Our vision
Building on our strong foundations of teamwork and continuous improvement we will be a recognised leader in the provision of person centred care.

Our mission
In partnership, building a healthy community.

Our values
Service: We serve our diverse community by providing accessible, responsive and personalised care.

Integrity: We are open, honest, just, reasonable and ethical in our relationships.

Compassion: We understand the needs of those we serve and respond with care.

Respect: We champion the rights of individuals to be in control of their lives and to be treated as equals.

Excellence: We hold ourselves accountable for achieving the best health outcomes for individuals and our community.

Annual publications
Peninsula Health’s Quality of Care Report 2014 highlights Peninsula Health’s progress and achievements in improving clinical care and our customers’ experience.

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

> Research Report 2014 – focuses on the achievements and contributions of staff involved in research.

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

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

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Welcome
Chairperson & Chief Executive

We are pleased to present Peninsula Health’s Quality of Care Report 2014.

In this year’s report, the focus is on how we work together to make a real difference to healthcare.

To find out what is important to our community we called on:

> the doctors, nurses, and other health professionals who deliver healthcare across Peninsula Health
> the patients and clients who use our services, and their carers and families
> the directors and managers who keep our hospitals and other facilities running smoothly, and
> the volunteers and community representatives who give their valuable time and expertise in committees and other activities to improve our service.

They tell us in their own words how they believe Peninsula Health works to continuously improve the way we do things.

This report outlines the work we have undertaken to achieve the recognised national standards developed by the Australian Commission on Safety and Quality in Healthcare. You will read about some of the excellent initiatives that have taken place over the past year to improve safety and quality. You will see how our work is making a real difference to the services we provide.

You have the opportunity to let us know what you think of this Quality of Care Report by completing the feedback form on the inside back cover. Your feedback will help us develop this publication to better meet your information needs.

Community participation is integral to everything we do at Peninsula Health. If you would like to take a more active role, perhaps as a volunteer or community representative, please email communityparticipation@phcn.vic.gov.au.
In Partnership
Building a healthy community

Sharing our improvements with the community

The Department of Health’s 2013-14 Policy and funding guidelines require all Victorian health services to publish an annual Quality of Care Report for the financial year 1 July 2013 to 30 June 2014.

Complaints and compliments from patients, carers and families help us understand how we can best improve our services.

To pass on a complaint or compliment
Phone Customer Relations on (03) 9784 7298 or email customer.relations@phcn.vic.gov.au.

Information about our services and programs
Phone Corporate & Community Relations on (03) 9788 1501 or email corporate.relations@peninsulahealth.org.au.
Or visit our website at www.peninsulahealth.org.au.

Our community

> Over 300,000 people live in the Frankston and Mornington Peninsula region. The population increases by up to 100,000 tourists over the summer period.

> The population is growing at a faster rate than most other regions in Victoria. The region has a higher proportion of people aged over 60 years (16.9%) than the Victorian average (13.8%). Mornington Peninsula Shire has one of the highest concentrations of people aged 65 years and older in Australia. From 2011-2026, the 75-79 year old age group is expected to grow by 78% and the 85+ age group by 66%.

> There are slightly more children 0-14 years of age than people aged 65+ years of age, and 32% of the population is aged under 25 years.

These demographics place great demands on the emergency department services, acute health, aged care and rehabilitation services offered by Peninsula Health.

The top health risk factors for the communities served by Peninsula Health identified from a range of sources including regional burden of disease data and the Department of Health are tobacco related health conditions, physical inactivity, high blood pressure, obesity, alcohol and illicit drug use, poor diet, intimate partner violence, early school leavers, poor mental health, one parent families, and lower breastfeeding rates.

In this Quality of Care Report we highlight how Peninsula Health is working to meet the new National Safety and Quality Health Service Standards and improve the safety and quality of healthcare for our diverse community.

Distributing our Report

Peninsula Health’s Quality of Care Report is distributed at our Annual General Meeting. We also distribute it to patients, clients, visitors, healthcare partners, local GP clinics, and community leaders. Copies are available in our reception areas.

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

We value your feedback on the Quality of Care Report 2014. Please fill out the feedback form at the back of this report and send it to us. Or email your comments to customer.relations@phcn.vic.gov.au.

Tell us what you think

Please tell us about your concerns or satisfaction with any Peninsula Health services. You can do this by telephone, on our website, in writing, or in person to the Customer Relations Manager or the person in charge of the relevant department or program.
The Australian Commission on Safety and Quality in Healthcare developed the National Safety and Quality Health Service Standards in 2013 to improve the quality of healthcare. The Standards focus on key areas of patient care, and ensure that health services work to close the gap between current practice and best practice. They help us provide safe quality healthcare to our community. Standards 1 and 2 provide an overarching framework for the other Standards. All Standards ensure that we focus on person centred care delivered in partnership with our staff and consumers.

National Safety and Quality Health Service Standards

**Standard 1**
Governance for Safety and Quality in Health Service Organisations

**Standard 2**
Partnering with Consumers

**Standard 3**
Preventing and Controlling Healthcare Associated Infections

**Standard 4**
Medication Safety

**Standard 5**
Patient Identification and Procedure Matching

**Standard 6**
Clinical Handover

**Standard 7**
Blood and Blood Products

**Standard 8**
Preventing and Managing Pressure Injuries

**Standard 9**
Recognising and Responding to Clinical Deterioration in Acute Health Care

**Standard 10**
Preventing Falls and Harm from Falls
Standard 1

Standard 1 requires Peninsula Health to have an integrated clinical governance system that ensures reliable, safe and high quality patient care. Peninsula Health’s clinical governance system is based on the Victorian Government’s Clinical Governance Policy Framework and includes Consumer Participation, Risk Management, Clinical Effectiveness and Effective Workforce.

These principles underpin Peninsula Health’s Strategic Plan. We consulted with our patients and our community to help set the following goals for our Strategic Plan 2013–2018.

1 Person centred care – to involve you and your family in decisions about your care.
2 Service planning – to plan and build for the future.

3 Partnering – to work with other healthcare providers to provide the healthcare our community needs.
4 Our workforce – to help staff and volunteers learn new skills, work as teams, and find new ways of doing things.
5 Safety and quality – to provide high quality care and to meet Australian standards for healthcare.
6 Learning, teaching and research – to work with education and training organisations, to support research, and to use the best available research to improve healthcare.

Clinical governance

The main focus of clinical governance is to ensure that we meet each patient’s expectations for safe, effective healthcare. In all our services we aim to work in partnership with staff and patients to achieve these goals. We have systems in place to ensure that we are always striving to improve care.
How we govern safety and quality

Some improvements for 2013/14

- Strengthening our governance structure so that an Executive Director is responsible for each National Standard, and improvements are monitored with Quality Plans across the Health Service.

- Improving the Clinical Risk Register to identify, monitor and take immediate action to manage risks related to each of the National Standards.

- Setting up an Alcohol and Other Drug Community Advisory Group, with community members providing valuable feedback and direction.

Monitoring risk

The Victorian Hospitals Incident Management System (VHIMS) is a central, online register used to report incidents, complaints, consumer feedback, and quality improvement. When an incident or complaint is received, it is registered by a staff member, and VHIMS automatically notifies appropriate staff to ensure action is taken quickly. The system rates the type of incident and its severity. It also links to quality improvement activities that help make it unlikely that a similar incident will happen again.

- Peninsula Health fully investigates all incidents and adverse events. Mortality (death) reviews identify where care could have been improved. The circumstances surrounding a death are reviewed by senior clinicians across all clinical areas. If a death is unexpected or occurs as a result of accident or injury, we must report it to the Coroner.

- In 2013/14 we investigated one sentinel event. A sentinel event is a very serious but rare event not caused by a patient’s illness. We investigate all sentinel events, and report them to the Department of Health with details of actions taken to prevent such events happening again.

Our consumers want to know that the doctors, nurses and other healthcare professionals care about them. This means working with patients, listening to them and talking to them about their care. For more information about how we work with consumers see Standard 2 on page 11.

Making a difference

Brendon Gardner (pictured above) is one of two Chief Operating Officers at Peninsula Health.

“Peninsula Health’s Emergency Department is one of the busiest in the State.

Part of my role is to improve patient flow through the Emergency Department. Thanks to much hard work by staff, we have achieved some amazing results over the last 12 months.

- We have greatly shortened the time that ambulances are ramped at Frankston Hospital.

- We have reduced the time that patients stay in the Emergency Department from an average of 6 hours 42 mins in July 2013 to 3 hours 34 minutes in June 2014.

- Since August 2013, no patients have spent longer than 24 hours in the Emergency Department waiting for a hospital bed.

These are positive changes for our patients even though there was a record 9% increase in people attending the Emergency Department last year!”
How we govern safety and quality

Sharon White (pictured right) is Operations Director of Emergency Services, and Women’s, Children’s & Adolescent Health.

“We have made a number of improvements in the last 12 months to ensure that people experience shorter waiting times in the Emergency Department. For example, we have established an area called the STAT Unit. This enables nurses to start treatment sooner to help reduce waiting times and make sure results are ready for the doctors when they see the patient.

Communication is so important. Most patients don’t mind waiting if they know what is happening. They want us to listen to their concerns because they often know that something ‘isn’t quite right’ well before we do.”

Brydee Dullard is a registered nurse in the STAT Unit.

“We start necessary treatments and tests as quickly as possible. While a patient is waiting to be seen by medical staff, we can organise tests such as pathology, ECGs and X-rays. We can also start pain relief if the patient needs it.

Our STAT area has improved waiting times dramatically. We can provide faster healthcare, and get people off ambulance stretchers more quickly. This means ambulances can attend more emergencies in the community.”

Our achievements in Emergency

<table>
<thead>
<tr>
<th>Emergency Care – Frankston Hospital</th>
<th>2013/14¹</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total presentations to Emergency Department (ED)</td>
<td>63,856</td>
<td>58,985</td>
</tr>
<tr>
<td>Acuity (Triage Category 1 – 3 = most urgent)</td>
<td>67%</td>
<td>65%</td>
</tr>
<tr>
<td>Operating time on hospital bypass</td>
<td>1.7%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Ambulance patients transferred within 40 minutes (data from Ambulance Victoria)</td>
<td>84.4%</td>
<td>56%</td>
</tr>
<tr>
<td>NEAT – emergency presentations physically left ED for admission to hospital, referred to another hospital for treatment, or discharged within 4 hours (July – December 2013)</td>
<td>48.8%</td>
<td>48%</td>
</tr>
<tr>
<td>NEAT – emergency presentations physically left ED for admission to hospital, referred to another hospital for treatment, or discharged within 4 hours (January – June 2014)</td>
<td>56.6%</td>
<td>49%</td>
</tr>
<tr>
<td>Number of patients with length of stay in ED greater than 24 hours</td>
<td>94²</td>
<td>924</td>
</tr>
<tr>
<td>Triage Category 1 emergency patients seen immediately</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Triage Category 1 to 5 emergency patients seen within clinically recommended times</td>
<td>91.6%</td>
<td>83%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Care – Rosebud Hospital</th>
<th>2013/14¹</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total presentations to Emergency Department (ED)</td>
<td>20,225</td>
<td>21,982</td>
</tr>
<tr>
<td>Acuity (Triage Category 1 – 3 = most urgent)</td>
<td>47%</td>
<td>43%</td>
</tr>
<tr>
<td>Operating time on hospital bypass</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Ambulance patients transferred within 40 minutes (data from Ambulance Victoria)</td>
<td>93.9%</td>
<td>89%</td>
</tr>
<tr>
<td>NEAT – emergency presentations physically left ED for admission to hospital, referred to another hospital for treatment, or discharged within 4 hours (July – December 2013)</td>
<td>83%</td>
<td>80.5%</td>
</tr>
<tr>
<td>NEAT – emergency presentations physically left ED for admission to hospital, referred to another hospital for treatment, or discharged within 4 hours (January – June 2014)</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>Number of patients with length of stay in ED greater than 24 hours</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Triage Category 1 emergency patients seen immediately</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Triage Category 1 to 5 emergency patients seen within clinically recommended times</td>
<td>86%</td>
<td>81%</td>
</tr>
</tbody>
</table>

¹ Data as at 10 July 2014. ² Since 27 August 2013 no patient has spent longer than 24 hours in the Emergency Department waiting for a bed.
Our achievements in Elective Surgery

We also performed strongly in the delivery of Elective Surgery.

<table>
<thead>
<tr>
<th>Elective surgery</th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients on elective surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>waiting list as at 30 June 2014</td>
<td>1,379</td>
<td>1,768</td>
</tr>
<tr>
<td>Hospital Initiated Postponements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>per 100 scheduled admissions</td>
<td>4.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Patients admitted from elective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>surgery waiting list – quarter 1</td>
<td>1,654</td>
<td>1,668</td>
</tr>
<tr>
<td>Patients admitted from elective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>surgery waiting list – quarter 2</td>
<td>1,588</td>
<td>1,570</td>
</tr>
<tr>
<td>Patients admitted from elective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>surgery waiting list – quarter 3</td>
<td>1,630</td>
<td>1,342</td>
</tr>
<tr>
<td>Patients admitted from elective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>surgery waiting list – quarter 4</td>
<td>1,730</td>
<td>1,513</td>
</tr>
</tbody>
</table>

Supportive care to reduce risk

The Hospital Admissions Risk Program (HARP) is funded by the Victorian Government. It supports people who frequently attend emergency departments or who are admitted to hospital many times because of complex or chronic health issues. A HARP client usually has chronic disease and/or complex needs, such as chronic heart disease, chronic respiratory disease, diabetes, or psychosocial needs. HARP aims to support these clients so they may not have to come into hospital.

Faster care for older people

The Clinical Response Service is one of our HARP programs. In two years, this service has reduced the number of Emergency Department (ED) presentations, despite an 11% increase in the number of residential aged care facility (RACF) beds in our catchment area.

How does the Clinical Response Service work?

- A Clinical Response Team of doctors, nurses and allied health professionals provides prompt medical care and support to older people in 38 residential aged care facilities in Frankston and the Mornington Peninsula.
- The team works with Peninsula Health’s two Emergency Departments, Ambulance Victoria, GPs and the residential aged care facilities.
- Only one referral is needed to access the various medical and allied health services that might be required. This means patients are treated quickly.
- The Clinical Response doctor discusses patients directly with GPs, advises the residential aged care facilities, and visits patients to check how they are progressing. The Clinical Response Team also phones the residential aged care facilities each day to follow up on residents who are receiving medical support.
- Last year, the Clinical Response Service worked with Frankston-Mornington Peninsula Medicare Local to expand the service hours to include weeknights and weekends for 6 months, with an immediate increase in referrals.

Admissions prevented by Clinical Response Service

<table>
<thead>
<tr>
<th>Clinical Response Service</th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department (ED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>presentations from RACFS</td>
<td>1,805</td>
<td>1,882</td>
</tr>
</tbody>
</table>

Peninsula Health Quality of Care Report 2014
How we govern safety and quality

In 2013/14, Dr Bill Slater was recognised with a Peninsula Health Board Chairperson’s Award. This is awarded to individuals who are role models, promote the Peninsula Health values of Service, Integrity, Compassion, Respect and Excellence, and make significant contributions towards achieving our goals. The Chairperson described Bill “as a physician who tirelessly supports and provides excellent training to all Basic Physician Trainees and Registrars.”

Our effective workforce

Promoting person centred care

Dr Bill Slater, a full-time consultant physician, is Director of Basic Physician Training. His role involves helping physician trainees to work through the training pathway to complete their fellowships of the Australasian College of Physicians. Bill fosters and promotes high levels of professionalism and behaviours that reflect safe, compassionate medical care.

He also provides a guiding hand in quality improvement initiatives, including:

> Leadership in the Advanced Care Planning program which supports consumers to discuss and document their future healthcare wishes

> Participation in the Recognising and Responding to the Deteriorating Patient Working Party (Standard 9, page 32) to enable families or carers to escalate concerns about the health of a loved one

> Expertise to the Staph Aureus Bacillus (SAB) Steering Committee which works to reduce the rate of complications related to intravenous cannulation from hospital acquired infections (see page 22)

> Establishment of an Eating Disorders Program with Dr Priscilla Yardley, Head of Psychology; Emily Chambers, Dietitian; Erin Magee, Nurse Unit Manager; and others.

“Patients appreciate it when we go out of our way to make their stay in hospital as safe, effective and as pleasant as possible. However, sometimes they get frustrated with communication failures that impact on their healthcare.

There are always opportunities for doctors and nurses to take a more thoughtful approach to some of the ‘routine’ aspects of medical care, such as use of intravenous cannulas and frequency of blood tests. For example, they frequently tell us that cannulas cause them discomfort and catch on clothing, so they welcome the earliest opportunity to remove them. Having needle pricks less often can also improve their stay in hospital.

I find that staff appreciate it when senior medical staff make themselves available, especially when challenging situations call for difficult decisions.”
How we govern safety and quality

Creating a picture through a blog

**Bianca McLachlan** is a nurse graduate at Frankston Hospital. She is also a blogger on the Peninsula Health website, www.peninsulahealth.org.au.

“My blog helps create a picture of the hospital from a healthcare professional’s perspective.

Being a team member gives me professional and personal satisfaction. Each member of the team knows their roles and responsibilities, and we all work together to provide quality care.

Peninsula Health is the health service my family calls on in times of need.”

Making a difference for local GPs

Junior doctor **Dr Sean Runacres** helps to manage patient care. He has recently carried out a clinical audit into deaths within Peninsula Health. One of his findings was that discharge summaries are sometimes not completed when a patient dies. Discharge summaries are the main way Peninsula Health communicates information to local GPs and specialist consultants.

A discharge summary may be the only notification the GP receives of a patient’s death and the clinical circumstances surrounding the death.

Thanks to Sean’s audit, the GP Liaison team is now working with the Clinical Handover Steering Committee (Standard 6, page 27) to improve notification of deaths to GPs and to reduce the time it takes for discharge summaries to be sent out.

Keeping PACE

A new program is reducing the number of mental health presentations to Frankston Hospital’s Emergency Department and police call out times.

The PACER (Police, Ambulance and Clinician Early Response) program is a Commonwealth-funded partnership between Peninsula Health, Victoria Police and Frankston-Mornington Peninsula Medicare Local. It runs seven days a week out of Frankston Police Station. There are two PACER teams of Peninsula Health Mental Health clinicians and police officers.

The PACER teams work with police and ambulance services to respond to police units attending an incident where someone may be having a mental health crisis in the community.

Having a Mental Health clinician there when the crisis is happening can help defuse the situation. The client can be treated and supported in their own home, avoiding the need to transfer them to the Emergency Department in a police vehicle or ambulance.

Positive impact

Before PACER started, all incidents would have required transfer to the Emergency Department by ambulance with a police chaperone. Since PACER started in April 2014 there has been a significant reduction in police transfers to Frankston Hospital Emergency Department. PACER teams were involved in 118 events – and 104 presentations to the Emergency Department were avoided. This means the police have made fewer trips to the Emergency Department, and fewer ambulances have been needed to transport clients.
How we govern safety and quality

Receiving safe healthcare

Health service accreditation

The Australian Council on Healthcare Standards (ACHS) is the main accrediting body for health services. ACHS is an independent organisation that assesses health services against the 10 National Safety and Quality Health Service (NSQHS) Standards (see page 3).

In 2013 Peninsula Health had a favourable review with one recommendation that consumers should be involved in training clinical staff. We are working to implement this recommendation.

An organisational review of Standards 1-10 will take place in November 2015.

Home and Community Care accreditation

In May 2013, our Home and Community Care (HACC) services were reviewed against Community Care Common Standards. HACC focuses on marginalised and disadvantaged consumers. It works to address health inequities and reduce preventable hospital admissions. HACC services include:

> Complex services – Peninsula Drug & Alcohol Program (FamDAS, formerly PenDAP), Youth, Connecting Communities, Access and Service Improvement

> Child and Family Services – Community Dental, Child and Family Services, Health Promotion

> Chronic Disease and Aged Services – Integrated Chronic Disease Management, Domiciliary Care, Planned Activity Groups, Chronic Disease and Early Intervention, Podiatry, Hospital Admissions Risk Program (HARP).

The surveyors reported that our HACC services provide excellent programs for consumers with good access to other services. The report noted that HACC received support and good governance from Peninsula Health.

Residential aged care accreditation

All residential aged care facilities across Australia must be accredited by the Australian Aged Care Quality Agency. Peninsula Health’s residential aged care facilities are reviewed by the Quality Agency every three years. In 2012 we met all 44 standards and remain fully accredited.

Every three months, we report five key clinical care indicators to the Department of Health. This information helps us identify areas for improvement.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Carinya Aged care mental health facility</th>
<th>Other Victorian facilities average</th>
<th>Michael Court Aged Care mental health facility</th>
<th>Other Victorian facilities average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Prevalence of pressure ulcers</td>
<td>0.00</td>
<td>0.50</td>
<td>0.00</td>
<td>0.38</td>
</tr>
<tr>
<td></td>
<td>Stage 2</td>
<td>0.30</td>
<td>0.54</td>
<td>0.31</td>
</tr>
<tr>
<td></td>
<td>Stage 3</td>
<td>0.00</td>
<td>0.08</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Stage 4</td>
<td>0.11</td>
<td>0.04</td>
<td>0.00</td>
</tr>
<tr>
<td>2 Prevalence of falls</td>
<td>8.19</td>
<td>7.22</td>
<td>4.40</td>
<td>5.34</td>
</tr>
<tr>
<td>Prevalence of falls with fractures</td>
<td>0.31</td>
<td>0.14</td>
<td>0.00</td>
<td>0.15</td>
</tr>
<tr>
<td>3 Incidence of physical restraint</td>
<td>2.64</td>
<td>0.88</td>
<td>0.00</td>
<td>0.14</td>
</tr>
<tr>
<td>4 Incidence of resident prescribed 9 or more medicines</td>
<td>7.02</td>
<td>4.35</td>
<td>8.94</td>
<td>4.41</td>
</tr>
<tr>
<td>5 Unplanned weight loss</td>
<td>2.03</td>
<td>0.85</td>
<td>0.62</td>
<td>0.79</td>
</tr>
</tbody>
</table>
Partnering with our community

Standard 2

Standard 2 requires Peninsula Health to partner with consumers to create a health service that is responsive to patient, carer and consumer input and needs. Our partnerships with consumers are based on mutual openness, trust, respect, equal opportunity, shared ownership, and communication.

Giving consumers a voice

One of the ways Peninsula Health involves consumers is through community membership of our Community Advisory Committee and Community Advisory Groups. This gives consumers a ‘voice’ in how we run our health service and provides a structure for communication with our community. The Community Advisory Committee is chaired by a consumer and has 12 community members. It is supported by 13 Community Advisory Groups which represent geographical areas of our community, some key services, and marginalised groups in the community. See the Community Advisory Framework below.

Community Advisory Framework

Peninsula Health Board of Directors

Chief Executive

Executive Director Community Participation

Peninsula Health Community Advisory Committee

Southern CAG

Westernport CAG

Mt Eliza Personal Assistance Call Service (MEPACS) CAG

Frankston / Northern Peninsula CAG

Alcohol and Other Drug CAG

Cultural and Linguistic Diversity (CALD) CAG

Disability CAG

Older Person / Carers CAG

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

Aboriginal and Torres Strait Islanders (ATSI) CAG

Mental Health CAG

Community Health CAG

Women’s CAG

CAG = Community Advisory Group

After 10 years on our Community Advisory Committee, Clair Duffus and Gus De Groot have formally retired from the Committee. They will continue their valuable involvement with Peninsula Health as our very first Honorary Community Advisory Committee Ambassadors.
Partnering with our community

How our consumers contribute

> **Alice Irving** is a community representative and Chairperson of our Community Advisory Committee. Since 2008, she has been actively involved in many different Peninsula Health activities. Alice is also a member of our Human Research and Ethics Committee, the RiSCE Steering Committee, and the Frankston/Northern Peninsula Community Advisory Group. Alice is a consumer representative on a state-wide Ministerial Advisory Taskforce addressing violence in hospitals.

> **Julian Conlon** is a community member of our Gay, Lesbian, Bisexual, Intersex and Queer Community Advisory Group. Recently, he helped produce a ‘rainbow’ mosaic for the Mental Health entrance area at Frankston Hospital. Julian was awarded a scholarship to attend the 20th International AIDS Conference in Melbourne during July 2014.

> **Susan Jarmo** is a community member of the Infection Control Steering Committee and has completed Hand Hygiene Australia’s Hand Hygiene Auditor course. She brings a consumer perspective to the team responsible for improving hand hygiene. See page 21.

> **Evelyn Webster** is a community member of our Community Advisory Committee and a member of the Department of Health’s Participation Advisory Committee. Through this, she was appointed as a consumer member of the Department of Health Information and Health Literacy Sub Committee. Health literacy helps people understand health information so they can make informed decisions, seek the right care, and manage their health and wellbeing.

> **Sue Gilbert** is a community member of our Community Advisory Committee, the MEPACS Community Advisory Group, and Peninsula Health’s Primary Care and Population Health Committee.

> **Members of the Disability Community Advisory Group** have carried out community consultation sessions to gather information for the next Peninsula Health Disability Action Plan.

> **Roger Oates, Carol Meade, Cornelius Alers** and **Joan Armitage** are members of our Consumer Information Steering Committee. They attend monthly meetings, helping us review the printed information we give to our consumers. Their consumer perspective helps us make sure the information we provide to families and patients is easy to read and relevant.

What would we do without our volunteers?

Over 800 dedicated volunteers help Peninsula Health provide a better healthcare experience. Our volunteers come from all walks of life and provide their free time, skills and life experience to listen, help and reassure patients, carers and families.

We have a comprehensive Volunteer Orientation and Training Program, and volunteer coordinators provide our volunteers with day to day support.

In 2013 we surveyed all our volunteers. We asked them what it’s like to be a volunteer at Peninsula Health. We had 321 responses.

> 89% of new volunteers are either satisfied or highly satisfied with the orientation process.

> 80% of volunteers are either satisfied or highly satisfied with the education and training they receive.

> 84% of volunteers are either satisfied or highly satisfied with the support from staff.

> 88% of volunteers are either satisfied or highly satisfied with their overall volunteer experience.

To celebrate International Volunteer Day on 5 December 2013, we asked staff and patients to tell us what they thought about our volunteers. Forty four staff and 37 patients responded.

> 91% were either satisfied or highly satisfied with the support and assistance given by volunteers.

> 100% of patients/clients and visitors were either satisfied or highly satisfied with the support and assistance given by volunteers.
Reflecting on the little things that count

Virginia Green is an Assistance and Care in Emergency (ACE) Volunteer in Frankston Hospital Emergency Department. She describes a typical day.

“On one of my shifts, I noticed a young mum in the Procedure Room with a child. Her three other children were sitting in the corridor. She was worried about the children being noisy, but she had to stay with her child who was having stitches. I got the children some biscuits and water and sat chatting with them so Mum could concentrate on the child receiving care.

Later, an older patient asked for some water, so I found his nurse and checked that this was OK.

Patients and families continued to arrive and waited in the Triage area for some time. I got them a cuppa while they waited. Then I checked the Children’s Waiting Room to see if anyone wanted anything. As no one was in there I tidied up the toys.

A mum needed to fetch her car but her daughter had her leg in plaster. I found a wheelchair and stood with her daughter at the hospital entrance so Mum could get her car without worrying.

Later a little boy was distressed, so I asked his Mum if he could have a teddy. His shy smile and quiet thank you said it all.

The most common question I am asked in the Emergency Department is ‘How long will it be before I go in?’. I explain how things work and how the most urgent patients are seen first. Most times, this really helps. Communication means a lot.”

Tai Chi volunteers lead the way

In May 2014, Peninsula Health’s Tai Chi Volunteer Leaders were recognised with the Victorian Minister for Health Volunteer Award for their tireless and inspiring volunteer work in the community. As a dedicated team of seven volunteers, our Tai Chi Leaders have been providing community classes for 15 years. Over 80 people attend six classes each week.

Research shows that Tai Chi is an effective exercise for some chronic disorders such as arthritis and heart disease, and stress related conditions.

The Tai Chi Volunteer Leaders join the ranks of four other Peninsula Health volunteer groups and individuals who have received the Minister for Health Volunteer Award over the past five years.
Did you know?

- In 2013/14 we received 7.6 complaints per 1,000 hospital discharges
- In 2012/13 we received 8.5 complaints per 1,000 hospital discharges

Partnering with our community

“Not all volunteers are the same. We have different abilities and skills.

A health service that actively seeks, involves, and supports its consumers, making best use of their past and present experiences, is one that really understands the benefits of partnerships. Everybody wins.”

Alice Irving, volunteer and community Chairperson of the Peninsula Health Community Advisory Committee.

A special thank you to...

- The 24 volunteers and auxiliary members who received Long Service Awards (15, 20, 25 and 30 years) at our annual Volunteer Appreciation Luncheon in May 2014. Together, these dedicated volunteers have given an impressive 475 years of service!

- The following groups who have closed their doors after many years of tireless contribution:
  - Kankama Water Exercise Group, disbanded after 13 years of service
  - Patient Free Library Service, closed after 45 years of providing books and magazines for patients at Frankston Hospital
  - Rosewood House Volunteers, disbanded after over 10 years of service
  - Rosebud/Tootgarook Auxiliary, closed after 53 years of service and over $50,000 raised for Rosebud Hospital
  - Sorrento/Portsea Auxiliary, ‘shut up shop’ after 51 years of raising funds for Rosebud Hospital.

- Rosebud Hospital Auxiliary, established in 1950 with only 10 members. The Auxiliary raises funds for various equipment items at Rosebud Hospital and recently donated $33,000 towards the Rosebud CT Scanner Appeal.

- Ken Austin, a volunteer who started visiting patients in Rosebud Hospital’s Hillview Rehabilitation Ward in February 2013. Ken is well known on the ward, and always has time to chat with patients who may be feeling stressed or lonely. Last year, Ken visited over 700 patients.

- Pauline Ellerby and her outstanding team of Pink Ladies who donate their time and skills to run the busy Frankston Hospital kiosk seven days a week, deliver flowers and newspapers, and create a welcoming environment with their smiling faces. Through their tireless efforts they have raised over $7 million for Frankston Hospital.

Complaints and compliments

Judi McKee is our Customer Relations Manager.

“The way we handle complaints reflects the personal side of care; how willing we are to listen, answer questions, hear suggestions for improvement, and respect people’s right to comment on their healthcare.

Complaints often happen because there are communication difficulties during what is already an anxious, stressful time.”

Did you know?

- In 2013/14 we received 7.6 complaints per 1,000 hospital discharges
- In 2012/13 we received 8.5 complaints per 1,000 hospital discharges
How we manage complaints

What was the complaint?
Diana* contacted Customer Relations to tell us about her discharge from hospital three days after surgery. She believed she was discharged too soon. She was phoning us to ask how she could get home support. She told us when she was discharged she had just started to move around after her operation and was still feeling unsteady on her feet. Diana said she was aware the hospital needed the bed. This nurse told her not to wait for the discharge summary as it would be posted to her home, and that home support services would be arranged for her.

What did we do next?

We registered the complaint and sent it to the relevant senior staff members to start an investigation with Diana’s treating team.

What happened next?

We wrote to Diana within two business days to acknowledge receipt of her complaint.

What did we find?

Diana had undergone elective surgery. On day 3 after her operation, she was seen by the treating team who decided she was medically well enough to go home that day. Her length of stay was average for that type of operation.

The discharge summary was not given to Diana when she went home.

A Social Worker saw Diana before discharge but did not complete the referral for home support services.

Diana said her GP had told her she would stay in the hospital for seven days.

What did we change?

Our Surgical Care Pathway is used to guide patient care. We strengthened this pathway so that individual patient needs for services and follow-up care after discharge are more clearly identified.

We developed a clinical pathway for Diana’s specific surgical procedure to improve care for this procedure.

When a patient comes to the pre-admission clinic before their operation, we now make sure we discuss with them how long they are likely to stay in hospital. We give them written information as well.

How did we follow up?

Our social workers arranged a referral for urgent home support for Diana, and contacted her every day for the first week after receiving her complaint.

A senior nurse contacted Diana to make sure she was receiving enough support.

Diana accepted our apology for not communicating well. She appreciated how we responded to her concerns and managed her complaint.

She told us that until her last day on the ward she could not fault the care she was given.

*Not her real name

Judy McKee, Customer Relations Manager
What our consumers tell us

Victorian Healthcare Experience Survey

In April 2014, the new statewide Victorian Healthcare Experience Survey for Victorian Hospitals was introduced to enable a wider range of consumers to provide feedback on their experiences. Specialised questionnaires are available for maternity clients and for adults and children who are inpatients or emergency department attendees, including parents and carers.

The first results from this survey will be available by the end of October 2014.

Our feedback card

Peninsula Health also asks consumers in our hospitals, outpatient clinics and home services to complete our own feedback card. Consumers can fill in a printed feedback card. For patients at Frankston Hospital, a volunteer will sit with the patient at their bedside and enter their feedback directly onto an iPad.

Congratulations!

Paul Miller is a Registered Nurse in the Elective Surgery Short Stay Unit. Through the consumer feedback report, Paul has been nominated 35 times in nine months by our consumers for providing outstanding care. Paul was awarded a Peninsula Health Board Chairperson’s Award in appreciation of his commitment to promoting our values of Service, Integrity, Compassion, Respect and Excellence, and for his significant contribution towards achieving our goals.

Inpatient Consumer Feedback April to June 2014

What our consumers tell us

“I was very happy with the care, respect and understanding shown by the nurses and doctors.”

“The discharge process is too long and too many staff ask the same questions.”

“I was nervous but they put me at ease. The anaesthetist and vascular registrar explained everything.”

“There was general hospital noise, but it couldn’t be helped. That’s how it is in a hospital.”
Making information easier to understand

Cornelius Alers is a community member of our Consumer Information Steering Committee.

“Giving people easy to understand information about the services Peninsula Health provides is essential in building a healthier, more knowledgeable community.

Being involved with the Consumer Information Steering Committee means I can contribute to improving the accessibility of information about many Peninsula Health services for patients and their families.

In my time on the Committee, I have seen the quality of Peninsula Health brochures and documents improve. This means patients are more likely to understand the information.”

Partnerships

The partnerships Peninsula Health has with other organisations and services help us improve the quality of care we provide to our community. These partnerships allow everyone involved to share expertise, successes and innovation. Some of our key partners include:

- Australian Council on Healthcare Standards
- Australian Aged Care Quality Agency
- City of Frankston
- Department of Health
- Department of Human Services
- Frankston-Mornington Peninsula Medicare Local
- Monash University
- Mornington Peninsula Shire
- University of Melbourne
- Victoria Police
- Ambulance Victoria

Diversity

Our aim is to meet the diverse health and well-being needs of everyone in our community in a person centred, respectful, and responsive way.

Improving care for people with a disability

Peninsula Health’s Disability Action Plan helps us meet the needs of people with a disability who use, visit or work within our organisation. Our first Disability Action Plan was implemented in 2010, and the Disability Community Advisory Group played a key role in developing and monitoring the plan. The Disability Community Advisory Group is made up of people with a disability and their carers who use their lived experience to work with us on opportunities for improvement.

Our latest Disability Action Plan 2014 – 2016 has been developed by the Disability Community Advisory Group, and has been informed by community consultation forums facilitated by the group. The new Plan provides a roadmap to ensure that our services, programs and facilities do not exclude people with a disability or treat them less favourably than others. It will be launched in December 2014 on International Day of People with Disability, and has four key goals:

1. Our services, programs and facilities are accessible to people with a disability
2. We support and promote inclusion and participation for people with disability
3. Our staff demonstrate attitudes and practices which ensure people with disability are not discriminated against
4. We provide equal employment and volunteer opportunities for people with disability.

Joan Armitage is a community member of the Disability Community Advisory Group.

“Peninsula Health is listening to people with a disability and their carers. Working together we can achieve the best possible care for people with a disability.”
CALD Community Advisory Group

The Cultural and Linguistic Diversity (CALD) Community Advisory Group includes diverse community members, representatives from local community services, and Peninsula Health staff. The group has 20 members who represent the multicultural richness of our catchment area, and who understand the range of issues that arise in providing health services for CALD communities.

Interpreter Services

Peninsula Health provides a free Interpreter Service for when language is a barrier. Our aim is to help people communicate with health professionals and staff to understand their healthcare. This service is managed by our Social Work Department.

Interpreter bookings are growing year on year and in 2013/14 totalled 2,114. The top five most requested interpreter services were for Mandarin, Greek, Italian, Arabic, and AUSLAN.

Working in harmony

Paul Colosimo is the Manager of the Transition Care Program at Peninsula Health and convenor of the CALD Community Advisory Group.

“In March 2014, the CALD Community Advisory Group celebrated Diversity Week and Harmony Day at Frankston and Rosebud Hospitals. Our aim was to raise awareness and knowledge of cultural and linguistic diversity across our workforce.

We get lots of feedback from staff and consumers, and they genuinely appreciate that Peninsula Health provides a great deal of information and support in the area of cultural diversity.”

A listening ear

Sally Church is the Chief Social Worker at Peninsula Health. The Social Work Department provides support and practical assistance for patients and families who are seeking guidance, help with speaking out (advocacy), pastoral and spiritual care, interpreter services, and advance care planning.

“Change can be traumatic and challenging for most people. Our social workers link people with suitable services and provide a listening ear to help them talk through their worries and concerns.

Patients and families are referred to Social Work early on in their hospital stay. This is important because we need to involve them in the decisions that will affect planning for their discharge from hospital.”

Social Work snapshot

> Social Work coordinates a group that works to improve discharge for patients going back to supported accommodation. The group ensures all services know about the patients’ care and medication requirements.

> The Vulnerable Children and Families Liaison Committee, chaired by the Social Work Department, works closely with all service providers to maintain vital communication links and ensure children and families are referred to the most suitable services.
Partnering with our community

Our Oncology Social Worker runs four consumer education sessions a year in association with the Anti-Cancer Council, and works with outpatients when they come to the Chemotherapy Day Unit for treatment. The Oncology Social Worker also helps run communication workshops for staff to develop skills for delivering bad news, responding to emotional cues, and running palliative care family meetings.

We have close links with DHS Disability Services so we can direct patients under 65 to the most appropriate services.

Our social workers are trained to complete aged care assessments and work closely with the Mount Eliza Aged Care Assessment Service.

Our Pastoral Care and Chaplaincy Service extends their compassion and listening ear across all areas of Peninsula Health.

Connecting with Community

**Eddie Moore** is Manager of the Aboriginal and Torres Strait Islander (ATSI) Health Unit.

“The ATSI Health team helps Peninsula Health meet the healthcare needs of the Aboriginal and Torres Strait Islander community. We work closely with hospital staff and Community Health services to improve access and the cultural appropriateness of the services we provide.

Community and Traditional Custodians know their voice is being heard through forums such as the ATSI Community Advisory Group and the ATSI Health Steering Committee.”

ATSI Health snapshot

- We have signed a Memorandum of Understanding with Carolyn Briggs, Senior Elder and Traditional Custodian, Boon Wurrung Foundation.
- We engage with the local ATSI Community through the ATSI Community Advisory Group, ATSI Health Steering Committee, and the gathering places at Hastings and Frankston.
- We provide Cultural Awareness training across Peninsula Health.
- We keep in touch with Community through BayMob News which is distributed to 2,000 people four times a year.
- Our Hospital Admission Risk Program (HARP) has screened over 800 Aboriginal or Torres Strait Islander people. HARP aims to support people with complex needs who are at risk of frequently attending the Emergency Department.
- We celebrate NAIDOC Week and Reconciliation Week with staff and Community, and regularly welcome around 100 people to these key events.

Children from four Victorian Aboriginal Child Care Agency playgroups danced and sang in language at our BayMob Health and Education Expo 2013.
Partnering with our community

Koori Maternity Service
Karan Kent is the Koori Maternity Service Liaison Officer.

“The Koori Maternity Service at Peninsula Health, which is being piloted for 12 months, supports Aboriginal and Torres Strait Islander families during pregnancy. It is funded by the Department of Health in partnership with VACCHO (the Victorian Aboriginal Community Controlled Health Organisation).

I work with colleagues in the Women’s Health Unit and Community Health to provide culturally appropriate information, support and care before, during and after childbirth. This collaborative approach helps women to support women – using trust, consistency of care, relationships and kinships.

Staff tell us that the Koori Maternity Service has enhanced their understanding of cultural differences, and Community has welcomed the program. To achieve reconciliation, we need to understand each other through programs like this.”

Walking together to Reconciliation
Shane Wright is Peninsula Health’s Aboriginal Cultural Ambassador. He has worked with Traditional Custodians and Community to develop our first Reconciliation Action Plan which outlines key focus areas for the next 12 months. The Reconciliation Action Plan was launched in October 2014. Throughout this process, Shane has played a crucial part in maintaining engagement with Traditional Custodians. Development of the plan included consultation with Community and primary healthcare providers about how we can deliver culturally safe services that will contribute to improved health outcomes for the ATSI Community.
How we prevent and control infection

Standard 3

Standard 3 requires Peninsula Health to prevent patients from getting preventable infections while in our care. It also requires us to use best practice to effectively manage those infections when they happen.

Maureen Canning is Infection Prevention and Control Manager at Peninsula Health.

“I coordinate a team that works to prevent infection. We do this by educating all healthcare staff on the importance of hand hygiene, and we regularly check whether they do this.

We also run the staff immunisation program which covers infectious diseases such as influenza, hepatitis B, chicken pox, measles and whooping cough.

One of our successes last year was to increase the number of staff who comply with hand hygiene standards. At the end of June 2014, we recorded our best result (78.5%) since we started auditing hand hygiene in 2005.

Feedback from patients, clients and families tells us how much hand hygiene has improved at Peninsula Health. The consumer representative on our Infection Control Committee provides valuable input and helps enhance our programs.”

A consumer perspective

Susan Jarmo is a consumer representative on the Infection Control Committee and the Transfusion Safety Committee. She also helps audit hand hygiene at Peninsula Health. Susan is studying for a Masters degree in Public Health, majoring in the study of the causes and control of disease in populations (epidemiology).

“I love bugs! If you know what they are and how to handle them, you can do something about them.

Hand hygiene helps keep patients safe. I have Gold Standard accreditation from Hand Hygiene Australia to do hand hygiene audits, and I do this in the clinical wards at Frankston Hospital. I talk with patients or family members about any concerns they have, and encourage them to ask staff whether they have washed their hands or have used the antiseptic hand rub.

I wear a red t-shirt so everyone knows when I am checking on hand hygiene. Sometimes people see me and head straight for the little pink bottle of hand rub to clean their hands. Would they do it if I wasn’t there? Who knows? But the more you do something, the more likely it is to become a habit.

My role with Infection Control at Peninsula Health is my way of making a difference.”

Posters are displayed in our hospitals to promote the benefits of hand hygiene and flu vaccination.
How we prevent and control infection

How we are preventing infection

- Last year we found a growing number of bloodstream infections were associated with intravenous lines (IV drips). These infections can have serious consequences. We set up a Staph Aureus Bacillus (SAB) Steering Committee to look at how staff insert and look after IV drips, and to improve how we manage and monitor their daily care. This committee has recommended many improvements, including:
  - An online learning video for staff showing the correct way to insert an IV drip
  - An IV insertion pack including skin preparation, so all the appropriate equipment is readily available when needed
  - Clinical practice guidelines and checklists to help staff reduce risks.

- Sue Gonelli, an Infection Control Consultant, helps staff, patients and families to understand and prevent infection and transmission of infectious organisms. Sue is a member of the SAB Steering Committee.

- Erin Magee, Acting Nurse Unit Manager of 5FS, a busy medical ward, has introduced a Blue Card alert system in the ward. The card is placed at the end of a patient’s bed by night staff. The morning staff can see clearly that an IV needs to be changed or a PICC line dressing needs to be replaced. This alert system has been very effective and has improved staff awareness of infection prevention. We plan to roll the Blue Card alert tool out to other parts of the hospital.

- Sue Reaper, Manager of the Intensive Care Unit (ICU) at Frankston Hospital. “I work in partnership with Dr John Botha, Clinical Director of the ICU, to streamline infection control practice in the ICU.”

- Sue Gonelli, Infection Control Consultant, discusses a patient’s IV record with nurse Robyn Edgecumbe.

“Preventing infection is an essential part of caring for our patients, but there are many variables to consider. The Infection Prevention and Control Unit gives advice and guidance to help reassure people about infection and infectious diseases and how to prevent passing them onto others.”
Medication safety

Standard 4

Standard 4 requires Peninsula Health to show that we safely prescribe, dispense and administer the right medicines to informed patients and carers.

Jan deClifford is Senior Pharmacist and Medication Safety Officer.

“My job is to make sure everything possible is done to reduce medication errors. Medicines are the most common treatments in healthcare, and sometimes things can go wrong.”

Pharmacy and medication safety

› We keep a close eye on and regularly check reports of medication-related incidents and adverse drug reactions. We report these to the Australian Therapeutic Goods Administration.

› We make sure we comply with National Medication Safety Standards. This includes documenting patients’ allergies, prescribing and administering high risk medications, assessing all adult patients for their risk of blood clots and prescribing appropriate preventive medications.

› The Medication Safety Committee and the Drug and Therapeutics Committee use this information to improve the way we work. There are consumer representatives on both these committees.

› We keep up to date with changes and issues in medication safety via national and international professional groups and use new technology that improves medication safety. This technology includes electronic prescribing and SMART intravenous drug infusion pumps. These pumps also alert staff to any errors and prevent administration of drug doses that are too low or too high.

Getting it right

One important way of ensuring a patient is prescribed the correct medications in hospital is to keep an accurate, complete list of the medications they are taking when they are admitted. This list needs to be on their hospital medication chart.

› A medication safety initiative has improved how quickly and accurately we take a patient’s medication history when they are admitted to hospital. This initiative ensures that what is written on the medication chart for the nurses to administer is correct.

› We are now using pre-mixed solutions of high risk medication such as potassium and heparin to avoid accidental injection of high concentrations. We also use dispensers or syringes which cannot be connected to intravenous lines. These initiatives protect patients from accidentally receiving medications by the ‘wrong route’.

Speak up

Our Speak Up program encourages patients to become informed about their own medications and allergies, and to partner with us in taking their medicines safely.

Irene Armitage, a volunteer at Peninsula Health, is making a difference through her involvement in the Speak Up program.

“Speak Up is important to me as I was a carer for my mother until her passing several years ago. I believe her ignorance about not speaking up about the medication she was taking which may have contributed to her death.

People appreciate having a voice and knowing it is their right to speak up about medications.”
Medication safety

Preventing blood clots
Blood clots account for around 7% of deaths in hospital patients, and are the most common preventable cause of in-hospital death. Blood clots can also contribute to other long-term health risks. Most blood clots form in a vein in the leg and can sometimes travel to the lungs. This can be very serious.

The formation of blood clots and the way they travel through the blood stream is called Venous Thromboembolism or VTE.

Research shows that anti-clotting medication can help reduce the harmful effects of VTE for many patients. Our electronic medication management system prompts clinicians to review a patient’s risk of VTE.

> In May and June 2014 we audited how well we were prescribing VTE prevention medication. We checked the treatment against our guidelines for preventing VTE risk.

We found that 85.5% of patients in hospital had been screened to protect them from developing blood clots. In a high risk area such as orthopaedic surgery, 91.3% of patients were prescribed VTE prevention medication.

Appropriate VTE prevention medication 2014

![Percentage of patients screened for VTE prevention medication](chart)

Leading the way
Since 2009, Peninsula Health has worked to introduce the CLOVER Clinical Information System. In 2013, our staff were recognised with a prestigious award for Clinical Excellence and Patient Safety Quality Improvement from the Australian Council on Healthcare Standards.

With our colleagues at Austin Health, Peninsula Health is leading the way with electronic medication management.

Safer patient care
One of CLOVER’s key aims is to reduce medication errors.

Using an Electronic Management System, we can now prescribe and review drugs electronically. This has improved the safety, quality and efficiency of patient care. The benefits of the four-year CLOVER project include:

> Fewer medication errors
> No medication errors due to legibility issues
> Improved documentation of patients’ medication allergies
> Multiple users can now access a single drug chart.
Standard 5 requires Peninsula Health to correctly identify each patient each time they receive healthcare from us, and correctly match them to the treatment they are receiving.

How do we do it?
Peninsula Health follows strict processes to ensure we know the right patient is receiving the right treatment. This is called ‘patient identification’ and ‘procedure matching’.

What we do to prevent errors

- When people are admitted to hospital we apply a patient identification (ID) band. We use a white band for patients with no known allergies, and a red band for patients with an allergy.
- Many times during their stay, we ask patients to tell us their name, date of birth, and other important details. This helps us check that the right patient is receiving the right treatment.
- Our Surgical Centre uses the globally-recognised ‘Time Out’ safety checklist before anaesthetic is given to a patient, before the operation starts, and after the operation. Key steps include:
  - Verifying the patient’s identity
  - Marking the location on the body where the surgery will take place, if necessary
  - Confirming details of the operation with the patient
  - Verbally confirming all details and checking that all required equipment and instruments are ready and working correctly
  - Confirming that all documents and specimens are correct at the end of the operation.
- We have special patient identification systems in Maternity (for both mothers and their newborn babies) and in our Mental Health Services.
- We regularly observe staff when they are doing patient identification and procedure matching. This process is monitored by the Patient Identification and Procedure Matching Steering Committee, which includes a consumer representative.
- We use a clinical information system called CLOVER to manage electronic ordering of medications, pathology and radiology, alerts and allergy management, medication reconciliation, discharge scripts and creation of discharge summaries. See page 24.
- Any incidents of incorrect patient identification and procedure matching are reported through the Victorian Information Incident Management System (VIIMS) and escalated to the appropriate senior staff to investigate the cause. We also fully inform patients and carers.

### Key ID checks for patient safety

<table>
<thead>
<tr>
<th>Where</th>
<th>When</th>
<th>Time</th>
<th>What</th>
<th>How did we do?</th>
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</thead>
<tbody>
<tr>
<td>Operating theatres, Radiology, Electro Convulsive Therapy, Cardiac Catheter Laboratory</td>
<td>May 2014</td>
<td>Before anaesthetic given</td>
<td>Patients confirm we have correct name and procedure</td>
<td>99.33%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During ‘time out’ staff meeting</td>
<td>Patients confirm we have correct name and procedure</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>October 2013 to May 2014</td>
<td>Patients wearing an identification band on admission to a cubicle</td>
<td>Frankston Hospital 96.25%</td>
<td>Rosebud Hospital 100%</td>
</tr>
<tr>
<td>Acute Services</td>
<td>2013/14</td>
<td>Patients wearing an identification band on admission to a cubicle</td>
<td>Frankston Hospital 100%</td>
<td>Rosebud Hospital 100%</td>
</tr>
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</table>
Standard 5 at Rosebud Hospital

Dan McMahon works at Rosebud Hospital as an Associate Nurse Manager in the Emergency Department. One of his responsibilities is to make sure patient identification at Rosebud Hospital meets National Standard 5.

Recently, he carried out two studies over a two-week period in Walker Ward, Hillview Rehabilitation Ward, and the Emergency Department. The ward study checked whether all patients were wearing their correct ID band. The Emergency Department study looked at whether 120 patients were wearing the correct band within 10 minutes of entering a cubicle.

“This small but important study showed we are following best practice and delivering safe care. Over the past year, we have introduced other quality initiatives at Rosebud Hospital. For example, we now scan patients’ ID bands before we give them their medication. We also check ID bands when we do any tests, such as Pathology.

It is essential to scan a patient’s ID band before any treatment or intervention to make sure we have the right patient, right treatment, and right medication.”

Right treatment for patients

Mr Paul Gilmore (pictured) is a urology consultant at Peninsula Health.

“I work as a full-time consultant urological surgeon in a team of urologists. We treat emergency and elective cases referred from local doctors and our emergency departments. We deal with a wide range of urological conditions, including prostate, bladder and kidney cancer. We also treat more common conditions such as kidney stones, and complex urinary infections.

Peninsula Health has invested in an upgrade of our endoscopy equipment and appropriate staff training. This means we can now do laser surgery for kidney and ureteric stones here at Frankston Hospital. Local patients can have treatment close to home, without needing to travel to Melbourne.

Soon we will be able to offer Holmium laser prostatectomies for benign prostatic enlargement. This will make us a service leader for this common and debilitating condition.

The Urology Outpatient Clinic has changed a lot during my time at Peninsula Health. We have expanded the service hours so we can follow-up on more public urology patients than before. We can also take new referrals from the community. A new, dedicated uro-oncology clinic provides high quality cancer care, and is staffed by me and one other fully trained cancer surgeon.

The Urology Department now has two surgical training positions accredited by the Royal Australasian College of Surgeons, which we share with General Surgery. With highly motivated and surgically focused junior doctors looking after our hospital patients, we have been able to bring back our Pelvic Cancer Surgery service, which has not been offered for several years.”
Clinical handover

Standard 6

Standard 6 requires Peninsula Health to ensure that patient handover (communication about each patient) is well-timed, relevant and structured so it supports safe patient care.

Communicating effectively

Clinical handovers or transfers of care are those times when doctors, nurses or other health professionals hand over responsibility, accountability or information about the care of a patient. This process of handover happens many times while patients or clients are under our care. A few examples are when there is a shift changeover, when a patient moves from one ward to another, or when a health service hands over to a GP.

Effective handovers or transfers of care reduce communication errors and improve patient safety and care.

Best practice handovers or transfers of care actively involve patients or clients and/or carers.

Communicating with local GPs

Dr Jo Newton and Jennifer Sidwell are our GP Liaison team. Jo also works as a local GP and Jennifer is a registered nurse.

“Our job is to facilitate two-way communication between local GPs and Peninsula Health. We keep GPs up to date on the health services and systems at Peninsula Health, we look at referral and discharge processes, and we look at services where we have shared care with GPs.

One of these services is the Peninsula Health Shared Maternity Care program. There are 60 GPs who work with us to provide shared maternity care.”

Handover from hospital to GP

One of the issues for Peninsula Health and for other health services, is the quality of discharge summaries that patients take back to their GPs when they leave hospital. Each summary should contain an accurate list of the medications the patient is taking when they are discharged, plus a note of any medication changes made in hospital and why they were made. Discharge summaries should be available quickly, preferably on discharge.

The GP Liaison Unit coordinates a special working group which is helping to improve hospital to GP handover. So far, the working group has:

> Clarified the responsibilities of different clinician groups and incorporated these into a more user-friendly policy
> Re-evaluated how we educate our clinicians about the importance of discharge summaries
> Produced more meaningful and targeted feedback to each clinical unit, so they can measure and track their performance.

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<thead>
<tr>
<th>Inpatient Discharge summaries</th>
<th>Target</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic inpatient discharge summaries completed within 48 hours of discharge</td>
<td>80%</td>
<td>79.3%</td>
</tr>
</tbody>
</table>

Handover from Emergency Department to ward

A recent project at Frankston Hospital explored why it was taking too long to transfer patients from the Emergency Department to a hospital ward.

One reason we identified was that nursing handovers took too long. We set some goals for improvement, which included:

> Create a more structured, documented system for nursing clinical handover
> Make sure the patient is involved at each stage of their care planning
Sam Renein is a Registered Nurse in Frankston Hospital’s Emergency Department.

“I work directly with people attending the Emergency Department, and indirectly as a Team Leader, coordinating patient care with other staff. I care for my patients, but I also care for their families, and for my colleagues.

I have been involved in developing a handover tool based on the well-recognised ISBAR tool (Introduction, Situation, Background, Assessment, and Recommend). This encourages staff to pre-plan what patients will need when transferred to a hospital ward.

We are now communicating better with the hospital wards about what is most important for each patient’s care. This means a safer and more complete handover.”
Blood and blood product safety

Standard 7

Standard 7 requires Peninsula Health to make sure patients who receive blood and blood products do so appropriately and safely.

Why is donated blood important?
The Australian Red Cross Blood Service collects about 1.4 million blood donations each year.

At Peninsula Health we have systems to ensure we use blood and blood products safely and efficiently.

Melanie Melbourne is our Transfusion Safety Clinical Nurse Consultant

“There can be many reasons why someone needs a blood transfusion. They may have lost a lot of blood during an operation or in an accident. Or they may have severe anaemia, a condition where their blood has fewer than the normal number of red blood cells.

I work alongside staff to make sure blood transfusions are safe for the people who receive them. Thankfully, transfusion reactions are very rare. However, if a patient has a bad reaction to a transfusion I will find out what happened and why.

I also coordinate how we reduce blood wastage. Peninsula Health respects the donors who have given blood to help others who need it. It is our responsibility to use it wisely. We must keep blood safe, and do our best not to waste it. If blood is wasted because it has not been looked after properly, we need to find out what happened. Then we can take action to prevent it happening again.

Recently, I worked with the Chemotherapy team and doctors from services within Peninsula Health to streamline how local GPs refer patients for blood transfusions as a day procedure. All referrals from the GPs now go through the general medical clinic and our medical doctors then decide the blood/iron transfusion requirements for those people referred to the clinic and whether they need referral to a specialist to investigate why they are anaemic. This new process makes sure only suitable blood or iron transfusions are given. Where required, it also makes sure patients are referred to a specialist doctor who will investigate why they have anaemia.”

Reducing transfusible blood wastage
The graph below shows we have reduced the transfusible blood wastage at Peninsula Health.

Anaemia and surgery

> If you are going to have elective surgery, read your Surgery pre-admission pack carefully. It includes advice on how to manage anaemia wisely. If your blood is in good shape when you have your operation, you will have a better recovery and less chance of needing a blood transfusion.

> There are leaflets in the main entrance area of Frankston Hospital about iron tablets and recipes to increase your iron intake. You will find the leaflets on top of the glass display cabinets near the main lifts.

Find out more about blood transfusions
You can find other helpful information about blood transfusions on mytransfusion.com.au. Follow the Resources link.

Red blood cell wastage

![Graph showing blood wastage reduction]
Preventing and managing pressure injuries

Standard 8

Standard 8 requires Peninsula Health to prevent patients from developing pressure injuries (pressure ulcers or bedsores) and effectively manage pressure injuries when they happen.

What is a pressure injury?

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

There are 4 stages of pressure injuries:

Stage 1:
No broken skin, but 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 and now an open wound

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

Reducing the risk of pressure injuries

We do many things to reduce the risk of pressure injuries. These include:

- Using a world recognised method of assessing patients to see if they are at risk of developing pressure injuries
- Monitoring patients’ skin hygiene and using appropriate skin care products
- Making sure patients have a healthy diet or supplements to assist skin repair
- Using pressure relieving beds, mattresses and other equipment for patients with fragile skin
- Tracking improvement of wounds
- Moving patients often to relieve pressure
- Keeping patients’ skin dry, particularly if they have continence issues.

Roger Oates is a consumer member of our Skin Integrity Steering Committee.

“At these meetings we analyse and discuss the statistics which have been collected and how improvements can be made.

Sometimes I find it a bit overwhelming because I am a non-medical person. So I often have to ask
for explanations. But I think this also helps others on the committee to understand the data better.

As a consumer representative, I need to know that each patient’s health is Number 1. It is also important for me to witness and confirm the professional dedication of everyone on the committee.”

Skin Integrity Portfolio Holders

While all our nurses help prevent pressure injuries, each clinical area has one nurse with a special interest in wounds, preventing pressure injuries, and maintaining skin hygiene. These nurses are called Skin Integrity Portfolio Holders. They receive extra education and support.

What our Skin Integrity nurses tell us

“*I am a Skin Integrity Portfolio Holder because I want to make a difference to patient care. The more knowledge I have, the better care I can offer.*”

“I enjoy helping my colleagues learn more about preventing and managing pressure injuries and wounds, and how to use the best product to get the best healing for patients.”

“I like advising patients about pressure prevention so they don’t get a pressure injury and can go home more quickly.”

“Skin Integrity Portfolio Holders are also teachers who help our fellow nurses improve the care and well-being of our patients. We keep up to date with new dressings and techniques, and pass this information on to our colleagues. I value what I do in this role because it helps improve patient care.”

Did you know?

- Peninsula Health manages about 1,000 complex wounds each year. In 2013/14, 19% of these wounds were pressure injuries.
- Our Skin Integrity Steering Committee oversees how well we prevent and manage pressure injuries and wounds.

How do we compare?

We report all pressure injuries across Peninsula Health to the Australian Council on Healthcare Standards. This includes pressure injuries developed in hospital and before admission. We collect this information for Frankston Hospital, Rosebud Hospital and The Mornington Centre.

We measure our performance against similar hospitals in our catchment area, and against hospitals in the rest of Victoria. These hospitals are called ‘peers’ in the graph below.

Peninsula Health regularly records fewer developed pressure injuries than these other hospitals and the State average.

Benchmarking pressure injuries
Recognising when a patient’s condition is getting worse

Standard 9

Standard 9 requires Peninsula Health to recognise quickly when a patient’s condition is getting worse, and to take suitable action.

How do we do this?

One of the challenges for health services is to provide the most suitable care to patients when they need it. It is very important to recognise the warning signs when a patient’s condition is deteriorating and to act quickly to give them the best possible outcome.

At Peninsula Health our systems enable doctors and nurses to:

> Measure and record patient observations
> Step up the level of care when we see a patient’s condition getting worse
> Respond rapidly to manage a patient’s worsening condition in the most effective way
> Communicate clearly with patients, families and carers.

Our Recognising and Responding to the Deteriorating Patient Policy is a practical guide for staff. It is based on best practice, and tells them how to call for help and how to use our clinical response system for any patient whose condition is getting worse.

A rapid response when time matters

> At Frankston and Rosebud Hospitals, the Rapid Response Team helps staff manage all medical and cardiopulmonary emergencies at Frankston and Rosebud Hospitals. This team is made up of doctors and specialist nurses who respond to calls from clinical areas when staff are concerned.

> At our sub acute sites (The Mornington Centre and Golf Links Road), a Senior Nurse Response Team monitors a deteriorating patient’s condition if they have suffered a cardiac or respiratory arrest until an ambulance arrives.

> Both teams are supported by the Recognising and Responding to Clinical Deterioration Committee which advises on best practice and monitors the teams’ outcomes to ensure safe practice.

Jo Molloy and Naomi Pratt are Clinical Nurse Consultants and members of the Rapid Response Team. They lead the Critical Care Liaison Nurse Service at Frankston Hospital. Launched in 2009, the Service sees patients referred from three key areas:

> Patients discharged from Intensive Care to a general ward
> Rapid Response calls
> Direct referrals of high risk and deteriorating patients in our clinical areas.

“As members of the Rapid Response Call team we act as a communication bridge between medical staff and patients and families. One of our responsibilities is to support and advise the patients and families we come in contact with.

The patients we see are very sick, and usually highly stressed. Clear and open communication is vital for everyone involved at these difficult times. Because we know about the different wards and teams across the hospital, we can help guide decisions about where it would be best for high risk patients to be cared for when they leave the Intensive Care Unit. We are also able to guide patients and families about their ongoing recovery and how they will be cared for until they are ready to go home.”

Over the past five years, we have played an active part in over 2,000 rapid response calls.”
How we are achieving Standard 9

> A Non-Invasive Ventilation (NIV) Steering Committee has been set up to oversee delivery of NIV on the wards. NIV is a way of helping patients breathe without having a breathing tube inserted. The patient uses a mask attached by a tube to a special machine. The patient needs to be awake and able to breathe by themselves. NIV can be used for short periods of time or longer. The NIV Steering Committee has streamlined treatment and documentation, and has helped guide the purchase of new BiPAP (bilevel positive airway pressure) machines for the respiratory and cardiology wards. These machines help users get more air into their lungs. They are particularly helpful for obstructive sleep apnoea.

> In 2014 Jo and Naomi set up the Respiratory Support Team. This is a team of doctors, nurses and other health professionals who provide specialist support to patients in hospital who need advanced respiratory support with high flow oxygen therapy and non-invasive ventilation.

> Jo and Naomi were leaders of the working group that developed the Colour Coded Observation Chart. This is an early warning system that prompts staff to step up care quickly when a patient’s condition shows signs of getting worse.

Life support for children

Peninsula Health is the first Victorian Health Service to adopt a paediatric life support program called RESUS4KIDS.

RESUS4KIDS teaches doctors, nurses and paramedics how to care for children who stop breathing or have a cardiac arrest. It also teaches health professionals how to work together as a team. Research shows teamwork is essential when caring for very sick children.

Last year, Associate Professor Fenton O’Leary from the Westmead Children’s Hospital in New South Wales visited Peninsula Health to teach some of our staff how to become RESUS4KIDS course trainers so they can pass their knowledge onto their colleagues.
Preventing falls

Standard 10

Standard 10 requires Peninsula Health to reduce the incidence of patient falls and minimise harm from falls.

Falls and an ageing population

Falling can be a problem for many people, particularly as they get older. Falls can happen anywhere – at home, out and about in the community, in hospital, or in residential aged care facilities. Natural physical changes, acute illness, chronic health conditions, environmental hazards and medications can all contribute to the risk of falls and the injuries that may result from falls. That is why we screen and assess patients who are at risk of falls, and take action to prevent falls. Our aim at Peninsula Health is to provide people at risk of falls with the best possible service and to reduce the likelihood of hospital admissions due to falls.

A report published by the Australian Institute of Health and Welfare\(^1\) shows that 1 in every 10 days spent in hospital by a person aged 65 and older in 2010/11 was directly attributable to a fall injury. These episodes of care accounted for 1.4 million patient days over the year. The average total length of stay for each fall injury case was estimated to be 14.7 days.

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Vicki Davies is the Subacute Ambulatory Care Services Manager at Peninsula Health. She has responsibility for our Inpatient and Community Falls Prevention Services as well as Subacute Ambulatory Services.

“We offer our clients best practice falls risk assessment and management tailored to their individual needs. Sometimes this means providing care and assessment in the client’s own home.

Clear, easy to understand communication is very important for our clients, as is communication with their GP.”

Achievements in 2013/14

- We benchmark falls and falls-related injuries with 12 other Victorian hospitals, and share innovative ideas and practices.
- We provide additional training to Falls Portfolio Holders across the Health Service. These nurses and allied health professionals provide support and guidance on falls prevention to staff in our hospital settings and in the community.
- We have updated our consumer information leaflets about falls prevention. We give this information to patients, families and carers. The leaflets explain useful ways of preventing falls for people at high risk of falls when they are discharged from hospital.

How do we compare with other health services?

<table>
<thead>
<tr>
<th></th>
<th>Peninsula Health</th>
<th>Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEM (Geriatric Evaluation &amp; Management) per 1,000 bed days</td>
<td>10.47</td>
<td>12.41</td>
</tr>
<tr>
<td>Rehabilitation per 1,000 bed days</td>
<td>7.33</td>
<td>9.81</td>
</tr>
</tbody>
</table>

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Let’s get in a huddle

In June 2014, staff at Golf Links Road introduced a new initiative called the Post Fall Huddle. Before we did this, we benchmarked our rehabilitation service with other similar services to find out what successes they had achieved with falls prevention strategies.

How does a Post Fall Huddle work?

> When a patient has a fall on a ward, the first step is to manage any medical issues from the fall.
> Then the entire team, including medical, nursing, physiotherapy, occupational therapy and Falls Portfolio staff, gather at the patient’s bedside. With the patient, they discuss why and how the fall happened. They ask the patient for their thoughts on what could have been done to prevent the fall, and come up with ideas for preventing similar falls in the future.
> A Falls Huddle sticker is put in the patient’s history. This records the discussion.
> An orange card and Falls Prevention Strategies poster is put up in the patient’s room. This shows the actions the team and patient agreed on to prevent further falls.

Nikita Sundarjee is a physiotherapist in our inpatient Golf Links Road Rehabilitation Service.

“For me, the highlight of the Falls Huddle is partnering with the patient to develop falls prevention strategies. This helps the patient to think about what they can do to prevent falls and how our staff can assist them.

For the team, it is a great opportunity to hear the story from the patient’s own experience.”

Preventing falls in the community

Josy Mirabito is a physiotherapist working at our Frankston Community Rehabilitation Centre. Each week, she runs a balance exercise group for people in the community.

“This exercise group helps people at risk of falling to improve their balance and fitness. It helps reduce the possibility that they will need to go to hospital in the future because of a fall. The exercises are based on the best available research.

The people taking part in the group enjoy the exercises, and value the support of others facing similar issues. They tell us the benefits they get from the exercises make them feel more secure.

Many go on to join local community exercise groups.”

What our consumers tell us

Here is what consumers using our Falls Prevention Service/Ambulatory Home Based Services between January 2014 and June 2014 told us.

Care and treatment

“Service and staff were excellent.”

“Everything was covered.”

“Went half an hour too long. Very tiring.”

Communication and information

“Clear, concise and well communicated speech for deaf person to hear.”

“Explained everything I need to know.”

“Advice given was most helpful.”
Putting the standards into practice

Being productive makes a difference

In 2013/14, Peninsula Health joined with 20 other Victorian health services in the Productive Ward program. This innovative program is supported by the Department of Health’s Commission for Hospital Improvement.

The Productive Ward Program aims to free up wasted time and streamline processes in hospital wards so staff can spend more time on safe, quality patient care.

Lauren Manning, our Redesigning Care Manager, has led the way by guiding and mentoring staff to lead Productive Ward improvements at Peninsula Health. She has demonstrated the benefits of engaging frontline staff in healthcare to make real and visible improvements to the way they work.

“This program helps our clinical staff spend more time on patient care, which improves both safety and efficiency.”

Trish O’Neill is the Nurse Unit Manager in Ward 5GS at Frankston Hospital. She helps care for patients being treated for acute stroke, neurological conditions and general medical conditions.

“Knowing How We Are Doing is an important activity in the Productive Ward program. It is about keeping our staff, patients and visitors fully informed about what we are doing to improve patient care.

In Ward 5GS we have a noticeboard where we display Hand Hygiene, Falls and Consumer Feedback results so everyone can see them.
It is much more than just a noticeboard because it shows our goals, our action plans, and the results of those plans. The noticeboard encourages conversation between staff, patients and families. We have received great feedback so far.”

Trish O’Neill was a recipient of the Board Chairpersons Award for 2013/14 which is awarded to individuals who are role models and promote Peninsula Health values.

Trish received this award for her positive involvement with the volunteers who carry out patient feedback surveys on her ward. Consistent feedback from these volunteers is that Trish values their work and is welcoming and respectful.

Key improvements to the way we work

> Know How We Are Doing display boards show staff, patients and visitors how patient care has improved in areas such as hand hygiene and falls.

> Ward layouts have been simplified, making it easier to find equipment and stock. Everything is now in the right place, at the right time, ready to go.

> Pharmacy has reduced the usual standardised ward medication stock (imprest stock). This has saved $1,500 a year for Ward 4GS alone. This initiative is being rolled out to other wards.

> A Productive Ward Leadership Team is helping staff improve personal and organisational productivity. So far, the team has improved email management, streamlined the number of meetings attended by individual team leaders, and designed Productive Ward education sessions for team leaders and other staff.

Improving discharge at ward level

Cindy Stephenson is an Associate Nurse Unit Manager in Ward 4GS at Frankston Hospital.

“As part of the Productive Ward project, we looked at consumer feedback for our ward. In October 2013, patients reported they were involved in their discharge 74% of the time. But we also found that we receive many phone calls from patients after they have been discharged asking us questions we could have answered during their hospital stay.

We developed a leaflet explaining what happens when a patient is discharged from hospital. All patients now get this leaflet when they go home.”

Productive Ward outcomes

<table>
<thead>
<tr>
<th>Primary objective</th>
<th>Base time</th>
<th>Expected improvements</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 5GS</td>
<td>4.15 days</td>
<td>3.94 days</td>
<td>3.22 days</td>
</tr>
<tr>
<td>Ward 4GS</td>
<td>3.35 days</td>
<td>3.18 days</td>
<td>3.16 days</td>
</tr>
<tr>
<td>Sorrento Ward</td>
<td>23.25 days</td>
<td>26 days</td>
<td>22 days</td>
</tr>
<tr>
<td>Mental Health 2 West</td>
<td>12.93 days</td>
<td>11 days</td>
<td>13.43 days</td>
</tr>
</tbody>
</table>

Secondary objective

| Direct patient care time | 35% | 40% | 46% |
Improving care for women
In 2013/14, 2,662 babies were born in our Maternity Unit at Frankston Hospital. The Unit has 20 beds for antenatal, post natal and gynaecology patients, and nine birthing rooms.

Kate Brown is the Women’s Health Unit Manager. “We see pregnancy, childbirth, and post natal care as a partnership. This partnership is based on good communication, consistent advice and practice, and a person centred approach to caring for both mother and baby. The National Safety and Quality Health Service Standards are helping us improve care for all the women, babies and families we see.”

Extra help at home
In March 2014, we launched our new Post-Acute Care Service. As part of Midwifery Home Care, this new service gives extra support at home for babies born under 37 weeks and/or who weighed less than 2.3kg at birth. The babies need to be medically stable. Most babies we see in Post-Acute Care Services need an extra two to three Midwifery Home Care visits until they visit the local council’s Maternal and Child Health Service.

Early dental health
If a mother’s oral health is poor, it can increase her baby’s risk of developing early tooth decay. Poor oral health may also contribute to pre-term birth and low birth weight babies. Frankston has been identified as a community with a high risk of poor oral health.

In 2013, the Victorian Government launched its Healthy Families, Healthy Smiles program for children and pregnant women.

Midwives who work in our Booking In Clinic now do an oral mouth assessment for women at their first antenatal appointment in the first trimester of their pregnancy. The midwives also promote ways of maintaining good oral health.

Pelvic floor muscle training
Jane Young is a physiotherapist in the Peninsula Continence Service and Frankston Hospital. “About a third of pregnant women experience urinary incontinence during pregnancy or after childbirth, often because their pelvic floor muscles become weaker. This can have a big impact on their lives and relationships.

Research shows that retraining the pelvic floor muscle and making lifestyle changes can help treat and prevent incontinence.

I teach pregnant women how to do pelvic floor muscle exercises and help them understand why they are doing them.”

Keeping mother and baby together
Gestational diabetes is a type of diabetes which can occur during pregnancy. It affects about 5% to 8% of all pregnant women.

Previously, babies of mothers with gestational diabetes managed with insulin were admitted to our Special Care Nursery away from their mothers.

We have now changed this practice. If babies are born after 37 weeks gestation, weigh more than 2,500 grams and have no other complications, they now stay with their mothers in the Maternity Unit.

Keeping mother and baby together is important for helping new mothers to start breast feeding.
Streamlining Alcohol and Other Drug Services

Over the last year we partnered with Frankston-Mornington Peninsula Medicare Local and the Youth Support & Advocacy Service to submit a tender for a new Alcohol and Other Drug (AOD) treatment model in our region. The Victorian Government has changed the way alcohol and drug treatment services are organised.

Belinda Berry, Director of Complex Services, has led this work for Peninsula Health.

“The key message was that our services must be non-judgemental and provide a safe and well-timed response to clients experiencing AOD issues.

We also looked at the growing issue of dual diagnosis, where a client may have both AOD and Mental Health issues. We need to make sure our services have skilled staff in both areas.”

Better responses in Emergency Department

A new initiative called Better Responses in the Emergency Department has made AOD screening part of the nursing assessment in the Emergency Department for all patients aged over 16.

The assessment now includes referral to specialist teams for further screening and use of the Alcohol Withdrawal Scale to ensure patients do not experience acute withdrawal which can result in serious complications if not recognised quickly.

Promoting health in our community

Andrea Murphy is a Health Promotion Practitioner in Community Health. Her portfolio includes tobacco control in the workplace.

“Tobacco-related harm is responsible for over 3,500 preventable deaths each year in Victoria. Three years ago, Peninsula Health launched a Smoke Free Policy. As part of this policy, we support patients, clients, visitors and staff to quit smoking.

Another important initiative is the Frankston-Mornington Peninsula Smoke Free Charter. This aims to reduce smoking in workplaces and to protect non-smokers from the harmful effects of inhaling second hand smoke from others. So far, 93 local businesses and organisations have signed up to the Charter.

In 2010, 2011 and 2013, we carried out three staff surveys at Peninsula Health. A total of 3,225 people responded. We found an overall decrease in daily smoking by 46%. The initiative has contributed to a reduction in staff who smoke from 13% in 2010 to 7% in 2013.

Reducing smoking has made a difference to the health of our staff, patients and visitors – and to the health of our local community.”

Stop before the Op

A Stop before the Op program developed by Dr Ashley Webb, an anaesthetist in the Department of Anaesthetics and Pain Management, is helping patients reduce smoking before surgery.

“Smoking contributes to poor outcomes following surgery, including significantly higher infection rates. Evidence shows that people having surgery can reduce these risks if they stop smoking for as few as four weeks before their operation.

We developed a questionnaire to send to patients before they were offered a Quit Pack. The Quit Pack was sent to them when they were put on the elective surgery waiting list. This pack included a leaflet about the dangers of smoking before surgery and the benefits of quitting, a Quitline referral form, and a reply paid envelope. Nearly 350 patients were involved in the research.

We measured the number of patients who quit smoking one month before surgery, and 8.6% reported they had significantly reduced smoking.

In 2013/14, I was invited by the Minister for Health to present the Stop before the Op project to Board Chairs from all Victorian health services. To date, Western Health and Alfred Health have adopted Stop before the Op in their hospitals.”
Putting the standards into practice

Improving care for older people

In April 2014, aged care and rehabilitation services on the Mornington Peninsula received a boost with the opening of a new addition to The Mornington Centre.

The $25 million building was opened by The Honourable David Davis MLC, Minister for Health and Ageing. It has added a new 30 bed ward and a state of the art rehabilitation gymnasium. The new ward has been specially designed for older patients who need high level care as well as physical rehabilitation.

The Mornington Centre now provides 90 beds for Geriatric Evaluation and Management and a full range of specialist health services.

We asked consumers, patients and families about the design features they believed would help us provide the best care. We incorporated their feedback into the design.

The new building offers a secure, inviting environment in which patients can rehabilitate and recover. Gardens contain different surfaces to help with patients’ rehabilitation.

Our inpatient and community rehabilitation services are integral to the healthcare we provide, helping patients regain independence and quality of life after a hospital stay.

Improving mental health care

In August 2013, mental health services on the Mornington Peninsula were enhanced with the opening of our Adult Prevention and Recovery Care Service (Adult PARC) in Frankston.

This 10-bed facility caters for people with mental illness who are too unwell to be at home but not in need of hospital care. It supports adults experiencing and/or recovering from significant mental health problems with timely, integrated treatment and recovery-focused care in a safe, community-based residential setting.

The service is a partnership between Peninsula Health and the Mental Illness Fellowship, and is staffed 24 hours a day, 7 days a week by trained clinicians and mental health recovery workers.

People receive care in a home-like setting.
What do you think of this report?

Your feedback is important to us as it helps us develop our next Quality of Care Report. Please answer the questions below and return the form to a Peninsula Health staff member or place it in the feedback box at the main reception or on a ward. You can also leave your feedback on our website at www.peninsulahealth.org.au, or post this form to Quality Department, Peninsula Health, PO Box 52, Frankston Vic 3199.

1. What did you think of the information in this report? (please circle)
   Poor 1 2 3 4 5 Excellent

2. What did you think of the presentation of the report? (please circle)
   Poor 1 2 3 4 5 Excellent

3. Is there any other information you would like to see in the Quality of Care Report?