Beyond Borders

10th WAEH annual meeting
in conjunction with
Eye Care Network 12th Anniversary meeting

Wednesday May 25 - Sunday May 29
As the Chair of the WAEH Board, it gives me great pleasure to introduce to you the 10th WAEH annual conference in Rotterdam, organized by founding member, The Rotterdam Eye Hospital in close co-operation with the team of the WAEH.

Since its inception in 2006 in Rotterdam, the World Association of Eye Hospitals has indeed spread its wings beyond borders, with members coming from the different continents of the United States of America, South America, Europe, Asia and Australia. This year we celebrate an important milestone, the WAEH jubilee year commemorating our 10th anniversary. The WAEH has continued to grow from strength to strength attracting new members from different parts of the world. We have also seen a growth in the number and diversity of participants in our annual meetings and the collaborations and projects undertaken over the years.

I like to extend a very warm welcome to all our delegates who have come to this special jubilee WAEH meeting to exchange knowledge and experience as well as to benchmark and network. I would also like to extend our sincere greetings to the national guests of The Rotterdam Eye Hospital, who will celebrate their 12th meeting of the Dutch Eye Care Network and will join us in Day 1 of our conference.

This year’s programme reflects the innovative spirit our host and covers a wide range of interesting topics featuring 3D technology, robotics in the OR, resource planning and sustainable eye care, home eye care, the latest in eye hospital management and also many learning opportunities of best practices from industries outside healthcare.

We hope the meeting will generate a lot of discussion and new ideas that will inspire us to continue to seek new and better ways to transform eye care delivery to our patients, not only during the annual meeting, but throughout the whole year!

On behalf of the WAEH and The Rotterdam Eye Hospital, I would like to wish all of you a thought provoking and fruitful conference and a wonderful stay in Rotterdam!

Warmest regards,

Charity Wai
Chair, WAEH Board

www.waeh.org
### Program at a glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Wednesday (25 May 16)</th>
<th>Thursday (26 May 16)</th>
<th>Friday (27 May 16)</th>
<th>Saturday (28 May 16)</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>8.00</td>
<td>The Hulstlamp Building</td>
<td>Pick up from Bilderberg Hotel</td>
<td>WAEH board meeting 2016 at Wereldmuseum</td>
<td>Registration</td>
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<td>Session: Quality &amp; Safety</td>
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<td>Session: care within and across hospital borders: Task differentiation - New professional roles</td>
<td>Eye Care network board meeting (ECN)</td>
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<td>Session: Patient focused health care</td>
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<td>Travel to innovative locations at Erasmus MC Rotterdam: 3d space &amp; Robotic Bed Cleaning Centre</td>
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### Program

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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<tbody>
<tr>
<td>08.30</td>
<td>Travel time to Schiphol Rijk – (for board members) Please bring your passport</td>
<td>Schiphol Rijk</td>
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<tr>
<td>09.30 - 11.30</td>
<td>WAEH Board Meeting 2016 (for board members)</td>
<td>Schiphol Rijk</td>
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<td>11.30 - 12.30</td>
<td>Visit Bausch &amp; Lomb (for board members)</td>
<td>Schiphol Rijk</td>
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<td>12.30 - 13.00</td>
<td>Lunch</td>
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<td>13.00 - 14.00</td>
<td>Travel to Rotterdam for board members</td>
<td>Erasmus MC Rotterdam</td>
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<tr>
<td>14.00 - 16.00</td>
<td>Visits to innovative locations – open to all</td>
<td>Erasmus MC Rotterdam</td>
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<tr>
<td>16.00 - 17.00</td>
<td>Walk to The Rotterdam Eye Hospital / Coffee &amp; Tea</td>
<td>The Rotterdam Eye Hospital</td>
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<td>17.00 - 18.00</td>
<td>Tour in The Rotterdam Eye Hospital (for all)</td>
<td>The Rotterdam Eye Hospital</td>
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<td>17.00 - 18.00</td>
<td>EAEH Board Meeting 2016</td>
<td>The Rotterdam Eye Hospital</td>
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<tr>
<td>18.00 - 19.00</td>
<td>Ice Breaking Activity ('Old Dutch Games') for WAEH delegates</td>
<td>The Rotterdam Eye Hospital</td>
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<tr>
<td>19.00 - 22.00</td>
<td>WAEH Welcome Dinner</td>
<td>The Rotterdam Eye Hospital</td>
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**Sight seeing tips in Rotterdam**

- **Markthal**
- **Erasmusbridge**
- **Euromast**

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**Contactlenzen op medische indicatie?**

*Vestigingen in ziekenhuizen in Nederland. Ook bij u!*

**Bel (079) 330 24 40 of kijk op www.oculari.nl**

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10th WAEH ANNUAL MEETING - BEYOND BORDERS
## Program Thursday May 26

### Official Opening Session

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>08.15</td>
<td>Pick up from Bilderberg Hotel</td>
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<tr>
<td>08.30 – 09.00</td>
<td>Registration</td>
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<tr>
<td>09.00 – 09.15</td>
<td>Opening ceremony WAEH Meeting</td>
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<tr>
<td>09.15 – 09.25</td>
<td>Welcome Speech (video) Mrs. Charity Wai, Chair executive WAEH Board, COO SNEC, Singapore</td>
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<tr>
<td>09.25 – 09.35</td>
<td>The Impact of Crossing Borders on Eye Care in The Rotterdam Eye Hospital Mr. Kees Sol, Member of the board, WAEH Member of the board, The Rotterdam Eye Hospital, The Netherlands</td>
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<tr>
<td>09.35 – 09.45</td>
<td>Welcome (video) Mrs. Edith Schippers Dutch Minister of Public Health and Sports, The Netherlands</td>
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<tr>
<td>09.45 – 10.15</td>
<td>Learning from other Industries - Cross over Food &amp; Healthcare - Key note Koppert Cress, TBC</td>
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<tr>
<td>10.15 – 10.45</td>
<td>Coffee break</td>
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### Technical Innovations

**Moderators:** Prof. dr. Marc de Smet, Ophthalmologist and Dr. Koen Vermeer, Head Ophthalmic Imaging & Data Analyses Group, Rotterdam Ophthalmic Institute

<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>10.45 – 11.15</td>
<td>Robotics and the future of retinal surgery - Key note Prof. Dr. M. de Smet, Ophthalmologist, MIOS SA Lausanne, Precyces Medical Robotics Bv, Eindhoven, The Netherlands</td>
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<tr>
<td>11.15 – 11.30</td>
<td>One year prediction of low vision in uveitis patients Mrs. Mia Klinten Grand, PhD Candidate Biostatistics, The Rotterdam Eye Hospital Rotterdam, The Netherlands</td>
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<tr>
<td>11.30 – 11.45</td>
<td>Self-tonometry as a complement in the investigation of glaucoma patients Mrs. Laurence Quérat, Clinical Research Coordinator St. Erik Eye Hospital Stockholm, Sweden</td>
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<td>11.45 – 12.00</td>
<td>Innovations in the SOC setting NC Audrey Kon, Nurse Clinician SNEC, Singapore</td>
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<td>12.00 – 12.15</td>
<td>Remote Ophthalmology Diagnostics System: EyeConnect &amp; EyePressure devices Mr. Mark Petty, CEO, Royal Victorian Eye and Ear Hospital, Melbourne, Australia</td>
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<td>12.15 – 12.30</td>
<td>iOCT in corneal surgery Dr. Winse, Ophthalmologist UMC Utrecht, The Netherlands sponsored speaker, ZEISS</td>
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<tr>
<td>12.30 – 12.35</td>
<td>Summary and wrap up technology session</td>
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<td>12.35 – 12.40</td>
<td>Photo ceremony</td>
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<td>12.40 – 13.40</td>
<td>Lunch: Meet &amp; Greet WAEH-members</td>
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### Care within and across hospital borders: Task Differentiation - New Professional roles

**Moderators:** Iris Wallenburg, PhD Assistant professor health care policy & management, Erasmus University, The Netherlands and Mr. Mark Schellekens, manager OR & clinic, The Rotterdam Eye Hospital, The Netherlands

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<tr>
<td>13.30 – 14.00</td>
<td>Oogzorgnetwerk partnerraad Open to: board members &amp; Ophthalmologists Eye care network</td>
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<td>13.30 – 14.00</td>
<td>Navigating through a healthcare landscape - lessons from an European study - Key note Mrs. Iris Wallenburg PhD Assistant professor Department of Health Policy and Management Erasmus University Rotterdam, The Netherlands</td>
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<td>14.00 – 14.15</td>
<td>Developing integrated models of care within glaucoma specialist outpatient service Dr. Melanie Lai Department Head, Orthoptics Sydney Eye Hospital Discipline Advisor, Orthoptics South Eastern Sydney Local Health District Sydney, Australia</td>
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<tr>
<td>14.15 – 14.30</td>
<td>The role of the contact lens specialist in a KC-carousel Mr. Chrétien Frambach BSc/FEAOO, Optometrist Oculenti Location: The Rotterdam Eye Hospital Rotterdam, The Netherlands</td>
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<tr>
<td>14.30 – 14.45</td>
<td>Optometrist led Keratoconous Monitoring Service for Corneal Cross Linking Dr Vijay Anand PhD BSc (Hons) MCOptom DipTp(Ip) Principal Optometrist (joint) Contact Lens Service, Moorfields Eye Hospital, London, UK</td>
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<tr>
<td>14.45 – 15.00</td>
<td>Augmentation of manpower initiatives Mrs Lim MH, DHR, SNEC Singapore</td>
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<tr>
<td>15.00 – 15.05</td>
<td>Summary and wrap up session</td>
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<td>15.05 – 15.30</td>
<td>Coffee break</td>
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**Make a picture with your international colleagues in front of the Dutch painting of 'The girl with the pearl earring'.**
## Program

### Thursday May 26

**Eye Care Network Day combined with WAEH meeting**

**Moderators:** Dr. Jeanne Garth, Medical Director, St. John Eye Hospital, Jerusalem, and Mrs. Hetty Romp, Manager Outpatient Clinic, Flevoziekenhuis, The Netherlands

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<tr>
<td>15.30 – 15.40</td>
<td>Welcome Eye Care Network Day and 10th WAEH annual meeting</td>
<td>Room: Stokerij</td>
<td>English</td>
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<tr>
<td>15.40 – 15.45</td>
<td>Welcome Eye Care Network Day and WAEH guests to the 10th WAEH annual meeting</td>
<td>Room: Stokerij</td>
<td>Dutch</td>
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<tr>
<td>15.45 – 16.30</td>
<td>Port of Rotterdam - The challenge! - Key note</td>
<td>Room: Rotterdamzaal</td>
<td>Dutch</td>
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<td>16.30 – 17.00</td>
<td>Does networked care offer future sustainability for the smaller specialty? Mrs. Karen Reeves, Vanguard Programme Director, Moorfields Eye Hospital, London, UK</td>
<td>Room: Stokerij</td>
<td>Dutch</td>
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<tr>
<td>17.00 – 17.30</td>
<td>Sustainable Eye Care - How to adjust increasing need to limited resources Prof. Anja Tuulonen, CEO Tays Eye Centre Tampere, Finland</td>
<td>Room: Rotterdamzaal</td>
<td>Dutch</td>
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<tr>
<td>17.30 – 18.00</td>
<td>Quality &amp; Safety: The Moorfields Way Mrs. Sally Storey, Director of Human Resources Moorfields Eye Hospital, London, UK</td>
<td>Room: Stokerij</td>
<td>Dutch</td>
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<tr>
<td>18.00 – 18.15</td>
<td>WAEH exchanges and the impact on the Eye Care: Development of the Out Patient Clinic for Macula Degeneration Patients at the Rotterdam Eye Hospital after visiting The Jakarta Eye Center, Indonesia</td>
<td>Room: Stokerij</td>
<td>Dutch</td>
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<tr>
<td>18.45 – 21.30</td>
<td>Dinner at The Hulstkamp Building</td>
<td>Room: Stokerij</td>
<td>Dutch</td>
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**Room:** Stokerij

**Language:** English

**Room:** Rotterdamzaal

**Language:** Dutch

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**WAEH exchanges and the impact on the Eye Care:**

**Dr. Mirjam van Velthoven,** Ophthalmologist

The Rotterdam Eye Hospital

Ms. Jorinda Brouwer, Educator Macula Degeneration Outpatient Clinic

Ms. Angeline van Rees, Educator Macula Degeneration Outpatient Clinic, Ergra Low Vision The Hague

The Netherlands

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**Eye Care Network Partner Award ceremony**

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**Van Brons naar Goud**

**Mevrouw Kim Lamers**

Entrepreneur en oud hockey international

Sponsored speaker by Bausch & Lomb, The Netherlands

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**Taakherschikking: Synergie of Compromis?**

**Mevrouw Sandra Bossman,** verpleegkundig specialist neuro-oncologie, Radboud umc

**Dr. Arnoud Kappelle,** Neuro-oncologie, Radboud umc, The Netherlands

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**De ontwikkeling van een internationaal oogdruippelprotocol**

**Mevrouw Nora Ooms** & **Mevrouw Marie Scheltens**, Verpleegkundigen, The Rotterdam Eye Hospital Rotterdam, The Netherlands

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**Check out the English protocol on administering eye drops on the WAEH website**


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Program Friday May 27

**Venue:** Wereldmuseum  
**Address:** Willemskade 22-25, 3016 DM Rotterdam

### Quality and Safety

**Moderators:** Ir. J. Brüggen, Safety manager at Dutch air traffic control and Mr. Jan Geert Bollemeyer, ophthalmologist, The Rotterdam Eye Hospital, The Netherlands

**Venue:** Balzaal

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<td>09.00 – 09.30</td>
<td>APPEAR good or BE good! - Key note</td>
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<td>09.30 – 10.30</td>
<td>Workshop quality of cataract care: comparing between stakeholders and cultures, Interactive session</td>
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<td>10.00 – 10.15</td>
<td>The Six Domains of Health Care Quality Dr. Monica Michelotti Casey Eye Institute Portland, USA</td>
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<td>10.15 – 10.30</td>
<td>&quot;Rolling up your sleeves&quot; Jacomijn Gussenhoven, Policy advisor Quality &amp; Safety. Corinne Riekel, Policy advisor infection prevention, The Rotterdam Eye Hospital Rotterdam, The Netherlands</td>
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<tr>
<td>10.30 – 11.00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11.00 – 11.15</td>
<td>Firework safety, when one hospital can make the difference Dr. Tjeerd de Faber. Ophthalmologist, The Rotterdam Eye Hospital Rotterdam, The Netherlands</td>
</tr>
<tr>
<td>11.15 – 12.30</td>
<td>A review of 145,234 ophthalmic patient episodes lost to follow up Dr. Alison Davis, Clinical Director Moorfields Eye Hospital, London, UK</td>
</tr>
<tr>
<td>11.30 – 11.45</td>
<td>Quality improvement in health care Mrs. Carien Eijkm an, Senior business consultant The Eye Care Network, Rotterdam, The Netherlands</td>
</tr>
<tr>
<td>11.45 – 12.00</td>
<td>Study results on tool used to quantify and measure situational awareness for OT scrub nurses Phase I, ADON Loh Huey Peng, SNEC Singapore</td>
</tr>
<tr>
<td>12.00 – 12.15</td>
<td>OR fire and patient safety Prof. Christine Nelson Professor of Ophthalmology and Visual Sc. Michigan Kellogg Eye Center, Michigan, USA</td>
</tr>
<tr>
<td>12.15 – 12.20</td>
<td>Summary and wrap up Q&amp;S sessions</td>
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</table>

### Patient Focused Health Care

**Moderators:** Mrs. Hester Rippen, CEO, Child and hospital association, The Netherlands and Dr. Marijke Wefers Bettink, ophthalmologist, The Rotterdam Eye Hospital, The Netherlands

**Venue:** Balzaal

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>13.30 – 14.00</td>
<td>The child in the middle of the health care process. What does this mean for healthcare organisations? - Key note</td>
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<tr>
<td>14.00 – 14.15</td>
<td>Patient Focus Model in Business development</td>
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<tr>
<td>14.15 – 14.30</td>
<td>Care Pathway for the patient with Multi Eye Disease</td>
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<tr>
<td>14.30 – 14.45</td>
<td>Implementation of Corneal Transplant Nurses in The Rotterdam Eye Hospital</td>
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<tr>
<td>14.45 – 15.00</td>
<td>Visual field project showing how reliability improves patient outcome</td>
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<tr>
<td>15.00 – 15.15</td>
<td>How Moorfields Eye Hospital set up a successful integrated patient support service</td>
</tr>
<tr>
<td>15.15 – 15.20</td>
<td>Summary and wrap up patient focus session</td>
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### Introduction New Members

**Venue:** Balzaal

<table>
<thead>
<tr>
<th>Time</th>
<th>Company</th>
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<tbody>
<tr>
<td>15.20 – 15.30</td>
<td>Emory Eye Center Atlanta, USA</td>
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<tr>
<td>15.30 – 15.40</td>
<td>Suraj Eye Institute, New Colony, Nagpur, India</td>
</tr>
<tr>
<td>15.40 – 15.50</td>
<td>Wilmer Eye Institute John Hopkins Medicine Baltimore, USA</td>
</tr>
<tr>
<td>15.50 – 16.00</td>
<td>WAEH New Member Plaque Ceremony</td>
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<tr>
<td>16.00 – 16.15</td>
<td>Coffee break</td>
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## Program

**Friday May 27**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>16.30 – 17.30</td>
<td>Member meeting: open to all</td>
</tr>
<tr>
<td>17.30</td>
<td>Pick-up from The Rotterdam Eye Hospital to the City Hall</td>
</tr>
<tr>
<td>17.45 – 18.45</td>
<td>Farewell Cocktail Party for leaving board members of the WAEH</td>
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<tr>
<td></td>
<td>Location: Rotterdam City Hall, on invitation by the City of Rotterdam</td>
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<tr>
<td></td>
<td>Mr. John Pelly</td>
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<td></td>
<td>Prof. dr. Werner Spileers</td>
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<td></td>
<td>Mrs. Ann Clark</td>
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<td>Mr. Kees Sol</td>
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<tr>
<td></td>
<td>Speech by Maarten Struijvenberg, Vice Mayor of the City of Rotterdam</td>
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<tr>
<td>18.45</td>
<td>Free evening</td>
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<tr>
<td></td>
<td><strong>Suggestion:</strong> visit/walk to the Market Hall and have dinner there</td>
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<tr>
<td></td>
<td>Board members - old &amp; new: Fare well dinner for the leaving board members</td>
</tr>
<tr>
<td></td>
<td>just for board members</td>
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**Venue:** The Rotterdam Eye Hospital  
**Address:** Schiedamse Vest 180, 3011 BH Rotterdam
### Program

#### Saturday May 28

**How to improve your eye hospital?**

**Structure Process Trends Benchmark and Medical Outcome Benchmark**

**Moderators:** Mr. Mark Petty, CEO, Royal Victorian Eye and Ear Hospital, Melbourne, Australia and René Zimmerman, Managing Director Finance & Resources, The Rotterdam Eye Hospital, Rotterdam, The Netherlands

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09.30 – 09.45</td>
<td>Review of analyses of data of the WAEH Member Eye Hospitals</td>
</tr>
<tr>
<td>09.45 – 10.00</td>
<td>Trend total number of intraocular injections 2010 – 2014</td>
</tr>
<tr>
<td>10.00 – 10.25</td>
<td>Medical outcome Benchmark/ICHOM - WAEH Project</td>
</tr>
<tr>
<td>10.25 – 10.30</td>
<td>Wrap up</td>
</tr>
<tr>
<td>10.30 – 10.35</td>
<td>Coffee break</td>
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</table>

**Rapid Fire – Get to know Eye Hospitals from all over the World**

**Moderators:** Dr. Mirjam van Velthoven, Ophthalmologist The Rotterdam Eye Hospital Mrs. Martine Brouwer, business consultant and Mrs. Marianne Kathmann, business consultant, Rotterdam Eye Hospital / Eye Care Network

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>11.00 – 11.30</td>
<td>Rapid fire - Selected posters will be presented on stage, in just a few minutes.</td>
</tr>
<tr>
<td>11.30 – 12.15</td>
<td>Interactive poster session - the possibility to ask all your questions about the displayed posters</td>
</tr>
<tr>
<td>12.15 – 12.30</td>
<td>Award ceremonies (best poster presentation &amp; Sol Innovation Award)</td>
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<tr>
<td>12.30 – 13.30</td>
<td>Lunch</td>
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**Technological innovations – Part II**

**Moderators:** Dr. Narendran, Chief Medical Officer, Aravind Eye Hospital, India & Mr. Eric Loh, Clinic Manager, SNEC, Singapore

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>13.30 – 13.45</td>
<td>The influence of bed rest with positioning on the progression of macula-on retinal detachment</td>
</tr>
<tr>
<td>13.45 – 14.00</td>
<td>Development of an IT based Quality Assurance System for Glaucoma and Diabetic Retinopathy Services WAEH Project</td>
</tr>
<tr>
<td>14.00 – 14.15</td>
<td>IT Innovations - A CFO Perspective</td>
</tr>
<tr>
<td>14.15 – 14.30</td>
<td>Summary and wrap up</td>
</tr>
<tr>
<td>14.30 – 15.00</td>
<td>Coffee &amp; Tea</td>
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**Venue:** Wereldmuseum  
**Address:** Willemskade 22-25, 3016 DM Rotterdam

**Program Saturday May 28**

- **Care within and across hospital borders**
  - **Moderator:** Mrs. Tracy Luckett, Director of Nursing, Moorfields, London, UK and Ms. Glenda Leong, Senior Manager, Clinical Audit, SNEC, Singapore
  - **Time:** 15.00 – 15.15
    - Ophthalmic skills training workshop for nurses and nursing aides from community-based care settings
  - **Time:** 15.15 – 15.30
    - Asian Eye Hospital’s journey to business excellence
  - **Time:** 15.30 – 15.45
    - Home eye care
  - **Time:** 15.45 – 16.00
    - Development of regional healthcare alliance for the aim of the Year of Bright Vision
  - **Time:** 16.00 – 16.15
    - ROP screening in neo-natal units
  - **Time:** 16.15 – 16.30
    - Summary and wrap up care across borders sessions

- **Wrap up**
  - **Time:** 16.30 – 16.45
    - Wrap up WAEH meeting - 2016
      - 2016: Chicago - fall meeting
      - 2017: China - location & dates
  - **Time:** 16.45 – 17.00
    - THANK YOU - wrap up
  - **Time:** 18.45
    - Pick-up from Bilderberg hotel
  - **Time:** 19.00 – 22.00
    - WAEH 2016 – meeting - Closing dinner at Radar steamer “de Majesteit”
      - Including sight seeing tour of Rotterdam on the river. Can't miss it!!!
We assess the quality of our care according to applicable standards as part of both internal and external audits. The qualitative aspects of our organisation and the work we do are assessed by the Dutch Institute for Accreditation in Healthcare (NIAZ). We also carry out patient satisfaction surveys on a regular basis, logging and analysing all emerging complaints and suggestions.

The Rotterdam Eye Hospital has the highest rate of referrals in the Netherlands. We receive excellent scores in the field of patient satisfaction. Moreover, we have won various awards from leading institutes for our innovation, patient safety, conduct of business and design.

The Rotterdam Eye Hospital is the founder of The Eye Care Network, in which as part of which ophthalmologists from various hospitals, optometrists and eye rehabilitation institutes work closely together. Another initiative is the Rotterdam Ophthalmic Institute (R.O.I.) which brings together scientific research carried out under the auspices of The Rotterdam Eye Hospital. The Eye Hospital Focus Clinic is a private hospital belonging to The Rotterdam Eye Hospital. The Focus Clinic specialises in refractive eye surgery and cosmetic eyelid surgery, emphasising quality over treatment numbers or profit.

Finally the European Association of Eye Hospitals (EAEH) and the World Association of Eye Hospitals (WAEH) were founded at the initiative of The Rotterdam Eye Hospital.

The Rotterdam Eye Hospital
- 130,000 outpatient visits (475 p/dag)
- 12,500 operations (45 p/dag)
- 4 OR’s + 2 OR’s day care center
- 8 beds
- 97% day care
- 30% outside the region Rotterdam
- 26,000 ER visits (70 p/dag) (24/7)
- 560 contributors, 430 FTE
- 35 ophthalmologists + 26 physician assistant

The Eye Care Network
- Established in 2011
- 2007: introduction of the franchise model
- 13 Departments of Ophthalmology of Dutch hospitals participating (Our partners)
- Participation of over 70 Dutch ophthalmologists
- Over 200 opticians and optometrists participating in the network
- Service organisation with 10 all-round business consultants

Rotterdam Ophthalmic Institute
- 38 active studies
- 12 new studies
- 2 new contract research studies
- 25 new study proposals
- 55 publications
- 6 PhD graduations
The Hulstkamp Building

The Hulstkamp Building is a national monument located at the Maaskade in Rotterdam. The building offers a stunning view of the north side of the Noordereiland neighborhood. The architect, Jacobus Pieter Stock, designed this Neo-Renaissance style building in 1888. A distinct feature of this building is the red bricks, decorated with white stripes and ornaments.

History

The contracting firm for this construction was Laming & Sons, whom moved into this building in 1892. It was originally served as a magazine and cheese factory, including additional offices, apartments and storage facilities. After declaring bankruptcy, ownership of this building went to the firm Hulstkamp & Zoon & Molijn between 1919 and 1972, where it served as a Dutch gin distillery. During the attacks in Rotterdam in May 1940, this building was one of the first to be occupied by the German military. In 1979 this building was abandoned after which from 1980 till 1995 it served as the Marines Museum.

Renovation

After extensive renovations of the office building and the demolition of the distillery, this historic building turned into a convention center for business, banqueting and conference purposes. Galleries were introduced in the main exhibition hall and the former storage facilities were transformed into office spaces. Five exhibition halls can be found on the ground floor along with a conservatory with glass panels in the center. The original steel frame is visible in the exhibition halls ‘De Branderij’ and ‘De Stokerij’.

www.hulstkampgebouw.nl
The Wereldmuseum Rotterdam

History

The museum is located in the former Royal Yacht Association clubhouse. The building dates from 1851 and was established in 1852 by King Willem III. The Yachtclub received items as gifts from knights, scientists and collectors and displayed these in their building. After the death of Prince Hendrik, president of the Yachtclub, in 1879, this building was sold to the municipality of Rotterdam. In 1885, this building turned into a local museum: the Museum of Ethnology.

The collection of objects and artifacts from different cultures all over the world grew even more as newer items were obtained from Dutch missionaries, sailors, soldiers and merchants. These items were considered as trophies for these groups of people. The growth led to the expansion of the building, as an additional floor was built. J.W. van Nouhuys, a researcher and former member of the New Guinea expedition, was the director of this museum between 1915 and 1934. He was in charge for organizing the collection in a scientific manner. At the time, the collection grew to approximately 110,000 objects and 100,000 pictures.

www.wereldmuseum.nl
City of Rotterdam

Rotterdam is one of the most vibrant cities in the Netherlands. Once a settlement on the bank of the river Rotte, nowadays the main port of Europe. With the construction of a dam in the Rotte around 1270, the flooding came to an end. The dam created a polder, in which the city of Rotterdam could develop.

Rotterdam developed into a relatively small city of just 600,000 inhabitants, yet blessed with an enormous world port and on its territory.

The city also developed into a multicultural and dynamic city, where everything is possible. The young and multi-ethnic population is a valuable cornerstone of the city Rotterdam. It contains all the ingredients for people to develop: universities, cultural organisations, creative industry, research institutes, et cetera. This is why people seek their fortune in Rotterdam.

Many large multinationals are situated in Rotterdam, but also small entrepreneurs have great possibilities to develop their company in this city. Part of the thriving economy is also a well-equipped local healthcare system. The city stimulates healthcare organisations to innovate and develop.

Keynote speakers

Thursday May 26

Koppert Cress

Learning from other industries: Cross over Food & Healthcare

New technologies give us the opportunity to collect more data about ourselves. This way we get more and better insight into our own health and what is good for us. Is it better for me today to eat broccoli or rather a tomato or cress with some specific nutrient? This is called ‘personalization’ and this is the future for both the healthcare as the food industry.

09.45-10.15

Robotics and the future of retinal surgery

Robotics offers high positional accuracy as well as ultimate control with. With programming, imaging feedback and logical control loops, it is possible to automate routine tasks. As robotics are introduced to eye surgery, the role of the surgeon will evolve from instrument manipulator to pilot who oversees and directs procedural tasks orchestrated to complete eye surgery. Specific applications will be discussed during the presentation.

10.45-11.15

Navigating through a healthcare landscape - lessons from an European study

In this presentation I share the lessons we learned from an (ongoing) European study on new professional roles. The study shows that many new professional roles have been developed, sketching a rather diverse picture of (new) healthcare occupations. Moreover, we reveal that new professional roles are a highly situated endeavour as tasks and responsibilities are mainly defined within healthcare organizations and local healthcare practices.

13.30-14.00

Port of Rotterdam - The challenge!

The world is changing and companies and institutions need to adapt rapidly. At the moment fossil fuels make up 60% of the market of the Port of Rotterdam. New developments in the energy sector and the gradually disappearance of fossil fuels create the necessity to focus on new markets. Creating new possibilities and making your company ready for big changes requires the possibility for open innovation, creative thinking and leadership, but also not to fear of letting go what once was your core business.

15.45-16.30

Since 1 October 2014 Victor Schoenmakers is Director Corporate Strategy. We focus on the long term strategy for the port of Rotterdam.

In the past, Victor Schoenmakers has held manifold positions at the Port of Rotterdam, such as Director European and International Affairs and Director of Marketing.

Koppert Cress

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15.45-16.30
### Thursday May 26

#### 1. Technological innovations

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
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</table>
| 11.15-11.30 | Mrs Mia Klinten  
Grand PhD Candidate  
Biostatistics  
The Rotterdam Eye Hospital  
The Netherlands | One year prediction of low vision in uveitis patients  
Development of a statistical model to predict chances of low vision in uveitis patients under treatment. Accurate assessment of the risk is highly relevant for these patients as uveitis is the leading cause of legal blindness in the working population in the western world. |
| 11.30-11.45 | Mrs. Laurence Queurat  
Clinical Research Coordinator  
St. Erik Eye Hospital  
Stockholm, Sweden | Self-tonometry as a complement in the investigation of glaucoma patients  
The purpose of our study was to evaluate the reliability of IOP measured by glaucoma patients themselves and to observe if IOP variations have the same pattern on different days. The results of our study show accuracy of the measurements made by glaucoma patients using rebound self-tonometry and the high incidence of IOP peaks outside office hours. |
| 11.45-12.00 | NC Audrey Kon  
Nurse Clinician  
Singapore National Eye Centre, Singapore | Innovations in the SOC setting  
We are answering too many 'whys' in healthcare. For innovations to happen, the questions asked should start with the word 'how'. In this session, we want to provide a few insights and options on how ophthalmology can utilize the data in our systems to possibly improve one of the most chronic questions in healthcare. |
| 12.00-12.15 | Mr. Mark Petty  
CEO Royal Victorian Eye and Ear Hospital, Melbourne, Australia | Remote Ophthalmology Diagnostic System  
EyeConnect & EyePressure devices  
The Eye and Ear has worked with Ingenuity (a private company) to develop the Remote Ophthalmology Diagnostic System (RODS). The RODS project consists of two clinical devices designed to assist with effective remote risk management of acute ophthalmic conditions: |

#### 2. Care within and across hospitals

<table>
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<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
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</table>
| 12.15 - 12.30 | Dr. Wisse  
Ophthalmologist  
UMC Utrecht, The Netherlands | iOCT in corneal surgery  
Sponsored speaker, Zeiss. |
| 13.00-13.15 | Dr. Melanie Lai  
Department Head, Orthoptics, Sydney (eye) Hospital, Discipline Advisor, Orthoptics, South Eastern Sydney Local Health District, Australia | Developing integrated models of care within glaucoma specialist outpatient service  
At The Sydney Eye Hospital, demand for access to Glaucoma Specialist Outpatient Clinics exceeds service capacity. Therefore the multi-disciplinary team (MDT) of the Glaucoma Specialist Unit are testing impacts of integrated models of care in managing increasing service demand. They hope to shift the current system by enhancing traditional scope of practice of healthcare professionals, improving interprofessional collaboration, communication and care planning within hospital borders. |
| 14.15-14.30 | Mr. Chrétien Frambach  
Bsc, FIAOA Optometrist  
Oculenti, Location  
The Rotterdam Eye Hospital, The Netherlands | The role of the contact lens specialist in a KC-carousel  
In a KC-carousel the contact lens specialist has an integrated role. KC-patients are very dependent of the success of contact lens fitting. Contact lens tolerance can also be very challenging. Despite correction with RGP contact lenses KC-patients may experience problems with visual performance. Managing these problems needs excellent teamwork. |
14.30-14.45
Optometrist led Keratoconus Monitoring Service for Corneal Cross Linking
An evidence-based update on optometrist-led management of keratoconus and suspect keratoconus patients in a dedicated hospital-based clinic. Discussion will be focused on diagnostic criteria for keratoconic progression, nuances in the use of corneal topography in the management of keratoconus, creation of a dedicated keratoconus monitoring service and the use of visual function measures to detect keratoconic progression.

14.45-15.00
Manpower Augmentation Initiatives in SNEC
The ageing population with shifts in disease patterns will be a strong driver for healthcare demand. On the supply side, we are facing a shrinking workforce. In this presentation, we share 2 new manpower augmentation initiatives in SNEC: 1) Upgrading Clinic Assistants to Ophthalmic Assistants and Ophthalmic Technicians, and 2) Equipping GPs with Primary Eye Care skills. Resulting in a optimisation of skilled manpower resources and improved patient accessibility to healthcare.

3. Eye Care Network Day
16.30-17.00
Does networked care offer future sustainability for the smaller specialty? Moorfields is one of 25 national acute care collaborative vanguards selected by NHS England. The programme in Moorfields will deliver two key outputs – a toolkit to enable other organisations to implement a network model of care; and a publication which will explore national, international healthcare, commercial network models and the critical success factors needed to expand a network.
Keynote speakers

Friday May 27

09.00-09.30

Ir. Job Brüggen
Safety Manager
Dutch Air Traffic Control
Schiphol
The Netherlands

Job Brüggen holds a masters degree from Delft University of Technology in Aerospace Engineering. In 1986 he started working for the National Aerospace Laboratory where he later became the head of the Air Transport Division. His particular interest in safety led him to Air Traffic Control the Netherlands, to become their first safety manager in 2002. He is particularly known for his activities in Just Culture developments and was one of the first to demonstrate the detrimental effect of prosecution of air traffic controllers on incident reporting. In 2003 he re-created the CANSO Safety Standing Committee and chaired it for six years. He is currently leading the effort for the FAB Europe Central safety management activities. He also advises in health care on safety matters with a particular focus on safety leadership from the top.

APPEAR good or BE good?
Safety can be managed, using a variety of techniques and tools. Safety culture as an enabler for good safety management is recognized, however JUST CULTURE, as one of the most important parts is hard to manage. Fortunately, you will not be alone in your quest...

13.30-14.00

Mrs. Hester Rippen
CEO Child & Hospital Association
The Netherlands

The child in the middle of the health care process. What does this mean for healthcare organizations?
From the perspective of the child and the parents this presentation brings across what it really means for health professionals and health care organizations to put the patient in the middle. How to really embed Shared Decision making and Patient Participation in your work and to understand it better.

1. Quality and Safety

09.30-09.45

Mrs. Linda Åström
Quality coordinator
St Erik Eye Hospital
Stockholm, Sweden

Resource planning
Resource planning has been introduced at two clinics at St. Erik Eye hospital. The aim has been to identify the necessary resources for the clinics care pathways by looking at best medical practice and estimating number of patient visits by historic and predicted data. The result is continuously followed by monitoring the number of out-patients visits and operations, outcome between planned and performed care according to staff schedule and number of rooms used.

09.30-09.45

Mr. Mark Petty
CEO Royal Victorian Eye and Ear Hospital,
Melbourne, Australia

Improving performance in a busy Eye & Ear Emergency Department
The Eye and Ear Emergency Department (ED) provides a statewide service for eye and ENT emergencies. The Eye and Ear is undergoing an extensive redevelopment which has significantly impacted on the ED surrounds. At WAEH 2015 ED process improvements were described and this work has continued, with the ED continuing to meet key performance indicators within a difficult environment.

10.00-10.15

Dr. Monica Michelotti
Vitreoretinal fellow
Casey Eye Institute
USA

The Six Domains of Health Care Quality
The Institute of Medicine provides an analytic framework for quality assessment by providing six aims for the health care system. These six aims are: safe, effective, patient-centered, timely, efficient, and equitable. This presentation will discuss the six measures and how they apply to ophthalmology, using age related macular degeneration as an example.
Rolling up your sleeves
The Rotterdam Eye Hospital participates with 10 other hospitals in the Rotterdam area in a programme called ‘Rolling up your sleeves’, aiming to substantially improve uniform policy and hand hygiene compliance. During this programme we have experienced successes and difficulties which we will share with the WAH.

Quality improvement in healthcare
Healthcare systems around the world are facing common challenges that are impacting access, quality and delivery of care. Yet a number of developments are ushering in a new era in health that bring the promise of better value, greater access and improved outcomes.

Study results on tool used to quantify and measure situational awareness for scrub nurses in an Ophthalmic Operating Theatre
Situational awareness (SA) is one of the crucial cognitive elements not widely explored in healthcare, especially for cataract surgeries in fast paced ambulatory setting operating theatre (Koh, Park & Wickens, 2014). SPLINT (Scrub Nurse List of Intra Operative Non-Technical Skills) could provide us a method to understand how work system impacts human factor skills in the OT and the findings could provide insights in understanding constrains that prevent attainment of SA in a fast paced operating room.

OR Fire and Patient Safety
Fires are an avoidable and a potentially deadly event in the operating room. OR fires should never happen. We can assess the risk of a surgical fire during the pre-incision time out.

A review of 145,234 ophthalmic patient episodes lost to follow up
Moorfields Eye Hospital reviewed the records of all patients in all subspecialties without review appointments booked between July 2007 and November 2012. Purpose: To determine whether ophthalmic patients lost to follow up had come to harm and develop investigation techniques to optimise safety and minimise clinical staffing resource.
Mrs. Aline Stolk  
PhD Student,  
The Rotterdam Eye Hospital  
09.30-10.30  
Quality of cataract care: comparing between stakeholders and cultures  
Our study on quality measurement is motivated by the many different and extensive indicator sets around and in use. We propose a method which involves multiple stakeholders and perspectives to compose a shared and compact indicator list, as needed to effectively manage quality improvement.

43x647

Mr. R oel van der Heijde  
Senior Consultant / Trainer / Confidential Counsellor  
The Rotterdam Eye Hospital  
The Netherlands  
11.00-12.00  
Implement the use of The Eye Card Game to improve patient safety and teamwork  
The Rotterdam Eye Hospital has started with daily briefings for all teams with the objective to improve patient safety and teamwork. The Eye Care Card Game is developed to improve these discussions during the daily briefing moment.

Mr. Maria Gonzalez  
Managing Director  
Moorfields Eye Hospital Dubai, United Arab Emirates  
14.00-14.15  
Patient Focus Model in Business Development  
I will present the clinical model of Moorfields in the UAE to establish, consolidate and develop the Moorfields Brand within a new market, preserving the quality of care and the patient focus in the center of everything we do. The presentation intends to provide with insights about the management of market opportunities, challenges and innovations in the healthcare eye sector, preserving the quality of service with the associated and expected financial outcomes.
15.00-15.15
How Moorfields Eye Hospital set up a successful Integrated Patient Support Service

Moorfields Eye Hospital presented the need for timely appropriate support and information for visually impaired patients is well recognized. The Integrated patient support service was formed as a response to recognition of this unmet need at Moorfields Eye Hospital. Presented will be the background to the service including the initial stages and practicalities of setting up a new team and the discussion of referral pathways. Also we will discuss future plans for patient support services and argue that this model could be used by other eye hospitals.

Ms. Louise de Board
Opthalmic nurse counsellor
Moorfields Eye Hospital, London, UK

Mr. David Samuels
Senior Eye Clinic, Liaison Officer,
Moorfields Eye Hospital, London, UK

15.30-15.45
Review of analyses of data of the WAEH member Eye Hospitals

Mr. Kees Sol
Member of the board, WAEH Member of the board
The Rotterdam Eye Hospital
The Netherlands

09.30-09.45
Trend total number of intraocular injections 2010 – 2014

Mrs. Tracy Luckett
Director of Nursing and Allied Health Professions-
Moorfields Eye Hospital, London, United Kingdom

10.00-10.25
Benchm arking and the WAEH Medical Outcomes Project with ICHOM Standard Set

Ms. Glenda Leong
Senior Manager, Clinical Audit, Singapore National Eye Centre, Singapore

13.30-13.45
The influence of bed rest with positioning on the progression of macula-on retinal detachment

Mr. Jan Hendrik de Jong
PHD candidate
The Rotterdam Eye Hospital
The Netherlands
IT enabled quality assurance system for Glaucoma & Diabetic Retinopathy - WAEH Project
The purpose of this project is to develop an IT based quality assurance system for Glaucoma and Diabetic Retinopathy (DR) that is relevant for the WAEH member hospitals and beyond. The expected outcome of the project is to have an IT based quality assurance system developed, that can be used to monitor universally acceptable quality indicators for Glaucoma and DR.

IT Innovations – A CFO Perspective SNEC
Technology is moving us in a new, third direction. “Listening technologies” are following our every move and giving us feedback constantly. If you buy a book by one author, a similar one pops up on your shopping page. If you listen to a song, other artists in a similar genre appear alongside. This kind of feedback is being constantly expanded.

Ophthalmic skills training workshop for nurses and nursing aides from community-based care settings
As the elderly are prone to visual impairment resulting from common age related eye conditions, Singapore National Eye Centre (SNEC) identified a growing need for the nurses/nursing assistants from the nursing homes to be trained to deliver basic ophthalmic care. To address this need, SNEC Description: developed the “The Ophthalmic Skills training program” in collaboration with the Agency for Integrated Care (AIC

Asian Eye Hospital’s journey to business excellence
Our institute is a part of a very large business conglomerate in various industries. Our business model differentiates us from most eye facilities in the country. The institute is run by business professionals; the medical team concentrates on what they do best. Given the complex business environment and shareholder requirements, we adopt the Corporate’s planning process processes to align ourselves, in risk management for example. The process has guided us to initiate actions based on our assessment.

Home eye care
A presentation to discuss what strategies an Eye Care facility can employ to the growing demand of patients with eye problems at home level.

Development of regional healthcare alliance for the aim of “Year of Bright Vision”
Healthcare alliance is an important policy of healthcare reform in China to balance the contradiction between health demand and supply and to decrease the rapid growth of health expenditures. In 2015 Tianjin Medical University Eye Hospital (TMUEH) cooperated with regional secondary hospitals as well as community health centres to establish the “Regional Healthcare alliance” for the aim of “Year of Bright Vision” project. Presented will be different projects and strategies which contributed to the alliance.

Tackling Retinopathy of Prematurity via Telescreening in Rural India
India has the highest number of premature deliveries in the world and a large percentage of the babies are at risk of retinopathy of prematurity (ROP) and blindness. Aravind Eye Hospital started a ROP-telescreening program where a trained team visits NICUs covering a radius of 200 kms around the city. This project is proving to transcend the barriers of awareness and access to provide crucial and timely intervention, thereby saving vision.
Founding members

- Singapore National Eye Centre (Singapore)
- Moorfields Eye Hospital (London, UK)
- The Rotterdam Eye Hospital (Rotterdam, The Netherlands)
- 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)

Full members

- The Royal Victoria Eye and Ear Hospital (Dublin, Ireland)
- Jakarta Eye Center (Jakarta, Indonesia)
- Tianjin Medical University Eye Hospital (Tianjin, China)
- Sydney Eye Hospital (Sydney, Australia)
- Kim’s Eye Hospital (Seoul, South Korea)
- Aditya Jyot Eye Hospital (Mumbai, India)
- St. John of Jerusalem Eye Hospital
- Kellogg Eye Center (Ann Arbor, USA)
- Fondation Asile des Aveugles (Lausanne, Switzerland)
- The Metta Eye Hospital (Metaprapachat (Wat Rai Khing) Hospital) (Bangkok – Thailand)
- Ispahani Islamia Eye Institute & Hospital (Bangladesh)
- Bascom Palmer Eye Institute (USA)
- Massachusetts Eye and Ear Infirmary (USA)
- Phillips Eye Institute (USA)
- Wilmer Eye Institute at Johns Hopkins (USA)
- Emory Eye Center (USA)
- New York Eye and Ear Infirmary (USA)
- Wills Eye Hospital (USA)

Associate members

- Himalayan Eye Center (Pokhara, Nepal)
- Mechí Eye Center (Mechi, Nepal)
- Cao Thang International Eye Hospital (Hồ Chí Minh, Vietnam)
- Institute of Ophthalmic Science - Angeles Lomas Hospital (Mexico-city, Mexico)
- Aravind Eye Care System (Madurai, India)
- Suriname Eye Center (Paramaribo, Suriname)
- Chittagong Eye Infirmary and training Complex (Chittagong, Bangladesh)
- Asian Eye Institute (Makati City, Philippines)
- Clínica oftalmolóogica Pasteur (Chili)
- Tays Eye Centre (Tampere, Finland)
- West of England Eye Unit (Exeter, UK)
- Dr. K. Zaman BNSB Eye Hospital (Mymensingh, Bangladesh)
- Suraj Eye Institute (India)
Colophon

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