

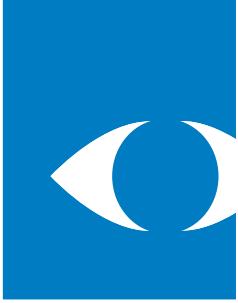


**WAEH**  
WORLD  
ASSOCIATION  
OF EYE HOSPITALS

ANNUAL REPORT  
World Association of Eye Hospitals  
2012







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## PREFACE

On behalf of the board, I would like to present to you this formal annual report of the WAEH. During 2012 the board has executed the new structure of the WAEH starting in the beginning of 2012. The board is convinced that by exchanging information and experiences between the several WAEH members, the WAEH will be able to show the added value of being a member of the WAEH. The first results of the chosen projects have been presented during the annual meeting in South Korea and Thailand, the main event in 2012.

The annual event of the WAEH was attended by at least 80 people from 16 countries and 17 eye hospitals. All participating eye hospitals presented updates about their own hospitals and attended presentations about topics like 'how to position an eye hospital for the future', 'Innovations in eye care worldwide', 'Management of AMD patients / Implementation of Non-Medical Intravitreal Injections' and 'Improving patient care and increasing patient safety with the use of EMR, HIS, and other IT tools' (see page 5 for more information about this meeting).

During 2011 and 2012 the WAEH also focused on executing projects together. The following projects have been executed by several project teams existing out of several people from different eye hospitals from all over the world: 'Redefine the patient flow of Glaucoma patients', 'Operating Theatre Staff and Competencies', 'Medical Outcomes', 'Development of a Knowledge Hub' and 'How to apply eye drops'. The outcomes of these projects have been shared during the annual meeting and will also be shared with all member-eye hospitals via the central and online knowledge hub of the WAEH. For a summary of the outcomes of the projects, please see page 10.

During the year 2012 the WAEH also welcomed several new members from all over the world:

- Aravind Eye Care System (Madurai, India)
- Suriname Eye Center (Paramaribo, Suriname)
- Chittagong Eye Infirmary and training Complex (Chittagong, Bangladesh)
- Sydney Eye Hospital (Sydney, Australia)
- Aditya Jyot Eye Hospital (India)

The Kim's Eye Hospital (Seoul, South Korea) has been upgraded from associate to full member during the year 2012.

Every year the board has four board meetings by teleconference and one extra meeting. The extra meeting of 2012 was located in Milan, just after the ESCRS-meeting.

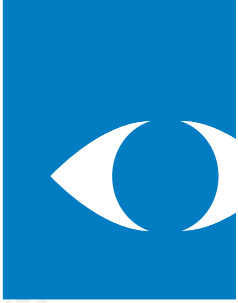
During World Sight Day 2012 on October 11th several WAEH-members organized screenings, flashmobs and all kinds of educational activities to focus attention on preventable blindness and low vision.

I hope by reading this report you will have a good overview of the activities of the WAEH executed during the year 2012. I'm looking forward to an even more active 2013!

Chairman of the board,

*Kees Sol*





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## 1. WAEH established in 2007

The WAEH has been established in Rotterdam on June 3th, 2007 and is a worldwide network of eye hospitals, all “centres of excellence” in the area of ophthalmology. All members are focused on delivering the best and most safe ophthalmic care in their own location. The eight founding members are also the current members of the board of the WAEH.

The WAEH has been established in 2007 by the following eight eye hospitals:

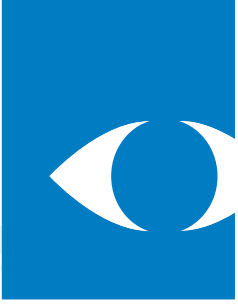
- Moorfields Eye Hospital (London, UK)
- Singapore National Eye Centre (Singapore)
- Tun Hussein On National Eye Hospital (Kuala Lumpur, Malaysia)
- Royal Victorian Eye and Ear Hospital (Melbourne, Australia)
- The Department of Ophthalmology of the University Hospital Leuven (Leuven, Belgium)
- Rutnin Eye Hospital (Bangkok, Thailand)
- St. Erik Eye Hospital (Stockholm, Sweden)
- The Rotterdam Eye Hospital (Rotterdam, The Netherlands)

During the first years the annual meeting has been organized at the following locations:

- 2007 - 1st meeting: establishment in The Netherlands, Belgium, UK
- 2008 - 2nd meeting: Singapore, Malaysia, Thailand
- 2009 - 3rd meeting: Sweden, Finland, Estonia
- 2010 - 4th meeting: Australia, Indonesia
- 2011 - 5th meeting: UK, Belgium
- 2012 - 6th meeting: South-Korea, Thailand

A special report was made of each meeting, containing the program and outcomes of the meeting, the minutes of the annual board meeting and presentations of the meeting.





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## 2. Current members

The following eye hospitals are full members of the WAEH:

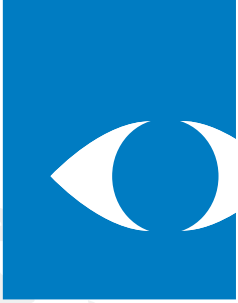
- Tun Hussein On National Eye Hospital (Kuala Lumpur, Malaysia)
- Royal Victorian Eye and Ear Hospital (Melbourne, Australia)
- The Department of Ophthalmology of the University Hospital Leuven (Leuven, Belgium)
- Singapore National Eye Centre (Singapore)
- Moorfields Eye Hospital (London, UK)
- Rutnin Eye Hospital (Bangkok, Thailand)
- St. Erik Eye Hospital (Stockholm, Sweden)
- The Rotterdam Eye Hospital (Rotterdam, The Netherlands)
- The Royal Victoria Eye and Ear Hospital (Dublin, Ireland)
- Jakarta Eye Center (Jakarta, Indonesia)
- Tianjin Medical University Eye Centre (Tianjin, China)
- Sydney Eye Hospital (Sydney, Australia) – new member since 2012
- Kim's Eye Hospital (Seoul, South Korea) – upgraded from associate to full member in 2012
- Aditya Jyot Eye Hospital (Mumbai, India) – new member since 2012

The following members are associate members of the WAEH:

- Himalayan Eye Center (Pokhara, Nepal)
- Mechi Eye Care Center (Jhapa, Nepal)
- Cao Thang International Eye Hospital (Ho Chi Minh City, Vietnam)
- Institute of Ophthalmic Science - Angeles Lomas Hospital (Mexico-City, México)
- Aravind Eye Care System (Madurai, India) – new member since 2012
- Suriname Eye Center (Paramaribo, Suriname) – new member since 2012
- Chittagong Eye Infirmary and training Complex (Chittagong, Bangladesh) – new member since 2012

Since 2007 the WAEH has grown from eight members to twenty-one members - fourteen full members and seven associate members.





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### 3. Outcomes of board meetings

In 2012 the board organized four regular board meetings (one during the annual meeting and three by teleconference) and one extra board meeting in Milan, just after the ESCRS-meeting.

During the regular board meetings the board discussed the following topics:

- The content and organization of the annual meeting in Seoul and Bangkok
- Outcomes of the annual meeting of 2012
- Progress of the 2011 projects
- General structure and project management of the WAEH projects
- Acquisition structure of new members
- The admittance of new members and new associate members
- The annual accounts 2011
- The budget 2012 and the fee structure 2012

One extra meeting on the 11th of September has been organized in Milan to discuss the progress and outcomes of the 2012-projects. The election of new projects has also been executed during the Milan meeting.

### 4. Outcomes of member meeting

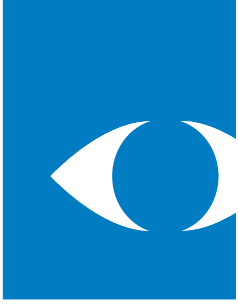
All full members of the WAEH are member of the member meeting and have voting rights. The member meeting decides on the laws and by laws, the annual plan and budget, the fee scheme, the annual report and the annual accounts. The member meeting also appoints the board. The board decides which roles the individual board members define. Members can also propose new board members. The first elections will be in 2013.

The first member meeting has been organized during the 2012 annual meeting in South Korea.

The outcomes of this meeting were:

- Approval of the annual report 2011
- Approval of the financial account 2011
- Agreement on the annual activity plan 2012
- Agreement on the budget & fee scheme 2012





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## 5. WAEH annual meeting 2012

One of the main events of the WAEH is the annual meeting, that is attended by at least 18 CEOs of member-eye hospitals and more than 60 other people, like policy advisors, managers and nurses. During the annual meetings we always visit other member-eye hospitals and these meetings are always organized by these eye hospitals itself. During these meetings members have the opportunity to get connected to each other and exchange information and knowledge about all kinds of topics, like improving the efficiency in the service given to patients or continuous development of patient pathways.

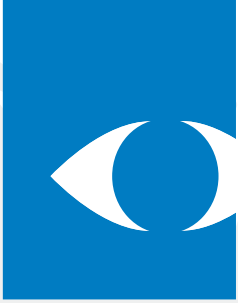
From June 2 till June 7 the WAEH 2012 meeting has been organized by Kim's Eye Hospital (Seoul, South-Korea) and The Rutnin Eye Hospital (Bangkok, Thailand). In both hospitals joint and separate meetings for strategic people and clinicians were organized. Approximately 80 people participated in the meetings and attended presentations from eye hospitals from all over the world. All participating eye hospitals presented updates about their own hospitals.

For the participating WAEH-members it was very inspiring to visit the eye hospitals in South Korea and Thailand, meet up with their teams and enjoy the outstanding Korean and Thai hospitality. The annual meeting continues to attract more attention each year from members all over the world, currently even 21 members. Each year the annual WAEH meeting continues to improve, but the eye hospitals from South Korea and Thailand have now set the inspiring new standard for the next meetings!

The following topics have been discussed in detail during the 2012 annual meeting:

### Topics of the WAEH 2012 meeting:

- How to position an eye hospital for the future
- Innovations in eye care worldwide
- Management of AMD patients / Implementation of Non-Medical Intravitreal Injections
- Process Improvement / Performance Management: Enhancing the Patient's Surgical Journey
- Multitasking: Nurses and technicians: Personal Development Plan
- Patient Flow Optimization through Value Stream Mapping
- Indicators to Measure in Performance Management
- How to improve processes
- Improving patient care and increasing patient safety with the use of EMR, HIS, and other IT tools
- Working Environment with Lighting Design in the Eye Hospital
- Design Guidelines in Renovating an Eye Hospital Towards a Therapeutic Environment
- Digital Communication: an Emerging trend | Eye Hospitals
- Corneal transplant program and future vision
- Communicating with pictures
- How can we ensure that all staff has the skills needed to give a patient safe care?
- TILDA: a Tool for Interactive Learning and Daily Assistance
- BSC



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Workshops and outcome presentations of all 2011-projects were organized:

- WAEH-2011- Redefine the patient flow of Glaucoma patients
- WAEH-2011 - Operating Theatre Staff and Competencies
- WAEH-2011 - Medical Outcomes
- WAEH-2011 - Development of a Knowledge Hub
- WAEH-2011 - Development of an international procedure of applying eye drops

#### **A snap shot of the outcomes of the annual meeting**

A short overview of what a few new WAEH-members have taken home after attending the annual meeting:

##### **Sydney Eye Hospital:**

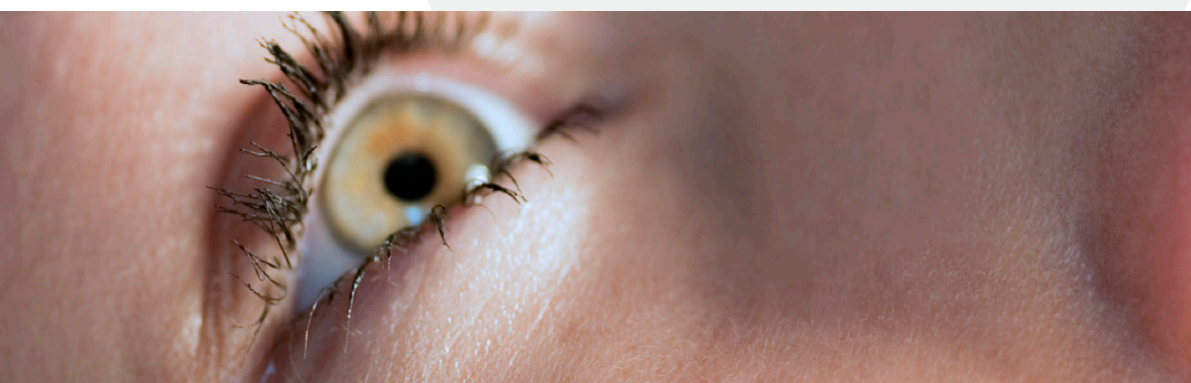
- Opportunity to network with similar Eye Hospitals
- Learn about new trends
- Strategies for implementation of projects/initiatives- shared glaucoma projects, role of advanced nurse practitioner in clinics in reducing waiting times
- The way patient information being delivered - only pictures less words

The Sydney Eye Hospital will implement right away:

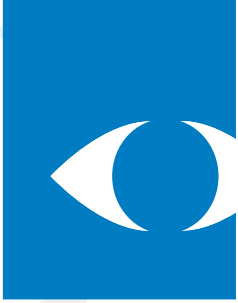
1. Patient information with less words and more visual pictures
2. Shared glaucoma project

##### **Aravind Eye Hospital:**

- Exchange knowledge and information about EMR-projects all over the world







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## 6. The remarkability of new members

The following members became a member in 2012;

- Sydney Eye Hospital (Sydney, Australia) – new member since 2012
- Kim's Eye Hospital (Seoul, South Korea) – upgraded from associate to full member
- Aditya Jyot Eye Hospital (India) – new member since 2012
- Aravind Eye Care System (Madurai, India) – new member since 2012
- Suriname Eye Center (Paramaribo, Suriname) – new member since 2012
- Chittagong Eye Infirmary and training Complex (Chittagong, Bangladesh) – new member since 2012

Below an overview of several topics from our new members. If you would like to know more, we would like to advice you to visit the websites of these hospitals.

### **Sydney Eye Hospital (Sydney, Australia) – new member since 2012**

*What are the expectations of the Sydney Eye Hospital when becoming a member of the WAEH?*

The Sydney Eye Hospital would like to join this consortium to share information, benchmark against our peers, and partake in professional development opportunities for the hospital and staff.

*Field of knowledge and research topics:*

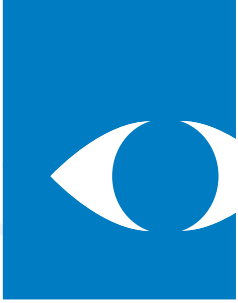
The Ophthalmic Department, Faculty of Medicine of Sydney University co-locate at the Hospital site. There have been long standing and extensive collaborative clinical and laboratory research activities with the University.

*Specialised as an eye hospital or eye department?*

The Sydney Eye Hospital provides a comprehensive ophthalmology service incorporating consultation, diagnostic and treatment services together with facilities for adults and children of all ages.

The service is a tertiary referral centre, which means that people from throughout the state of New South Wales (Australia) are referred to our specialist ophthalmic services. Patients may be referred from consultant ophthalmologists, other specialists, general practitioners, optometrists, other hospitals or self-referred. Ophthalmologists or ophthalmologists in training, registrars and residents provide services. Nursing staff and allied health professionals including orthoptists, pharmacists and social workers support them.





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### *Does the Sydney Eye Hospital have a training program for residents?*

The Sydney Eye Hospital has the largest Ophthalmic Training Program in Australia with 41 trainees. 13 Trainees positions are at SSEH, other trainees are rotated to 17 hospitals in New South Wales, Northern Territories and Tasmania with. There are also 8 fellowship positions for ophthalmic sub specialty training. All training positions are accredited by the Royal Australia and New Zealand College of Ophthalmologists.

### *Remarkable for:*

Sydney Hospital and Sydney Eye Hospital is Australia's oldest hospital and dates from the arrival of the First Fleet in 1788. This historic facility has been located in Macquarie Street since 1816, and is steeped in history with a legacy of nursing and medical firsts to its credit.

### **Kim's Eye Hospital (Seoul, South Korea) – upgraded from associate to full member in 2012**

### *What are the expectations of the Kim's Eye Hospital when becoming a member of the WAEH?*

- Sharing new medical information with world-class eye hospitals
- Discussing strategies in the rapidly changing health care market
- Contribute to the development of Ophthalmology

The Kim's Eye Hospital is specialised as a stand alone eye hospital.

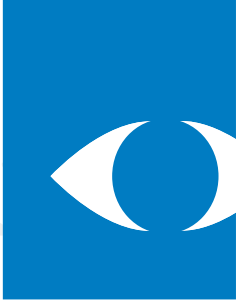
### *What kind of community services does the Kim's Eye Hospital perform?*

The Kim's Eye Hospital makes regularly visits to community centers to provide thorough examination services for seniors, it helps elementary school students at day care centers to maintain good eye health, provides "Happy Eye" lectures on a monthly basis and gives lectures at schools for seniors.

### *Remarkable for:*

Opening the first Retina Center in Korea in 1998 and the first Retina Hospital in the world in 2008.





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### **Aditya Jyot Eye Hospital (India) – new member since 2012**

Aditya Jyot Eye Hospital has been established in 1990 by Dr. S. Natarajan at Dadar, and has nowadays expanded into a 4-storey hospital in Wadala in the heart of Central Mumbai. A Center for Total Eye Care; it is the largest eye hospital in Mumbai and has been rated the “No.1 Eye Hospital in Mumbai” Source – Outlook Magazine - July 2002 issue. All eye disorders including complicated ones like sub-macular hemorrhage, Ocular Trauma, and Diabetic Retinopathy are treated in this eye hospital. The Aditya Jyot Eye Hospital provides complete ophthalmological service from consultation, to diagnostic to treatment all under one roof for all age group.

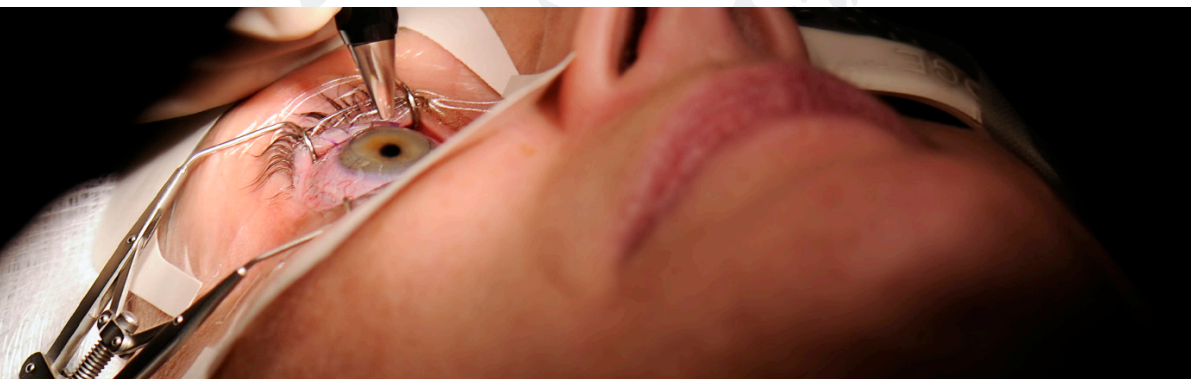
#### *What kind of community services does the Aditya Jyot Hospital perform?*

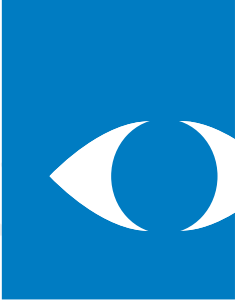
The Aditya Jyot Hospital is supporting the Aditya Jyot Foundation for Twinkling little eyes, provides Continuing Medical Education for health care professionals & students and also conducts eye screening programmes during the whole year.

#### *Remarkable for:*

Aditya Jyot takes pride in being 1st in Asia for the Retinal Endoscope and Preferential Hyper Acuity Perimeter.

It is the 1st hospital in India for the Constellation Vitrectomy System (private hospital), the Fourier Domain Optical Coherence Tomography - III for Retina, Cornea and Glaucoma and Twinlight Endoillumination for Vitreoretinal surgery.





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### **Aravind Eye Care System (Madurai, India) – new member since 2012**

What are the expectations of the Aravind Eye Care System when becoming a member of the WAEH? The Aravind Eye Care System is looking forward to share best practices and learn from each other, volunteer inputs for specific areas for supporting Aravind's work in new developments and developing common clinical standards / process to enhance patient care & access.

*Does the Aravind Eye Care System have a training program for residents?*

The following residency programme is offered at the Aravind Eye Care System and Postgraduate Institute of Ophthalmology in affiliation with the Tamil Nadu Dr. MGR University and National Board of Examination, New Delhi:

1. Diploma in Ophthalmology (DO)- 2 YEARS
2. Master of Surgery in Ophthalmology (MS) – 3 YEARS
3. Diplomate of the National board (DNB) – 3 YEARS
4. Post DO DNB – 2 YEARS

*What kind of community services does the Aravind Eye Care System perform?*

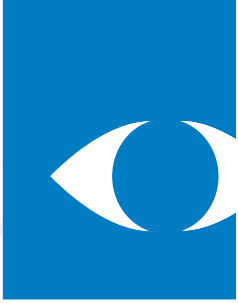
An integral part of AECS is its community outreach programmes, which take eye care service to the doorstep of the community. Apart from the hospital services, AECS conducts comprehensive eye screening camps throughout the state of Tamilnadu and Kerala except very far off places like Chennai in Tamilnadu. The group of hospitals under AECS conducts more than 2000 camps per year and performs more than 76,000 surgeries mostly on cataract patients.

*Remarkable for:*

Aravind's outreach model goes beyond the traditional cataract-only screening to provide comprehensive eye examinations and necessary treatment at the base hospitals. The outreach department also organizes comprehensive eye screening programmes like diabetic retinopathy screening camps, workplace eye camps and school children and paediatric eye screening camps. Aravind has also established a growing network of Vision Centres to provide permanent access to the rural population. 39 vision centers are established in different parts of Tamil Nadu. These Vision Centres have data connectivity to the base hospitals employing low-cost technology to provide real-time consultations. The camps apart from providing eye care services to the needy, serve to educate the local community on eye care.







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### **Suriname Eye Center (Paramaribo, Suriname) – new member since 2012**

*What are the expectations of the Surinam Eye Center when becoming a member of the WAEH?*

The Surinam Eye Center is looking forward to cooperate with the individual member of the WAEH, exchange residents, fellows and technicians and execute research together.

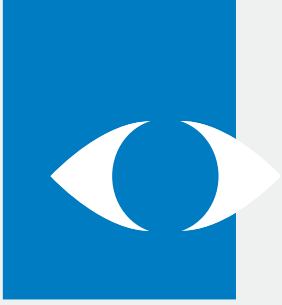
*What kind of research does the Surinam Eye Center execute?*

A few examples: Treatment of Pterygium, eye diseases in the Indians and Glaucoma in the Marrons.

*Remarkable for:*

Executing general ophthalmology in a multicultural capital with sub specialities of diabetic retinopathy, glaucoma and corneal diseases and performing eye camps in the tropical forest for isolated Indians and Marrons.





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**Chittagong Eye Infirmary and training Complex (Chittagong, Bangladesh) – new member since 2012**

Chittagong Eye Infirmary and Training Complex is a multidisciplinary purpose built tertiary eye care institution spread over an area of 10 acres of land having specific functions like ophthalmic human resource development and providing eye care services at various levels. It is now recognized as one of the major ophthalmic referral and training centers in Bangladesh.

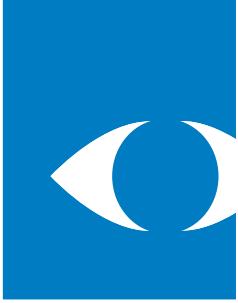
CEITC provides eye services through its main hospital and various outreach programs such as Mobile Eye Camp, School Eye Health Services, Primary Eye Care Services and Under Five Clinic services. Eye bank and tissue processing is also available.

The number of patients served daily is 800 and 15,000 surgeries are executed in a year.

*Remarkable for:*

In 1991, the establishment of the institute of Community Ophthalmology of the University of Chittagong at Chittagong Eye Infirmary and Training Complex is a milestone. The institute offers courses in Community Ophthalmology leading to diploma to doctors and has, by now made a significant impact in the field of community ophthalmology.





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## 7. Progress report of projects

During the annual meeting in 2010 the board decided to take on a new and more proactive approach in exchanging knowledge and experience between the member eye hospitals. The vision is that the WAEH will grow in time into a truly global organization comprising eye hospital from all over the world.

### WAEH - Projects 2012

- WAEH-2012 - Sharing best practices on the development of a pathway for glaucoma patients
- WAEH – 2012 - Operating Theatre Staff and Competencies
- WAEH – 2012 - Medical outcomes: making it possible to compare medical outcomes in a user friendly way between leading eye hospitals in the world
- WAEH – 2012 - Knowledge Hub
- WAEH – 2012 - To apply eye drops

### WAEH - Projects 2013

- WAEH – 2013 - Management of AMD Patients – Leuven
- WAEH – 2013 - Innovative uses of technology to improve patient experience in the delivery of eye care – London
- WAEH – 2013 - The new BSC the way forward – Rotterdam
- WAEH – 2013 - Global teaching program for glaucoma departments – Leuven / Rotterdam

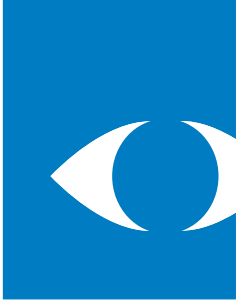
### Outcomes of the WAEH – projects 2012

- WAEH-2012 - Sharing best practices on the development of a pathway for glaucoma patients

Glaucoma is the second leading cause of blindness. Due to the increasing number of patients, more and more glaucoma patients won't get any treatment or will get treatment to late. With the introduction of a glaucoma unit:

- the expertise of glaucoma specialists can be reserved for new and not stable patients who need top level clinical ophthalmic treatment and care
- the most efficient treatment can be started after 6 months and not after 1 year (general glaucoma clinic)
- less progression of the disease appears.





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With this WAEH project we unblocked the most important bottlenecks, by:

- Defining the patient flow of glaucoma patients, including the possibilities of task reallocation between specialists and staff
- Collecting ideas for funding the start-up phase (extra costs development and employees)
- Talking about task reallocation and appointing the tasks of the specialists, staff members and patients
- Mentioning the importance of the availability of specific trained staff and ongoing teaching
- Giving examples of an efficient out patient clinic planning

The development phase of the 'glaucoma unit' differs between WAEH-member-hospitals. The glaucoma practices between eye hospitals worldwide differ a lot. The experiences of the hospitals with a glaucoma unit are very valuable for the hospitals that want to start a glaucoma unit. Therefore, the project will have a follow up in 2013. Further development of a set of minimum recommendations is desirable:

- The switch from a 2 to 3 level model, including a glaucoma clinic run by an optometrist under supervision of a specialist.
- A teaching program for staff members
- WAEH – 2012 - Operating Theatre Staff and Competencies

The objectives of this WAEH project were:

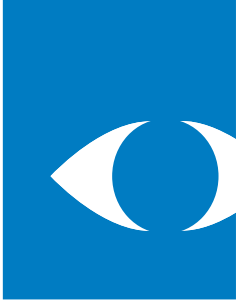
- To understand the differing staffing arrangements across the participating members' operating room / theatres, with a particular focus on clarifying which differences were regulatory and which were local custom & practice
- To agree the staffing establishment and staff competencies required to deliver safe, high quality care in an ophthalmic operating theatre
- To identify a generic staffing model that can be adapted to meet individual hospital needs / requirements.

Data and information from 13 hospitals worldwide were collected. The data and information was related to productivity, staffing establishments and current roles and responsibilities alongside any applicable guidelines, protocol, policies and governance issues for each individual hospital and country.

The data collected was then analyzed and two operating room / theatre staffing models formulated and key performance indicators and competencies developed. Presentations and workshops during the WAEH meeting in 2012 were given to the members of the WAEH to spread the best practice. The outcomes are also made available via the extranet of the WAEH.







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Next steps will to build on and develop key performance indicators for the operating room, which could be used for comparison and benchmarking in the future. Besides developing a minimum data set on the productivity of the operating room / theatre to allow for the consistent collection of data and to enable comparison between organisations:

- o Start times
- o Finish times
- o Turnaround times
- o Productivity / list utilisation

This will allow for the consistent collection of data and to enable comparison between organizations.

- WAEH – 2012 - Medical outcomes: making it possible to compare medical outcomes in a user friendly way between leading eye hospitals in the world

The medical outcome of the patient is the ultimate goal of all eye hospital s worldwide and it must be the long-term key to success. The aim of the project was to be able to compare medical outcomes in a user-friendly way between leading eye hospitals in the world. The objectives of the project were to improve the Medical Outcome within the field, the ability to measure and evaluate essential parameters and to create a platform to collect and present information in a user-friendly way.

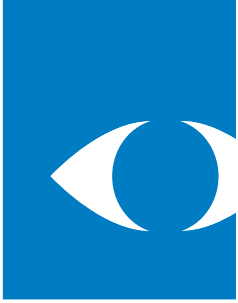
- WAEH – 2012 - Knowledge Hub

The knowledge hub has been built and has been published online. All members will receive a login and password and will be able to login and upload their own photos, information and presentations. In the near future the knowledge hub will be integrated into the WAEH website.

- WAEH – 2012 - To apply eye drops

During the year 2012 several procedures about applying eye drops have been collected and analyzed. The best practice has been developed and will be presented during the annual meeting in 2013.





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## 8. BSC 2012

The Balanced Score Card data from 2003 until 2011 has been published in the 'Performance Monitor Eye Hospitals'. In July 2012 all full and associate members who participate in the benchmark received a copy of this report.

The report consists out of exact numbers, graphs and a trend line for 25 indicators on the following subjects:

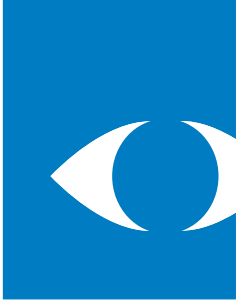
- Activity
- Human Resource Management
- Medical Outcome
- Cataract Research and Development

During the annual meeting 2012 the data were presented and discussed to increase the validity and improve the learning effect of the BSC.

## 9. Statement of Income and Expenditures

	annual cost 2012	budget 2012
<b>INCOME</b>		
Membership fees WAEH	80000	82000
Intrest		500
<b>Total revenues</b>	€ 80.000	82.500
<b>EXPENDITURE</b>		
<b>Support Staff</b>		
Staff Support of the board	28963	20000
Website	0	4000
Staff Support projects	16932	20000
Travel Cost	2935	5000
Central Cost	3037	2500
<b>Total cost support</b>	51867	51500
Funding agreed projects	7978	30000
Cost of boardmeetings	3790	
Cost annual meeting	1424	
Cost infoset/plaquettes	1771	1000
Cost not recievable debtors	10250	
<b>Total cost</b>	77080	82500
Result	2920	0





**WAEH**  
WORLD  
ASSOCIATION  
OF EYE HOSPITALS

## 10. Colophon

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Board of the WAEH

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