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Our vision
To provide integrated healthcare

Our mission
In partnership, building a healthy community

Our values

Service: Caring for those in need; making a difference; being responsive; person-centred; listening.

Integrity: Open; honest; just and reasonable; ethical.

Compassion: Caring for our clients, patients, carers and families, and each other; showing empathy; being non-judgemental; accepting; taking time; showing humility.

Respect: Walking in the shoes of others; recognising individual needs; showing tolerance; treating others as equals; acknowledging worth.

Excellence: Giving our best; striving for the best results; putting in that little extra; aiming for better practice; being innovative; professional; providing quality services.
Welcome

We are pleased to present the Quality of Care Report 2012.

Quality and safety underpin every service and program that Peninsula Health provides to our community. Both the Board of Directors and the Executive Directors are responsible for ensuring that we have robust systems and processes that reflect best practice to achieve optimal outcomes for our consumers. Each and every member of staff is committed to improving the way we work for the benefit of our consumers, their families and carers.

The Quality of Care Report is Peninsula Health’s report to the community on our quality and safety systems, processes and outcomes. This information is presented using text, tables, statistics, stories and consumer comments to illustrate how we monitor quality and safety. It identifies how we close gaps in the health care we provide to our community, how we benchmark our performance and how we consult with consumers to meet the needs of diverse groups and individuals within the Peninsula Health catchment area.

A few highlights of this year’s report include:

☐ New initiatives aimed at improving the health care and wellbeing of Aboriginal and Torres Strait Islander people in our community, including the signing of the Close the Gap Statement of Intent at this year’s Indigenous Equality Summit; BayMob News, a quarterly bulletin for Aboriginal and Torres Strait Islander people in our community; and the launch of an Aboriginal Healing Garden at Frankston Hospital

☐ Recognition of the Gay, Lesbian, Bisexual, Transgender, Intersex and Queer Community Advisory Group in last year’s Victorian Public Healthcare Awards for its active commitment to raising the profile of health and wellbeing issues for people of diverse gender and sexuality within Peninsula Health and in the community

☐ Additional resources in the Emergency Department designed to help streamline assessment and treatment, particularly during busy periods

☐ Improvements in access to elective surgery

☐ Case stories illustrating how our Mental Health Service helps clients to build a meaningful and satisfying life

☐ Some of the benefits derived from our $8.7 million expansion of the Women’s Health Unit and Special Care Nursery

☐ Information about the enhancements to services at Rosebud Hospital site and its development as a health hub for people on the Southern Mornington Peninsula.

Your feedback plays a key role in helping Peninsula Health to implement quality improvements and we would like to hear your concerns, compliments and suggestions. In this report you will find information on the Victorian Patient Satisfaction Monitor, a Department of Health survey that reports on patient satisfaction and Peninsula Health’s own feedback initiative that gathers on the spot comments from consumers across the Health Service.

We encourage you to contact us if you are thinking about volunteering at Peninsula Health, about getting involved in one of our 14 Consumer Advisory Groups, or, as vacancies occur, becoming a consumer representative on our Community Advisory Committee.

Ms Nancy Hogan
Chairperson
Board of Directors

Dr Sherene Devanesen
Chief Executive
Each year Peninsula Health produces a *Quality of Care Report* to share information about our achievements and challenges as we work to continuously improve the quality and safety of the health care we provide for our consumers in Frankston and across the Mornington Peninsula.

The Department of Health’s 2011-12 *Policy and funding guidelines* require all health services in Victoria to publish an annual *Quality of Care Report* for the financial year 1 July 2011 to 30 June 2012. This report describes systems, processes and outcomes across a range of areas including:

- Partnerships with our consumers, carers and the community
- Quality and safety
- Continuity of care.

**Distribution of our Quality of Care Report**

Peninsula Health’s *Quality of Care Report* is distributed at our Annual General Meeting. We also distribute it to patients, clients, residents in our aged care facilities, visitors, health care partners, local GP clinics, and community leaders. Copies are also available in the main reception areas at all Peninsula Health facilities.

You can read the *Quality of Care Report* on our website at www.peninsulahealth.org.au.

We welcome your feedback on the *Quality of Care Report 2012* or your suggestions for new areas to include in next year’s report. Please fill out the enclosed feedback form and send it back to us. Or give us your feedback by emailing customer.relations@phcn.vic.gov.au.

**Compliments and complaints**

Compliments and complaints from patients, carers and families help us understand what we do well and how we can best improve our services.

We encourage you to express your concerns by telephone, via our website, in writing, or in person to the Manager of Customer Relations or person in charge of the relevant department or program.

See page 17 to read about how we manage complaints.

**To pass on a compliment or complaint**

Phone Customer Relations on (03) 9784 7298 or email customer.relations@phcn.vic.gov.au.

**For information about our services and programs**

Phone Public Relations & Marketing on (03) 9788 1501 or email publicrelations@peninsulahealth.org.au.

Or visit our website at www.peninsulahealth.org.au.
Maintaining and enhancing standards

Health service accreditation

As an independent organisation and the main accrediting body for health services in Australia, the Australian Council on Healthcare Standards (ACHS), assesses health services against a set of comprehensive standards (ACHS EQuIP).

As reported in our Quality of Care Report 2011, last year Peninsula Health took part in a full organisation-wide assessment by ACHS to assure our community that we are performing well and are able to provide safe, high quality care. We performed very well in this accreditation survey, gaining 22 Excellent Achievement Ratings. As part of the survey, ACHS made recommendations on areas where further improvement could be achieved. In March 2012, we submitted a self-assessment to ACHS on our progress towards meeting the recommendations.

Residential aged care accreditation

All residential aged care facilities across Australia, including nursing homes and hostels, must be accredited in order to receive Australian Government funding. The Aged Care Standards and Accreditation Agency (ACSAA) is the independent body that manages this process. ACSAA accredits a facility for a period of three years. All of Peninsula Health’s residential aged care facilities are fully accredited.

- Rosebud Residential Aged Care Services (RRACS) comprises Jean Turner Community Nursing Home and Lotus Lodge Hostel and provides high and low care residential services to 50 residents. In July 2012, RRACS was assessed by ACSAA and both facilities met each of the 44 standards.

- Carinya Nursing Home in Frankston is a 30-bed high care mental health facility for aged care residents. In August 2012, Carinya Residential Aged Care Service was assessed by ACSAA and met each of the 44 standards.

- Michael Court Hostel in Seaford is an 18-bed low care facility for aged care residents with age-related mental health issues. In May 2012, Michael Court Hostel was re-accredited by ACSAA, meeting all 44 standards.

ACSAA comments

**Rosebud Residential Aged Care Service**

“Residents and relatives appreciated that staff regularly went out of their way to ensure residents and their family members were well supported and cared for.”

“It was refreshing to be in a home that was so welcoming.”

**Michael Court Hostel**

“Michael Court has a passionate, enthusiastic, committed group of staff.”

“…A vibrant community, being cared for by experts.”

**Carinya Residential Aged Care Service**

“Residents and families felt secure and safe.”

“Residents were evidently well cared for and respected.”

Quality and safety in residential aged care

Each quarter, Peninsula Health reports to the Department of Health on five key aspects of the clinical care provided in our residential aged care facilities. These are called Quality Indicators in Public Sector Residential Aged Care Services. This process enables us to identify possible improvements for implementation, and to measure and report on our efforts and successes. The areas we report on include:

- Pressure ulcers
- Falls and falls with fractures
- Restraint
- Nine or more medications
- Unplanned weight loss.

The information is gathered through regular audits, incident monitoring, and ongoing observation of residents.

See next page for information about Peninsula Health’s performance in these Quality Indicators in Public Sector Residential Aged Care Services.
Maintaining and enhancing standards

Peninsula Health Public Sector Residential Aged Care Quality Indicators 2011/12
(State averages appear in brackets)

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>ROSEBUD</th>
<th>MICHAEL COURT</th>
<th>CARINYA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of pressure ulcers</td>
<td>Stage 1: 0.53 (0.60)</td>
<td>Stage 1: 0.49 (0.60)</td>
<td>Stage 1: 0.19 (0.60)</td>
</tr>
<tr>
<td></td>
<td>Stage 2: 0.65 (0.62)</td>
<td>Stage 2: 0.55 (0.62)</td>
<td>Stage 2: 0.01 (0.62)</td>
</tr>
<tr>
<td></td>
<td>Stage 3: 0.07 (0.11)</td>
<td>Stage 3: 0.07 (0.11)</td>
<td>Stage 3: 0.00 (0.11)</td>
</tr>
<tr>
<td></td>
<td>Stage 4: 0.04 (0.06)</td>
<td>Stage 4: 0.04 (0.06)</td>
<td>Stage 4: 0.00 (0.06)</td>
</tr>
<tr>
<td>Prevalence of falls</td>
<td>6.7 (7.35)</td>
<td>5.36 (7.35)</td>
<td>10.17 (7.38)</td>
</tr>
<tr>
<td>Prevalence of falls with fractures</td>
<td>0.14 (0.12)</td>
<td>0.31 (0.12)</td>
<td>1.01 (0.14)</td>
</tr>
<tr>
<td>Incidence of physical restraint</td>
<td>0.00 (1.10)</td>
<td>0.00 (1.10)</td>
<td>9.97 (1.06)</td>
</tr>
<tr>
<td>Incidence of resident prescribed nine or more medicines</td>
<td>4.42 (4.17)</td>
<td>7.88 (4.17)</td>
<td>6.62 (4.2)</td>
</tr>
<tr>
<td>Unplanned weight loss</td>
<td>1.04 (0.82)</td>
<td>0.47 (0.82)</td>
<td>0.67 (0.79)</td>
</tr>
</tbody>
</table>

Garden therapy benefits Michael Court residents

In February 2012, volunteers from three Bunnings stores banded together as part of their community involvement program and built four raised garden beds at Michael Court Residential Aged Care Hostel in Seaford.

Bunnings donated the raised beds, drainage and good compost, and a variety of seedlings and vegetable plants. Their donation also included gardening equipment.

“Horticultural therapy helps with the mental and physical health of our residents,” said David Sinclair, Unit Manager at Michael Court. “The raised beds bring the garden closer to the residents who can tend them without bending over.”

A horticultural therapist visits Michael Court each week to work with the residents, exploring and developing their skills. The vegetables grown in the raised beds form part of the residents’ healthy diet, and are cooked in their unit kitchens.

“The raised beds are a beautiful addition to our much loved gardens,” said David. “They produce hours of pleasure for our residents.”

National Health Standards

The Australian Commission on Safety and Quality in Healthcare has developed 10 National Health Standards for quality and safety. Peninsula Health has been actively involved in reviewing the guidelines for these standards, which will be implemented from 1 January 2013.

<table>
<thead>
<tr>
<th>National Health Standards</th>
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<tbody>
<tr>
<td>Governance for Safety and Quality in Health Service Organisations</td>
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<tr>
<td>Partnering with Consumers</td>
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<tr>
<td>Preventing and Controlling Healthcare Associated Infections</td>
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<tr>
<td>Medication Safety</td>
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<tr>
<td>Patient Identification and Procedure Matching</td>
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<tr>
<td>Clinical Handover</td>
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<tr>
<td>Blood and Blood Products</td>
</tr>
<tr>
<td>Preventing and Managing Pressure Injuries</td>
</tr>
<tr>
<td>Recognising and Responding to Clinical Deterioration in Acute Health Care</td>
</tr>
<tr>
<td>Preventing Falls and Harm from Falls</td>
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</tbody>
</table>
Clinical governance – practice and policy

Strong governance

Maintaining the highest standards in quality and safety underpins everything we do at Peninsula Health. All departments have specific strategic goals designed to improve quality and safety for our community. Each Executive Director is responsible for developing an Operational Quality and Risk Management Plan, and all outcomes are reported to the Board of Directors.

Strategic goals for Peninsula Health

1. Create a better consumer experience
2. Provide timely and appropriate healthcare
3. Care for and develop our workforce
4. Promote the health and wellbeing of our community and staff
5. Enhance quality
6. Provide innovative and efficient services

Clinical governance framework

Strong clinical governance ensures we have the right people and right systems in place to deliver the highest standards of care to the community. The clinical governance framework at Peninsula Health is based on the Victorian Government Clinical Governance Policy Framework. This framework is built on four domains of quality and safety – Consumer Participation, Clinical Effectiveness, Effective Workforce, and Risk Management.

- The Board’s Quality and Clinical Governance Committee oversees the clinical governance framework and system, monitoring how each of our services continuously improves quality and safety. This committee is chaired by a Board Director and attended by Board Directors, the Chief Executive, Executive Directors, members of the Quality Department, and a consumer representative.
- The Quality of Care Report ensures the community is informed of Peninsula Health’s achievements in quality and safety.

Board of Directors

Quality & Clinical Governance Committee minutes are reported to the Board of Directors.

Quality & Clinical Governance Management Committee

Meeting minutes are reported to the Board Quality & Clinical Governance Committee.

All Safety and Quality Committee reporting is received by the Quality & Clinical Governance Management Committee.

All actions and outcomes are reviewed.

Specific Patient Safety Committees:

- Transfusion Safety
- Skin Integrity
- Risk Identification, Safety, Communication, Environment (RISCE)
- Falls
- Medication Safety
- Radiation Safety
- Deteriorating Patient
- Clinical Handover
- Identification and Procedure Matching

Mortality and Major Morbidity Review Committee:

- Coroners reports
- Mortality Reviews
- Sentinel Events
- Adverse Events

Infection Prevention & Control Committee:

- Hospital acquired infections
- Auditing of environment
- Infection prevention
- Needle stick injuries
- Hand hygiene

Departmental activities and quality improvement:

- Key Performance Indicators
- Customer Relations Reports
- Pathway Variance Reports

Peninsula Health Quality of Care Report 2012
Maintaining and enhancing standards

**Consumer participation**
We have developed a Consumer Participation Strategy that aims to build strong partnerships with our community to enable us to deliver improved health care outcomes. Our Consumer Information Steering Committee is one part of this strategy. This committee, which includes consumer members, reviews and approves clinical information produced by Peninsula Health for consumers to ensure it is accurate, relevant, accessible and easy to read.

**Clinical effectiveness**
Clinical effectiveness is crucial for providing skilled, appropriate and timely care, and to ensure that patients are informed and involved in decisions about their care.

- One strategy we use for measuring clinical effectiveness is to compare patient outcomes with those of other hospitals. This is called benchmarking. For example, we take part in the ACHS Clinical Indicator benchmarking program.
- Regular clinical reviews including audits are undertaken to identify issues that need improvement.
- A joint project with the Alfred Hospital resulted in implementation of a Care of the Dying Patient Pathway at Peninsula Health. The pathway is initiated once it is established that a patient is dying. It ensures that the patient and their family receive the best care based on evidence-based research.

**Effective workforce**
We check the qualifications, registration, work history and references of medical, nursing and allied health applicants before they start work at Peninsula Health.

We also check the credentials of all staff and ensure they work within the scope of practice that meets the State and Peninsula Health requirements. This ensures that all clinical staff have the right skills and qualifications to provide safe health care.

We invest in ongoing education and professional development through lectures, journal clubs, library, online resources and online learning courses.

Peninsula Health now has three Nurse Practitioners who have completed a rigorous course of study to achieve a Masters degree and Nurse Practitioner accreditation. This enables them to work autonomously, which may include writing prescriptions, interpreting pathology results or initiating some additional tests for patients. Please see page 7 for more information.
Risk management

In a health service, risk management is the process of identifying what, where, when, why and how something could happen that might adversely affect patients or systems. It also provides a guide for managing and preventing adverse events.

We use the Victorian Health Incident Management System (VHIMS), a state-wide electronic system for reporting and managing incidents, adverse events and near misses.

Understanding adverse events

At Peninsula Health, our Quality Department coordinates the investigation of serious clinical incidents. Each incident is investigated fully to improve practice and to prevent similar events happening again.

The Quality Department ensures that Mortality Reviews are undertaken by each clinical unit. This is another way of understanding how events have occurred and how they can be prevented in the future. Some deaths have to be reported to the Coroner if they are unexpected or result from an accident or injury. Within Peninsula Health, the circumstances surrounding a death are reviewed by senior clinicians across different clinical areas and provide opportunities to improve care.

A sentinel event is a very serious but rare event not caused by a patient’s illness. All sentinel events are formally investigated by Peninsula Health to identify the root cause, and are reported to the Department of Health. Strategies are put in place to ensure such events do not happen again. In 2011/12 there was one sentinel event investigated at Peninsula Health.

Maintaining and enhancing standards

Nurse Practitioners Jody Holmes, Julie Chimyong and Mark Williams represent the future of nursing.

Mark is Australia’s first Hospital in the Home (HITH) Nurse Practitioner. HITH is a flexible service that allows for patients with particular conditions to be treated in the comfort of their own homes. It can accommodate as many as 35 patients at one time.

“Treating patients in their own environment can be very beneficial for older people who are less mobile and may be more susceptible to infections and delirium,” said Mark. “New mothers can also benefit from Hospital in the Home without the stress of being separated from family members at home.”

As a Nurse Practitioner, Mark works in collaboration with doctors to provide a timely, flexible service for patients. He is able to prescribe certain medications, admit and discharge some patients, and has authority to order diagnostic tests and write up medical certificates.

Our other Nurse Practitioners, Jody and Julie, work in Renal Dialysis at Frankston Hospital and Rosebud Hospital.

“It’s great that nurses are increasing their scope of practice,” said Jody.

All three say the support offered at Peninsula Health was pivotal to their success, offering them study time away from work and advanced training support on the job.

“It’s a lot of hard work to gain Nurse Practitioner accreditation, said Julie. “But it’s really worthwhile.”

In the near future, Jody, Julie and Mark will be joined by nine more Nurse Practitioners at Peninsula Health who are currently working towards achieving their accreditation.
Community participation

Peninsula Health is committed to person centred care, working to improve quality and safety through partnerships with patients and consumers. This commitment is demonstrated through active community participation that aims to enhance our organisational and staff practices and processes to improve the experience of our consumers and community members.

Participation in health occurs when “consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community” (Department of Health ‘Doing it with us not for us’ Strategic Direction 2010-2013).

Peninsula Health’s strong commitment to community participation is reflected within our key documents such as the Strategic Plan, and our Vision, Mission and Values statements. It is demonstrated through the involvement of consumers and community members in our Community Advisory Committee, community advisory groups, and many of our planning, service delivery and quality activities.

Peninsula Health Board of Directors

Chief Executive

Executive Director Consumer Participation

Peninsula Health Community Advisory Committee (CAC)

Southern CAG

Westernport CAG

Mt Eliza Personal Assistance Call Service (MEPACS) CAG

Frankston Northern Peninsula CAG

Southern Hepatitis Aids Resource Prevention Service (SHARPS) CAG

Youth CAG

Disability CAG

Older Persons/Carers CAG

Gay, Lesbian, Bisexual, Transgender, Intersex & Queer (GLBTIQ) CAG

Aboriginal and Torres Strait Islanders (ATSI) CAG

Mental Health CAG

Community Health CAG

Cultural and Linguistic Diversity (CALD) CAG

Womens CAG
Peninsula Health’s Community Participation Plan 2009-2012 describes 50 projects designed to improve consumers’ experience of the Health Service.

### Our progress

The organisation demonstrates commitment to consumer, carer and community participation appropriate to its diverse communities.

**Target 75%**  
**Achieved 100%**

Our commitment to consumer, carer and community member involvement is demonstrated through:

- Our Community Participation Policy and Plan
- Our Disability Action Plan and Cultural Responsiveness Plan
- Improving Care for Aboriginal and Torres Strait Islander Patients program

An active Community Advisory Committee supported by 14 Community Advisory Groups which represent geographical areas, service streams and marginalised groups in the community

Enhanced staff capacity to work in partnership with consumers, carers and the community is reflected through increased consumer involvement in planning and design, steering committees, quality activities and projects.

### Consumers and, where appropriate, carers are involved in informed decision making about their treatment, care and wellbeing at all stages and with appropriate support.

**Target 75%**

- Patient feedback supplied on the Victorian Patient Satisfaction Monitor showed that a score of greater than 75% was achieved at Frankston and Rosebud Hospitals and across our Rehabilitation and Aged Care services.
- 99% of clients/carers were satisfied or highly satisfied with their involvement in decisions about their care or treatment in Community Health.
- 81% of residents/families/carers were satisfied with their involvement in decision making about their care or treatment in our Residential Aged Care facilities.

### Consumers and, where appropriate carers, are provided with evidence based accessible information to support key decision making along the continuum of care.

**Target 75%**

- With active consumer involvement, our Consumer Information Steering Committee (CISC) monitors consumer information in line with our Consumer Information Policy and checklist to ensure that consumer information meets the needs of our patients, clients, and carers. In the past 12 months, 95% of all information reviewed has met policy requirements.
- We asked patients to rate the written information they received on how to manage their condition and recovery at home on the Victorian Patient Satisfaction Monitor. The results were:  
  - Good to Excellent  
    - Frankston Hospital 86%  
    - Rosebud Hospital 85%  
    - Sub-acute sites 85%

### Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis.

**Target 75%**

- We achieved five of the six (83%) specified activities/dimensions with consumers, carers and community members involved in strategic planning, service, program and community development; quality improvement activities; ethics; quality, clinical and corporate governance committees; and development of consumer health information.
- Our Community Participation Plan includes a project to involve consumers in the complaints process. Successful completion of this project by December 2012 will address the final activity under this indicator to achieve 100%.

### The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.

**Target 75%**

- We have implemented extensive volunteer/consumer recruitment orientation and training processes and mechanisms to support participation:
  - A Consumer Consultant (project based) has been key to the success of our Executive Conversation Rounds program which facilitates in-depth conversations between Executive staff and patients about their health care experience
- Members of our Community Advisory Committee and Community Advisory Groups benefit from training and education opportunities provided by Peninsula Health staff or external organisations such as the Health Issues Centre
- 100% of in-service and orientation programs in Mental Health demonstrated evidence of Consumer and Carer involvement.
Did you know?

Our Community Advisory Committee and 14 Community Advisory Groups bring the community voice into Peninsula Health.

There are 127 consumer members involved in Peninsula Health committees and groups.

Peninsula Health’s Community Participation Plan 2009-2012 includes 50 projects designed to improve the consumer experience. To date, we have completed 36 of the 50 projects, and a further 14 are in progress.

Did you know?

Peninsula Health was highly commended in the Health Leaders Awards category of the 2011 Victorian Public Healthcare Awards for ‘A healthy partnership – Peninsula Health Community Participation’.

The contributions of our Gay, Lesbian, Bisexual, Transgender, Intersex and Queer (GLBTIQ) Community Advisory Group were recognised with the Outstanding Team Achievement Award in the Metropolitan Health Services category of the 2012 Minister for Health Volunteer Awards.

Our award-winning GLBTIQ Community Advisory Group

Convened by our Director of Complex Care Services, the group has:

- Worked with Peninsula Health staff, local GPs and healthcare professionals to develop more sensitive healthcare for local GLBTIQ communities in Frankston and the Mornington Peninsula
- Established a drop-in group
- Presented at the International Consumers Reforming Health Conference in 2011 and at Department Head meetings across Peninsula Health, and contributed to a ‘What does a GLBTIQ-friendly GP look like?’ workshop with the Peninsula GP Network (PGPN)
- Held the inaugural ‘Peninsula Proud’ health and wellbeing community event in April 2012, which attracted many members of the GLBTIQ community, their friends and families – in partnership with Women’s Health in the South East, Mornington Peninsula Shire, Frankston City Council, Good Shepherd and the Peninsula General Practice Network.

Leading by example

Peninsula Health was highly commended in the Health Leaders Awards category of the 2011 Victorian Public Healthcare Awards for ‘A healthy partnership – Peninsula Health Community Participation’.

The contributions of our Gay, Lesbian, Bisexual, Transgender, Intersex and Queer (GLBTIQ) Community Advisory Group were recognised with the Outstanding Team Achievement Award in the Metropolitan Health Services category of the 2012 Minister for Health Volunteer Awards.

The GLBTIQ Community Advisory Group was established in 2010 following the 2010 Well Proud Ministerial direction for improved health and wellbeing outcomes for GLBTIQ communities and Individuals. Peninsula Health was the first Victorian health service to respond in this way.

This dynamic group comprises 25 community members from Frankston and the Mornington Peninsula, and represents the diverse and complex range of GLBTIQ communities within Peninsula Health’s catchment area.

Our healthcare partnerships

In partnership with key organisations and services in our community, Peninsula Health works to enhance the quality of care we provide to all people in our community. These partnerships provide ongoing opportunities for sharing successful strategies, expertise and innovation. They include state and federal government departments, local councils, emergency services and universities, such as:

- Department of Health
- City of Frankston
- Frankston-Mornington Peninsula Medicare Local
- Monash University
- Mornington Peninsula Shire
- Peninsula General Practice Network
- University of Melbourne.
Our volunteers

Over 850 volunteers help Peninsula Health to enhance the quality of care for patients, residents and clients across all areas of the Health Service. We are committed to encouraging and fostering the highest possible standards in recruitment, training, management and recognition of volunteers. We value the contribution of our volunteers and recognise the importance of evaluating volunteer satisfaction in order to further improve our Community Participation Program.

A service-wide survey of volunteer satisfaction among Peninsula Health’s volunteers was conducted in December 2011. A large number of volunteers (376) returned their surveys. They reported that they enjoyed “meeting people (face to face) and making new friends”, “making a difference by helping others”, and “gaining a sense of purpose and personal satisfaction from their involvement”.

Retired school principal Alice Irving began volunteering with Peninsula Health in 2008.

Since her first involvement as a volunteer member of our Frankston/Northern Community Advisory Group, Alice has taken an active part in diverse Peninsula Health activities. These include membership of the Community Advisory Committee, the Womens Community Advisory Group, the Resource Smart Committee, the Human Research & Ethics Committee and the Surgical Model of Care Redesign Working Group.

As a member of these committees and groups, Alice continuously advocates for consumers. Her involvement in a Women’s Health Forum initiated by the Womens Community Advisory Group helped bring about real change to Peninsula Health policy and practice for women experiencing a miscarriage.

“If I was a patient I would be glad to know that someone like Alice is advocating on my behalf”, said Jan Child, Executive Director of Community Participation. “She is a shining example of how community participation can make a real difference.”

Alice was also involved in the redesign of our Surgical Model of Care. Her input ensured that we kept the patient perspective at the forefront of discussions. In July 2011, she presented this model of care at the inaugural Consumers Reforming Health International Conference in Melbourne, a conference for people with an interest in involving consumers in health care, policy and governance.

Of her involvement in the conference, Alice said: “My role was treated with respect, I experienced acceptance and legitimacy, and I never felt token. This is what consumer participation and engagement is all about.”
Peninsula Health is committed to providing equal access for our consumers. We have set up a number of initiatives that help to identify and meet the needs of patients and community members from different cultural and linguistic backgrounds. These are monitored and driven in part by the Cultural and Linguistic Diversity (CALD) Community Advisory Group. Over the past 12 months, the group has focused on education, interpreter services, translated information and electronic resources.

We report our progress on cultural responsiveness to the Department of Health against six requirements.

**How did we perform?**

**Whole-of-organisation approach to cultural responsiveness**

- The Charter of Healthcare Rights is available in 24 different community languages and Braille, and in electronic and paper format.
- Interpreter signage is displayed at the main entrances to Peninsula Health buildings.
- A staff intranet provides links to ongoing training and forums of interest.
- We use ‘on-call’ interpreters, translation agency interpreters, and translation services for people requiring an interpreter.

**Leadership for cultural responsiveness is demonstrated**

- One of our Executive Directors has specific responsibility for the CALD Community Advisory Group.
- Staff can access CALD training through our Human Resources Non-Clinical Training Plan.
- The convenor of the CALD Community Advisory Group presented at the Mornington Peninsula Refugee Forum in July 2011 on supporting diversity within health.
- We developed a Diversity policy that encompasses all aspects of our community.

**Accredited interpreters are provided to patients if required**

- The Social Work Department maintains a database of all interpreter bookings and related information. This data is reported monthly to the Board and the CALD Community Advisory Group.
- Staff can access information about interpreters and web-based resources on the intranet.
- We display the international interpreter symbol on all new and updated printed information for patients, carers and families.

**Inclusive practice in care planning is demonstrated**

- In early 2012, we carried out a pilot study to better understand how people from non-English speaking backgrounds viewed our services, what they expected, and whether we met their needs.
- The CALD Community Advisory Group provides input to relevant policies including Community Participation, Equal Employment Opportunities, Nutrition and Food Services to ensure appropriate care planning.
- The four Sacred Spaces across Peninsula Health provide access to sacred texts of many faiths.

**CALD consumer, carer and community members are involved in planning, improvement and review of programs and services**

- Consumer representatives from the CALD Community Advisory Group are involved in planning, improving and reviewing services. For example, translated material has been reviewed to ensure cultural appropriateness, with a member of the CALD Community Advisory Group invited to contribute. As a result, brochures about Privacy and Customer Relations are now available in the top 10 most requested languages at Peninsula Health, and have been added to our culturally appropriate resource list.
Staff are provided with professional development opportunities to enhance cultural responsiveness

- Our Community Health Service provides Home and Community Care CALD training programs for staff.
- CALD awareness is included in corporate orientation sessions. This part of the orientation program was updated with the help of the CALD Community Advisory Group in May 2012. Cultural Diversity training is offered by the Human Resources Department in conjunction with the Social Work Department and the New Hope Migrant Resource Centre in Mornington.
- We improved the CALD page on the intranet to help staff access communication tools and resources to assist with patient care.
- In August 2012, we launched a new Interpreter Awareness Training package and have since trained over 170 staff.
- We provide education on consent issues and documentation for CALD consumers to our medical staff.

Linguistic diversity

Effective communication skills are essential for delivering patient-centred care. This includes using trained interpreters to ensure patients from different cultural and linguistic backgrounds can actively participate in their care planning. Through our partnerships with interpreting agencies, we can arrange access to a qualified interpreter where required.

Top 5 languages

Over the past year, we were asked to provide interpreter assistance in 61 different languages, across all service areas. The top five languages requested were:

- Mandarin: 178
- Greek: 127
- Italian: 101
- AUSLAN: 97
- Arabic: 80

With many new arrivals to our catchment area, interpreter assistance is fast becoming an integral part of antenatal and postnatal care – during pregnancy, at birthing classes, during the birth, on the ward following the birth, and when they receive midwife home care. Where possible, we request the same interpreter to establish a good rapport and consistency of service.

Health services for refugees

A research study in 2010/11 revealed that 8 per cent of refugees in Victoria live within the Peninsula Health catchment (Newcombe J et al, 2010). Predominantly Sudanese, these consumers are currently accessing CALD-sensitive services at the Refugee Clinic at Dandenong Hospital.

In collaboration with the New Hope Foundation and Southern Health CALD Services, Peninsula Health is working to identify the best way to establish a Refugee Education and Support Program on the Mornington Peninsula. With key refugee settlements planned in the Rosebud region in the next 12 months, as well as the recently established short-term refugee accommodation house in Frankston, key links with local providers will be pivotal to supporting refugees in this region.

Disability services

The Peninsula Health Disability Action Plan 2010-2013 helps us meet the needs of people with a disability who use, visit or work in our health service.

Achievements 2011/12

- Staff and volunteers with disabilities are now offered the opportunity to develop Personal Evacuation Plans to ensure their safe evacuation in an emergency.
- We reviewed the Frankston Community Rehabilitation Program to ensure it meets the needs of people with disabilities. As a result, we improved assessment and care planning processes, offered more ways for clients to provide feedback on the service, and enhanced...
Embracing diversity

the environment by improving seating, lighting, temperature, and adding artwork.

We actively promoted the needs of people with a disability through the Consumers Reforming Health conference, the annual Peninsula Health Ageing Well Expo, and the International Day of People with a Disability.

Working with our Disability Community Advisory Group, we reviewed signage across Peninsula Health sites. As a result, we added new signs and relocated existing signs to help patients and visitors locate services.

Connecting with our Indigenous community

On 25 May 2012 at the Indigenous Health Equality Summit, Peninsula Health Chief Executive Dr Sherene Devanesen, with the Victorian Health Minister David Davis and other Victorian health services, signed the Statement of Intent to achieve health equality for Aboriginal and Torres Strait Islander peoples by 2030.

In 2011/12 Peninsula Health received funding as part of the Closing the Gap initiative to develop services and establish a focal point for local Aboriginal and Torres Strait Islander health service providers to work together.

A new Aboriginal Healing Garden at Frankston Hospital is providing a calm haven for the Koori community outside the hospital setting.

A healing place

The garden, a landscaped area with seating, indigenous plants, and three large mosaic Indigenous art panels, was officially opened with a traditional Smoking Ceremony to mark the beginning of NAIDOC Week 2012.

“The garden was a real community effort,” said Shane Wright, Peninsula Health’s Aboriginal Hospital Liaison Officer, and project manager for the garden. “It is a great place for Aboriginal people to express their culture and identity. It gives patients and family members a calming place to sit, talk, grieve and heal.”

Peter Dawson, Peninsula Health Connecting Communities Manager, said the garden’s completion would mean a lot for the Aboriginal community.

“We’re proud to acknowledge the Boon Wurrung people on whose land this garden is built. It will enhance our understanding of Aboriginal culture and the strong ties we have built with the Aboriginal community.”
Koori Services achievements 2011/12

<table>
<thead>
<tr>
<th>Mandatory reporting criteria</th>
<th>Achievements</th>
</tr>
</thead>
</table>
| Key result area 1
Establishe and maintain
cross-cultural training
for hospital staff.            | Our Aboriginal Hospital Liaison Officer provided in-service training for 40 staff on the importance of 'identification'. We sponsored a one-day Red Dust Healing workshop for 50 participants to gain an understanding of culturally relevant tools for addressing grief, loss and trauma issues among Aboriginal people. Building Aboriginal Cultural Competence for Health Services training took place in September 2012. Twenty staff completed the first program, 'Introduction to Aboriginal Culture - Foundation Program'. Two further training sessions, 'Introduction to Aboriginal Culture - Leadership Focus' and 'Policy and Partnership Development' will be delivered by December 2012. We received one-off Closing the Gap funding via the Improving Care for Aboriginal Patients (ICAP) program. Our Aboriginal Hospital Liaison Officer and Emergency Department consulted with the local Indigenous community and worked with the Public Relations Department to produce five artwork panels for the Frankston Hospital Emergency Department, incorporating an Acknowledgement of Country and a Kulin Nations map. The panels were installed in June 2012. |
| Key result area 2
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. | A Closing the Gap project is underway with recruitment of a project officer responsible for the Improving Healthcare Pathways for Aboriginal Patients project. This includes a cultural audit of the whole Health Service, recruitment of a Cultural Ambassador, and a model of care offering care coordination to all Aboriginal patients throughout the life of the project. We are participating in the Emergency Care Improvement and Innovation Clinical Network Understanding Aboriginal peoples' experience of ED investigation for chest pain project which is being undertaken throughout 2012. The project will identify gaps in pathways by mapping patient experience via an audit of client records and face-to-face interviews. Peninsula Health joins Northern Health and Mildura Health as key sites for this project. |
| Key result area 4
Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies. | The Aboriginal Hospital Liaison Officer was provided with an iPhone to receive notification when Aboriginal patients are admitted to our Emergency Department. This has been extended to ward admissions and allows the Officer to have up to date information. The Improving Care for Aboriginal Patients program has produced posters and brochures with information about referral to the Peninsula Health Koori Services team and the Aboriginal Hospital Liaison Officer. The brochures also contain information about the importance of ‘identification’ and why we ask the question. We received one-off funding from Closing the Gap via the Improving Care for Aboriginal Patients program. We developed BayMob News, a high quality quarterly newsletter that features stories and articles to promote Peninsula Health services. The newsletter’s branding features local artwork, and is consistent with other Peninsula Health material for Aboriginal and Torres Strait Islander people. The first edition was published in June 2012 in time for NAIDOC Week. We received one-off funding from Closing the Gap via the Improving Care for Aboriginal Patients program to build a Healing Garden at Frankston Hospital. The 40 square metre garden has seating, mosaic artwork panels, indigenous plants, and a water feature. It provides a quiet environment away from busy hospital traffic for Aboriginal and Torres Strait Islander patients and their families. Smoking ceremonies can be held in this area. With the support of the Emergency Department management and staff, this area contributes to Peninsula Health strategies to be more responsive to the needs of Aboriginal and Torres Strait Islander people. |
The Victorian Patient Satisfaction Monitor (VPSM) is a survey that monitors and reports on patient satisfaction with public hospital services throughout Victoria. This information is reported to the Department of Health. For Peninsula Health, it enables us to compare our patients’ satisfaction with similar hospitals and the State.

The most recent report, for VPSM Wave 21, is for the period July 2011 to December 2011. There were 546 consumers who completed the surveys for Peninsula Health during this period. The Overall Care Index (OCI) identifies patient satisfaction with the care provided by a health service. VPSM reports the OCI to the Department of Health.

Feedback card
To complement the VPSM feedback, Peninsula Health seeks on the spot comments from consumers across the health service using a feedback card. These are used in inpatient areas and in ambulatory services such as Outpatients and clinics. In some wards, volunteers help patients to complete their feedback cards.

The number of people who complete the feedback cards is increasing each year. In 2011, 5,276 people filled in the cards compared with 4,116 in 2010, an increase of 22 per cent. In 2011, 2,984 people completed consumer feedback cards in our ambulatory (out of hospital) services. We are exploring how to improve the process using iPad technology.

Sample responses January to March 2012
Were you or your carer involved in decisions regarding your overall care?

Did your hospital stay meet your expectation?

Was your privacy respected at all times?

What patient feedback tells us
One of the best things for me was getting pain relief straight away and the nurses making sure I was as comfortable as possible.

All the staff and nurses were most helpful...any other hospital in Australia would find it hard to compete with the standards and friendliness at Frankston Hospital. The staff and nurses were all exceptional.

Being able to focus on my health, being able to trial medications, being well cared for by some special people, learning helpful ideas to help my condition.
Helping us to improve

Complaints and compliments help us understand how best to improve our services. The complaints we receive can relate to communication, the environment, food services, and timeliness of care – and any other aspects of care raised by patients, carers or families.

How does the complaint process work?

Complaint received →
A daughter asked about her mother’s progress on the surgery waiting list. Her understanding was that her mother was on the waiting list for surgery, and that surgery would occur within three months. She believed that her mother had not progressed quickly enough on the waiting list. The daughter’s concern was that her mother’s health and mobility had deteriorated to the point where she was unable to continue in employment. She asked that her mother receive surgery as soon as possible.

What happened next? →
- We reassured the daughter that we would follow up her concerns.
- The Customer Relations Manager wrote to the daughter to acknowledge her complaint.
- We informed the elective surgery waiting list team about the daughter’s concerns and they agreed to review her mother’s waiting list status.
- The patient had been referred to our orthopaedic service for a total knee replacement. Based on the information provided at that time, she did not require immediate surgery. She was referred for follow up by physiotherapy staff and had received appropriate treatment. This improved her mobility and general comfort significantly. At that time, the patient was satisfied with the treatment results and her improved level of mobility. She had agreed that the surgical option be deferred indefinitely, and was advised to contact her GP if her condition changed.
- There had been no further contact with our orthopaedic service by the patient or her GP and we were unaware that her condition had deteriorated.

What did we find? →
- We advised the patient and her daughter to contact the GP to arrange a new referral.
- The updated referral clearly indicated that the patient’s mobility and level of comfort had deteriorated. We scheduled an outpatient appointment.
- The orthopaedic consultant in the Outpatients Clinic assessed the patient and subsequently placed her on the surgery waiting list.
- Both mother and daughter were satisfied with these arrangements.

What did we do? →
- We advised the patient of the outcome of our investigations and informed her that staff would contact her to advise what new information was needed so that we could reconsider the surgery option. Both daughter and mother expressed their appreciation for our prompt response.
- The patient received her surgery, which enabled her to return to an independent lifestyle in her own home.

How did we follow up? →
- We advised the patient of the outcome of our investigations and informed her that staff would contact her to advise what new information was needed so that we could reconsider the surgery option. Both daughter and mother expressed their appreciation for our prompt response.
- The patient received her surgery, which enabled her to return to an independent lifestyle in her own home.
Improving care

Emergency services

In 2011/12, the Emergency Departments at both Frankston and Rosebud Hospitals experienced continuing pressure, with 79,311 people in total presenting for emergency care.

Frankston Hospital Emergency Department saw 57,329 presentations, an increase of 2.3 per cent compared to the previous year. The Emergency Department currently has 42 treatment cubicles and eight beds in the Clinical Decision Making Unit. Planning is now underway for a new Emergency Department at Frankston Hospital to meet the needs of the growing population in Frankston and the Mornington Peninsula.

The Frankston Hospital Emergency Department continues to receive among the highest number of Ambulance Victoria presentations of the 15 major metropolitan hospitals. In 2011/2012 Ambulance Victoria transported 19,672 cases to Frankston Hospital Emergency Department, a rise of over 500 from 19,672 in the previous year.

To complement our teams of emergency doctors and nurses, there are two specialist teams that provide care within the Emergency Department.

☐ The Rapid Assessment and Discharge team comprises allied health and nursing staff who provide a multidisciplinary approach to care coordination and discharge

☐ The Clinical Liaison Inpatient Psychiatric Service team works with people who present to the Emergency Department with a mental health issue.

In May 2012, two Nurse Practitioner candidates began work in the Emergency Department. They work in close collaboration with a consultant who endorses their work within a defined scope of practice to assess and treat a variety of common Emergency Department presentations.

New initiatives in the Emergency Department

New initiatives introduced in the Emergency Department last year include:

☐ A Peak Demand Nurse who provides an additional nursing resource during periods of peak demand

☐ A doctor is rostered during peak afternoon periods at triage to help streamline assessment and treatment of patients

☐ A doctor and nurse are on duty to attend to Category 2 patients presenting at the Emergency Department (Category 2 refers to patients who are in very severe pain, have severe breathing difficulties or major fractures – and who need to be seen within 10 minutes of presentation)

☐ An additional assessment cubicle is now in use

☐ Low risk chest pain patients are assessed using a Chest Pain Tool, which enables them to be admitted quickly to Emergency Department short stay beds

☐ A Waiting Room Nurse is now in the Emergency Department waiting room 24 hours a day, providing improved communication and limited treatment to patients in the waiting room.

Reducing time to treatment cubicle

We identified an issue with delays in allocating treatment cubicles for patients presenting to the Emergency Department via Ambulance Victoria. Our Redesigning Care team and Emergency Department staff discovered that a three-step handover slowed the admission process for this group of patients. We redesigned the process to reduce duplication, and patients transported by Ambulance Victoria are now allocated a cubicle at triage.
National Emergency Access Targets

On 1 January 2012, the Department of Health introduced National Emergency Access Targets. Under these targets:

- 70 per cent of all patients presenting to Emergency Departments must be admitted, discharged or transferred out of the Emergency Department within four hours
- 100 per cent of Category 1 patients must be seen immediately

80 per cent of all other categories must be seen within Australian Triage Scale times (10 minutes for Category 2, 30 minutes for Category 3, 60 minutes for Category 4, and 120 mins for Category 5).

The introduction of the National Emergency Access Targets meant that we had to change the way we capture data in the Emergency Department. In May 2012, we adopted the new guidelines and achieved the new targets for Triage Categories 2 and 3 for the remainder of 2011/12.

Emergency access service performance

<table>
<thead>
<tr>
<th>ACCESS PERFORMANCE – FRANKSTON HOSPITAL</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total presentations to ED</td>
<td>56,064</td>
<td>57,329</td>
</tr>
<tr>
<td>Acuity</td>
<td>66%</td>
<td>65%</td>
</tr>
<tr>
<td>Percentage of operating time on hospital ambulance bypass</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Percentage of emergency patients admitted to an inpatient bed within 8 hours</td>
<td>80%</td>
<td>51%</td>
</tr>
<tr>
<td>Percentage of non-admitted emergency patients with length of stay less than 4 hours</td>
<td>80%</td>
<td>59%</td>
</tr>
<tr>
<td>Number of patients with length of stay in emergency department greater than 24 hours</td>
<td>0</td>
<td>795</td>
</tr>
<tr>
<td>Percentage of Triage Category 1 emergency patients seen immediately</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of Triage Category 2 emergency patients seen within 10 minutes</td>
<td>80%</td>
<td>83%</td>
</tr>
<tr>
<td>Percentage of Triage Category 3 emergency patients seen within 30 minutes</td>
<td>75%</td>
<td>84%</td>
</tr>
</tbody>
</table>
Improving care

Managing access to elective surgery

New technology and clinical resources have contributed to improved patient service and safer outcomes for people having elective surgery at Peninsula Health.

Our Urology and Orthopaedic Services delivered exceptional results during the past year.

Waiting times for urology patients

With improved access to an operating theatre and the appointment of a Urology specialist working closely with the Nurse Clinical Coordinator, 100 per cent of Urology patients are now waiting within the recommended waiting times for their treatment.

Laser technology enables improved treatment

During 2011/12, Urology commissioned a new Holmium YAG laser for treating both simple and complex urinary stone cases. This new equipment lasers urinary stones to reduce them to sand-sized particles, and is an extremely efficient way of treating renal stones.

Over 90 per cent of patients can go home on the same day as admission, with follow-up outpatient treatment required a few weeks later.

Joint replacement surgery

Improved operating theatre access and collaboration between Orthopaedics, Anaesthetics, Outpatients, Ward and Rehabilitation services has enabled us to increase the number of patients we treat. In 2011/12, 945 people were treated by Orthopaedics, an increase of 115 from the previous year. The number of joint replacement operations increased from 254 to 335.

We now provide a daily Orthopaedic Trauma theatre session, which means reduced cancellations for Elective Surgery due to emergencies.

Elective surgery service performance

<table>
<thead>
<tr>
<th>ELECTIVE SURGERY</th>
<th>Target</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective surgery admissions quarter 1</td>
<td>1,439</td>
<td>1,477</td>
<td>1,570</td>
</tr>
<tr>
<td>Elective surgery admissions quarter 2</td>
<td>1,499</td>
<td>1,482</td>
<td>1,427</td>
</tr>
<tr>
<td>Elective surgery admissions quarter 3</td>
<td>1,550</td>
<td>1,534</td>
<td>1,463</td>
</tr>
<tr>
<td>Elective surgery admissions quarter 4</td>
<td>1,652</td>
<td>1,665</td>
<td>1,667</td>
</tr>
<tr>
<td>Category 1 elective surgery patients admitted within 30 days</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Category 2 elective surgery patients waiting less than 90 days</td>
<td>80%</td>
<td>64%</td>
<td>64%</td>
</tr>
<tr>
<td>Category 3 elective surgery patients waiting less than 365 days</td>
<td>90%</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td>Patients on elective surgery waiting list as at 30 June</td>
<td>1,645</td>
<td>1,656</td>
<td>1,636</td>
</tr>
<tr>
<td>Hospital Initiated Postponements per 100 waiting list admissions</td>
<td>8%</td>
<td>6.9%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>
Mental health care in the community

When people come to our Mental Health Service, we help them to build a meaningful and satisfying life that is defined by them, not by others. This is called the Recovery-based Model of Care. We put each individual client at the centre of their own care, and work with them on strengths, personal goals, and improving their health and well-being. We consulted closely with consumers and carer consultants when we developed this model.

Treatment planning is a joint, flexible process between the team and the client. We support each person to increase their self-care and self-management skills in achievable ways that make sense to them.

The written information we give to clients clearly describes their care, treatment process, and expected outcomes.

Easy access to our service

**Easy in:** Our Mental Health Service is set up to give people access and support as soon as possible. This minimises the effects of illness and promotes a quicker recovery.

**Easy out:** We empower people to manage their own mental health. For example, they may access Peninsula Health’s Mental Health Service directly for a short time, and may receive support from a GP, private psychiatrist, psychologist, or other community based service for a longer period.

**Easy back in:** If people need further help after discharge, we encourage them, a family member, or nominated person to recontact us and we will provide support as soon as possible.

What people say

Consumer surveys based on the recovery model are sent out after discharge. We collate survey responses every six to 12 months. Twenty six (26) people responded to the latest survey in May 2012, as follows:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>satisfied with the treatment they received</td>
</tr>
<tr>
<td>81%</td>
<td>found it easy to access the service</td>
</tr>
<tr>
<td>81%</td>
<td>achieved their goals</td>
</tr>
<tr>
<td>96%</td>
<td>understood their diagnosis and treatment (including medication or other therapies)</td>
</tr>
<tr>
<td>80%</td>
<td>continued to use skills learnt during their time with the service</td>
</tr>
<tr>
<td>84%</td>
<td>confident they could access the service easily again if required</td>
</tr>
</tbody>
</table>

It’s helped me find myself again. I know that if needed I can turn to you for help.

The care I received was the best. I feel better for having been there.

Exceptional assistance...sincerely grateful. My mental health is 100% better and family wrapt.

All very supportive, empathetic, and validated my feelings with unconditional positive regard.
I was 21 years old when I was diagnosed with schizophrenia. The illness took away my connection with reality, my purpose for life, my living skills, and my friendships.

Even though I took my medication and my parents supported me as best they could, I spent most of the day lying in bed, drinking coffee and smoking cigarettes. For a long time I had no routine or structure to my life, no energy, and I wasn’t looking after myself. I started piling on weight until I reached 158 kilos.

Six years ago when I lost my father to cancer, I fell in a heap and had to be hospitalised several times. In 2010, my clinician at Peninsula Health Mental Health Service referred me to rehabilitation worker Keith for support.

Keith worked with me to set my goals and to establish some routine in my life. A dietitian from Peninsula Health taught me about portion control and healthy eating, and Keith began to give me cooking classes. By setting small monthly goals, I started losing weight. Although I couldn’t attend a gym because of a back injury, I started taking Mum’s dog for a walk.

Since June 2010 I have lost over 55 kgs and am nearly at my goal weight! Losing weight has given me more energy and now I am giving support to others by running errands, taking friends to the GP to look after their health, maintaining the house, and organising the family accounts. It has been a real collaborative effort between Keith, my mother, and me.

I believe in giving back to society and helping other people. So I have started a coffee club where people I have met who live with a mental illness like me get together for a coffee and a catch-up once or twice a week. I recycle copper so that it doesn’t go into land-fill and I am a creative writer.

Recently, I started socialising with my old school friends again, some of whom I haven’t seen for nearly 20 years.

Clarity has returned to my life. I am achieving my goals and have more faith in my own ability. I look after my mental health with support from my GP, but it’s good to know that the mental health service at Peninsula Health is only a phone call away. There is routine in my days and a purpose for my life. I have enrolled in a Peer Support Worker course so that I can keep helping others.

For me, it’s been like facing a mountain. You can get to the top, but only bit by bit and with someone to help you on your way.
Helping young people

It has been estimated that 75 per cent of mental illness and substance use disorders start before the age of 25 (Kessler RC et al, 2005), yet only 1 in 4 young people experiencing mental health problems receive professional help.

Significant stigma remains around mental illness and its treatment. This is why our Youth Mental Health Team

Jane, a 21 year old TAFE student, felt sad a lot of the time though she did not know why.

She was struggling with her workload at college, and was spending too much time alone in her room. She was also smoking cannabis every day. Wanting to get help, Jane found the headspace website, made connection with an online counsellor, and was seen by an intake worker at headspace in Frankston.

headspace, the National Youth Mental Health Foundation, helps young people aged 12 to 25 years by providing a youth-friendly setting where they can receive GP services and mental health support. Peninsula Health Mental Health is one of many partners in headspace Frankston.

In consultation with Jane and the headspace clinical team, the intake worker arranged for her to be seen by a psychiatric registrar to review whether medication could help. Jane’s intake worker also linked her with a bulk billing psychologist at headspace.

Early in her treatment, Jane began exhibiting further symptoms. She felt paranoid that people were talking about her in public and that her tutors at TAFE were conspiring against her. She became afraid to leave the house and missed her appointments.

Jane was referred to Peninsula Health’s Youth Mental Health team for follow up. She was allocated a recovery clinician, and a home visit was arranged.

Her symptoms indicated an onset of psychosis, but because they were picked up early she could be treated and supported in the community, rather than as an inpatient.

The recovery clinician spent time with Jane and her mother, providing information about first episode psychosis and reassurance that with the right treatment and support she could become well and get on with her life.

Jane was started on anti-psychotic medication and was seen frequently by her recovery clinician and treating doctor to monitor her mental state and the effects of the medication. They also developed a treatment plan that focused on Jane’s goals. These included stopping her cannabis use, improving her sleep pattern, returning to TAFE, and meeting new people.

At first, Jane and her recovery clinician worked on her goals in weekly sessions at Jane’s home. Eventually she returned to headspace to work through her substance use, sleeping problems, and strategies for dealing with her anxiety. She was referred to a PenDAP Youth Outreach Worker and the Young Person’s Group, a recovery group for young people aged 16 to 25 years with a mental illness.

Over the next year, Jane continued to see her recovery clinician and doctor at the Youth Mental Health Team. As she returned to doing the things she wanted, her appointments became less frequent. She worked on a relapse prevention plan with her recovery clinician, her mum and her GP. This plan outlines how Jane keeps herself well, the strategies she uses, and how others can help support her. It highlights the signs to watch out for, and how to seek help in the future if needed.

Jane returned to TAFE. With the encouragement of student support services at college, her family, friends and GP, she completed her course and remains well.

She is aware that she can be referred back to Peninsula Health Mental Health Service if she needs to in the future.

Jane’s journey

1. Peninsula Health’s PenDAP (Peninsula Drug and Alcohol Program) Youth Services help young people who are having problems because of alcohol or drug use.
Improving care

Antenatal and postnatal mental health

Depression and other mental health problems can affect approximately 10 to 15 per cent of women in the first three months after birth, often with significant health consequences for mother and family.

An innovative partnership has been established between:

- Peninsula Health
- Peninsula GP Network (now Frankston-Mornington Peninsula Medicare Local since mid-2012), and
- Frankston and Mornington Peninsula Maternal and Child Health Services.

It is working to improve identification and support for women at risk of mental health problems before and after childbirth. The partnership aims to address gaps related to identifying women at risk, lack of access to GPs, and unclear pathways to care and training.

Routine screening identifies risk

Routine screening at the Antenatal Booking-In Clinic at Frankston and Rosebud Hospital as well as local Maternal and Child Health Centres, has been introduced to identify women at risk of mental health problems. The screening uses the Edinburgh Postnatal Depression Scale as recommended in beyondblue guidelines. Women identified as at risk are referred back to their GP for a full assessment. Results show that 12 to 15 per cent of women are being identified as at risk of mental health problems.

A guide for GPs contains information about further referral and support options. The guide is included with the referral letter to the GP from the Booking-In Clinic or Maternal and Child Health Centre. We follow up with GPs to ensure that women identified at high risk have kept their appointments.

Recent data (May 2012) from local GPs shows that 62.5 per cent of these women were referred on to specialist services.

Follow-up surveys of women referred back to their GP following screening

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>59%</td>
<td>of respondents accessed the specialist services recommended by the GP</td>
</tr>
<tr>
<td>19%</td>
<td>declined specialist referral as not necessary but increased their family support instead</td>
</tr>
<tr>
<td>12%</td>
<td>of respondents identified a need to provide further education to GPs</td>
</tr>
</tbody>
</table>

What survey respondents said

Very helpful...

I can see how this service could be vital for most people.

I felt like I was really well taken care of.

Education and training

Assessment, treatment and referral pathways training has been delivered to over 350 health professionals at Peninsula Health’s Mental Health Service, Maternity Services, Community Health Service, and to local GPs and Maternal and Child Health Service staff.

What clinicians said

Surveys were sent to all clinicians within the partnership group both before and after the program started. Feedback showed that 75 per cent of clinicians consulted the pathways for referral options, and that most felt they were more aware of how to access relevant services and were confident in their ability to respond to acute mental health emergencies.
Improving women’s health and wellbeing

Last year, Peninsula Health opened an $8.7 million expansion of the Women’s Health Unit and Special Care Nursery.

- Building work was completed ahead of schedule in October 2011. The unit now has an ambulatory care clinic, a Colposcopy Clinic, and a total of 37 beds including nine large birth suites, 28 antenatal and postnatal beds, and accommodation for bariatric patients.
- Visitors can enjoy a new spacious waiting area.
- The Colposcopy Clinic, previously a fortnightly service, now opens weekly to meet client demand. Services have been expanded to include IUD (intrauterine contraceptive device) and Implanon insertion (a long acting contraceptive implant), and a drop-in Pap smear service. The clinic provides a service for women who have had an abnormal Pap smear or who require a biopsy.
- Additional neonatal resuscitation cots have been purchased, with one for each birthing suite.
- Cardiotocograph machines have been updated. Cardiotocography can be used to monitor a baby’s heart rate and a mother’s contractions while the baby is in the uterus.

Improving care

- All women who have had a complicated birth experience are now offered an appointment six weeks after the birth for assessment and are referred to appropriate support if needed.
- Staff members attended a Grief Counselling course facilitated by Angel Babies.
- A Breastfeeding Interest Group has been set up to provide consistent information, education and support. Women attending the group receive support from midwives, management team staff, educators, consumer representatives and a lactation consultant.

Special care

Facilities in the Special Care Nursery have been upgraded to include private feeding and family rooms, bathroom facilities, and a refurbished resuscitation area. A special Parent Information Board displays relevant education resources for parents including safe sleeping and the importance of ‘tummy time’. The Nursery can be configured into any combination of 18 cots and/or incubators.

“The parents’ facilities are the biggest improvement,” said Dianne Macfarlane, Special Care Nursery Nurse Unit Manager.

“Families with babies in the Special Care Nursery now have a private space to spend time with their little ones.”

Sarah Forrester is one of our midwives at Frankston Hospital’s Women’s Health Unit.

Since starting as a team midwife at Frankston Hospital in November 2009, Sarah has been involved with all aspects of the Women’s Health Unit’s continuity of care model.

“When my family and I were looking to move to Australia from the UK, I was excited to hear that Frankston Hospital’s Maternity Services offered the team model of care,” said Sarah.

“In 2010 I started as Lead Midwife for the Colposcopy Clinic, which is run from the Women’s Health Unit.”

“It is very satisfying and rewarding to provide this service to women. I see each woman for up to a year or more and get to know them well,” says Sarah.
Improving Care

**Dental health**

Our Community Dental program provides dental services to children, young people, families, adults and older people from our community health centres at Frankston, Hastings, and Rosebud.

In 2011/12 the Community Dental program provided 22,668 courses of care.

With funding from Dental Health Services Victoria we have purchased a portable dental unit and equipment. This will enable a mobile service that:

- Provides minor treatment and pain relief to people with high needs or in high need groups
- Provides improved access to dental care for clients with transport or mobility issues
- Promotes oral health messages to clients and staff
- Treats in more comfortable and familiar surroundings.

**Improving dental care for aged care residents**

A new service is improving dental care for residents at Peninsula Health’s aged care facilities, including Jean Turner Community Nursing Home, Lotus Lodge Hostel, Carinya Residential Aged Care Unit and Michael Court Hostel. Simple dental treatment is now provided at these facilities, with referral to specialist services if needed.

**Tackling the tough talk**

In 2011, Intensive Care Unit Consultant Dr Mainak Majumdar and Respecting Patient Choices Program Manager Jo Dellit organised a training event at Frankston Hospital to help doctors at Peninsula Health improve their communication skills.

In a practical and interactive session, community members Alice Irving, Gus De Groot, Darryl Dellit and Colleen Lawlor volunteered to act out scenarios where doctors could practise the difficult, end-of-life conversations they may have with patients.

At the end of the training session, the volunteers received loud applause from the doctors for their convincing role playing and constructive feedback.

It was also a rewarding experience for the volunteers, who enjoyed contributing to this often overlooked aspect of doctor training and patient care. Further ‘Tackling the Tough Talk’ sessions will be held in the future.
The changing face of Rosebud Hospital

Over the past year, Rosebud Hospital has become a health hub for the Southern Mornington Peninsula. Rosebud Community Health Service and Community Dental Services already shared the site with Rosebud Hospital.

“This is part of a long-term plan to ensure the community has quick, easy access to a wide range of health services,” said Jan Child, Executive Director for Rosebud Hospital.

The expansion of Rosebud Hospital includes:

- Rosebud Rehabilitation Centre was transferred from Eastbourne Road to a refurbished 30 bed ward at Rosebud Hospital
- Rosebud Community Rehabilitation services were relocated from Eastbourne Road to facilities built at the rear of Rosebud Hospital
- Mental Health and Drug Treatment Services were relocated to Bayview House on the Rosebud Hospital site
- The popular Mother-Baby Unit and Sleep Support Clinic were relocated to a redesigned area in Elanora House at the front of Rosebud Hospital
- Allied Health Services and the Day Surgery Unit now have new locations within the hospital.

“Over the past five years, we have invested more than $6.8 million to improve the health facilities at Rosebud Hospital,” said Jan.

“This $1.5 million upgrade is designed to provide more conveniently located, publicly-funded health services for people who live and work at the southern end of the Peninsula.”

Emergency care receives a boost

In another exciting development, Rosebud Hospital now has senior doctors permanently based in the Emergency Department.

“Previously, we used the services of locum and casual doctors,” said Helen Hewitt, Clinical Director of Emergency Medicine for Peninsula Health.

“Peninsula Health’s decision to dedicate clinicians specifically to Rosebud Emergency Department has created a wonderful resource for the local community,” she said.

The team of doctors in Rosebud Hospital’s Emergency Department now comprises four specialist consultants, four registrars, one career medical officer, four hospital medical officers and two interns.
Infection prevention and control

Infection control minimises the risk of infection for patients and staff. The Infection Prevention team at Peninsula Health provides expert advice and consultation, and puts measures in place to reduce the impact of infection on patients. These measures may include staff education and support, monitoring infection control practices including hand hygiene, and staff immunisation. The team also manages any infection outbreaks and is constantly identifying ways to improve practice across Peninsula Health.

Promoting consumer participation

Last year, Membership of the Infection Prevention Committee was broadened to include a consumer representative who provides valuable perspectives on issues such as hand hygiene practice and how antibiotics are prescribed. In another development, we now provide an opportunity for a medical student to join the Committee to develop awareness of the importance of infection control in everyday clinical practice.

Improving hand hygiene

Hand hygiene is the most effective way to stop the spread of germs among staff and patients. Frankston and Rosebud Hospitals are two of 629 hospitals in Australia participating in the National Hand Hygiene Initiative through Hand Hygiene Australia. In the past year, Peninsula Health expanded hand hygiene auditing from seven main wards to all clinical areas (all wards, Emergency Department, and operating theatres) in both Frankston and Rosebud Hospitals.

Hand hygiene audits at Peninsula Health 2011/12

Captain Avagard saves the day

Frankston Hospital’s Emergency Department received a tick of approval for dramatically improving their hand hygiene results with an intensive 8-week education campaign, leadership, clinical role modelling, mock audits and hand hygiene champions. Working with the Infection Prevention team, the Emergency Department identified the barriers to hand hygiene and developed strategies to overcome them. One barrier was overcome simply by increasing the number and placement of hand rubs in the Emergency Department. Hand rubs were placed at the end of trolleys and staff were given their own personal belt pack to wear so they could use the hand rubs ‘on the run’. Thanks to this multi-faceted approach, the Emergency Department recorded a significant improvement in hand hygiene – from 15.6 per cent (as in table below) to 75.3 per cent, well above the national target.

Consumer involvement was integral to the campaign, and people attending the Emergency Department were encouraged to remind staff to ‘do’ their hands.

The campaign featured Captain Avagard, a character who appeared in all promotional material including posters, life-size signage, and video education packages for staff.

Frankston Emergency Department
Hand hygiene results 2012
Sustaining zero blood stream infections

Blood stream infections or ‘bacteraemia’ are serious infections that contribute to poor outcomes for patients, with increased hospital length of stay and significant health costs. A Central Line Associated Bacteraemia Infection (CLABSI) is a blood stream infection associated with the presence of an intravascular device (such as a catheter) that ends close to the heart or one of the main blood vessels in the body.

The Intensive Care Unit (ICU) at Frankston Hospital has sustained long periods without a CLABSI, with only one such infection over the past two years. Our ICU is now a local and national leader in CLABSI reduction. In February 2012, ICU Director Dr John Botha, Acting Nurse Unit Manager Clare Allen-Terry, and Infection Prevention Manager Maureen Canning, were guest speakers at the Australian Commission on Safety and Quality in Health Care and Australian and New Zealand Intensive Care Society (ANZICS) Victorian rollout of the national CLABSI Prevention Project to share the story of Peninsula Health’s success.

Maintaining a clean environment

A clean and safe environment is essential for effective health care delivery. Our Infection Control Department works closely with Support Services to maintain mandatory cleaning standards. All staff who carry out cleaning attend cleaning and infection control refresher training at least every two years.

In 2011, Victorian health services were required to increase the agreed cleaning quality level from 85 per cent to 90 per cent for very high risk areas such as Theatres and Intensive Care Units.

Internal audits are carried out monthly for very high and high risk areas. External audits are carried out each year by an independent auditor. The results are benchmarked against other health care services to compare performance.

<table>
<thead>
<tr>
<th>Cleaning indicators</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Frankston Hospital</td>
<td>87.3%</td>
<td>91.8%</td>
</tr>
<tr>
<td>Rosebud Hospital</td>
<td>95.4%</td>
<td>95.3%</td>
</tr>
<tr>
<td>Community &amp; Continuing Care</td>
<td>95.5%</td>
<td>92.5%</td>
</tr>
</tbody>
</table>

Medication safety

Medication Safety Committee

Peninsula Health’s Medication Safety Committee focuses on systems to protect patients from serious medication errors. One of the Committee’s key achievements relates to the increased use of electronic smart pumps.

Smart pumps

Electronic smart pumps are used at Peninsula Health to administer intravenous medication. They include safety software that prevents administration of wrong doses by using upper and lower limits of infusion rates and concentrations. In May 2012, Peninsula Health introduced an additional 105 smart pumps.

The Medication Safety Committee promotes and monitors usage of the smart pump software. Their work has resulted in an increase in software usage from 66 per cent in 2010 to 91 per cent in 2012.

To complement use of the smart pump software, the Pharmacy Department has created an extensive electronic drug library with approximately 800 entries. Peninsula Health was the first Australian health service to develop this kind of drug library for the safety software.

Education in the use of smart pumps and the drug library is provided to nursing staff when they start work with Peninsula Health, and in Medication Error Prevention training sessions every two years.
Enhancing quality and patient safety

Medication management in CLOVeR

CLOVeR, a computer-based clinical system for medication management is being implemented across Peninsula Health. It has already gone live in our Mental Health inpatient wards, our inpatient Rehabilitation Units at Golf Links Road, and at The Mornington Centre. CLOVeR provides many benefits for medication safety.

- Electronic discharge prescriptions and medication orders eliminate the risk of misinterpreting handwritten prescriptions and orders.
- The system automatically prompts staff to record allergies and adverse drug reactions, and automatically checks the allergies against the prescribed items.
- Staff are prompted to check for the risk of blood clots. Blood clots (venous thromboembolisms or VTEs) are a common complication during and after hospitalisation for acute medical illness or surgery.
- Prescribers can access links to instant information about drug dosages, drug interactions, checking and monitoring requirements, and alerts for patients with kidney impairment.
- The system provides improved identification of patients by using electronic bar codes on their wrist identification bands. The bands are scanned before any medication is administered to ensure the correct patient receives the medication.

Dispensing medications safely

The Pharmacy Department is achieving high standards in safe dispensing by using barcode scanning and providing printed consumer medication information with prescriptions. Both indicators are audited monthly.

Barcode scanning of dispensed medications

<table>
<thead>
<tr>
<th>2011</th>
<th>Target</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tr>
<td>&lt;95%</td>
<td></td>
<td>91%</td>
<td>91%</td>
<td>92%</td>
<td>n/a (IT upgrade)</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>2012</th>
<th>Target</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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<td></td>
<td>98%</td>
<td>99%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
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</table>

Offering printed consumer medication information

<table>
<thead>
<tr>
<th>2011</th>
<th>Target</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
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<th>Mar</th>
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<tbody>
<tr>
<td>&gt;95%</td>
<td></td>
<td>94%</td>
<td>93%</td>
<td>93%</td>
<td>95%</td>
<td>96%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Preventing medication misses

Each month our Medication Safety Nurses audit how many medication doses have been missed in our acute, mental health and community and continuing care (CCC) wards. If the rate of missed doses is more than 3 per cent, the Medication Safety Nurses follow up and identify why this occurred and put strategies in place to prevent it happening again.
Small falls don’t break strong bones

Every five to six minutes, someone is admitted to an Australian hospital with an osteoporotic fracture. Around 50 per cent of people with one fracture due to osteoporosis will have another – and the risk of future fractures rises with each new fracture. Yet the condition is often under-diagnosed.

Ilouri Banakh, a clinical pharmacist at Peninsula Health is working with endocrinology, aged care and orthopaedic consultants to ensure that patients admitted with broken bones from minor injuries are assessed for osteoporosis and receive correct preventive treatment to avoid further fractures.

Ilouri’s PRO-OSTEO Extend project includes an assessment and treatment guideline which was introduced at Frankston Hospital in 2010. Project promotion has contributed to significant and sustainable improvement in treatment and assessment of osteoporosis.

Results of the PRO-OSTEO Extend project have been published in an international peer-reviewed journal and the project is being expanded to roll out across Peninsula Health. Funding has also been received from Peninsula Health’s Research Program to expand the project further, first to other Victorian hospitals and then across Australia.

Preventing and managing pressure injuries

Patients of all ages can develop pressure injuries (pressure ulcers) while in hospital. A pressure injury is an area of skin that has been damaged because of pressure or rubbing. Pressure injuries can be painful, difficult to treat, and can lead to longer stays in hospital.

We assess inpatients to identify if they are at risk of developing pressure injuries. We do this by:

- Monitoring patients’ skin hygiene and using appropriate skin care products
- Ensuring they have a healthy diet or supplements to assist skin repair
- Using pressure relieving beds, mattresses and other appropriate equipment for patients with fragile skin
- Tracking improvement of wounds and recording on a daily wound chart
- Encouraging patients to move frequently to relieve pressure points
- Keeping patients’ skin dry if incontinence is an issue.

The Skin Integrity Steering Committee oversees the prevention and management of pressure injuries and wounds.

Four stages of pressure injuries

Stage 1: Skin is reddened

Stage 2: Light loss of skin; looks like a blister or graze

Stage 3: Full loss of skin, exposing underlying tissues, and now an open wound

Stage 4: Destruction of underlying fat, muscle and bone; usually a deep cavity wound

During 2011/12, 98 per cent of pressure injuries developed in hospital were the less severe Stages 1 and 2; and 38 per cent of patients admitted to hospital with a pressure injury had Stage 1 or 2 injuries. On average, 20 per cent of wounds within Peninsula Health are pressure injuries.


Enhancing quality and patient safety

Pressure injuries developed in hospital 2011/2012

Benchmarking pressure injuries
We report all pressure injuries to the Australian Council on Healthcare Standards. This includes pressure injuries developed in hospital and those developed before admission. We collect data for Frankston Hospital, Rosebud Hospital and The Mornington Centre. We measure our performance against like hospitals. We regularly record fewer developed pressure injuries than our peer hospitals and the State average.

How did we compare to our peers in 2011/12?

How have we improved?

☐ We revised all our skin integrity documents to align with national safety and health service standards.

☐ We audit pressure injury care and prevention each month to ensure best practice for each patient.

☐ We constantly evaluate our wound products to ensure optimal wound outcomes are achieved for patients.

☐ We launched an internal e-learning education package for staff on skin and pressure injury care, and Skin Integrity resource nurses are available in most clinical areas.

☐ The Skin Integrity Steering Committee now has a consumer representative.

Falls prevention
Peninsula Health encourages all staff to think about strategies to reduce the risk of patient falls. Two specialist falls prevention clinical nurse consultants and nursing and Allied Health falls portfolio holders have specialist knowledge of falls prevention assessment and management. They are readily available for staff to access during their working day.

We have increased the number of falls prevention portfolio holders at Frankston Hospital from 40 to 52. Falls prevention portfolio holders are now available in all areas including the Emergency Department, Radiology, Admissions, the Hospital in the Home program, Physiotherapy, and Occupational Therapy.

We hold Study Days for new falls prevention portfolio holders. All portfolio holders meet monthly and take part in ongoing education.

1. The Australian Council on Healthcare Standards is an independent, not-for-profit organisation dedicated to improving quality in health care. The Council develops performance measures and delivers quality improvement programs. Peninsula Health is proud to benchmark with the Australian Council of Healthcare Standards twice a year.
Reducing the risk of falls

Specialist equipment such as bed and chair sensors, low-low beds and hip protectors can help prevent injury from falls. We use this type of equipment in all our acute, subacute and residential care settings.

Over the past year, we bought an additional 19 bed sensors, six low-low beds and 120 pairs of hip protectors with funding from the Department of Health’s Improving Care for Older People initiative.

The Falls Prevention Service newsletter is distributed to all inpatient and community-based staff. It covers topics such as the Agestrong program, post-fall response, use of bed rails, and the critical incident review process for falls with serious injury.

Falls at Peninsula Health 2011/12

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No injury</td>
<td>1,003</td>
</tr>
<tr>
<td>Minor injury</td>
<td>334</td>
</tr>
<tr>
<td>Major injury</td>
<td>38</td>
</tr>
<tr>
<td>Total falls</td>
<td>1,385</td>
</tr>
</tbody>
</table>

Falls prevention services in the community

Over the past year, referrals to our community-based Falls Prevention Service increased from 548 to 602, an increase of 9.8 per cent. The service receives referrals from GPs and medical specialists, public and private hospital clinicians, family, carers and self-referral, community health service clinicians, the Aged Care Assessment Team, and the Royal District Nursing Service.

Each client is fully assessed at home by a specialist Allied Health clinician, and may be referred to the Falls Clinic at our Golf Links Road site for further medical assessment.

The Falls Clinic is now available weekly. As a result, waiting times have fallen from eight months to two and a half months.

Educating the community about falls prevention

In 2011/12, one of our Falls Service Occupational Therapists delivered six falls prevention education sessions to 200 community members. She covered chronic pain and falls prevention, and provided information on healthy active ageing.

An active approach to preventing falls at home

In July 2011, Peninsula Health began a two year falls prevention home exercise project in partnership with Monash University. The project is funded by the Department of Health. Participants are aged 80 years and over, and have been identified as at risk of falls.

The research project aims to obtain evidence on whether a home based exercise program is an effective and cost efficient way to improve strength, balance and mobility and reduce both falls and fall related injury. Physical and quality of life indicators are used to measure changes.

Each participant receives a home-based assessment from a physiotherapist and is prescribed a personalised 8-week home exercise program. Follow-up physiotherapy visits take place at weeks 2, 4 and 8, with telephone contact in between as required.

To date, 273 participants have been referred to the project.
Enhancing quality and patient safety

Ten year old Chloe leads an active school and social life.

In 2012 she went into grade 4 and, as a big sister, keeps a watchful eye on her brother Ben, who is in grade 1 at the same primary school.

Chloe does all this in between visits to Frankston Hospital every three weeks for life-saving antibody infusions which help to treat her rare condition, agammaglobulinemia, a type of immune deficiency. The condition is particularly rare in females. Chloe’s treatment is derived from blood donations and she would not survive without them.

“Chloe is at greater risk of infection because her body does not protect her from illness on its own,” says Frankston Hospital paediatrician Dr Simon Blair.

“Because she has poor functioning b-cells, which are the key to fighting off infections, every three weeks she comes into the hospital for an infusion of antibodies. She will need to do this for the rest of her life.”

In late 2011, Chloe clocked up her 100th treatment at Frankston Hospital since she was diagnosed at nine months old.

“She is so experienced and mature beyond her years in many ways. We have adults who aren’t nearly as brave,” said Dr Blair.

Blood safety really matters

In late 2011, the National Blood Authority introduced new guidelines for blood transfusions, which we implemented with a training program for all medical and nursing staff.

We also launched a new service through Hospital in the Home that enables safe blood transfusions to be given to people living in residential care facilities.

If a resident requires a blood transfusion they are offered the procedure at their facility so their normal routine is not disrupted. This can be important for elderly people, who may experience agitation and stress when moved from familiar surroundings. A Hospital in the Home doctor and a registered nurse carry out the transfusion.

In July 2011, the first Hospital in the Home blood transfusion took place at Capel Sands aged care facility in Rosebud West. Since then, transfusions have been given at other aged care facilities.

Blood wastage

Blood products are donated by only 3 per cent of the population, and it is our duty to respect the generosity of people who give blood and to use their blood wisely. Peninsula Health has rated higher than average for blood wastage and is working to improve practice.

The Transfusion Safety Committee has reduced blood product wastage through improvements such as:

- Changing procedures for ordering blood through the Pre-admission clinic to prevent unnecessary ordering prior to surgery
- Introducing learning packages about blood matters to junior medical staff
- Improving patient information relating to blood transfusion safety and awareness.

Blood transfusions: How did we perform?

<table>
<thead>
<tr>
<th>January to June 2012</th>
<th>ACHS criteria</th>
<th>ACHS average</th>
<th>Peninsula Health average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transfusion episodes where informed consent was not documented</td>
<td>3.04%</td>
<td>2.14%</td>
</tr>
<tr>
<td></td>
<td>Episodes where transfusions were given where haemoglobin was greater than 100g/L</td>
<td>1.31%</td>
<td>0.36%</td>
</tr>
</tbody>
</table>

Peninsula Health Quality of Care Report 2012
Caring in our community

**Integrating cancer care**
Peninsula Health is an active member of the Southern Metropolitan Integrated Cancer Service (SMICS), a collaborative initiative that brings together Southern Health, Bayside Health and Cabrini Health.

**Breaking bad news made easier**
Breaking bad news to cancer patients is never easy, but a new training program is helping medical, nursing and allied health professionals to communicate sensitively when delivering bad news to cancer patients. The program is delivered by facilitators from Peninsula Health. Fourteen health professionals participated in the training last year.

**Better treatment planning**
A multidisciplinary approach to the planning of cancer treatment is widely acknowledged to be a key contributor to best practice cancer care. *Victoria’s Cancer Action Plan 2008-2011* includes targets for cancer service providers. One of these targets is to increase “the number of newly diagnosed cancer patients that have a documented MDT [multidisciplinary team] care plan by 20 per cent each year with the aim of achieving 80 per cent documentation by 2012”.

At Peninsula Health, our multidisciplinary team provides integrated cancer care planning for individual patients who have a suspected or confirmed cancer diagnosis. A multidisciplinary team administrative officer from SMICS has been working at Peninsula Health since 2009 assisting us to achieve *Victoria’s Cancer Action Plan* targets.

A major project nearing completion is upgrading technology in the multidisciplinary meeting room at Frankston Hospital with funding from SMICS to improve the efficiency and quality of multidisciplinary case discussions.

**Supportive care screening**
Supportive care screening is an important part of care delivery for cancer patients and is a major focus of the program. Patients have multiple care needs when diagnosed with cancer including fatigue, sleep patterns, eating, anxiety and worry. Currently 90 per cent of patients in the Day Oncology Unit are screened to ensure supports are in place.

SMICS has developed an e-learning package to address supportive care training. The package will educate staff on how to screen effectively for supportive care needs and how to communicate more effectively with patients. SMICS is piloting this training package at Peninsula Health.

**Working with general practice**
After a patient has been treated in hospital, it is important for their GP to receive prompt and accurate information about their treatment and medications. This ensures patients receive safe and relevant care in their community. In 2011, we implemented electronic discharge summaries to provide our GP community with appropriate and timely information on the care and treatment received by their patients in hospital.

At Peninsula Health, a GP Liaison Unit works to improve communication between hospital doctors and community GPs. In early 2012, the GP Liaison Unit carried out a survey of GPs to review the quality and usefulness of discharge summaries. Over 87 per cent of GPs who responded reported receiving discharge summaries for Peninsula Health patients. Most GPs received the discharge summaries within three days.

The survey results are assisting our Discharge Summary Review Committee to improve the quality of information and timeliness of the discharge summaries.
Hospital Admission Risk Program

The Hospital Admission Risk Program (HARP) is a statewide program that identifies people who are at risk of, or are experiencing, frequent presentations to emergency departments or hospital admissions and provides them with alternative support and care.

At Peninsula Health, our HARP Care Coordination and HARP Support teams work with people who frequently present to the Emergency Department at Frankston Hospital or Rosebud Hospital. Many have complex medical conditions and difficult personal circumstances. HARP teams usually see clients in their own home, linking them into services and support and working with them to develop a care plan. The HARP team at Peninsula Health includes care coordinators, a pharmacist, a dietitian, a respiratory nurse, a physiotherapist, cardiac and heart failure nurses, clinical response nurses and a physician.

In 2011/12, our HARP program assisted with 381 care coordination referrals.

‘Jenny’, a 41 year old mother, was referred to HARP by her respiratory physician.

She was struggling to cope with multiple health conditions including chronic obstructive pulmonary disease (which makes it hard to breathe), heart disease, anxiety, and was very underweight. Jenny required full-time care, which was provided by her adult and teenage children. This caused stress within the family.

A HARP care coordinator visited Jenny in her home. They discussed Jenny’s concerns and came up with a care plan to improve her health and daily quality of life. Jenny worked with the HARP dietitian, respiratory nurse and pharmacist to address the best way to manage her health conditions. She was also referred to Domiciliary Occupational Therapy for assessment.

The occupational therapist organised for rails to be installed in Jenny’s bathroom and a personal alarm so she felt safer at home when alone.

The HARP team provided Jenny’s children with information on carer respite, and they were referred to and received support from the Young Carers Support Agency. This helped them cope with their feelings about their family situation.

Jenny’s appetite improved dramatically, and she gained 10kg. She felt well enough to attend a Pulmonary Rehabilitation program at one of our Community Health Centres where she linked in with a counsellor and a dietitian for her ongoing care.

Jenny really appreciated the help she was given through the HARP program. She was able to get to medical appointments more easily, and could do a lot more around the house.

Since her discharge from HARP, Jenny has only needed to attend our Emergency Department once compared with four visits in the year before she was referred to HARP.
Measuring how services work together

Over the past two to three years, the Frankston Mornington Peninsula Primary Care Partnership (FMPPCP) has worked to improve the way health care services are integrated across Peninsula Health’s catchment area. The FMPPCP undertook a mapping process in February 2012 to develop a more fully integrated system for the community. Peninsula Health was one of 19 services and service providers who participated.

Outcomes included:

- Detailed benchmarking of service coordination systems and integrated chronic disease management to inform care planning and assessment
- Clear identification of gaps, collaborations and duplications among the service providers
- Development of a set of recommendations to inform future work across the catchment.

Each year, the Department of Health measures how local government, hospitals, health and community service organisations work together. The most recent Service Coordination and Integrated Chronic Disease Management survey for the FMPPCP was released in June 2011.

<table>
<thead>
<tr>
<th>Integrated Chronic Disease Management 2011 – Improvements</th>
<th>More than 90%</th>
<th>50-90%</th>
<th>10-50%</th>
<th>Less than 10%</th>
<th>Not applicable</th>
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</thead>
<tbody>
<tr>
<td>Intra-agency care plans have been documented for consumers</td>
<td>58%</td>
<td>23%</td>
<td>6%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Met</td>
<td>Partly met</td>
<td>Not met</td>
<td>Plan established</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Clinical care protocols, pathways and decision support tools have been developed that meet the criteria for best practice clinical care delivery</td>
<td>20%</td>
<td>30%</td>
<td>40%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Clinical care protocols, pathways, and decision support tools are provided that demonstrates continuity of care and proactive ongoing support that meet the endorsed criteria</td>
<td>20%</td>
<td>45%</td>
<td>25%</td>
<td>10%</td>
<td>0%</td>
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Counselling services in our community

Peninsula Health provides a free community health counselling service to assist people to make positive changes in their lives. Counsellors help clients to find better ways to deal with their situation and to make their own decisions about issues such as personal and family relationships, trauma, emotions and stress, chronic illness, parenting and child behaviour.

Group programs include:

- Anxiety Management
- Moving On (to help people deal with major life changes)
- Pain Management
- Out of Bounds (for parents dealing with adolescent violence in the home).
Caring in our community

‘Natasha’ is a strong and independent woman. She has a good relationship with her 19 year old son, who is at university.

Natasha is no stranger to domestic violence, having been in violent relationships that left her fearing for her and her son’s safety.

For most of her son’s life Natasha was a sole parent. She studied and worked hard to provide the best possible life for her son.

“We were best friends, shared everything, and respected each other,” Natasha said. “But that changed. My son was in Year 12 and had just recovered from glandular fever, which had made him miss a lot of school. He became very lazy, he was skipping school, and then he dropped out completely in the middle of the year.”

Natasha was determined to see her son complete his VCE when he repeated it the following year. But the six month gap between him dropping out and starting afresh turned into a nightmare.

“My son was mixing with the wrong people and got involved in stealing and selling stolen goods. I tried to get him to stop, and we had the most terrible arguments. He would yell, swear and smash the whole house up,” she said.

“One day he turned on me. I ran to my bedroom to hide, but he burst in and started shoving and hitting me. I had to call the police because I couldn’t cope with him anymore. But they couldn’t charge him because he was not yet 18.

“The police suggested I take out an intervention order. I didn’t want to, but if I hadn’t I would have gone insane.”

Shortly after this, Natasha’s son moved away to live with some close friends of hers. Natasha and her son got their lives back on track, and he ended up doing really well in his VCE.

During that time, Natasha started seeing a family relationship counsellor, who referred her to Peninsula Health’s Out of Bounds support program provided by our Community Health Counselling service.

“I didn’t realise these services were available to women in my situation,” Natasha said.

Through the different support they received Natasha and her son were able to return to living together harmoniously.

“When he came home, he was his old self again. He helped out around the house, there were no arguments and we didn’t fight. He has come 360 degrees since that violent beginning,” she said.

Vulnerable families

Family violence is responsible for more than half the child protection cases in Victoria. Peninsula Health meets on a regular basis with the Department of Human Services, Child First, Maternal and Child Health Services, and Victoria Police Sexual Offence and Child Unit to discuss improving response to and management of families in need.

All Social Work and Nursing staff in the Paediatric Unit are required to complete training to ensure early identification and management of vulnerable children and families.

Peninsula Health’s policy for the Management of Vulnerable Babies, Children and Young People at Risk of Harm reflects best practice and includes guidelines for:

- Identifying babies, children and young people at risk of harm from abuse or neglect, and quick and effective response by appropriately skilled professionals to ensure the child’s immediate safety
- Coordinated and consistent management of vulnerable children across the Health Service
- Multi-agency response to ensure the child’s safety in the long term and the wellbeing of the child and family.
A second lease on life

Our Transition Care Program (TCP) provides continuing care after a hospital stay. Designed primarily for frail and aged patients, the 12-week program gives people the opportunity to regain their independence when otherwise they may have been destined for permanent care in an aged care facility.

TCP participants receive care in their own home if possible or in one of the program’s residential beds at Corowa Court in Mornington or Regis Shelton Manor in Frankston.

There are up to 61 TCP participants at any one time. Over 400 people completed the program last year.

Everyone entering the program has their own case worker and access to occupational therapy, physiotherapy, speech therapy, nutrition and dietetics and nursing services.

At 69, Barry suffered a severe stroke that left one side of his body paralysed.

Following treatment at a city hospital, Barry was recommended to our Golf Links Road Unit for stroke rehabilitation, but remained restricted to a wheelchair and dependent on full time care and support.

In September 2011, Barry was admitted to the Transition Care Program. He spent 10 weeks in the residential care facility, Regis Shelton Manor. While there, he undertook the full range of services offered by the program. Each week, Barry became a bit stronger and more determined than ever to regain what independence he could.

The turning point happened when the occupational therapist took Barry and his son to a local driving range to hit a few balls. Although wheelchair bound, Barry used the golf club with one hand and was able to have a hit with his son.

After 10 weeks Barry had a new lease on life. He could complete tasks that were impossible for him before he entered the Transition Care Program, such as dressing his upper body independently and manoeuvring his electric wheelchair.

Thanks to the program, Barry was able to return home with his wife, Anne. The Transition Care Program not only helped Barry on his road to recovery and independence, it also supported Anne with carer training and arrangements for the equipment needed to get him back home.

Now that he is home, Barry enjoys heading down to the golf club for a beer and chat with his mates.
Health promotion

The Health Promotion team at Peninsula Health works across a range of settings including early years, schools, workplaces and communities to support them in developing and implementing effective strategies to improve health and wellbeing in the community.

Seeing it my way

In December 2011, a photographic exhibition with a difference showcased how local young people feel about their schools and the community in which they live.

ConnectYOU Photovoice, the result of two projects with local primary and secondary schools across Frankston and the Mornington Peninsula, was funded by VicHealth and led by Peninsula Health in partnership with Mornington Peninsula Shire Council and the School Focused Youth Services in Mornington and Frankston.

The exhibition featured some of the images captured by 550 local students of everyday objects, places and situations in their lives and communities. Each image carried a description in the young photographer’s own words.

“Photovoice is an international initiative that gives people a way of expressing their observations and opinions of commonplace things in their life and community – and how these affect their sense of ‘belonging’”, said Emma Harris, Health Promotion Team Leader at Peninsula Health. “We used Photovoice to find out what really matters to our local young people. Using the camera gave them freedom to express their feelings in a creative and non-threatening way.”

Fifteen teachers and three youth service workers guided the students along their photographic journey. This enabled them to engage the wider school community in the initiative. The Health Promotion team at Peninsula Health supported participating schools and facilitated four skill development workshops for school staff. “We are now working with local schools and agencies to develop initiatives that address the issues which came out of this project”, said Emma.
During the year a total of:

- **79,311** people attended our emergency departments
- **74,664** patients were admitted to our hospitals
- **15,121** people were admitted to our hospitals for surgery
- **73,930** community mental health occasions of care were provided
- **128,689** courses of care were provided through Community Health
- **22,668** dental courses of care were provided
- **2,745** occasions of service were provided at our various diabetes clinics
- **1,894** drug & alcohol courses of care were provided

Each month at Peninsula Health an average of:

- **215** babies were born
- **303** children (0-16 years) were admitted to our hospitals for treatment
- **1,253** children (0-16 years) attended our emergency departments
- **6,609** people attended our emergency departments
- **2,191** people were admitted to hospital from our emergency departments
- **364** people were admitted to Frankston Hospital for emergency surgery
- **896** people were admitted to our hospitals for elective surgery
- **7,998** prescription items were dispensed
- **8,983** X-rays and medical imaging procedures were performed
- **136** inpatient rehabilitation treatments were provided
- **104** patients were admitted to our Hospital in the Home service
- **875** Hospital in the Home visits were carried out
- **184** cardiac cases were treated
- **340** cancer treatments were provided

Annual publications

Peninsula Health’s *Quality of Care Report 2012* highlights Peninsula Health’s progress and achievements in improving clinical care and our consumers’ experience.

For a fuller picture of Peninsula Health’s activities over the past year, please see our other annual publications:


For further information, or to download our annual publications please visit our website, www.peninsulahealth.org.au.

For printed copies of our publications, please phone Public Relations on (03) 9788 1501.

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