About Peninsula Health

Peninsula Health is a metropolitan health service delivering comprehensive and integrated services, in partnership with its consumers and other providers, to the 300,000 people who live in the local government areas of South Kingston, Frankston and the Mornington Peninsula.

Quick facts

Peninsula Health consumers

- The top five countries of birth for people living in our catchment are Australia, England, New Zealand, Scotland and The Netherlands
- Approximately 1,500 Indigenous residents live in our catchment
- Nearly one third of the population are under the age of 25
- More than one third of the population are over the age of 55. This segment of the population on the Peninsula is growing faster than anywhere else in Victoria.
- The top ten health risk factors for the population are tobacco, high blood pressure, obesity, poor diet, physical inactivity, high cholesterol, alcohol, unsafe sex, illicit drugs and work injuries
- The major causes of death are cancer, stroke, asthma, heart disease, accidents, lung disease and diabetes

Quick stats

Each month on average the following services were provided to our community

- 204 babies were born
- 596 children (aged 0 – 16 years) were treated in hospital
- 5,887 patients were treated in the Emergency Department
- 503 emergency surgical procedures were performed
- 1,824 people were admitted for hospital treatment
- 503 elective surgical procedures were performed
- 189 day surgical procedures were performed
- 81,300 prescriptions were dispensed
- 7,400 X-rays and medical imaging procedures were performed
- 175 mental health patients were treated
- 7,982 community mental health occasions of care were provided
- 12,856 community health occasions of care were provided
- 124 inpatient rehabilitation treatments were provided
- 102 patients were admitted to hospital in the home service with an average of 900 visits
On behalf of Peninsula Health’s Board of Directors and our staff, we are pleased to present the 2010 Quality of Care Report.

This report is an opportunity to present our commitment to delivering safe, high quality care for our community.

One of Peninsula Health’s greatest strengths is the integration of our care. Acute treatments such as surgery are supported by sub-acute services, such as rehabilitation and community health programs. We were amongst the first health services to incorporate community health within our organisation to enable more services to be delivered more often.

Each patient has a unique journey and story to tell about their health care experience. Throughout this report real stories of our patients are included to show how treatments and services interconnect and lead to better health.

Some exciting new projects which are making a difference are profiled, to highlight achievements and improvements:
- Respecting Patient Choices
- Improvements to women’s services
- Clinical Governance framework
- Redevelopment in surgical services.

At Peninsula Health our vision is ‘In Partnership, Building a Healthy Community’, and all members of our community are encouraged to become active partners in our quest for continuous quality improvement. We welcome your views and ideas about services, performance and your opinions on this report.

Your feedback will help us to improve our services and how best to present the results of these efforts to our community. To have a voice in your local health service you can:
- Apply to join the Consumer Advisory Committee
- Apply to be a consumer representative
- Voice any concerns
- Send in a suggestion
- Tell us if you are pleased with your care
- Become a volunteer.

Mr Barry Nicholls
Chairperson, Board of Directors

Dr Sherene Devanesen
Chief Executive
We value feedback

We care about your thoughts and value your feedback

Approximately 1,500 copies of the 2009 Quality of Care Report were distributed to the community. We actively sought feedback from around 300 people and received more than 30 responses.

Overwhelmingly, the feedback was positive in terms of the stories and projects featured. The majority of respondents rated the report as excellent in terms of content, and just the right length. There were other aspects which some thought could be improved such as the readability of the font, the muted colours and more information on care in community settings.

The font of this year’s report is stronger and easier to read. The colours are brighter, and there is a wide range of care settings depicted. More information on maternity and family healthcare is featured, as well as how we are managing service improvements. We have also included the key issues raised in independent consumer feedback reports of our services and where improvements have been made. See pages 12-15.

The report also addresses the Victorian Department of Health review of the 2009 Quality of Care Report with more information on falls prevention and more data on medication errors.

Distribution of this Report

The 2010 Quality of Care Report will be distributed at the Peninsula Health Annual General Meeting and to patients, clients, residents in aged care facilities, visitors, healthcare partners, GPs and community leaders.

You can also find copies of the report in reception areas of Peninsula Health facilities. The Peninsula Health Annual Report, Year in Review, Research Report and Quality of Care Report are also available on the Peninsula Health website www.peninsulahealth.org.au

After reading this report, if there are areas you would like to see included in the 2011 Quality of Care Report, please fill out the enclosed feedback form and send back to us. Feedback can also be completed online: www.peninsulahealth.org.au

If you would like more information about any Peninsula Health service or program, or if you would like to pass on a compliment or express a concern, there are a number of ways to reach the right person, quickly.

You can contact the Peninsula Health: Customer Relations Department – 9784 7298 - to make a complaint or register a compliment.

Public Relations Department – 9788 1295 – for information on Peninsula Health services or programs.

You can also access more information about services on the Peninsula Health website www.peninsulahealth.org.au or use the “Contact Us” button to send an email.
Robust Clinical Governance is the way we ensure we have in place the right people and right systems so that we continue to provide you with the highest standards of care. Clinical Governance is implemented through a framework based on the four domains of quality and safety set out in the Victorian Government Clinical Governance Policy Framework: Consumer Participation, Clinical Effectiveness, Effective Workforce and Risk Management.

The Peninsula Health Board Quality and Clinical Governance Committee oversees Clinical Governance at the health service. The Committee, chaired by a Board Director and attended by Board Directors, the Chief Executive, Executive Directors and members of the Quality Department, monitors the work of each service within Peninsula Health in continuously improving quality and safety. Consumers also participate on this committee and others within the organisation, providing invaluable input into the work we do.

The Quality of Care Report is an opportunity to report our achievements in line with the Department of Health’s four domains of quality and safety, and identify the improvements made to achieve higher standards of care.

Working together with consumers and the community

The Peninsula Health Community Participation strategy is based on building strong partnerships with consumers to deliver better healthcare outcomes. In August 2009 a Community Participation Workshop was held to develop a Community Participation Plan. It comprises 45 projects to actively engage the community, listen to the consumer and carer voice, act on feedback and enhance the overall quality of care to our community - see page 8 for more.

Consumers participate as members of the newly established Consumer Information Steering Committee (CISC). This committee has been developed to ensure written information is clear, relevant, accessible and friendly to the consumer. An example of this work are the brochures and posters promoting the Patient Charter of Healthcare Rights. This information was recently reviewed in line with the Australian and Victorian Charter of Healthcare Rights.

Consumer complaints, compliments and requests for feedback through surveys provide Peninsula Health with valuable information that helps us to improve our services. For more information on how we listen and respond to your feedback - see pages 12-15.

The right care by the right people

The Victorian Clinical Governance Policy Framework identifies Clinical Effectiveness as ensuring skilled, appropriate and timely care is provided to the patient who is informed and involved in decisions about their care. Strategies developed by Peninsula Health include comparing patient outcomes with that of other hospitals and the use of clinical audit to identify issues requiring improvement.

Peninsula Health participates in the Australian Council on Healthcare Standards (ACHS) Clinical Indicator reporting to benchmark performance against other health services and monitor progress. This benchmarking gives the health service a good understanding of where we need to improve and where we are progressing well.
Clinical and Care Planning Pathways are developed to ensure the right care is delivered by the right people at the right time - see page 33. An example of a collaborative approach to improving clinical management is the development of the Community Needle Stick Injury Clinical Pathway - see page 28 for more.

Staff participate in journal clubs where clinicians present, discuss and analyse new developments in their area of practice. This enhances the access of clinical staff to evidence based information to further support best practice in patient care.

The New Technology and Clinical Practice Committee evaluates all proposed new procedures, using evidence to determine their safety, effectiveness and appropriateness.

**Developing an effective workforce**

Peninsula Health utilises the Victorian Clinical Governance Policy Framework to guide strategies that promote an effective workforce, with the right skills and qualifications to provide safe care.

Prior to the appointment of Medical, Nursing and Allied Health staff, all qualifications, registration, work history and references are checked. This ensures applicants have the right skills and experience for the work required - this is called credentialling and helps define the scope of clinical practice (SoCP). For all senior medical and dental staff, there is a formalised process through the Senior Medical and Dental Staff Appointments Committee based on the National Standard for Credentialling and Defining Scope of Practice and the Department of Health Policy. Nursing Credentialling SoCP policy underpins nursing appointments and reflects the standards of the Nurses Board of Victoria. Allied Health has similar processes in place.

Investment in ongoing employee education and professional development is a key focus at Peninsula Health. Our Simulation and Clinical Skills Centre provides regular opportunities for multidisciplinary teaching and learning. Advanced technology, including computerised mannequins, are used to mimic real life medical emergencies and clinical scenarios. This process allows staff to enhance their teamwork and ensure their clinical skills are up to date.

Other ongoing education initiatives include access to educational resources through lectures, journal clubs, library, online resources and e-Learning courses. Improvements in accessing education have been made for staff who work at different sites or after-hours, such as junior doctors receiving education on iPods.

**Improving safer systems**

**Risk Management** is the process for determining what, where, when, why and how something could happen that might adversely affect a patient or system outcome and working to ensure it does not happen. Systems continue to be developed in line with the Victorian Clinical Governance Policy Framework to ensure the health service learns from any adverse events and implements changes where required.

The Mortality and Major Morbidity Review Committee reports on patient safety issues to the Board Quality and Clinical Governance Committee. Sentinel events, serious adverse events and deaths are reviewed by the committee with the assistance of independent audit by an external medical expert. Victoria wide de-identified hospital data on sentinel events, serious adverse events, safety issues, and coronial recommendations are regularly reviewed - see page 25.

In July 2010 the Statewide Victorian Health Incident Management System was implemented. This replaced the existing paper based incident reporting system and enabled standardised, state-wide reporting and analysis of clinical incidents. Information provided by the system will be evaluated and investigated where appropriate.

Planning ahead is important and each Executive Director is responsible for the development of a Quality and Risk Management Plan. This is an action plan at a local level that outlines goals and objectives for the coming year to improve safety and quality of services. These outcomes are also reported to the Board.
Accreditation

Health services participate in accreditation to assure communities that they are performing well and are able to provide safe, high quality care. The Australian Council on Healthcare Standards (ACHS) is an independent organisation and is the main accrediting body for health service providers in Australia.

The process of accreditation is a four year cycle of assessments against a set of comprehensive standards (ACHS EQuIP). Peninsula Health performs very well in accreditation surveys and in March 2010 completed a well received Self Assessment. Peninsula Health will undertake an Organisation Wide Survey in May 2011.

Peninsula Health’s residential aged care facilities undergo regular review by ACSAA during the year. The facilities are reviewed against 44 outcomes to ensure residents continue to receive a high level of care. During 2009 the following services were accredited for another three years from the date of review:

- Michael Court Hostel (May 2012)
- Carinya Residential Aged Care Unit (June 2012)
- Rosebud Residential Aged Care Services (August 2012).
Working with our community

Our healthcare partnerships

Peninsula Health works closely with local agencies and is represented on local, state and federal committees. These partnerships and programs assist in creating opportunities to share successful strategies and contribute to expertise and innovation.

Some of these partnerships include:

- Department of Health
- Australian Council on Healthcare Standards
- Monash University Faculty of Medicine, Nursing and Health Sciences
- Department of Human Services: Central Office and Southern Region
- Postgraduate Medical Council of Victoria
- Peninsula GP Network
- City of Frankston
- Mornington Peninsula Shire
- Frankston Mornington Peninsula Primary Care Partnerships
- Colleges responsible for medical specialist training
- Victorian Alcohol & Drug Association
- Victorian Pharmacotherapy Network Committee
- Melbourne University’s Centre for Psychiatric Nursing Advisory Committee
- Chisholm Institute of TAFE
- Westernport Latrobe Regional Communication Service
- Innovative Health Services for Homeless Youth Regional Network.

Community participation

Peninsula Health strongly believes in Consumer Participation, this is your health service, and we are working with you not for you.

To assist our work with consumers, carers and community members the new Community Participation Governance Structure incorporates all 870+ volunteers within the overarching Community Participation framework. This framework is supported by our Community Advisory Committee, a number of Community Advisory Groups and a robust volunteer program. Our aim is to actively engage with the community, listen to the consumer and carer voice, act on feedback and enhance the overall quality of care to our community.

Our Volunteer Steering Committee

This provides the forum for the Community Participation Team, Volunteer Coordinators, volunteers and other key stakeholders to collaborate to ensure ongoing effectiveness of the volunteer program at Peninsula Health.

Our extensive range of volunteer programs includes:

- men’s sheds
- auxiliary groups
- ‘Pink Ladies’
- hydrotherapy
- flowers and patient library
- pastoral care
- community health programs and activities
- volunteer drivers
- food tasting panel
- community kitchens.

‘DOING IT WITH US NOT FOR US’

Standards for consumer, carer and community participation across Peninsula Health

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<th>Standards for consumer, carer and community participation across Peninsula Health</th>
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<tr>
<td>1</td>
<td>The organisation demonstrates commitment to consumer, carer and community participation appropriate to its diverse communities.</td>
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<td>2</td>
<td>Consumers and, where appropriate carers are involved in informed decision making about their treatment, care and wellbeing at all stages and with appropriate support.</td>
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<td>3</td>
<td>Consumers and, where appropriate carers are provided with evidence based accessible information to support key decision making along the continuum of care.</td>
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<td>4</td>
<td>Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis.</td>
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<td>5</td>
<td>The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.</td>
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The volunteer program and many others enhance the quality of the consumer experience, as well as provide support to our staff.

All our volunteers are well trained and orientated to the service to ensure the highest standards are met. All volunteers comply with confidentiality agreements, privacy training, Peninsula Health’s OH&S requirements and police checks.

Highlights for Peninsula Health volunteers include:

- Frankston Hospital’s ‘Pink Ladies’ won the Most Outstanding Team Achievement Award in the metropolitan category of the 2010 Minister for Health Awards for Volunteering.
- Volunteer Andy King, member of the Frankston Northern Peninsula CAG and team leader for the new Volunteer Information Desk at Frankston Hospital was among individual volunteers recognised at the 2010 Minister for Health Awards for Volunteering.
- More than 400 volunteers attended the Volunteer Appreciation Lunch in May 2010. Thirty volunteers were recognised for their significant contributions to volunteering and length of service within Peninsula Health.
- Frankston Hospital’s Volunteer Information Help Desk opened in May 2010.
- Volunteers are actively involved in the collection of consumer feedback in conjunction with the Quality Department.

Visitors and volunteers to Frankston Hospital now have a new point of contact with the recent opening of the Volunteers Information Help Desk that is located in front of the main entrance of the Hospital.

Retired policeman Andy King is an active Peninsula Health volunteer and is the team leader of the Help Desk. Looking to make a positive difference to visitors, Andy is in charge of the Help Desk roster.

“Visitors to hospital are often a little anxious, so we are as cheerful and helpful as we can to relax them a bit,” Andy explained.

Services include assisting visitors in getting around the hospital campus, as well as providing advice on volunteering at Peninsula Health. The desk is staffed by volunteers on weekdays, including Andy who is rostered on at least twice a week.

Andy is also a member of the Consumer Information Steering Committee and the Frankston & Northern Community Advisory Group.

Peninsula Health’s robust Community Advisory Committee, with twelve community members, brings the voice of the community into Peninsula Health and provides a forum for direct communication with the Board.

Peninsula Health also has a unique and diverse range of Community Advisory Groups. These groups represent specific geographic areas, special needs and marginalised population groups including Disability, Cultural and Linguistic Diversity, Mental Health, Aboriginal and Torres Strait Islanders, Older Persons and their Carers, and Youth.
Community participation at work

Peninsula Health’s Community Participation Plan 2009-2012 is being actioned. The plan brings the idea of ‘partnership’ to life and demonstrates Peninsula Health’s commitment to the Department of Health policy ‘Doing it with us not for us.’

The plan was developed with input and advice from consumers, carers and the community as well as Peninsula Health staff and comprises projects that focus on creating a better consumer experience. A Community Participation Steering Committee including key Peninsula Health staff and four consumer representatives has been formed to drive the implementation of the plan.

Community Participation achievements:
- The Youth CAG developed a Social Networking policy to use Facebook to facilitate engagement.
- The Peninsula Health Disability Action Plan was developed following training attended by a disability CAG member and key staff.
- A Women’s and Children’s CAG and a Gay, Lesbian, Bisexual, Transgender and Intersex CAG are in the process of being established.
- The Cultural and Linguistic Diversity (CALD) CAG has engaged in a consultation process with CALD seniors about their experiences with health services.
- Consumer involvement in the development of written consumer information that guides care and treatment.
- Consumer representation on the following Peninsula Health Committees:
  - Quality and Clinical Governance
  - Primary Care and Population Health
  - Wound Management
  - Falls
  - Medication Safety
  - Respecting Patient Choices
  - Consumer Information Steering Committee
  - Healthcare Rights Charter Working Party
  - Human Research and Ethics Sub Committee
  - Surgical Steering Committee
  - Resource Smart
  - Volunteer Steering Committee
  - Food Tasting Panel.

Work is already underway with Latrobe University to develop Peninsula Health as a Centre of Excellence for community participation in healthcare.
Embracing cultural diversity

In 2009/10 there were 63,640 people admitted to Peninsula Health. Of these 17,821 patients were not born in Australia. To support our culturally diverse community Peninsula Health established a Cultural and Linguistic Diversity Community Advisory Group. Peninsula Health is committed to ensuring staff are skilled to meet the needs of our CALD service users through education programs at orientation and additional training on cultural awareness and working with interpreters.

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<tr>
<th>Peninsula Health Cultural and Linguistic Diversity (CALD) Plan assists evaluation and reporting against achievements in the area of Cultural Diversity and Language Services. The six Department of Health minimum reporting requirements are as follows:</th>
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<tbody>
<tr>
<td><strong>1</strong> Understanding clients and their needs</td>
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<td><strong>2</strong> Partnerships with multicultural and ethnospecific agencies</td>
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<td><strong>3</strong> A culturally diverse workforce</td>
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<td><strong>4</strong> Using language services to best effect</td>
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<td><strong>5</strong> Encouraging participation in decision-making</td>
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<td><strong>6</strong> Promoting the benefits of a multicultural Victoria</td>
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**Linguistic Diversity**

Understanding medical terms and concepts can be difficult at the best of times. It is particularly so in times of crisis and ill health. For people who do not speak English, this experience can be even more stressful. Peninsula Health offers access to trained interpreters for patients requiring assistance.

In 2009/10 there were 1,327 interpreter bookings (both onsite and via telephone) across Peninsula Health for 50 different languages. This is an increase from 1,140 in 2008/09 and 1,025 in 2007/08. During the 2009/10 period 345 bookings came from Women and Children’s Health who work with women antenatally and through the birth of their child.

In 2009/10 the top five most requested languages were Mandarin (190), Auslan (a sign language used by the hearing impaired -139), Arabic (121), Italian (112) and Greek (97).
Working with our community

Connecting with the indigenous community

Koori Kitchen Update

The Aboriginal and Torres Strait Islander Community Advisory Group (ASTI CAG) identified the Koori Kitchen as the key to maximising community attendance at their meetings. CAG meetings are now held fortnightly at the Koori Kitchen and a bi-monthly newsletter is issued for Peninsula Health staff and community members.

The relocation of the Koori Kitchen to the Brotherhood of St Laurence, Nexus House, in Frankston earlier this year has strengthened the partnership between community agencies. This venue is a friendly environment where other services can liaise with members of the community such as VACCA, Centrelink, Department of Education, Justice Agencies, early childhood and Department of Human Services, as well as internal Peninsula Health services.

The Koori Kitchen currently offers the Responsible Food Handlers certificate, the Responsible Coffee Handling certificate and the Responsible Service of Alcohol certificate through William Anglis TAFE. This community kitchen has recently received funding through StreetSmart Australia to expand their cooking skills with a local Indigenous business providing bush tucker cooking techniques.

Local Elder and ATSI CAG member Aunty Rhoda Green was awarded an Elders Award for leadership by the Department of Justice. Community Health’s Program Manager Connecting Communities Peter Dawson was named the 2010 male NAIDOC ambassador for Frankston and Mornington Peninsula Shire.

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<th>Mandatory reporting criteria</th>
<th>Achievements</th>
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<tr>
<td>1 Establish and maintain relationships with Aboriginal communities and services.</td>
<td>• Aboriginal and Torres Strait Islander Community Advisory Group (ATSI CAG) has a direct role in ensuring that the needs of Aboriginal people are met at all points within Peninsula Health services. ATSI CAG aim to ensure Peninsula Health services are accessible and appropriate for Indigenous clients.</td>
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<td>2 Provide or coordinate cross-cultural training for hospital staff.</td>
<td>• 80 staff from Oral Health and Stay Healthy Teams received Cultural Awareness training delivered by Koori Services. Another 100 people received Cultural Awareness training including representatives from Royal District Nurses services, Chisholm TAFE and Monash University Physiotherapy. • In May this year Peninsula Health received funding for the “Baymob Culture – Making It Real project”, funded through Department of Health. This project will be rolled out during 2010/11.</td>
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<td>3 Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.</td>
<td>• Ongoing consultation with Peninsula Health staff on appropriate models of care for Indigenous people. • Development of a culturally specific care plan.</td>
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<td>5 Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.</td>
<td>• Review of intake processes for Peninsula Health Koori Services commenced in June 2010. • 100% of new Peninsula Health Community Health registrations collect ATSI status through Service Coordination Tool Template Consumer Information. • Peninsula Health Community Health intake tool ensures clients of ATSI background are identified and prioritised for Community Health services.</td>
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Koori Holiday Program wins Cultural Innovation Award

Peninsula Health’s Koori Holiday Program was a regional winner in the ‘Cultural Innovation Award Category’, of the 2010 Regional Indigenous Community Justice Awards. This award recognises the way the Koori Unit is actively working in partnership with a number of community organisations to improve access to healthcare services, and to enhance engagement with the Indigenous community.

The program is ‘breaking down barriers’ such as those between the Hastings Koori community and officers from the Victorian Police. Members of the Indigenous community are involved in events promoting the importance of getting active for good health and wellbeing.

Initiatives include:
- A Basketball Day with free clinics run by Mornington Peninsula Shire recreation staff and players from the Westernport Basketball Association.
- Two Tennis Days with free clinics supported by Tennis Victoria.

Peninsula GP Network were involved in both initiatives, offering free advice on good health. These events were also supported by the Mornington Tennis Club and the Southern Metropolitan Indigenous Family Violence Regional Action Group.

Elders award for leadership

Earlier this year, local Elder and ATSI CAG member Aunty Rhoda Green (pictured above left with pink heart puppet) received an Elders Award for leadership from the Department of Justice in Canberra. On receiving the honour, Rhoda took the opportunity to discuss an exciting education program the ATSI CAG is passionate about, the Bay Mob puppets.

The new puppet program is a tool to educate children and youth about health and family violence issues, in a friendly and meaningful way. The specially made puppets represent a wide range of age groups and backgrounds.

Touched by family violence herself, Rhoda sees the potential these puppets and the ATSI leaders have in raising awareness. Rhoda commented on the way in which the puppets could be used and “what can be said through them.”

Rhoda sees possibilities for children as young as preschoolers identifying with the characters and understanding the messages. A DVD of the training process and performances is being developed and will form part of the resource kit to local schools and community groups.
Peninsula Health Quality of Care Report 2010

Listening to the voice of our consumers

Peninsula Health responds to consumer feedback in order to continually improve our services. The Victorian Patient Satisfaction Monitor (VPSM) is an independent body which regularly monitors and reports on patient satisfaction with public hospital services throughout Victoria. This information allows Peninsula Health to compare patient satisfaction against like hospitals and the state.

The following graphs demonstrate the results from the two VPSM surveys conducted at Frankston Hospital, Rosebud Hospital and Community and Continuing Care sites during the 2009/10 period:

**Frankston Hospital**

![Graph](image)

**Rosebud Hospital**

![Graph](image)

**Community and Continuing Care**

![Graph](image)

VPSM analyses people’s comments about their care.

This forms “the voice of the people” and identifies priority areas for improvement according to the consumer comments.

A priority for **Community and Continuing Care (CCC)** was identified as: “The clarity of information you received about your stay”

In January 2010 a brochure was developed and distributed to all patients for admissions to the CCC service that describes the care and evaluation they will receive.

A priority for Rosebud Hospital was identified as: **“The communication between Doctors, Nurses and other hospital staff about treatment”**

When you are sick it is often overwhelming when your treating team comes to see you and questions can often be forgotten. Rosebud Hospital has developed a communication tool for patients and family members to note down questions for any member of the team.

A priority for Frankston Hospital was identified as: **“Admission – Waiting room comfort, waiting room chairs & pleasant surroundings”**

The Stage 2a Redevelopment is due to be completed by the end of 2010. The new facility will have comfortable and private waiting areas, new change rooms and generally more pleasant surroundings.

A consumer representative has been involved in the development of the plans and further consumer input will be sought when it is time to purchase furniture for the ‘public areas’.

Working with our community
Responding to your concerns

In addition to VPSM, Peninsula Health seeks ‘on the spot’ feedback from consumers across the organisation by utilising feedback forms. Our volunteers are available to assist patients with the completion of the forms if required.

The internal feedback is analysed by individual departments and wards and is reported to the Board of Directors.

One improvement as a result of internal feedback is the purchase of Consumer Information brochures to be given out prior to admission for patients requiring surgery or procedures.
Responding to your complaints and concerns

Peninsula Health welcomes feedback on the services it provides and works with consumers to resolve their concerns promptly. Complaints and compliments provide an opportunity to better understand how best to improve our services. Complaints and compliments may relate to inpatient, outpatient or home based services. They can relate to communication, the environment including food, the timeliness of care or other aspects of care that the patient and/or their family wish to comment on.

There are many compliments and expressions of gratitude throughout the year which are passed on to the staff personally in writing or through the feedback forms.

Patients have their say

Throughout the year Peninsula Health received a number of compliments that gave recognition to the professional care, treatment and respect provided by the staff in a wide range of services.

“Things such as the ability to stay overnight to accompany him, a sandwich for my mother during one of her lengthy visits make a big difference when delivered with such consideration.”

“I am moved to write to advise that the attention I received from nursing and medical staff in the Emergency Department was first class.”

Staff were courteous, efficient and at all times kept me informed of the process and, where there were delays advised me of the reasons for the delay.”

“The professionalism of the obstetrician, maternity and theatre staff saved the lives of our daughter and her child. Moreover, the ongoing care and attention following this traumatic premature birth were absolutely outstanding in every respect.”

Tell us your concerns to help us to do better

Consumers are actively encouraged to express their concerns to the Manager of Customer Relations or person in charge of the relevant department. Any concerns consumers may have with their care or issues that cannot be resolved at the point of service are managed by the Customer Relations Manager. We work with consumers to resolve their concerns in a collaborative and transparent manner. This includes a thorough investigation of the issues with relevant staff and feedback to the consumer/family on actions taken to address the problem.

This year 557 complaints were received. This compares to 448 complaints received in 2008/09. Complaints for this reporting year relate mainly to access, treatment and communication. This increase reflects the many ways consumers are encouraged to express their concerns, via telephone, Peninsula Health’s website, by mail or in person.
Here is an example of how one particular complaint was managed.

**Complaint received**

A daughter and wife of a patient complained about the poor attitude and lack of compassion they received from a member of the nursing staff during their relative's inpatient stay. They also expressed concern that their relative was not receiving the care and attention required to manage a critically ill patient. This had distressed them greatly particularly as they were dealing with their own emotions and needs.

**What happened next?**

- An initial meeting was scheduled with the family, the Customer Relations Manager and senior members of staff.
- The family were provided with an opportunity to discuss their experience and raise issues involved.
- The concerns regarding the staff member's behaviour were raised with relevant senior staff.
- The matter of the relatives' experience and perceptions of behaviour and nursing care were discussed with the staff member.
- It was agreed that a second meeting would be scheduled to enable the family to receive feedback on our investigations and actions taken to address their concerns.
- The complaint was also acknowledged, in writing, within two business days by the Customer Relations Manager.

**What did we find?**

- The concerns regarding the staff member's behaviour were raised with relevant senior staff.
- The matter of the relatives' experience and perceptions of behaviour and nursing care were discussed with the staff member.
- The nurse was unaware that her behaviour and attitude had impacted on the family and apologised for her behaviour.

**What did we do?**

- The nurse was advised to attend an education program to improve her understanding of the code of behaviour expected by staff and to assist her to develop strategies to improve her communication skills.

**What was the follow-up to the consumer?**

- The relatives attended a second meeting and received feedback on the investigations and actions taken.
- The family accepted the apology offered and expressed their appreciation for the way in which the complaint was managed.
Frank, aged 79, presented to the Emergency Department (ED) with right-sided weakness. He lives alone with his cat for company, has a helpful neighbour, but no family support.

Before becoming unwell Frank was able to walk short distances of up to 50 metres indoors with a 3 wheelie walker for support.

Following ambulance transfer Frank was admitted to the Frankston ED Department for assessment.

On admission a Barthel score was performed to assess his ability to perform everyday activities, such as showering and dressing. His score was 70 out of 100. Frank needed rehabilitation and support to ensure he was able to return home safely.

An ED nurse commenced Frank on the ED pathway for neurological assessment due to his right-sided weakness.

He was seen and assessed by:
- ED Consultant
- ED Nursing Staff
- RAD Team - see page 39.

He received services including:
- A brain scan by Radiology
- Routine bloodtests by Pathology
- A medication review by Pharmacy - see page 29.

Frank required:
- Investigation and stabilisation of his exacerbated condition
- Assessment of functional decline - see page 34
- Care of his cat.

Frank expressed he wished to return to home and was very concerned about his cat being home alone.

Frank was referred to the Neurology Unit for Acute Care and admitted to the Stroke Ward by a Hospital Medical Officer.

The Stroke Team assessed Frank and put in place a multidisciplinary management plan developed to treat his current acute health episode, improve his mobility and ability to manage his daily living.

Frank’s Multidisciplinary Stroke Team included:
- Neurology consultant
- Hospital medical team
- Nursing staff
- Occupational therapist
- Speech therapist
- Physiotherapist
- Social worker
- Dietician
- Pharmacy.

His care plan and treatment was discussed with him, and a social worker contacted Frank’s neighbour who agreed to take care of his much loved cat and keep an eye on his home and garden.

As well as right-sided weakness, Frank experienced mild speech problems and was unable to walk independently.

A range of assessments were performed to ensure the best possible outcomes for him.

Assessments included:
- Thorough medical review
- Skin Integrity to prevent any pressure wounds - see page 30
- Falls Prevention - see page 32
- Safe Manual Handling and transfer requirements.
- Prevention of functional decline - see page 34
- Medication review by a pharmacist
Frank stayed at Frankston Hospital for 7 days and was assessed by the Sub Acute Service, which included a Geriatrician, Nurse and Social Worker, who recommended he undergo rehabilitation and treatment at the Golf Links Road Rehabilitation Unit.

Frank was transferred to Golf Links Road Rehabilitation Unit in Frankston by Transit Ambulance.

He was seen by the entire multidisciplinary team including a:
- Geriatrician
- Physiotherapist
- Occupational Therapist
- Nursing Staff
- Social Worker
- Dietitian and
- Speech Therapist.

The team worked together to ensure all of Frank’s needs and care options were met.

Each day he was encouraged to shower and dress as independently as possible.

He attended physiotherapy sessions and the Occupational Therapist assisted him to regain independence with everyday activities.

Frank was assigned a staff member to be his Key Control Person who discussed his ongoing needs and kept him informed of ongoing arrangements for discharge and treatment.

After 3 weeks at the unit, Frank was not quite ready to manage at home independently. He was referred to Transition Care Residential for admission to Regis Shelton Lodge to give him more time to regain the strength he needed to manage at home.

Frank was assessed by the Sub Acute Service and recommended for admission to the Golf Links Road Rehabilitation Unit. He was seen by the entire multidisciplinary team including a Geriatrician, Physiotherapist, Occupational Therapist, Nursing Staff, Social Worker, Dietitian and Speech Therapist.

The team worked together to ensure all of Frank’s needs and care options were met. Each day he was encouraged to shower and dress as independently as possible.

He attended physiotherapy sessions and the Occupational Therapist assisted him to regain independence with everyday activities.

Frank was assigned a staff member to be his Key Control Person who discussed his ongoing needs and kept him informed of ongoing arrangements for discharge and treatment.

Frank’s wonderful neighbour was happy to reunite him with his cat.

At this stage, he was able to walk with a frame indoors for only 50 meters using a gutter frame.

As a part of the Transition Care Program Frank was able to participate in a variety of groups including:
- Agestrong
- Walk Tall
- Balance Group
- Upper Limb Group

On discharge from Transition Care Residential, he was walking with a 3 wheelie walker, independently indoors and outdoors for approximately 100 meters. His Barthel score had improved to 95 out of 100.

Following a 6 week stay in Transition Residential Care he was able to return to his own home with services to assist him to manage independently.

Services included participation in the Community Rehabilitation Program for physiotherapy and a Community Home Package coordinated by a Case Manager.

This included ongoing services to assist him to remain in his own home including:
- Home Help
- Meals on Wheels
- Personal care and shopping once a week
- MEPACS - see page 21.

Frank’s wonderful neighbour was happy to reunite him with his cat.

Peninsula Health Quality of Care Report 2010
Getting information back to our GPs

When a person is admitted to hospital it is important their local Doctor is aware of their condition to provide the appropriate follow up care. Through Peninsula Health’s award-winning electronic-discharge summaries GPs are getting timely information about their patient’s treatment in hospital, including any changes to their medications. Not only is this improving communication between the hospital clinicians and GPs, but this helps to ensure that patients continue to receive appropriate care following discharge.

<table>
<thead>
<tr>
<th>This year Patient discharge summary timeliness was as follows</th>
<th>PH Target 85%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Discharge Summaries finalised within 24 hours of discharge</td>
<td>80.1%</td>
</tr>
<tr>
<td>Electronic Discharge Summaries finalised within 7 days of discharge</td>
<td>6.3%</td>
</tr>
<tr>
<td>Electronic Discharge Summaries finalised within 7 days post discharge</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

This year, in collaboration with our Respecting Patient Choices (RPC) Program, (see page 36), we have developed Advanced Care Planning Notification (ACPN). This electronic document complements the work done by clinicians trained as RPC facilitators who assist patients and their families in planning for end-of-life care. The ACPN summarises the decisions made by the patient in consultation with the treating healthcare team while they were in hospital. The ACPN is then sent electronically to the patient’s doctor and other designated recipients so that they are aware of the patient’s wishes and any need for follow up discussions after discharge.

Community rehabilitation

Peninsula Health’s Community Rehabilitation Program (CRP) provides short-term rehabilitation to people recovering from an illness, injury, surgery and/or hospitalisation. The program uses an integrated, interdisciplinary Allied Health model of care, for both home and centre based services. The interdisciplinry team includes physiotherapy, occupational therapy, speech therapy, social work, and dietitians.

Most patients complete their treatment within three to six months. However some more complex conditions may require ongoing review to ensure their condition is managed and to prevent unnecessary hospital admission.

The CRP has provided 32,275 occasions of service against a target of 29,044 (11% above target).

<table>
<thead>
<tr>
<th>Category</th>
<th>Targets</th>
<th>Waiting Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Need for admission within five working days of referral</td>
<td>This year the average waiting time was 6 days, compared to 3.5 days in 2008/09</td>
</tr>
<tr>
<td>2</td>
<td>Need for admission within 15 working days of referral</td>
<td>This year the average waiting time was 12.64 days, compared to 13.77 days in 2008/09</td>
</tr>
<tr>
<td>3</td>
<td>Need for admission within 30 days of referral</td>
<td>This year the average waiting time was 18.37 days compared to 11.44 days in 2008/09</td>
</tr>
</tbody>
</table>

The increase in waiting times for categories 1 and 2 reflects the increased referral rates for this period.
Home rehabilitation

Last year Peninsula Health received funding from the Department of Health to form an Orthopaedic Pathways Service to provide rehabilitation in the setting best suited to the patient's needs. The program provides eligible patients with the opportunity to receive services in their home setting rather than going to one of the inpatient rehabilitation facilities in the health service.

Patients who have undergone Orthopaedic surgery are eligible for the service. Examples of Orthopaedic surgery are hip and knee replacements and surgery to fix broken bones.

The Elective Orthopaedic Pathways Program (EOPP) involves a nurse and a physiotherapist coming into the patient's home to provide rehabilitation.

How home rehabilitation works:

- The nurse can help the patient by looking after any surgical wound, discussing and advising about pain control, arranging appropriate follow up with the surgical team, and arranging other services that the patient might require.
- The physiotherapist can help the patient by setting up an exercise program, helping to improve the patient's physical condition and by arranging appropriate outpatient physiotherapy or hydrotherapy.
- The team can organise other services from the Community Rehabilitation Program as required e.g. occupational therapy, speech pathology, dietetics, social work and podiatry.

Since the program began in June 2009, 115 patients have been through the program.

The program is already showing strong results with the average length of stay for Total Hip Replacement reduced from 8.3 to 5.9 and Total Knee Replacement reduced from 9.1 to 6.2 days. To date 57% of patients were discharged directly home compared to only 19% in 2008.

Avid handyman Alan Taylor was completing minor repair works on a friend's garage, when he slid off a ladder breaking his femur. His surgery was complicated by the metal rod in his thigh, the result of an earlier operation after a motorcycle accident and previous injuries to his foot which had seen him limping for the past twenty years.

Within 4 weeks of his operation, Alan is now no longer limping and walks without any assistance. He owes his remarkable recovery to his post-operative care in his home, and some determination.

Alan was eligible to join EOPP, which individualised his rehabilitation in his own home.

From previous experiences, he was expecting a difficult return home, dreading the paperwork, wound care and trips to rehabilitation settings. Instead, he received care from a dedicated nurse who liaised with his surgeon and treated his wound. He also had a tailored physiotherapy program. When nurse, Lainie Verboon surprised him with a call saying he no longer needed crutches Alan replied that’s “the best news I’ve heard in a long, long, long time!”

Alan has surprised everyone with his recovery and is planning an overseas trip with wife Thelma to celebrate.
Transition Care

The Transition Care Program funded jointly by the State and Commonwealth Governments commenced in September 2006 to give frail aged patients the opportunity to reach their maximum functioning capacity after a stay in hospital. The program provides care and support to patients as they recuperate whilst at the same time assisting them and their family or carers to make appropriate long-term care arrangements.

This can occur in their own home or, for people who require more assistance, in a Residential Care Facility. Transition Care is a multidisciplinary program and has a range of staff including Nursing, Physiotherapist, Dietitians, Speech Pathology, Social Worker, Occupational Therapist and Geriatrician who assist with the transition and recuperation following a stay in hospital.

Transition Care Residential Program takes place at Regis Shelton Manor. The program has expanded from 10 beds in 2006 to 50 beds in 2009/10. The Transition Care Program has seen increasing numbers of residents discharged overall. The number of patients discharged home has increased from 30 in 2007 to 47 in 2009. This has resulted in increasing numbers of residents utilising the residential component of TCP to trial home based care after a period of time maximising their physical capacity. The program has also resulted in less residents being transferred to the Emergency Department.

Transition Care Home Program has capacity for 12 home based patients and this will increase to 15 next year. Analysis of the patients discharged since 2007 showed 78% of all discharges from Transition Care Home Program result in the client remaining in their community.

A consumers perspective

Allan Jones, aged 87 has left sided weakness following a stroke in 1991 which has limited his ability to perform many simple tasks. He lives in a self contained annex to a house occupied by his son and daughter in law. His son David is his primary carer.

In March 2010 Allan had a fall at home and was taken to the Rosebud Hospital Emergency Department. He was transferred to the Rosebud Rehabilitation Unit (RRU). Allan said RRU was very good and improved his stability and mobility but he was more than ready to return home after a month. He was very pleased to be eligible for the Transitional Care Program (TCP).

Shortly afterwards Allan was discharged and began the TCP, he stated several benefits including:

- A well qualified carer to get him up, showered and dressed including breakfast assistance every morning
- Weekly home help
- First class meals
- Physiotherapy with a personal daily exercise routine which was reviewed regularly.

Allan felt the daily carers all understood that their role was to make him more self reliant and gave only essential support. Kate Elkhuizen (pictured) “my Case Manager was particularly helpful”. Importantly David had some release from his responsibilities as carer. As Allan continued to improve in all respects it was agreed to terminate the TCP after eight weeks. Allan has now commenced some Domiciliary Physiotherapy as an outpatient to the Community Rehabilitation Program for longer term maintenance. In Allan’s view the TCP is so good that he considers it should become a fundamental link in the hospital – rehabilitation – home chain.
Care in your community

Health Promotion focuses on promoting and enhancing the health of individuals and communities through a range of programs and services.

MEPACS

Peninsula Health provides a personal alarm and monitoring service across Victoria and is the service provider for the Department of Health Personal Alert Victoria program. This statewide program helps vulnerable, frail and older residents remain in their own home. MEPACS provides services to more than 25,000 clients, 78% of whom are over the age of 75 years, 34% over the age of 85 with 26 clients over 100 years old.

Clients wear a pendant around their neck or on their wrist that is linked to a larger alarm unit in their home. By pressing the button on the pendant the alarm unit automatically telephones the MEPACS Monitoring Service Team which act on the client’s emergency or concern 24 hours a day. The MEPACS Monitoring Service Team can call for an ambulance or refer the incident to a nominated contact.

The team also provide a daily welfare “check” where clients are required to contact the service. Clients who fail to call are contacted in the early afternoon to make sure they are safe and well. Nearly 40,000 welfare checks and more than 1,700 medical emergencies are handled every month, with 99% of these emergencies responded to within 2 minutes.

MEPACS continually monitors its service and client satisfaction. They work closely with clients, the Department of Health and the community to identify improvement opportunities. Examples of MEPACS improvements include:
- Consultation and discussion of performance through a Community Advisory Group.
- Appointment of a Quality & Risk Manager to ensure a focus on compliance, quality and continuous improvement.
- All policies have been reviewed resulting in the introduction of guidance notes and procedures for specific events such as summer and bushfire procedures.

Kids Go For Your Life

The health promotions team supported Westpark Primary School (pictured) and Carrum Downs Primary School to achieve the ‘Kids Go For Your Life’ Award that promotes healthy eating and physical activity.

Peninsula Health Youth Dental Program (PCHC)

Research with young people to identify barriers to utilising the Peninsula Health Youth Dental Program and training needs assessment with the dental team to identify areas to develop a ‘young person’ service.

Kicking Goals

‘Kicking Goals’ is a project to encourage young people to participate in soccer and for community members to become coaches or volunteers. The intention is not only to raise physical activity levels of young people but also to support them in developing positive connections. More than 100 young people attended the first match this year.

The Munch and Crunch Schools Active Transport Project

The Munch and Crunch Schools Active Transport Project supported by Peninsula Health saw an increase of 20% in ‘active transport’ at the pilot school Carrum Downs Primary School. The school also developed and implemented a Healthy Eating and Physical activity policy and a Community Kitchen.
Integrating Cancer Care

Peninsula Health continues to be an active member of the Southern Metropolitan Integrated Cancer Service (SMICS), a joint initiative which also incorporates Southern Health, Alfred Health and Cabrini Health.

The SMICS Multidisciplinary Team (MDT) Pilot Project commenced in July 2008 as part of a larger Continuum of Care Project. MDTs in cancer care are comprised of Specialist Physicians, Surgeons, Medical Oncologists, Radiation Oncologists, Pathologists, Radiologists, Nurses and Allied Health staff who meet on a regular basis to discuss treatment options and develop individual patient treatment plans.

A MDT project officer has been working at Peninsula Health with health professionals who specialise in breast, lung, upper gastrointestinal and colorectal cancer since 2008. The project officer has provided invaluable support to MDTs during this time to enhance the care of patients with diagnosed or suspected cancer. This support has facilitated the expansion of membership, increasing documentation of treatment plans and improved communication with the patient’s GP. These changes contribute to improved care coordination for cancer patients and their families and enhanced sustainability and capacity of MDTs in the future.

Continuing Care

Working together to reduce tobacco related harm

The Smoking Prevention & Cessation Strategy was initiated through the Care in Your Community planning framework governed by Peninsula Health’s Primary Care and Population Health Advisory Committee in 2007. Chronic Obstructive Pulmonary Disease (COPD) was identified as a priority by a taskforce that included community representatives.

Smoking is the major cause of COPD and requires a comprehensive approach to promote smoking prevention and cessation, including Peninsula Health becoming Smoke Free.

Workshops held in 2009 showed support and commitment to the strategy by local governments, community services and organisations. As part of Peninsula Health becoming smoke free QUIT support clinics, nicotine replacement therapies and cessation information will be provided to patients and staff.

Peninsula Health launched a smoke free policy at Hastings Community Health in September 2009. Following its success all other Peninsula Health sites will be smoke free from 1 September 2010. By trialling and monitoring the policy Peninsula Health will be equipped to support other local services and businesses in doing the same.
Community Dental

With the opening of the new Community Health Service in Hastings in September 2009, the Peninsula Health Community Dental Program expanded with the addition of four dental chairs to service the Westernport community. This brings the service to a total of 18 chairs at Frankston, Rosebud and Hastings.

The new service in Hastings was fully operational from January 2010. From October 2009 to June 2010 Hastings Community Dental Service has resulted in:

- 4,718 Internal patients seen and 1,394 external patients (referred with vouchers)
- 5,583 Courses of Care and 1,588 for external patients (referred with vouchers)
- 10,370 visits
- 47,139 treatments delivered.

The addition of the Hastings service has led to an overall reduction in Community Dental waiting times. The Rosebud waiting list time has reduced to 16 months and Frankston waiting list time to 14 months. This compares with the state-wide bench mark of 22 months.

The School Dental Service and the Preschool Dental Service currently operate a 24 month cycle of examinations as part of the Funding and Services Agreement from Dental Health Services Victoria. Children who have been identified at high risk of dental disease are offered care more often, usually every 12 months.

<table>
<thead>
<tr>
<th>2009/2010 Dental Services Victoria Clinical Quality Indicators</th>
<th>FCDS</th>
<th>RCDS/HCDS</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTORATIVE RE-TREATMENT WITHIN SIX MONTHS</td>
<td>3.3%</td>
<td>4.1%</td>
<td>5.1%</td>
</tr>
<tr>
<td>A restoration will usually last several years; this is dependant on the type of material used in restoration. High rates of re-treatment within six months can indicate a need to review treatment approaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REPEAT EMERGENCY CARE WITHIN 28 DAYS</td>
<td>5.8%</td>
<td>5.4%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Treatment is aimed to effectively treat the cause of the dental problem of people presenting for emergency care. Where care has failed to resolve the initial emergency, a person would usually return for more treatment within a 28 day period. (sample includes people who return for treatment post antibiotics)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNPLANNED RETURN WITHIN SEVEN DAYS FOLLOWING EXTRACTION</td>
<td>0.6%</td>
<td>0.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Complications following a tooth extraction usually occur with seven days post extraction. The dental team can minimise complications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROOT CANAL RE-TREATMENT IN PERMANENT TEETH WITHIN SIX MONTHS</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>When a root canal fails it is generally due to bacterial contamination. This can result in symptoms of infection, with pain and inflammation. High rates of extraction or re-treatment following root canal work may indicate poor selection or poor technique.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENTURE REMAKES WITHIN 12 MONTHS</td>
<td>0.6%</td>
<td>1 sample size to small to be statically significant</td>
<td>1.5%</td>
</tr>
<tr>
<td>The need to remake a denture usually occurs because a person is unable to wear the denture due to functional or aesthetic problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Measuring how services work together

The Service Coordination and Integrated Chronic Disease Management Survey 2009 is a Department of Health initiative to measure the way partnerships benefit the community.

17 programs and services across Frankston-Mornington Peninsula responded to Part A of the survey concerning Service Coordination, an increase from 6 respondents in 2008.

Part B of the survey concerned Service Coordination and the Integration of Chronic Disease Management. 11 programs and services across Frankston-Mornington Peninsula elected to take part in the survey.

Agencies that responded from the Frankston-Mornington Primary Care Partnerships included Brotherhood of St Laurence, Peninsula Health, RDNS, Baptcare Community Care Ltd, Impact Leisure Association Inc., Peninsula Hospice Service, Rehabilitation, Peninsula Health, Aged and Palliative Care Services.

<table>
<thead>
<tr>
<th>Example of Service Coordination Survey results for Frankston-Mornington Primary Care Partnerships</th>
<th>Fully integrated</th>
<th>Partially integrated</th>
<th>Not integrated /Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Your agency has Integration Service Coordination principles into consumer feedback systems.</td>
<td>76%</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>• Your agency has Integration of Service Coordination practice standards and program requirements in its policy, work plans and position descriptions where applicable.</td>
<td>65%</td>
<td>29%</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation of Frankston-Mornington PCP response to the following questions:</th>
<th>Greater than 90%</th>
<th>50-90%</th>
<th>10-50%</th>
<th>Less than 10%</th>
<th>Not integrated /Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consumers have been given information about specific services provided by your agency in response to their enquiry.</td>
<td>71%</td>
<td>24%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>• Your agency conducts initial needs identification within no more than 7 working days.</td>
<td>76%</td>
<td>18%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>• Service Coordination Plans have been documented for consumers with complex or multiple needs who are receiving services from more than one agency.</td>
<td>29%</td>
<td>35%</td>
<td>0%</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>• When there is a Service Coordination Plan, the consumer’s GP has a copy of the agreed Service Coordination Plan (if appropriate).</td>
<td>18%</td>
<td>18%</td>
<td>0%</td>
<td>29%</td>
<td>35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integrated Chronic Disease Management</th>
<th>Greater than 90%</th>
<th>50-90%</th>
<th>10-50%</th>
<th>Less than 10%</th>
<th>Not integrated /Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assessments meeting the criteria have been documented for consumers.</td>
<td>9%</td>
<td>55%</td>
<td>0%</td>
<td>36%</td>
<td>0%</td>
</tr>
<tr>
<td>• Intra-agency care plans meeting the VHA criteria have been documented for consumers.</td>
<td>27%</td>
<td>27%</td>
<td>0%</td>
<td>45%</td>
<td>0%</td>
</tr>
<tr>
<td>• Feedback to General Practice has been documented for consumers, in accordance with local agreements developed with input from General Practice.</td>
<td>0%</td>
<td>55%</td>
<td>36%</td>
<td>9%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Met</th>
<th>Partly Met</th>
<th>Not Met (Plans established)</th>
<th>Other</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Clinical care protocols, pathways and decision support tools that demonstrate delivery of best practice clinical care meeting the criteria have been developed (or endorsed).</td>
<td>0%</td>
<td>64%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>• Clinical care protocols, pathways, and decision support tools that demonstrates continuity of care and the provision of proactive and ongoing support meeting the criteria have been developed (or endorsed).</td>
<td>27%</td>
<td>64%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>• Health behaviour change support meeting the criteria is provided, as an element of self management support.</td>
<td>27%</td>
<td>64%</td>
<td>0%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Results obtained from Integrated Care Branch, Department of Health.
Improving patient safety

Occasionally the care people receive in hospital causes harm and the Patient Safety Unit has the important role of investigating these events. Peninsula Health fully investigates these types of events to improve practice and help prevent similar events happening again.

Sentinel Events

A sentinel event is a very serious but rare event that is not caused by the patient’s illness. All sentinel events are reported to the Department of Health and are investigated and strategies are put in place to ensure such events do not happen again. In 2009/10 there was one Sentinel Event at Peninsula Health, compared to five in the 2008/09 period.

Mortality Reviews

On occasions the care patients receive cannot reverse the affects of accidents, injuries or severe illnesses and some people die whilst in our care. Some of these deaths are reported to the Coroner as they are unexpected or result from an accident or injury. Of the 1,054 deaths that occurred in 2009/10 at Peninsula Health, 85 were reported to the Coroner. This compares to 120 reports to the Coroner of the 924 deaths that occurred in 2008/09.

Circumstances surrounding a death are reviewed by senior clinicians from all disciplines and provide opportunities to improve our care. This year an example of an improvement as a result of mortality review has been a more robust evidence based process to prevent venous thromboembolism (the formation of blood clots). See Medication Safety page 29.

Other Adverse Events and Near Misses

The Peninsula Health Mortality and Major Morbidity Review Committee actively advocates for patient safety. Reviews and investigations are undertaken of all adverse events and near misses where there may have been potential for harm.

Some of the improvements that have been implemented through the committee include:

- A multidisciplinary working group reviewed the process for checking patients into theatre pre-surgery. The group improved on the current “correct patient/site/procedure” process by implementing a new checklist based on the World Health Organization (WHO) Guidelines on Surgical Safety. The checklist ensures that the team takes time out before and after each procedure to check patient identification, procedure and site, equipment, consent and relevant medications.

- A suite of Patient Information Brochures has been purchased. These are written in plain English, based on best evidence and endorsed by the Royal Australasian College of Surgeons. They can be used by staff to discuss with patients during the consent process to ensure patients are as informed as possible.

There is also specific monitoring and review of falls, medication, transfusion safety and skin integrity which are included throughout this report.
Infection prevention and control

The purpose of infection prevention is to manage infection risks to patients and staff and ensure a safe hospital environment. Infection Control Consultants provide expert advice and consult on a broad range of activities within the health service. They implement measures to reduce infections and the impact of those infections on patients. The team helps ensure that the Department of Health (DH) ‘Start Clean Infection Control Strategic Plan 2007-2011’ goals are implemented across Peninsula Health.

Strategies to reduce the spread of infections:

Good hand hygiene is the most effective way to stop the spread of germs among staff and patients. “Protect: Don’t Infect – Save Lives: Clean Hands” is the international slogan to emphasise the importance of hand hygiene.

Peninsula Health participates in the Hand Hygiene Australia Program. In 2009/10 all health services in Victoria were required by DH to achieve greater than 60% compliance with hand hygiene practices for all clinical staff. Hand hygiene practices have increased from 39% compliance in 2007 to 69% in 2009/10, well above the DH target.

Sustaining change in practice can be challenging and requires innovative measures, strong leadership by hand hygiene ‘champions’, positive role modelling by senior clinicians and support from Executive Management.

The executive, senior managers and Infection Control Consultants joined together to conduct a hand hygiene audit in May 2010 for the World Health Organization (WHO) International Hand Hygiene Day. The aim was to heighten awareness of the importance of hand hygiene for everyone. Patients are encouraged to question all healthcare workers if hand hygiene has not been performed.

MRSA (Multi-resistant Staphylococcus Aureus) is the leading cause of hospital-acquired infections. While most infections can be treated, MRSA has become resistant to many antibiotics. Screening for this germ occurs in our high-risk patient groups such as those in the Intensive Care Unit and awaiting joint replacement as MRSA infections can cause poor outcomes for these patients.

In 2009 a new ‘rapid test’ was introduced at Frankston Hospital to improve the early identification of this patient group. In addition, infection control measures to protect other patients, and appropriate antibiotic treatment pre-operatively can then be used to minimise the risk of infection. In addition the electronic prescribing program iGuidance provides advice about appropriate antibiotic treatment.
Swine Flu – ‘Help us protect them – do it for them’ vaccination campaign

During 2009 a new type of influenza virus - Pandemic H1N1, commonly referred to as Swine Flu, spread throughout the world. Australia was one of the countries worst affected by the virus with Victoria experiencing the highest number of reported cases. To protect patients, staff and the community the Pandemic H1N1 vaccine was offered to staff and volunteers when it became available late 2009.

A total of 1,489 doses were given through 81 clinics conducted across Peninsula Health. Both Emergency Departments at Frankston and Rosebud Hospitals and the Intensive Care Unit (ICU) staff at Frankston Hospital dealt with a significant number of presentations and admissions of patients with severe respiratory failure. Given the significant pressures placed on these areas it was reassuring to see that vaccination uptake by staff in the Emergency Department and ICU were all higher than the organisation wide average. The other high-risk area was Women’s Health Unit, which had 34% vaccination uptake – all above the rate for the organisation of 27%.

Peninsula Health also provided vaccination to high-risk patient groups. Nurse Immunisers within the Women’s Health Unit were deployed to undertake this program and a total of 220 vaccinations were given to patients. Residents across all four aged care sites were also offered this vaccine with a 100% uptake.

Beating the flu bug

Every year more than 2,500 people die and more than 20,000 people are hospitalised across Australia due to the influenza virus. Peninsula Health staff are encouraged to have their annual flu vaccination to prevent the risk of infection to patients, residents and other staff.

The number of staff influenza vaccinations has increased steadily between 2005 and 2009. The percentage of staff immunised increased from 47% in 2007 to 60.3% in 2008. In 2009 only Frankston and Rosebud Hospital data was submitted to Victorian Hospital-Aquired Infection Surveillance System with the focus on clinical staff in acute care settings.

In 2010 a delay in the availability of the vaccine and media concerns over safety with the vaccination of children resulted in a lower than anticipated uptake of seasonal influenza vaccine in 2010 compared with past years for health services across Victoria.
Frankston Hospital redevelopment

Since 2007 construction at Frankston Hospital has kept the Infection Prevention and Control team busy managing dust related risk.

The team is an integral part of the planning processes for the hospital redevelopment project. The team identified risks and developed risk minimisation strategies to prevent the spread of dusts and germs.

Aspergillus is one of the germs that is most worrying when dust is released and has been a focus of the monitoring. Over the course of the building works no cases of invasive infective disease have been detected.

Cleaning Standards

In 2009 a review of the Cleaning Standards for Victorian Health Services was conducted and led to a change in the reporting requirements for 2010. Standards now include:

- An increase in the Agreed Quality Level (AQL) from 85% to 90% for high risk areas such as Theatre and Intensive Care Unit.
- Increased frequency of internal auditing for Very High and High risk areas from bi-monthly to monthly.
- Health Services will be required to have three external audits completed annually (currently once per year). The external audits will include a review of the internal auditing process.
- All auditors must be qualified Cleaning Standards Auditors.

Results of both internal and external cleaning audits are reported through the Peninsula Health Board.

Improved management of needle stick injuries

Sometimes needle stick injuries occur in the community increasing the risk of being infected with a blood borne virus. Emergency management of such cases is geared to first aid with follow up by GP's. At Peninsula Health the management of needle stick injuries was improved by strengthening the links between hospital staff and the GP. The Infection Prevention team in collaboration with the Emergency Department doctors has developed a community needle stick injury clinical pathway.
Medication safety

Peninsula Health’s Pharmacy Department and Medication Safety Team have a strong focus on systems to prevent medication errors. The team is supported by Nurse representatives from each ward (portfolio holders) and two Medical Interns (Medication Safety Ambassadors). Each month, the Medication Safety Team helps to spread a specific medication safety message and initiative to staff. The Medication Safety Ambassadors also provide two-way communication with Junior Medical Staff around medication safety issues helping to promote continued safe prescribing practices.

Changing to Safer Systems:

Smart Pumps minimise the risk of intravenous drug administration errors. These pumps include safety software (Guardrails) which ensure correct doses of intravenous medication. The software has been updated in the last year and now includes dose and rate limits for 635 drugs including new drug profiles for oncology, paediatrics and special care nursery. A total of 225 smart pumps were upgraded at Peninsula Health this year and education sessions were provided to over 380 Nurses to ensure correct pump usage.

Venous thromboembolism (VTE), or the formation of blood clots, is a common complication during and after hospitalisation for an acute medical illness or surgery. Many cases of VTE can be prevented through timely and appropriate use of ‘blood thinning’ medications. A major medication safety initiative this year has been the introduction of the Electronic Venous Thromboembolism (VTE) Risk Assessment tool, known at Peninsula Health as eLVis.

Benchmarking utilising the ACHS Hospital Wide Clinical Indicator revealed the Australasian average of the percentage of medication orders that included error prone abbreviations was 12.44% per 1,000 patients. Peninsula Health rated below this at 5.70% per 1000 patients.

This new software incorporates evidence based guidelines for the prevention of VTE. The guidelines assist doctors to assess their patients for risk of VTE and provide recommendations on the appropriate, individualised preventative therapy. This program was launched in March 2010 and regular audits are underway to assess its impact.

Heparin a blood thinning drug has important benefits to patients particularly in the treatment and prevention of abnormal blood clotting. Heparin can be prepared and packaged in different ways by different manufacturers and different strengths can look very similar; potentially leading to an incorrect dose being inadvertently given. To assist in preventing errors in heparin administration, Peninsula Health has introduced one standard strength of pre-mixed heparin for intravenous infusion.

Targeting Heart Disease through Education

Frankston Hospital is one of 49 Australian Hospitals which participated in a National quality improvement initiative known as or the Discharge Management of Acute Coronary Syndromes (DMACS) project. The aim of the project was to improve management of patients who have had a heart attack by complying with international guidelines targeting three key areas:

- prescription of recommended medications
- provision of education on lifestyle modifications (including smoking cessation, and cardiac rehabilitation)
- communication to patient/carer & general practitioner regarding management after discharge from hospital.

The project involved an initial (base-line) audit, followed by one on one education with all doctors involved in caring for these patients and a follow up audit to compare the results.
Continuous improvement and medication safety

Through a system of electronic monitoring, audit and feedback the pharmacy department continuously reviews the safety of medication dispensing at Peninsula Health. Monitoring systems include:

- The use of barcode scanning in pharmacy to ensure the accuracy of dispensed medication is monitored. In January, February and March 2010 the target of 90% accuracy for dispensed medications was exceeded.
- Appropriate information given to patients about their medications. Our Clinical Pharmacists provide consumer medication information leaflets to patients. The percentage of prescriptions where a client was offered or received information was 94% in January 2010.
- Monthly audits of missed medication doses are carried out by Medication Safety Nurses (portfolio holders). Any dose where there is no documented reason for non-administration is considered a missed dose. In March 2010, the percentages of missed doses were below the 3% target in all areas of the health service.
- Monthly reports of (de-identified) prescribing errors and recommendations for improvement are collated and circulated to educate and raise awareness of the risk of medication errors. This initiative has received positive feedback from Senior and Junior Medical Staff. In addition, (prescriber) identified reports are sent to the Clinical Directors and Senior Consultants; this allows for one on one education for individual medical staff in order to support and assist them in safe prescribing practices.

Preventing pressure ulcers

A pressure ulcer is an area of skin that has been damaged due to pressure or rubbing. They can be painful, difficult to treat and can lead to longer stays in hospital. Pressure ulcers and wounds caused by trauma or surgery all need to be carefully managed in order to heal and prevent infection.

Pressure ulcers are usually caused by long confinements in a bed or chair and are aggravated by illness, poor circulation and moist skin caused by perspiration or loss of bladder or bowel control. Older people are more likely to develop pressure ulcers and wounds due to their fragile skin.

Pressure ulcers are categorised into four stages depending on their severity:

- **Stage 1**: Skin is reddened
- **Stage 2**: A light loss of skin, looks like a blister or a graze
- **Stage 3**: Full loss of skin, exposing underlying tissues
- **Stage 4**: Destruction of underlying fat muscle and bone, usually a deep cavity wound.

In 2009/10 Peninsula Health staff managed 183 patients with acquired pressure ulcers, 97% of these pressure ulcers were the less severe type of stages 1 and 2.

Peninsula Health Inpatients with Acquired Pressure Ulcers Reported via Incident Reports (Highest Pressure Ulcer Rating) 1 July 2009 to 30 June 2010

<table>
<thead>
<tr>
<th>Stage</th>
<th>Total Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>58%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>39%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>2%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>1%</td>
</tr>
</tbody>
</table>

The prevention and management of pressure ulcers and wounds is a priority for Peninsula Health staff. There is a number of measures in place to prevent pressure ulcers and to care for wounds including:

- Tracking improvement of wounds on a daily wound chart with relevant information and photos of the wound.
- Monitoring skin hygiene and using appropriate skin care products.
- Ensuring patients have a healthy diet or supplements, to assist skin repair.
- The use of pressure relieving beds, mattresses and other pressure relieving equipment for patients with fragile skin.
- Appropriate handover between staff regarding ulcer and wound management.
Monitoring pressure ulcers for quality assurance

Peninsula Health participates in the Victorian Government, Department of Health (DH) Clinical Incident Report. Data is collected within Victoria’s acute and subacute health services on pressure ulcers acquired in hospital and those where the patient is admitted with pre-existing pressure ulcers. This data collection reflects the significance of pressure ulcer prevention as an important indicator of the quality of care being provided.

The DH survey reports on Frankston Hospital, Rosebud Hospital and The Mornington Centre (formerly The Mount Eliza Centre) within Peninsula Health. DH rates these three areas against other peer hospitals/facilities and the rest of the state. All three Peninsula Health facilities regularly record less acquired pressure ulcers than the state average and their peer group.

Department of Health Clinical Incident Report data on hospital acquired pressure ulcers

**Frankston Hospital April - December 09**

- Frankston
- Peninsula Health
- State
- Peer Group

**Rosebud Hospital April - December 09**

- Rosebud
- Peninsula Health
- State
- Peer Group

**MEC/The Mornington Centre April - December 09**

- MEC
- Peninsula Health
- State
- Peer Group

**Improvements**

- An education plan has been developed for Peninsula Health to ensure staff are educated in best practice pressure ulcer prevention.
- A multidisciplinary group reviews all Stage 3 and Stage 4 pressure ulcers developed across Peninsula Health and makes recommendations related to prevention and care.
- A 15-bed multidisciplinary aged care unit has been established at Frankston Hospital to manage the care of frail, at risk patients and to ensure best practice care plans are established including the management of pressure ulcers.
- Close liaison with community based organisations such as Residential Outreach Support Services, Transition Care Program and Royal District Nursing Services, to ensure continuity of care from acute/subacute services to residential facilities and home. To ensure continuity of pressure ulcer and wound care from acute and sub acute to residential facilities.
- Implementation of computer-based learning portal for staff to ensure best practice information regarding wound management is available at all times.
- Annual review of pressure ulcer documentation and auditing processes.
- Work has been undertaken with Monash University in the education of nursing students to ensure best practice and education standards for prevention and management of pressure ulcers.

*Benchmarking utilising the ACHS Hospital Wide Clinical Indicator revealed that we rated the same as Australasian average of 0.08 per cent per 1000 patients for acquired pressure ulcers following admission.*

*In the Peer Comparison indicator we rated 0.8 per cent per 1000 patients against 0.12 per cent of our peers*
Falls Prevention

Preventing falls in our hospital and our community continues to be a high priority. The Inpatient Falls Prevention Steering Committee meets regularly to provide leadership in the development and implementation of strategies to reduce the number and severity of inpatient falls. In 2009/10 there were 1,301 falls reported at Peninsula Health facilities compared to 1,451 falls reported in 2008/09.

All Rehabilitation Units now have access to a hip protector loan program and an additional 20 bed and chair sensors have been purchased for use in rehabilitation and residential care units. In the past year the Falls Prevention Service has held ‘Falls Expos’ for staff, patients and visitors. The Expos were held at The Mornington Centre, Golf Links Road, Frankston Hospital and Rosebud Hospital and Rosebud Rehabilitation Unit. Presentations included ‘Nutrition and Falls’, ‘Physiotherapy and Falls’, ‘Feet, Footwear and Falls’, ‘Vision’ and ‘Medication and Falls’.

Peninsula Health Falls Prevention Service is recognised as a leader in its field:

- During 2009/10 the Service has hosted visits and/or provided information to Bendigo Health and Latrobe Regional Hospital on falls prevention;
- The Manager of the Falls Prevention Program participated as an expert panel member in the review of the Department of Health Falls Prevention website and the Monash University ‘Falls and Exercise’ short course for Nurses and Clinicians;
- Falls Prevention Service staff delivered a presentation at the ‘Victorian Better Practice’ Conference in Canberra;
- In September 2009 a research article on the Peninsula Health Falls Risk Assessment Tool (FRAT) was published in the Australasian Journal of Ageing by Leonie Oldmeadow et al;
- There continue to be requests from other health services within Australia and overseas for permission to use the FRAT tool. During 2009/10 requests were received from Karolinska Institute Sweden, University of St Francis Illinois USA, St Joseph’s College Maine USA, Comenius University Slovakia and from an indigenous aged care facility in Central Australia.

The Community Falls Prevention Service continues to experience increased demand for specialist falls prevention assessments.

The Community Falls Prevention Service Referrals 2007 - 2010

Referrals are received from GP’s (39%), inpatient and community public hospital settings (40%), external community settings (13%) and self or carer referrals (8%).

The Falls Service team has expanded to include a Nurse and Dietitian to complement the existing Occupational Therapy and Physiotherapy staff.
Make a Move

During 2008/09 the Falls Prevention Service delivered a successful ‘Make A Move’ home based exercise and nutrition program to 76 participants aged 80 years and over. Evaluation of the program highlighted that very few people on the Southern Peninsula (Safety Beach to Portsea) had participated in the program. As a result the Falls Service and Domiciliary Care Service put in a successful submission to the Department of Health for funding to deliver the program to participants aged 80 years and over residing in the Mornington Peninsula Shire. The program will be delivered again in 2010/11 financial year.

Embedding best practice into care

Clinical and Care Planning Pathways are used to ensure that patients are provided with the best possible care. They do not replace the clinical judgement of experienced staff but are a guide to the appropriate processes to follow according to evidence and local requirements.

These ‘care maps’ guide the patients treatment on a daily, shift by shift basis according to the procedure or patient group and ensure that the right people do the right things, in the right order, right place and with the right outcomes.

23 additional pathways have been developed this year which means there are now 96 pathways currently in use in Peninsula Health. 16 of these pathways were developed by the Emergency Department staff and address the best practice needs for patients presenting to the department from the point of triage.

In addition to supporting staff, pathways provide clear information on admission processes, usual daily care and discharge for the consumer and care giver. The number of pathways used each day across Frankston and Rosebud Hospitals now exceeds 300.

Audits are undertaken on a regular basis to ensure that pathways are being well utilised and the care given to our patients is appropriate.

How are Pathways used?

There were 17,486 patients over the age of 75 admitted for treatment in 2009. These consumers often have complex health issues and are susceptible to functional decline.

In 2008/09, 370 patients were admitted with a diagnosis of Fractured Femur following a fall. 23 additional pathways have been developed utilising the multidisciplinary approach to full functional assessment and care planning for the frail elderly.

- The Acute Care of the Elderly Pathway was developed to focus on maintaining optimal function and preventing decline of elderly patients in our acute hospital setting. This work was undertaken in line with the Department of Health Prevention of Functional Decline Project being implemented at Peninsula Health.
- The Fractured Neck of Femur Clinical Pathway was redeveloped to further reflect the improvements made to the Acute Care of the Elderly Pathway. In 2008/09, 370 patients were admitted with a diagnosis of Fractured Femur following a fall.

Blood Safety

Peninsula Health recognises that blood and blood products are a valuable resource available through generous blood donations by members of the community. Blood transfusions can help maintain the quality of life for some people and can save lives in emergency situations. At Peninsula Health staff follow strict guidelines for the administration of blood that reflect best practice for the safe and appropriate use of blood products.

In 2010 work has continued to improve our blood transfusion service. One significant improvement is the Hospital in the Home (HITH) blood transfusion service to residents in aged care facilities. This service allows older patients to receive non-urgent blood transfusions in the comfort of their familiar environment.

Other improvements include the development of information brochures regarding the risks and benefits of blood transfusion. Doctors discuss the information with patients and answer their questions as part of obtaining informed consent for blood transfusions. A further enhancement to the blood transfusion service was the introduction of wallet sized alert cards for patients who have unusual blood antibodies. In an emergency this card alerts doctors and nurses that the patient has a unique blood requirement.
Sub-acute care planning

The Interdisciplinary Care Program is used in Peninsula Health’s sub-acute inpatient program to deliver high quality, multidisciplinary care for patients in our Rehabilitation and Aged Care Units.

Following a review of the program in 2009 changes were implemented to enhance the existing program. A comprehensive education and training package was developed and implemented for the orientation and education of new staff. The principles of person-centred care and the tools to support the process are central to the education program.

Audits demonstrate that these changes have improved compliance on a range of indicators including:
- timely completion of risk screening on admission from 50% to 85%
- timely appointment of a key contact person from 50% to 80%
- the provision of a discharge information sheet to patients from 50% to 85%
- discussion about their care needs with patients on admission 30% to 80%.

Minimising functional decline

Peninsula Health has been involved in the Council of Australian Government’s Long Stay Older Patient initiative since 2008. The project aims to minimise functional decline in older patients during their hospital admission and has resulted in:

- Enhancement of Clinical Pathways has been undertaken to ensure a multidisciplinary approach to assessment and care planning. Best practice approaches to screening and management of functional decline have been incorporated.

- Development of Functional Maintenance Programs at both Frankston and Rosebud Hospitals. These programs include physical and cognitive groups to encourage independence and activity. A group of dedicated volunteers support the program. See Wii story at right.

- Introduction of a Protected Mealtimes Program. The importance of good nutrition for patient’s recovery is well recognised. This program ensures patients are given the opportunity and support to enjoy their meals without interruption. See page 14.

- An education series for staff focussing on prevention of functional decline. A total of 487 staff attended and staff feedback was consistently positive.

Dimensions of Quality

Care Planning and Research

Peninsula Health is part of an Australian Research Council funded project in partnership with Monash University, NEC Australia and Print Media Group. This project explores digital pen and paper technology to improve both the pathway program and patient care. The project collects information at the bedside from pathways and converts it to ‘real time’ data which can be used to identify when patient care is not going to plan. The pathway chosen for the data collection is the Fractured Neck of Femur Clinical Pathway, as it involves both the medical and surgical teams, primarily affects the frail elderly and has a significant impact on theatre time and scheduling. It is envisioned this project will provide an exciting opportunity to develop a useful ‘point of service’ management tool at the bed side.

Project launch in Ward SGN, Frankston Hospital.
Activities for Fun
A recent initiative at Rosebud Hospital has seen their elderly patients enjoying the Hospital’s newest toy – a Nintendo Wii.
Now patients are able to extend their activities with a game on the Wii. The Wii gives patients the opportunity to go ten pin bowling, play tennis, golf, and baseball all in the comfort of the indoor games room at the Hospital. The program was introduced to keep the patients active and maintain their level of function whilst in hospital. Other popular activities include the sensory garden group, Origami napkin folding and seated exercise groups.

Improving Stroke Services
With funding from the Department of Health and the Victorian Stroke Clinical Network (VSCN), Peninsula Health sponsors a Stroke Clinical Network Facilitator as part of implementation of ‘The Stroke Care Strategy for Victoria’. The strategy is about improving the way we care for people who have had a stroke and changing our approach to their management. Quality initiatives occur across the care continuum with staff contributing from Emergency, Acute, Sub Acute, Primary Care and Out-Patients. Peninsula Health is committed to a coordinated approach to provide best practice stroke care.

Achievements include:
• Establishment of an 8-bed dedicated Acute Stroke Unit at Frankston Hospital to ensure all patients diagnosed with stroke have access to specialist care.
• Establishment of an Outpatient Transient Ischaemic Attack (“mini transient strokes”) clinic where patients can be referred directly from the Emergency Department for rapid access to appropriate investigations and treatments to decrease the risk of stroke.
• Development of policies and procedures to support the delivery of specialist stroke services. A group of staff is also involved in ensuring access to thrombolysis, a drug therapy which provides benefits in the initial phase of stroke symptoms.
Improving Care

Streamlining Discharge

A new model of care was launched in November 2009 that has focused on improving the medical unit's multidisciplinary team (MDT) meetings and discharge planning. Junior Medical and Allied Health rosters have been revised to ensure time tabling of the multidisciplinary team meeting is facilitated. The team meets 3 to 5 times a week to co-ordinate patient care. The review process has led to the restructuring of Junior Medical Officer responsibilities to ensure they are responsible for all patients on the one ward rather than patients located on different wards.

A new process has also been introduced where all complex patients likely to have a longer stay in hospital are discussed at regular meetings of all relevant disciplines (such as geriatrician, psychiatrist, surgeon, physician, nursing, physiotherapist, occupational therapist, speech therapist, social work, dietitian) to implement discharge plans which address the patient's complex care needs. This has resulted in a reduction in the number of patients with a length of stay greater than 30 days and has improved the safety of discharges for patients with complex needs.

Respecting patient choices

Peninsula Health is committed to supporting the right of consumers to participate in decision making about their healthcare, including end of life care. In December 2009 Peninsula Health launched the Respecting Patient Choices (RPC) program funded by the Department of Health. The program is about Advanced Care Planning (ACP) and aims to improve the way in which consumers and families are involved as partners in making decisions about end of life care.

The RPC program provides a system for discussing and documenting a patient's preferences for their future care, as there may come a time when complications of their illness or dementia may prevent such decision making. The guiding principle of the RPC Program is: “If your choices for future healthcare are known, they can be respected”.

The program focuses on assisting older adults with life threatening and serious chronic illnesses, and their carers to make choices. Trained RPC Facilitators assist individuals who want to express their wishes regarding their future health care in consultation with relevant health professionals, family members and others significant in their lives. The focus is on the patient nominating whom they wish to make medical decisions concerning treatment when they are unable to do so. An ACP is then developed with the patient to ensure that all members of the health care team and their family are aware of their wishes. These plans are able to be reviewed and updated with any changes a patient chooses whilst they are able to participate in the decision.

In 2010, 47 Peninsula Health clinicians successfully completed the RPC Facilitator training. Since October 2009, 366 Advanced Care Planning documents were generated and entries made on the electronic alerts system so staff are alerted of the existing care plan when a patient is admitted.
Vulnerable children and families

Family Violence is responsible for more than half of the child protection cases in Victoria. A new policy for ‘Management of Vulnerable Babies, Children and Young People at Risk of Harm’ has been implemented across Peninsula Health. The policy reflects best practice and is based on the Department of Human Services (DHS) guidelines.

The policy includes:

- identifying babies, children and young people at risk of harm from abuse or neglect
- 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
- guidelines for multi-agency response that ensures the child’s safety in the long term and supports the well being of the child and family.

Staff education is an important step in ensuring early identification and management of vulnerable children and families. All Social Work and Nursing Staff in the Paediatric Unit complete online training “to keep children safe”. Peninsula Health meets regularly with DHS, Child First, Maternal and Child Health Services and Victoria Police’s Sexual Offence and Child Unit to discuss improving the response in this area. Early intervention and assistance to families is vital and the fictional case study highlights how assistance can lead to improved outcomes.

“Sarah” is a 35 year old living in Seaford who has a long history of mental illness for which she takes medication. She was 32 weeks pregnant when reviewed by the Social Worker.

Sarah has a 10 year old son “Taylor” who is in permanent care (guardianship order to Department of Human Services (DHS). Taylor sees his mum twice a year in supervised visits. Taylor has no contact with his father.

Sarah has an interim Intervention Order against Ben (the father of her unborn baby) however continues to see him when he is not drug or alcohol affected.

To try and help Sarah before the birth of her baby a meeting was arranged by the Social Worker with DHS. Unfortunately Sarah did not attend the meeting.

Peninsula Health’s Social Worker made contact with Sarah through the Antenatal Clinic at Frankston Hospital and was able to arrange services to support her during the pregnancy including the Community Mental Health Team, Child First and Family Support Services.

Jackson was born at 36 weeks and although he was well at birth he spent some time in the Special Care Nursery for observation and monitoring due to his early arrival.

When Jackson was stable Sarah and her baby where transferred to Hillview at Rosebud Hospital to spend a few days in the ‘Mother and Baby Unit’. This Unit provided extra support, education and assistance to Sarah before going home. The Mother and Baby Unit monitored bonding between Sarah and Jackson as well as her ability to care for Jack. Sarah managed her baby well and was happy post delivery.

DHS monitored Sarah’s progress in caring for Jackson. They were happy for Sarah and Jackson to be discharged home with a higher level of in-home support from the Maternal and Child Health Nurse and Community Support.
Improving emergency services

There were 52,792 patients treated by the Frankston Emergency Department (ED) staff in 2009/10 with 20,581 of these patients needing to be admitted to Hospital.

The Number of Emergency attendances at Rosebud Hospital for 2009/10 was 21,772, with 1,528 patients admitted. Of those admitted, 16,148 discharged home and 1,941 were transferred to another hospital including Frankston for treatment. The summer months again resulted in an increase in demand for Rosebud Emergency Department services due to the influx of holiday-makers on the Southern Peninsula.

Meeting Department of Health waiting time targets can often be a challenge and a great deal of work goes into improving processes to help meet the access needs of the community.

In 2009/10 a new 9 treatment space procedure room at Frankston Hospital was completed and is now fully functional. This additional capacity has been a vital strategy in decreasing the time a patient waits to see a doctor.

Some patients coming into the ED require isolation from other patients to prevent the spread of infection or to meet privacy needs. Construction of a new isolation room has been completed to ensure safe and appropriate care that reduces the risk of exposure to infection for staff and other patients. The Isolation room is classified as a Class N-Negative pressure room which reduces transmission of airborne infections.

Improvements in waiting times

As ED attendances continue to grow Peninsula Health is actively looking at ways to ensure patients receive timely and appropriate treatment and that high standards of quality and safety are maintained whilst also maximising patient flow to enable more patients to be seen.

The following table shows improvement in waiting times against target over the last 3 years.

ED category definitions:

Category 1 = patients seen immediately e.g. patients who require resuscitation, are unconscious or have a life threatening injury.

Category 2 = patients seen within 10 minutes e.g. patients who are in very severe pain, have severe breathing difficulties or major fractures.

Category 3 = patients seen within 30 minute e.g. patients with moderate blood loss, persistent vomiting, dehydration.

Category 4 = patients seen within 60 minutes e.g. patients with less severe injuries, mild bleeding, possible fractures, sprained ankles and abdominal pain.

Category 5 = patients seen within 120 minutes e.g. patients with minor illnesses, rashes, minor aches or pains.

2009/10 Emergency Department Waiting Times

Frankston Hospital’s and Rosebud Hospital’s performance against DH Emergency Department targets. It is pleasing to note that Peninsula Health met all targets in 2009/10.
What does the Emergency Department do in response to consumer concern?

An investigation into a complaint relating to radiology findings has resulted in the development of an enhanced process for the review of X-rays by Senior Medical Staff. This has improved follow up and ensures patients are contacted for further review where required.

Improving Ambulance Process

Frankston Emergency Department works in collaboration with Ambulance Victoria to facilitate prompt access to the ED for patients arriving by ambulance and also for ambulances to depart in a timely manner. The ED and Ambulance Victoria staff have worked together to identify and implement ways in which “presentation to stretcher clearance” and administrative tasks can be streamlined so that patients are seen faster.

Redesigning to simplify process

‘Time to discharge for non-admitted patients (patients able to return home) after being seen in Frankston ED’ was a Redesigning Care Project funded by the Department of Health. The goals of the project were to simplify processes, improve the patient experience and reduce waiting times in the ED. One such improvement is:

- An investigation conducted from September to October 2009 of delays in a patients progress through ED resulted in an additional Patient Service Assistant (PSA) being deployed specifically to assist with transporting patients between the ED and Radiology. This resulted in an average of 29 minute reduction in time to discharge a patient home. As a result of this trial the dedicated PSA became a permanent full time role.

Taking the strain off the ED

Peninsula Health has enhanced the capacity of the Response Assessment Discharge (RAD) and Residential Outreach Support Service Teams (ROSS) to provide a more flexible and integrated outreach service to the community. The teams have been more closely aligned under an integrated management structure to become the Clinical Response Service and provide after hours support to Residential Care Facilities. The team resources have been enhanced to better respond to clinical referrals. Following a trial and evaluation (August-October 2009) 69 referrals had been received for community and Residential Aged Care Facility clients. Of these, 50 clients (72%) were safely managed in the community, thereby avoiding unnecessary ED presentation.
Managing elective surgery

Emergency surgery is a procedure that must be performed immediately. This may include less serious surgery such as mending a broken bone or more serious surgery such as stopping internal bleeding.

Elective surgery is a planned, non-emergency surgical procedure, such as cataract or knee reconstructive surgery.

Patients requiring elective surgery are categorised by three different categories according to their condition.

Surgical Services delivered at both Frankston and Rosebud Hospitals include: General Surgery, Orthopaedics, Plastics, Vascular, Paediatric Surgery, Gynaecology & Obstetrics, Cardiothoracic, Ear Nose & Throat (ENT)/Facio-Maxillary and Urology.

Specialist anaesthetic services include Acute Pain Management Services, General Anaesthesia, Paediatric Anaesthesia, Obstetric Anaesthesia and Pre-admission Clinics.

Elective surgery

During 2009/10 11,562 surgical procedures were performed. This included 7,334 procedures in elective surgery. At 30 June 2010 there were 1,775 people waiting for elective surgery. Of these, 668 were waiting past the recommended time for surgery. At the same time last year there were 1,817 people waiting for elective surgery with 737 waiting over the recommended time for surgery.

Improving Care

The number of overdue elective patients has improved from 753 in July 2009 to 683 patients in June 2010.

The Hospital Initiated Postponement target of less than 8% was achieved in 3 of the 4 quarters for 2009/10. This was a significant improvement from 2008/09 where this target was not achieved. The number of Hospital Initiative Postponements has decreased from 827 in 2008/09 to 644 in 2009/10.

Our ability to do elective surgery, thereby reducing the number of patients on the waiting list is impacted on by the amount of emergency surgery required. Patients requiring emergency surgery, such as those hurt in an accident, must take first priority. This may result in postponement or cancellation of elective surgery cases which can be disappointing and frustrating for patients who may have waited for weeks or months for surgery.

Peninsula Health has introduced two new processes to help improve emergency surgery and elective surgery waiting times. These are:

1. Introduction of an ‘Emergency Surgery Liaison Coordinator’ to assist in improving access and timely treatment of emergency cases and facilitate improved communication with patients, relatives, nursing and medical staff.

2. In addition to the expansion of theatres due to be completed in 2010, additional emergency operating lists have been scheduled on weekends to improve access to surgery.

<table>
<thead>
<tr>
<th>Elective surgery categories</th>
<th>2009/10 waiting times</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1</strong></td>
<td>A condition that is liable to deteriorate quickly into an emergency (such as a growth that may be a cancer). Urgent patients who require surgery within 30 days. Patients are always treated well within the required 30 day timeframe.</td>
</tr>
<tr>
<td><strong>Category 2</strong></td>
<td>A condition causing pain, dysfunction or disability, but not likely to become an emergency (such as a hip relacement). Semi-urgent patients who require surgery within 90 days. Waiting times have increased from 122 days in July 2009 to 139 days in June 2010. The commencement of the new theatres will improve waiting times for Category 2 patients in 2010/11.</td>
</tr>
<tr>
<td><strong>Category 3</strong></td>
<td>A condition that is not especially painful or disabling and not likely to deteriorate quickly (such as varicose veins). Non-urgent patients who need surgery at some time in the future. Waiting times have improved from 200 days in July 2009 to 148 days in June 2010.</td>
</tr>
</tbody>
</table>
What are some of the ways we are working to improve elective surgery waiting times?

- The Elective Surgery Access Service (ESAS) assists semi-urgent and non-urgent elective surgery patients who have been waiting for surgery for extended periods to receive their treatment at another hospital. This year 120 patients received surgery at other public hospitals. An additional 130 patients also had surgery thanks to initiatives with private hospitals.

- The new 12 bed Elective Surgery Ward was opened in February 2010. This has provided increased access to ward beds for elective surgery patients, since it opened there have been no postponements due to a bed not being available.

- In addition, access to the Elective Surgery Ward has enabled the expansion of the ‘Day’ Surgery Unit to take patients who may need to stay over night. Following the opening of this ward, 130 patients have had a planned overnight stay in the ward. These cases include patients waiting for urology prostate procedures, orthopaedic shoulder surgery and gynaecology procedures.

- Following the commencement of additional Staff Surgeons in Obstetrics and Gynaecology (O&G) and the introduction of a Clinical Liaison Coordinator, the number of patients waiting over the recommended time for elective O&G surgery has improved:
  - The number of patients overdue has reduced from 66 at 30 June 2009 to 15 overdue at 30 June 2010.
  - The number of patients waiting within time has improved from 68% to 90%, the total number of patients waiting has reduced from 207 to 145.

State of the Art Surgical Theatres

The $45 million Stage 2a Frankston redevelopment will include four new state of the art surgical theatres encompassing new Day Surgery and Endoscopy facilities and refurbishment of the existing four theatres. Completion of the new theatre project will mean that eight modern theatres will be operational at Frankston Hospital. The redevelopment will enable more surgical services and help reduce the elective surgery waiting list for Category 2 and 3 patients.

Casting a new light

The new operating theatre lights cast a pure white light and are fully adjustable to suit the number of people operating on a patient to avoid any shadows.

Rows of globes can be lit up in sections, and the brightness of the light can be altered as required to ensure a constant level of light. The theatres also have the capacity to film complicated procedures for teaching purposes.

A virtual tour of the new theatres is available on our website, visit: www.peninsulahealth.org.au
Women’s health and wellbeing

In August 2008 Frankston Hospital was accredited as a ‘Baby Friendly’ Hospital by the World Health Organization. This international initiative encourages a healthcare environment where breastfeeding is supported and practices known to promote the health and wellbeing of babies and their mothers are followed.

After hours PAP screening service

Pap Test screening for cervical cancer is an important health prevention strategy. Almost 90% of women in Victoria who develop cervical cancer have either never had a pap test or didn’t have them regularly in the ten years prior to diagnosis. Statistics show that the screening rate for the Southern Metropolitan region is 65.2%, with Frankston well below that at 58.3%.

This year the Peninsula Health Women’s Health Clinic successfully applied for a PapScreen Clinic Extension grant through PapScreen Victoria. Twelve evening pap test clinics were run over three months, from June to Sept 2009. This coincided with PapScreen’s state-wide advertising campaign to encourage under-screened and un-screened women to have a pap test. Appointments were free. Following evaluation of the service which included positive feedback from consumers, approval was given to continue one evening pap test clinic per month for the remainder of the year.

New colposcopy clinic

Early detection and treatment of abnormal cells of the cervix are important in the prevention, early detection and treatment of cervical cancer. An ‘abnormal’ pap test is often followed by a colposcopy to examine the cervix using a magnifying telescope, sometimes a small biopsy (tissue sample) is taken for further examination in the laboratory.

Midwives and Gynaecologists from Peninsula Health have established a colposcopy clinic for women with abnormal pap smear results. The clinic was launched in February 2010 and operates fortnightly.

The clinic has been promoted through information sent to the region’s 300 GPs.
H1N1 vaccination clinics

Pregnant women have been identified as being more susceptible to the complications of infection with the influenza virus than the general population, and both mother and baby can be affected. Three influenza vaccination clinics, run by an experienced and qualified Nurse Immunizer, were made available to pregnant women over November and December 2009, including evening sessions. These clinics were well received by women.

Streamlined processes benefiting patients in the Antenatal Clinic

An enhanced triage system has been introduced that enables women with both low and high risk pregnancies to have timely access to quality care appropriate to their needs. Experienced midwives also counsel women who have an otherwise uncomplicated, low-risk, pregnancy but who go over their dates (post-term) and can provide a more streamlined service by also booking them in for induction of labour.

The introduction of a review clinic staffed by accredited GPs able to give medical clearance to women with low risk pregnancies who would like midwife antenatal management.

Low risk pregnancies may also be managed through shared care with GPs. This is a popular choice for many women. Over the last year a full review of the GP shared care program has been undertaken and an improved structure has been put in place to ensure the ongoing delivery of a safe and high quality service.

Management of risk in pregnancy

Obesity is one of the health risks in pregnancy. If a woman is or becomes obese during pregnancy, the risk of complications is higher for her and her baby. The risks can be managed by careful weight control during pregnancy. To assist women who are overweight or obese, the following initiatives have been introduced.

- At their initial appointment, women who are overweight are counselled, given weight management information and offered an appointment with a dietitian through the antenatal nutrition clinic. Women with significant weight issues are referred for additional specialist obstetric input into their care.
- A monthly antenatal group session was commenced in April 2010 to enhance provision of Dietetic and Physiotherapy services. Consultation with the local community has also resulted in the commencement of an antenatal and postnatal exercise group to further assist in weight management.

Midwifery education program technology boost

The midwifery education program has received a technology boost with the acquisition of a computerised birthing simulator to improve training opportunities for midwives in the management of complicated or difficult births. The simulator has enhanced the annual training program undertaken by Peninsula Health’s 120 midwives. The simulated ‘real life’ scenarios in obstetric emergencies include post-partum haemorrhage, pre-eclampsia and complicated births such a breech deliveries where the baby is born ‘bottom’ rather than head first.
The Mental Health Service Community Care Unit (CCU) provides residential rehabilitation for 20 residents with a psychiatric disability. The Unit is staffed 24-hours a day with a multidisciplinary team of health professionals. The aim is to provide care and treatment for people who require greater levels of support to live in the community and who need access to more assistance in achieving their rehabilitation goals.

Following specific staff training in 2008/09 a new model of care, ‘Working with Recovery’, has been introduced to the Unit to assist residents in developing their own personal recovery plan. An individual’s definition of recovery and what it means to them is very important. The Recovery Plan includes management of crisis, prevention of relapse and development of a weekly objective. Feedback from staff and residents to date has been positive with improved relationships between staff and residents and residents having a greater sense of control of their personal Recovery Plans.

The next phase of the ‘Working with Recovery’ process is to undertake a formal evaluation in December 2010.
Co-located Peninsula Health Mental Health Services and other Community Services improve access for clients and their families:

Partnerships with Community Support Agencies and Peninsula Health Community Mental Health Services in Frankston and Rosebud which has been further developed through co-locating services. The co-location promotes access to these services for mental health clients and their families, allows a more streamlined referral process and greater shared understanding of the client’s and their family’s needs. The services are co-located at Davey Street Clinic, Frankston and Bayview House, Rosebud and include:

- Employment assistance through ‘My Recruitment’. The Disability Management Service (DMS) is a new arrangement funded through the Commonwealth to assist clients experiencing a mental illness to return to sustainable employment.
- Financial counselling through ‘Good Shepherd’. This service operates one day per week from Davey Street and receives approximately 138 referrals per year with an average of 3 new clients per week. Budget support and referrals to other specialist agencies such as legal services, emergency relief and housing, are also a high priority for the financial counsellor.
- Housing support through Peninsula Youth and Family Services. This is a Salvation Army Program based at Frankston and Rosebud. The program offers advocacy, support, assessment, referral, case management and assistance with housing options to individuals and families of all ages who are homeless, or at risk of homelessness.
- Respite Service through MIND. This service provides carer respite by running community activities for clients and managing one on one packages, groups and holidays. The service is flexible and provided on as needs basis.
- GP Clinic (Davey Street and Rosebud). GP access for physical and general health problems can be difficult for mental health clients. The service offered by the GP Clinic is 1 day per week at alternate sites.

The looks outside website
www.looksoutside.org.au

The looksoutside website is a project of the Peninsula Mental Health Services Alliance. The site was developed in collaboration with ‘Infoxchange’ and provides central, web based information on all specialist mental health services in the catchment area.

This alliance was established in May 2009 and involves Peninsula Health Mental Health Services, PenDAP (Peninsula Health Drug and Alcohol service), Mental Illness Fellowship, MIND, Peninsula Support Services, Impact and Headspace.

Its name takes its inspiration from a quote from Carl Jung – “Who looks outside dreams, Who looks inside awakens”. The website gives details of alliance services and other health and welfare services in a customised seeker directory which encourages people to ‘look outside’ to find services in their local community. The website provides information about new events and programs within the Alliance and in the wider welfare community. The number of visits to the site is increasing and further upgrades are planned for July 2010 to make it even more user friendly.

“Studies show that up to 20 per cent of the Australian population has had a psychiatric illness in the preceding year. Most carry this burden with a quiet dignity, borne out of suffering, necessity and aspiration.

“The website is one way people with mental illness can look ‘outside’ to find the person or service that can help in the here and now”.

Dr James Le Bas (former Clinical Director of Community Mental Health Services, Peninsula Mental Health Services).