or other structure demonstrating Culturally and Linguistically Diverse participation and input</p> <p>1.4 Implementation of the Department of Human Services <i>Language Services Policy</i>.</p>	<p>1.1 The hospital has developed a Cultural Diversity Plan which addresses the six standards.</p> <p>1.2 Key achievements from the Cultural Diversity Plan are being reported in this report.</p> <p>1.3 The hospital has an active Cultural Diversity Committee that meet quarterly and includes consumer representation and participation.</p> <p>1.4 The Department of Human Services <i>Language Services Policy</i> has been implemented at the hospital and the interpreter services procedure is updated to reflect the policy and departmental guidelines. We have also developed on-line staff training on 'working effectively with interpreters'.</p>
<p>Standard 3</p> <p>Accredited interpreters are provided to patients who require one</p>	<p>3.1 <u>Numerator</u>: Number of Culturally and Linguistically Diverse (CALD) consumers/patients identified as requiring an interpreter and who receive accredited interpreter services</p> <p><u>Denominator</u>: Number of CALD consumers/patients presenting at the health service identified as requiring interpreter services</p> <p>3.2 <u>Numerator</u>: Number of community languages used in translated materials and resources</p> <p><u>Denominator</u>: Total number of community language groups accessing the service.</p>	<p>3.1 The hospital is currently reviewing and improving the way data is collected. From April to July this year, 97% of patients who required an interpreter had an interpreter booked.</p> <p>3.2 The hospital has translated several resources, including eye and ear health information and interpreting department brochures are available in 16 languages. We are developing a process in partnership with the Cultural Diversity Committee and CAC to ensure information meets the needs of patients and families.</p>
<p>Standard 5</p> <p>CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis</p>	<p>5.1 CALD consumer membership and participation is demonstrated in the Community Advisory Committee the Cultural Diversity Committee or other specified structure.</p>	<p>5.1 At the Eye and Ear, there is culturally and linguistically diverse consumer representation on the CAC and Cultural Diversity Committee.</p>

Aboriginal eye and ear health

We are committed to working with the Aboriginal and Torres Strait Islander community to ensure that the community receives the eye and ear care they need.





Reservoir Secondary College student receives an ear screening from Donella Chisari



Hospital staff at the NAIDOC Week march

Working with the Aboriginal community

The Eye and Ear is committed to working with the Aboriginal community to provide culturally appropriate eye and ear health care. The hospital's Aboriginal Health Committee guides our service delivery to ensure that we meet the needs of the Aboriginal community.

The Aboriginal Health Committee meets bi-monthly and includes representation from the CAC, Victorian Aboriginal Health Service and the Victorian Aboriginal Community Controlled Health Organisation. The development of the hospital's Aboriginal Health Plan 2011-13 has been in consultation with a number of Aboriginal organisations to ensure that we meet the needs of the Aboriginal community.

In 2011, the hospital identified the need for an Aboriginal Pathway Patient Coordinator. The new role provides a crucial link between the Aboriginal community, the hospital and Victoria's numerous community health care services and supports the hospital to understand the cultural and medical needs of Aboriginal patients. The position is funded by the Department of Health, which recognises the important role that the Eye and Ear plays in maintaining optimal eye and ear health care for the Aboriginal community.

Eye and Ear goes back to school

As part of Reconciliation Week, the Eye and Ear conducted ear screenings at Reservoir Secondary College, where about 70 Aboriginal students attend. The project was in partnership with the Victorian Aboriginal Community Services Association Ltd, Victorian Aboriginal Child Care Agency, Reservoir Secondary College and the Australian College Optometry.

Aboriginal community ear screening

The hospital has continued to support the Alice Springs community, working in partnership with Northern Territory Health to deliver ear health and early detection and intervention services. Our team, including an Ear, Nose, Throat (ENT) surgeon, an ENT nurse and an audiologist provide a bi-monthly outreach service, running clinics and performing ear surgery when required.

Aboriginal ear health promotion project

The hospital has worked in partnership with two community organisations to develop ear health promotion material for Aboriginal children, families and primary school teachers. The health promotion material will be delivered in two Victorian locations, one outer suburban and one rural/remote using hearing screening as a means of accessing Aboriginal children.

NAIDOC Week

The hospital celebrated NAIDOC Week from 3 to 10 July with a display board to raise awareness with staff and patients about NAIDOC Week and the hospital's Aboriginal health initiatives. We also participated in the NAIDOC Week march on Friday 8 July, a symbolic event for Aboriginal people and an opportunity for the whole community to come together and show their solidarity.

‘IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS’ PROGRAM

The Aboriginal Health Committee operates in accordance with the ‘Improving Care for Aboriginal and Torres Strait Islander Patients’ program. A report of the Eye and Ear’s achievements against this program is within this report and below.

Key result area	Achievements
1 Establish and maintain relationships with Aboriginal Community Controlled Organisations and services	<ul style="list-style-type: none"> – Working with the Aboriginal community and community organisations to undertake hearing screening. – Working closely with Aboriginal organisations to ensure care provided is culturally appropriate, particularly for screening projects. There is Aboriginal community representation on the hospital’s Aboriginal Health Committee and the CAC. – Celebrating NAIDOC Week. – Consulted and engaged with Aboriginal community organisations in the development of our Aboriginal Health Plan. – Participate in Victorian Aboriginal Eye Health Sub-Committee meetings and other Department of Health forums. – Aboriginal Patient Pathway Coordinator working with and supporting the Aboriginal community and services to improve eye and ear health for. – Working in partnership with local Aboriginal Community Health Organisations to deliver Aboriginal ear health projects and initiatives. – Aboriginal artwork displayed in key patient waiting areas
2 Provide or coordinate cross-cultural training for hospital staff	<ul style="list-style-type: none"> – Currently developing a new cultural awareness training program. – Aboriginal Patient Pathway Coordinator educates new staff about their role and Aboriginal health in the staff induction program. – Targeted training for key staff groups on asking the question about Aboriginal identification heritage – Development and implementation of a Welcome and Acknowledgement to Country policy
3 Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning	<ul style="list-style-type: none"> – Working with Aboriginal community and community organisations to undertake hearing screening and other project/service initiatives. – Evaluation of Ear Health Screening Program undertaken in 2010. – Plan to recruit an Aboriginal Health Project Manager – Working in collaboration with the Victorian Aboriginal Health Service to ensure our services meet the cultural needs of the Aboriginal community. – Appropriate discharge information is available on the hospital’s intranet site. – Key hospital membership on the Aboriginal Health Committee, including representation from the Continuum of Care Committee. – Plan to deliver two community based Ear Health Clinics to provide culturally appropriate and essential care. – The hospital honours the Closing the Gap Pharmaceutical Benefits Scheme Co-payment Measure which gives Aboriginal patients access to cheaper eye and ear medicines.
4 Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies	<ul style="list-style-type: none"> – The hospital’s intranet site contains information on appropriate referral pathways for Aboriginal patients following their care at the Eye and Ear. – Establishment of Aboriginal Patient Pathway Coordinator role. – Working with community organisations to establish referral pathways for current ear health projects. – The Aboriginal Patient Pathway Coordinator role works closely with the Patient Representative, Social Work and other Aboriginal community health organisations to ensure seamless access, referral and discharge processes for Aboriginal patients.

Continuing our care

The Eye and Ear aims to provide a seamless transition for patients from the community to the hospital and back into the community, through a range of programs and services.



Our Hospital Improvements

The Eye and Ear is Australia's leading provider of eye and ear health care. In the last financial year, we cared for over 243,000 patients throughout Victoria. To ensure that we continue to provide high level health care and improve access for our patients, we initiated a large, complex program of works, known as the Hospital Improvement Program. It included five interrelated projects:

1. Streamlining general eye and cataract models of care

Increased demand for General Eye clinics has made access for patients increasingly challenging. To ensure patients receive timely and appropriate care, we are implementing a separate care pathway for cataract patients in our General Eye Clinic system. The assessment, follow up processes and documentation for cataract patients will be further standardised, and reduced hospital appointments will be needed for those patients deemed to be low risk by the treating doctor. These changes will offer expanded patient choice and equitable access to treatment.

2. Improve new patient access to outpatients

The Outpatient Access and Reform project has been funded by the Department of Health's *Redesigning Hospital Care Program*. This one year project aims to reduce waiting times for first outpatient appointments to 12 weeks or less in General Eye and Otology clinics. In May 2011, doctors, nurses, allied health professionals, clerical staff and managers met to identify solutions to improve access. Five focus areas have been established to deliver these improvements, including;

- Referrals – Improve the quality of referrals
- Scheduling – Optimise patient flow in clinic



- General Eye Support clinical decision-making
- Otology – Support clinical decision-making
- Patient Experience – Understand the patients' experience to implement changes that are patient-centric.

A number of initiatives have been implemented and others will start in the next couple of months. Results to date are positive and a full evaluation is scheduled for 2012.

3. Support better care and decision making in the Emergency Department

Our Emergency Department provides specialist ophthalmology and otolaryngology services to over 40,000 patients per year. To support more timely and patient-centred care, this project focussed on implementing an improved process for identifying and managing patients who need to be seen more than once. Changes were also implemented to the physical workspace within the Emergency Department to improve patient flow and the amenity of clinical workspaces.

4. Improvements to clinical IT system

The Department of Health's HealthSMART Clinicals System was implemented in August 2010, with our hospital a lead agency. To increase useability and efficiency for our clinical staff, improvements included hardware upgrades and enhancements, as well as modifying electronic workflows, creating virtual shortcuts and improving clinician engagement. This ensures our doctors in particular can spend more time with their patients. Further upgrades to the system are planned, which will see more functionality added, reducing clinicians' reliance on paper records.

5. Australian College of Optometry partnership

The hospital will launch an advanced triage clinic in October, which aims to improve access for patients referred to us. This pilot project is funded by the Department of Health and will be undertaken in partnership with the Australian College of Optometry. 1000 patients who are referred to the hospital by their GP with an unclear referral will receive their initial consultation with an Optometrist at the Australian College of Optometry's Carlton site, in a clinic co-managed by both organisations. It is anticipated that the project will reduce clinic waiting times and provide quicker access to specialised care.

Promoting a healthy awareness

We believe we have an important role to play in creating awareness of eye and ear health among our patients, staff and the broader community. We aim to support positive health outcomes by promoting health initiatives and supporting our patients and staff to make better health decisions.

This year, to create awareness, the hospital celebrated World Sight Day, National Glaucoma Week, National Diabetes Week, International Nurses Day and Hearing Awareness week.

Supporting our staff to make better health decisions will ultimately improve our patients experience at the hospital. We provide staff with the option to have influenza immunisation as a preventative measure each year prior the flu season. Other staff health initiatives include Weight Watchers at work programs, Yoga, Financial Planning and Ergonomic workstation assessments.



A warm welcome

Our volunteers play an important role in helping our patients and their families feel welcome. This year, our volunteers provided over 5328 hours of their time to assist patients with directions, information and that extra bit of help to reassure patients in need. Our volunteers have been an active part of the hospital community for more than 80 years.



Celebrating our nurses

International Nurses Day was celebrated worldwide on 12 May 2011.

This year's theme was 'Closing the gap, increasing access and equity' and was an opportunity to recognise and celebrate the work of our Nurses who care for individuals of all ages.

Working on an International stage

In June, representatives from the Eye and Ear attended the World Association of Eye Hospitals and the American Association of Eye and Ear Centers of Excellence conferences.

Nurse Unit Manager Ramil Tranquilino who attended the conference, believes that it was an opportunity to gain and share knowledge and investigate the service delivery models of the other 11 member hospitals.

Vulnerable Children

The Eye and Ear has made a strong commitment to promoting positive outcomes for all children and has a key role to play in the care and protection of vulnerable children. Our Social Work Department provides information to all staff to support and strengthen everyone's role and responsibility in ensuring the health, safety and wellbeing of vulnerable children. The hospital's policy on children who miss their appointments was recently presented at the Department of Health Safe Kids Forum in May 2011. The hospital's Social Work Department is involved in the hospital's paediatric team meetings and regularly meet with Department of Health's Vulnerable Children project officer.



Improving access to care in your community

We focus on our partnerships with other health care professionals in the community to ensure that patients are able to access our specialist services, as well as receive appropriate health care in their local community.

Spoke services

By using technology that allows specialist consultations via video conferencing and elective surgery at our Victorian Spoke Centres, we are able to provide better access to specialist eye and ear health care for even more Victorians. We offer specialist eye surgery and outpatient services at our Lilydale Spoke Centre and specialist, paediatric ENT services at our Taralye Spoke Centre.

Care in the Community

The Community Eye Care Partnership was a two year project that has now been transitioned into business as usual at the hospital. A number of care pathways have been developed for multiple eye conditions that can be managed by either the GP or the Optometrist close to the patient's home.

This model of care reduces patient's travelling time and builds relationships with GPs and Optometrists. In 2009/10, an average of 107 patients per month attended a follow up appointment, compared to just 20 patients per month now, creating greater capacity within the clinic to see patients.

Working with General Practitioners

We work closely with General Practitioners (GPs) in the community to improve access for patients to the hospital. We have hosted several workshops which focus on common and emergency eye and ear conditions, how to better diagnose and manage them and when it's best to refer to a specialist.

Our most recent two day workshop held in September attracted 54 GPs and was an opportunity for GPs to draw on the expertise of our eye and ear experts and how these specialties relate to emergency medicine.

In May and June 2011, the Eye and Ear participated in an audit of discharge summaries conducted by the General Practice of Victoria (GPV). Fifty patients from our General Eye Clinics discharged during November 2010 were randomly selected for the audit, which looked at the quality and efficiency of the discharge communication between hospitals and GPs. Results indicated that a discharge summary was completed 98% of the time and that the summary was 100% complete and legible.

Improved access for regional patients

The Eye and Ear works with a number of regional hospitals, including Hamilton, Warrnambool, Portland and Colac to provide better access to specialist services.

The use of Telemedicine technology allows regional patients to be diagnosed at their local hospital using a slit lamp that is connected to a computer at the Eye and Ear hospital.

The Eye and Ear's Emergency Department Manager says that an Eye registrar will diagnose the eye problem using real time technology. "In many cases, patients are diagnosed and treated at their local hospital and can save hours of travel time," she explains. "On the other hand, we are also able to quickly identify those patients who do need to come to the Eye and Ear for specialist treatment."

VISITING OUR CLINICS

Ear, Nose and Throat Clinics

GP referral				
Head and Neck Clinic For patients requiring investigations and treatment of conditions of the tongue, palate, tonsils, larynx, pharynx and nasopharynx.	Otology Clinic For patients requiring investigations and treatment of ear disorders, mastoid conditions and cochlear problems.	Rhinology Clinic For patients requiring investigations and treatment of nasal polyps, sinus conditions, nasal and post-nasal space conditions.	Vestibular Clinic For patients requiring investigations and treatment of balance and neurological disorders.	Voice Clinic For patients requiring investigations and treatment of voice dysphonia resulting from plaques, nodules and/or growths.
Paediatric Clinic For children under 17 with ENT conditions				
Emergency Department 24 hours a day/7 days a week				

Eye Clinics

Specialist Clinics requiring GP, Ophthalmologist or Optometrist referral					
Medical Retinal Clinic For patients with retinal conditions such as diabetic retinopathy.	Vitreoretinal Clinic For patients who require retinal surgery.	Fast Track Cataract Clinic For patients requiring cataract surgery.	Ocular Diagnostic Clinic For patients with vision problems of uncertain cause.	Corneal Clinic For patients with corneal conditions such as Keratoconus.	Glaucoma Clinic For patients with glaucoma, a group of diseases that damage the optic nerve.
Ocular Rheumatology Clinic For patients with an inflammatory condition affecting the eye.	Ocular Immunology Clinic For patients with immunological conditions affecting the eye.	Ocular Motility Clinic Primarily treats children with ocular muscle conditions such as squints or double vision.	Ocular Plastics Clinic For patients with conditions affecting external anatomy of the eye and tear ducts.	Corneal Ocular Plastic Clinic For patients with a combination of conditions that fall under the remit of various other clinics.	Glaucoma Monitoring Clinic For patients with complex but stable glaucoma who require ongoing monitoring.
Pterygium Clinic For patients with growths around the eye.	Angiography Clinic For patients requiring diagnostic angiography tests.	Neuro-ophthalmology Clinic For patients with neurological disorders affecting vision.	Contact Lens Clinic Treats patients for whom ordinary contact lenses are not suitable.	Laser Clinic For patients needing laser treatment for conditions such as glaucoma and AMD.	Oncology Clinic For patients with vision impairment due to cancer.
Emergency Department 24 hours a day/7 days a week					

Who is caring for your hearing?

ENT Specialist: Medical doctor who specialises in conditions affecting the ears, nose and throat and related structures of the head and neck.
ENT: Ear, nose and throat.

Speech Pathologist: Allied health professional specialising in communication and swallowing disorders.
Otology: Medical specialty related to the ear

Audiologist: A non-medical specialist trained in the assessment, prevention and management of hearing and related communication disorders.

Who is caring for your vision?

Ophthalmologist: Medical doctor, specialising in eye and vision care.
Ophthalmic Nurse: Nurse trained to provide care to people with vision disorders.

Optician: Trained to make glasses as prescribed by eye health specialists.
Optometrist: Registered health professional who measures refractive errors and then prescribes glasses to accurately improve vision.

Orthoptist: Allied health professional working in health teams with ophthalmologists who specialise in visual disorders and eye movements.

We care about your thoughts and appreciate your feedback

The 2010 Quality of Care Report was distributed to the community via our website, at various distribution points in the hospital and was sent out to community group leaders.

We asked readers for their feedback through a feedback form attached to the report. Our Community Advisory Committee also provided feedback on the report through their meetings. This year we have focussed on the readability of the report and have increased the font size and improved the contrast. We have also printed on environmentally friendly paper.

Distribution of this report

The 2011 Quality of Care Report will be distributed to health care partners, GP clinics and community leaders. Copies will be available in Eye and Ear foyers and on the website: www.eyelandear.org.au

We welcome your feedback about all aspects of our services and this report.

Please keep us informed by:

Telephone (03) 9929 8666

Email info@eyelandear.org.au

Mail Patient Representative

The Royal Victorian Eye and Ear Hospital

Locked Bag 8 East Melbourne VIC 8002

In Person You can speak to our Patient Representative.

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@eyelandear.org.au，聯絡公共關係處，即可獲得。

ωτορινολαρυγγολογικών υπερησίων 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@eyelandear.org.au

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Siamo orgogliosi del nostro ruolo preminente nel campo dell'assistenza medica specializzata nella cura degli occhi, orecchi naso e gola ed aspiriamo ad eccellere sempre nelle prestazioni dei servizi, nella ricerca e nella formazione professionale. Questa relazione 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@eyelandear.org.au.

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The Royal Victorian Eye and Ear Hospital Quality of Care Report 2010–2011
Production: Marketing and Communications, The Royal Victorian Eye and Ear Hospital

Design: Viola Design
Photography: Leo Farrell
Daniel Mahon, Medical Photographic Imaging Centre, Eye and Ear Hospital.

Printed with vegetable based inks on Impact, a 100% post consumer waste recycled fibre made with a carbon neutral manufacturing process.



What do you think of our Quality of Care Report?

We believe that one of the best ways of improving our quality of care is by listening to you. Your feedback can help us to improve future Quality of Care reports.

Please complete this short survey and return to:

The Royal Victorian Eye and Ear Hospital

32 Gisborne Street, East Melbourne Victoria 3002

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

What did you like most about this report?

What information would you like to see in this report?

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

Thank you for your comments

Please send me further information:

☐

Eye and Ear newsletter

☐

Volunteering at the Eye and Ear

Title _____ First Name _____ Surname _____

Address _____ State _____ Postcode _____

Email _____

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

32 Gisborne Street
East Melbourne Victoria 3002
T +61 3 9929 8666
F +61 3 9663 7203
E info@eyeandear.org.au
W eyeandear.org.au



Trains:

The hospital is located near Parliament Station. Exit at the Lonsdale Nicholson Street entrance and walk up Albert Street towards the Hospital.

Taxi:

Taxi ranks are located directly outside the Hospital. A free phone line direct to the taxi service is available and located near the Morrison Place entrance.

Buses:

109 (Box Hill)
112 (Preston)
24 (Nth Balwyn)

The tram stop is outside of the Hospital on Victoria parade.

Buses:

302, 315 (Box Hill)
303 (Nth Ringwood)
305, 905, 908 (The Pines)
309 (Donvale)
313 (Doncaster)
318 (Deep Creek)
350 (La Trobe Uni)
402 (Footscray)
906 (Warrandyte)
907 (Mitcham)

