On behalf of everyone at Peninsula Health, we are proud to present our 2016 Quality Account (previously called the Quality of Care Report).

Inside you will read about some of the innovative initiatives we have implemented over the last 12 months and how we are working together with patients and their families to constantly look at ways we can improve the services we provide to our community.

Every page tells a story – whether it’s a snapshot of our services and who we care for, our amazing staff and volunteers who make a difference for patients and families every day, or the medical research which is changing lives for the better.

We are immensely proud of what we have achieved this year – from our daily work providing patients and their families with outstanding care, to our world-first research studies which will improve care for the future. None of this would be possible without the outstanding contribution of our staff, volunteers and consumer representatives working across all areas of Peninsula Health.

This report is all about you, our patients and consumers, and how we work together to improve patient safety, care and experience. We welcome your input into this publication and invite you to complete the feedback form attached at the back. Your feedback will help us improve this publication to better meet your needs.

Peninsula Health is proud to be your local health service – and we are committed to continuously improving the safety and quality of the healthcare we deliver.

We hope you enjoy reading our 2016 Quality Account.
How we govern for Quality and Safety

When you come to Peninsula Health, as a hospital patient or through any of our services, you expect us to take care of you effectively and safely. That’s why we have a strong clinical governance system. This system is the structure that supports everything we do. It does this by:

- Involving you and your family in decisions about your care
- Managing the risks associated with a hospital stay and medical treatments
- Giving you the best possible clinical care that complies with Australian standards
- Working with other healthcare providers to provide the healthcare our community needs

- Helping staff and volunteers learn new skills, work as teams, and find ways of improving how we do things
- Working with key education and training organisations to ensure our doctors, nurses and allied health staff have the right qualifications and experience to deliver excellent quality health care
- Using the best available research to improve the healthcare we provide.

Governance structure

This chart shows the structure for quality and safety at Peninsula Health.

Meeting high standards

Accreditation is the process that ensures Peninsula Health meets and maintains prescribed standards of care. Accreditation is carried out by the relevant independent quality agency for the health sector.

Peninsula Health participates in regular accreditation of all its services and uses the process to demonstrate the quality continuous improvement cycle we use to improve care. All of these standards cover the core day-to-day work done by our staff on all sites to deliver the best possible care.

National standards for quality healthcare

During 2015-16, Peninsula Health was re-accredited against the three relevant sets of Australian healthcare standards: National Safety and Quality Health Service Standards, National Standards for Mental Health Services, and Residential Aged Care Standards.

Peninsula Health is accredited by the Australian Council on Healthcare Standards (ACHS), the main accrediting agency for health services in Australia. The ACHS regularly measures health services against the National Safety and Quality Health Service Standards over a four year cycle, focussing on key areas of patient care.

They ensure that health services work to provide safe, best practice healthcare.

The ACHS re-accredited Peninsula Health in November 2015. We met all ACHS standards, and five areas were rated as ‘met with merit’. This means the healthcare Peninsula Health provides meets all best practice standards, and in some cases, does better than national standards. In their report, the assessors described Peninsula Health as “person-centred, with effective and ongoing engagement with consumers.”

“Person-centred, with effective and ongoing engagement with consumers”
Future directions

IN 2015, AS PART OF OUR CONTINUED DRIVE to provide better facilities and services for our patients, we completed a 10-year Strategic Clinical Services Plan to guide how we develop services over the next 10 years.

Our Strategic Clinical Services Plan will drive our future clinical strategy, while at the same time ensuring the excellent work we do continues.

We will continue to provide high quality care in meeting the needs of our local population. We will be driven by innovation, and we will aspire to excellence as the premier academic health research facility on the Mornington Peninsula.

Achievements for the 2015-16 year include finalising detailed site planning for each of our major sites: Frankston Hospital, Rosebud Hospital, The Mornington Centre and our Rehabilitation Centre at Golf Links Road. We have a clear picture of the future demand for services at these locations and can now plan for expanding and developing them.

2016 MARKS THE 75TH ANNIVERSARY of the opening of Frankston Hospital – and 75 years of caring for the Mornington Peninsula community.

The £24,000 two storey hospital building was built on a T-shaped plan, and was designed for easy expansion. With 32 beds, Frankston Community Hospital was officially opened on Sunday 30 November 1941 by Major-General H W Grimwade. The first patient was admitted the following day.

Plans to extend the hospital soon followed. The Standard reported in October 1949: “The tremendous growth in Frankston and the surrounding district has exceeded the estimated growth...a much larger hospital will be required to meet the needs of the future.”

They were prophetic words. Today Frankston Hospital has more than 380 beds and is the major public hospital for our region providing medical, surgical, maternity, paediatric and mental health services to almost 100,000 patients each year.

From its humble beginnings 75 years ago, Frankston Hospital has transformed into a major teaching and research hospital. Our success is due to highly committed staff, volunteers and community representatives. Together, we are training future generations of doctors, nurses and allied health professionals. We are proud to be one of the largest employers on the Peninsula, and we continue to grow.

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Sandy Taylor is a nurse in the Frankston Hospital Emergency Department. As one of our trained hand hygiene auditors she spends time each week auditing hand hygiene in the busy department.

“Most infections acquired in hospital can be prevented with good hand hygiene. It’s one of the easiest, simplest measures we can take to provide our patients with a safe environment.”

“My key responsibility is to check that staff are using best practice hand hygiene. I also provide support, advice and education.

“It’s all about improving patient safety by adhering to hospital policy which is based on the World Health Organisation’s Five Moments for Hand Hygiene,” she says.
To keep you safe in hospital, we are always working to find ways of improving the way we do things. This is why we monitor our performance in a number of areas including hospital-acquired infections, medication safety and falls in-hospital.

**Hands together**

Good hand hygiene and aseptic technique are the best ways of preventing infection in hospital. Our results for preventing infection are among the best in Victoria. Everyone plays a part – doctors, nurses, support staff, and patients and visitors.

**What’s new?**

- Each ward is now responsible for improving hand hygiene, and an extra 41 staff were trained in how to audit hand hygiene to make sure all staff wash their hands to prevent the spread of infection.
- We launched a reward scheme for wards that consistently improved performance. The winners receive equipment grants of $1,000 to $5,000.

**What were the results?**

- Hand hygiene compliance improved from 72 per cent to 83.5 per cent.
- We reduced the rate of Staphylococcus aureus bacteraemia (blood stream infections) from 2.2 per 10,000 bed days in 2014 to 0.8 per 10,000 occupied bed days in 2016 – which is better than the average for other hospitals in Victoria.

**Blood transfusions**

Each month, we perform about 500 blood transfusions. We take the greatest care to make sure the process is as safe as possible for patients and our staff.

**What’s new?**

- A new Patient Transfusion Record has been introduced to prompt medical and nursing staff to correctly identify why they are giving a blood product to a patient, to ensure they have obtained consent, and to confirm the patient is receiving the correct blood transfusion.
- We also introduced BloodSTAR, an electronic system for prescribing and dispensing immunoglobulin products. Immunoglobulins are blood-related products providing ready-made antibodies to patients, and are important for the treatment of conditions such as leukemia.

**Managing precious blood resources**

Peninsula Health has signed the Australia Blood and Blood Products Charter, which commits us to meeting strict criteria for managing blood and making sure no blood products are wasted.

**Medication safety**

**MEDICATION-RELATED HARM** is responsible for about 2 per cent of all Australian hospital admissions. These can include allergic and anaphylactic reactions, adverse medication interactions, and over-dosing, with impacts ranging from minor illness through to life-threatening consequences.

That’s why we take the utmost care to meet national standards for safely prescribing, dispensing and administering the right medicines, and have strict processes to reduce or eliminate medication errors.

**What’s new?**

- We changed the way we deliver our pharmacy service in hospital. Clinical pharmacists are now attached to medical units rather than wards. This means they can work collaboratively with our doctors to make sure patients get the right medication.
- We appointed a senior pharmacist to work with senior medical staff to review medications and provide immediate advice to avoid potential harm from prescribing errors or drug interactions. This ensures charts are as accurate and safe as possible. This innovative project is one of the first of its kind in Australia.
- 88 per cent of patients now have their medication history documented within 24 hours of admission – eight per cent more than last year.
Preventing falls

Falling over can be a problem for many people, particularly as we get older. Falls can happen anywhere – at home, at the shops, or in hospital.

Many of our patients are aged over 65 years – age and limited mobility increase the risk of falls. That’s why we screen and assess patients who are at risk of falls, and take action to prevent falls.

What’s new?

IN 2015, there were seven patient falls at Rosebud Hospital. As a result we carried out a detailed review and implemented the new initiatives as a result:

• staff training in falls prevention strategies was improved.
• 13 new Falls Portfolio Holders were appointed – a Falls Portfolio Holder is a nurse with advanced training in preventing and managing falls – to help train and mentor other staff in good falls prevention techniques.
• we established the Patient Companion program.
• the bathrooms at Rosebud Hospital are being refurbished to improve accessibility for frail patients.

How do we compare?

Preventing pressure injuries

Pressure injuries – also called bed sores – are painful and can result in longer stays in hospitals.

How do we compare?

We monitor our performance against a number of indicators comparisons with our past performance and other health services helps ensure we are at the forefront of innovation and improvement.

What’s new?

A rise in pressure injuries at Rosebud Hospital prompted a review by our staff. The review showed that most the pressure injuries were related to long periods spent sitting in chairs, rather than lying in bed. Each patient is now given a special cushion for their bedside chair – this has resulted in a 60 per cent decrease in pressure injuries.

It was also noted that more pressure injuries occurred during winter. To help reverse this trend, we launched “take the pressure off this winter” campaign to increase awareness of increased risk of pressure injuries over winter. Early data shows a decrease in the number of pressure injuries in winter 2016 compared to the same time last year.

* averaged across the Health Service

Bedside companions

As a vital part of our new Patient Companion program, volunteers Jenny Joseph and Ian Harris are lending an ear to elderly and frail patients – and helping reduce the risk of falls at the same time. Twice a week Jenny and Ian visit patients at our Rosebud Hospital.

They spend time with patients, chatting and learning about their lives and helping them with meals if needed. Their main goal is to help patients feel secure and less anxious in what can be a confusing, unfamiliar and even frightening environment.

Linda Goodwin, Quality Manager at Rosebud Hospital, explains why Patient Companions are so important:

“Evidence from other health services suggests that having someone to chat with while in hospital is not only good for patients’ mental wellbeing, it also helps reduce their risk of falls. When elderly and frail patients are distracted and happier, they will eat more, making them stronger. They have less need to get out of bed and risk falling if a companion is there to bring things to the bedside.”

For Jenny and Ian, the Patient Companion program is a rewarding way of giving something back to the communities they live in.

“A lot of patients have grown up here on the Peninsula,” says Jenny.

“It’s so interesting to hear their stories about growing up and how things have changed. We believe we’ve already helped many patients who might have tripped or fallen over if we hadn’t been there.”

Since the Patient Companion program was launched in October 2015, the number of falls with harm has reduced by 72%.
Jennifer's story

Jennifer did not have an easy pregnancy or an easy birth. When she was 26 weeks pregnant, she found out she had a very low blood platelet count, which can cause bleeding.

To treat her low platelet count Jennifer had to have four blood transfusions, which involved an urgent visit to the Emergency Department, waiting around for results, having to attend the Maternity Unit for transfusions – and a lot of frustration and worry for Jennifer and the staff treating her.

After a difficult birth, Jennifer welcomed Zak into the world.

Jennifer has nothing but praise for the nurses who looked after her and Zak. “They were very good, really lovely, caring and helpful,” she says.

“Looking back, it was something to go through, but now I’ve got a beautiful baby boy who is doing well. I can’t fault the care that Zak received and is continuing to receive at Peninsula Health at his check ups and appointments with our paediatrician.”

How did we do?

OVERALL, WE PERFORMED WELL in all areas. Below, we have included two results to show the areas where we do well, as well as the areas where we are constantly working to improve:

• Our smoking cessation program was very successful. The number of women who smoked before 20 weeks was 24 per cent, well above the state average of 13 per cent. But after taking part in our Quit program, only 10 per cent of women still smoked after 20 weeks of pregnancy. This is a great result for both the mothers and their babies.

• Our rate of severe foetal growth restriction in a singleton pregnancy undelivered by 40 weeks was 40 per cent, higher than the state average of 33 per cent. It is recommended that severely growth restricted babies are identified and born before 40 weeks. A higher than average result means we need to improve our methods for identifying and managing this condition. To do this, we developed a new clinical practice guideline, formalised guidelines for ultrasound screening during pregnancy, and introduced multidisciplinary reviews of all cases. We will closely monitor our outcomes to ensure these measures improve our performance.

What’s new?

• Following a case review, we were one of the first hospitals to use a new technology called a ‘foetal pillow’. This is a special device that raises the baby’s head out of the pelvis during a caesarean. It makes the birth safer, easier, and less traumatic.

• 215 midwives and doctors were trained in the PROMPT (Professional Obstetrics Multi-Professional Training) simulation-based program.

• We introduced mandatory regular training in foetal surveillance (monitoring the baby in pregnancy and labour) for all doctors and midwives – they must achieve minimum levels of competency before they can care for mothers in the birthing suite.

Operation: safety

ALL SURGERY CARRIES SOME RISK. The Victorian Audit of Surgical Mortality (VASM) is responsible for reviewing deaths that occur during surgery and sharing the learnings with hospitals across Victoria.

Peninsula Health surgeons participate in this process and provide details of all surgical deaths for independent peer review. The findings of these reviews are provided directly to the responsible surgeon with reference to areas of consideration, concern or an adverse event. The VASM reports are discussed by the surgical medical staff and provide an opportunity to improve care, change processes and develop research that leads to better patient outcomes.

Areas of improvement include the use of anticoagulant therapy in surgical patients, improving access to operating theatres for patients requiring emergency surgery, and access to critical care beds.

The most recent report from VASM (2014/15) showed a reduction in the number of potentially preventable surgical deaths at Peninsula Health.

Looking after mothers and babies

About 230 babies are born each month at Frankston Hospital.

The Department of Health requires all health services with maternity services to monitor their performance each month, and compare their performance against other hospitals.

This helps us identify areas for improvement, so we can take steps to do better.
Mental Health matters

Mental Health is a complex area of medicine. Our service works with patients experiencing a significant mental health crisis or a relapse of a mental illness, and their families, to provide appropriate treatment and support, based on their individual needs. Peninsula Health’s Mental Health service supports up to 450 patients at any one time across in-patient and community based programs.

Targeting zero restrictive interventions

REDUCING THE USE of Restrictive Interventions has been a focus for our inpatient unit 2 West since 2016. This consistent focus has seen 2 West achieve and maintain the lowest rate of seclusion and restraint in the Victorian public mental health system.

We try not to use seclusion or restraints to manage our patients’ behaviour as it can be distressing for both the patient and their carer, but sometimes it is necessary to isolate or restrain a patient because they are being violent or threatening to do harm to themselves, other patients or staff.

How do we compare?

The graph below shows that the average rate of seclusion across all public mental health services in Australia over the last five years is about 10 (per 1,000 occupied bed days), compared to a near-zero result for Peninsula Health.

![Rate of seclusion events in public acute mental health hospitals in Australia – 2010-2015.](source: Australian Institute of Health and Welfare)

Improving our facilities to provide better care

Demand for inpatient mental health services is forecast to grow by 10% over the next decade. Our Strategic Clinical Services Plan shows an immediate need for 9 new in patient beds and an increase of 12 by 2026.

A $1.5 million boost from the State Government, announced in April 2016, will help improve conditions for patients in our Adult Acute Inpatient Unit 2 West at Frankston Hospital. The funding will be used to upgrade the ward – which was built in the early 1990s – and create spaces that will help patients recover.

Peninsula Health has also been named as one of six health authorities across the state which will help patients recover. Peninsula Health’s Mental Health service supports up to 450 patients at any one time across in-patient and community based programs.

Judy Anderson shudders at the memory of leaving her relative in the stark environment of an acute mental health ward, where her only consolation was the kindness of the nursing staff.

Judy, Carer Consultant at Peninsula Health Mental Health Services, has first-hand experience as a carer to a family member with a mental illness. Her job is to provide the carer’s perspective for the ongoing development of our mental health service and to provide support for other carers.

"I know what you are going through," is something I find myself often saying and it also helps the carer to know that they are not alone in their journey and that someone does really understand."

In many cases, family and friends notice the behavioural differences and warning signs of mental illness before it is apparent to the person themselves.

"My life changed fifteen years ago. I suspected something was wrong, but the process of finding help for Tim* and ultimately getting the right help was a long and emotional process."

"That’s why it’s important to have a lot of support when you first become a carer."

"Like many carers I am concerned about what the future holds for Tim*, but speaking up and reaching out will ensure that carers like me are heard, and our concerns matter."

* Tim is not his real name. We have changed the name for privacy and patient confidentiality.
## Supporting our aged community

Peninsula Health’s Carinya Nursing Home in Frankston is a 30-bed high care mental health facility for aged residents, caring for people with complex mental illness who are unable to be cared for in a general nursing home.

## High standards for care

**ALL RESIDENTIAL AGED CARE FACILITIES** in Australia must be accredited by the Australian Aged Care Quality Agency every three years. In 2015, we met or surpassed 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 to benchmark our services against our peers and to identify areas for improvement.

### What are we doing to improve?

- An exercise group has been established by our Diversional Therapist and Physiotherapist to help increase residents’ strength to help prevent falls.
- A review of falls data from the last two years has highlighted that many falls were happening at the same time of day, so we have changed residents’ daily routines to help prevent falls.
- Residents’ medications are now reviewed at weekly clinical meetings – which the resident’s GP is also invited to attend – to ensure all residents are on an appropriate medication regime.

### How do we compare?

<table>
<thead>
<tr>
<th>Indicator (per 1,000 resident days)</th>
<th>Benchmark* – 2014-15</th>
<th>Our results – 2014-15</th>
<th>Benchmark* – 2015-16</th>
<th>Our result – 2015-16</th>
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<tbody>
<tr>
<td><strong>Pressure ulcers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 1</td>
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<tr>
<td><strong>Falls and fractures</strong></td>
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<tr>
<td>Number of falls</td>
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<tr>
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</table>

*The benchmark data includes all Residential Aged Care facilities not just psychogeriatric facilities.

### Wagging tails bring happiness

When Caesar and Sam visit our Carinya Aged Care Residential Unit, they lift everyone’s spirits. The residents of Carinya live with a range of dementia-related communication and physical difficulties, and the dogs’ visits bring pleasure, comfort and kindness.

Marion Sparrow, a diversional therapist, sees just how effective pet therapy can be for older people with dementia.

“Pet therapy was introduced to Carinya Residential Care Unit in 2015 because some new residents had problems settling in. The dogs are also wonderful therapy for residents who find it hard to socialise with others because of communication difficulties, physical disabilities or mental illness.

“It’s often the residents who have limited social contact who respond most positively to Caesar and Sam’s visits. One gentleman really enjoys when the dogs let him pat them. He even shares his biscuit tin with the dogs and loves talking to them. Another resident who does not tolerate other people or staff, genuinely greets the dogs as old friends and spends a long time talking to them and watching them play.

“We cannot thank the pet therapy volunteers and their dogs enough for giving up their spare time to visit us.”
Planning for your future healthcare needs

Make your final wishes count

Advance Care Planning is a way of planning for your future healthcare needs. It’s a process of deciding and documenting what’s important to you. So if you become too unwell to speak for yourself, your loved ones and the health professionals caring for you, will have a plan for making decisions that are right for you.

At Peninsula Health, our Advance Care Planning policy guides high quality end-of-life care across the health service. Our Advance Care Planning (ACP) Service works with other health care providers including GPs and local residential aged care providers to increase awareness, access to information and expert assistance.

The Department of Health requires all Victorian public health services to record within a patient’s record whether they have an advance care plan and to help patients, especially those over 75, to create an advance care plan.

Advance Care Planning is an important part of providing effective end-of-life care and we have been working with our patients and their families over the last year to increase the number of patients who have an advance care plan.

What are we doing to improve?

- Brochures, posters, fact sheets, quick guides for GPs and online resources were produced and distributed to community providers and consumers.
- An ACP pathway for clinicians was developed as part of the ‘Map of Medicine’ pathway project for primary care. GP practices have started to include ACP when they do healthcare assessments for people aged 75 and over. They also give advance care planning information to patients.
- An electronic training module was launched for our clinical staff as well as an online toolkit to help consumers prepare their Advance Care Plan.
- Our staff worked with residential aged care facilities across the Peninsula to help residents prepare an Advance Care Plan.
- An ACP Steering Committee, with doctors and nurses from our aged care and palliative care services, was established to develop new organisational policies about end of life care and advance care planning.

Document your healthcare wishes

Document your healthcare wishes in an Advance Care Plan. This allows your loved ones, doctors and healthcare team to know what care you want if you become seriously ill or injured and cannot speak for yourself. Later on, you might not be able to make these decisions if you develop dementia, have a serious stroke or heart attack, or are put on life support.

For more information, visit: peninsulahealth.org.au/acp

Advance care planning data for 2015/16

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Number of patients over 75</th>
<th>Patients with a recorded ACP</th>
<th>Percentage</th>
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<tbody>
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<td>July-Sept</td>
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<tr>
<td>Oct-Dec</td>
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<td>Jan-Mar</td>
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<td>Apr-Jun</td>
<td>5,265</td>
<td>384</td>
<td>7.3%</td>
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<tr>
<td>Total for 2015-16</td>
<td>21,522</td>
<td>1,750</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

The best gift you can give your family

Nicky knows all too well the benefits of an Advance Care Plan. She was enjoying time with her family when she received a devastating phone call. Her 72 year old father had suffered a major stroke.

Th,rough all the stress and sadness, Nicky took comfort in knowing her father had an Advance Care Plan – that meant she knew exactly what he wanted the doctors to do, even though he couldn’t tell them himself.

That one small decision by her father made a world of difference for Nicky.

“As we went through the plan and different scenarios, I was surprised by some of Dad’s choices. He made it very clear he was not interested in life-saving procedures if the best possible outcome was full time care. By the end, I knew exactly what his wishes were.”

As his medical power of attorney, Nicky was asked to make all medical decisions regarding her father’s care.

“Having the document to refer to was a tremendous relief because it provided clarity to ensure decisions were made according to Dad’s wishes.”

Nicky and her husband have now completed their own Advance Care Plans.

The online toolkit was very detailed and I’m confident that, should the worse happen, both my husband and I know exactly what the other one would want. That’s one of the biggest gifts you can give your family.”

Document your healthcare wishes

Peninsula Health | Quality of Care Report 2016
Peninsula Health takes part in the annual People Matter Survey, an employee opinion survey run by the Victorian Public Sector Commission to help identify our organisation’s strengths and weaknesses, as well as employee satisfaction and wellbeing. In 2016, 15 per cent of staff – or 670 people – completed the survey.

What did the survey tell us?

THE MAJORITY OF SURVEYED STAFF agreed that as an organisation, we make patient safety a priority:
- 83% believe patient errors were appropriately dealt with
- 91% agreed their patient safety suggestions would be acted on if they told a manager.
- 89% would recommend that a friend or relative be treated at Peninsula Health.

Overall results showed:
- We are a strong team focused on safety and quality patient outcomes with shared values and a belief in what we do.

We learnt our staff want:
- To ensure our contributions are recognised and rewarded
- Want to be more involved in implementing change and influencing decisions.

Creating a positive workplace culture

Bullying and harassment have no place in any workplace. Over the last year, we have implemented some new initiatives to reduce bullying and harassment in our workplace to ensure it’s a positive place for everyone.

What’s new?

- Based on feedback from our last People Matter Survey, we revised our Bullying and Harassment policy to encourage greater reporting and a transparent investigation process to be managed by the HR department. This has increased the number of complaints being investigated, as well as ‘early intervention’ workplace behaviour complaints being resolved before they become more serious issues.
- We have implemented mandatory workplace behaviour training for all staff to assist in understanding expectations for positive behaviours in the workplace.
- We delivered a series of interactive training workshops for managers across the organisation on their role in creating and maintaining a healthy work environment and managing poor workplace behaviour.
- We trained all senior HR staff in how to carry out effective workplace investigations to make sure investigations are thorough and fair.
- We have proactively shared bullying data and indicators with staff in CEO forums and started reporting this information to our Board of Directors.

How are we improving staff safety?

- Behaviour contracts have been developed for patients who have a history of aggression.
- The escalation process staff use for patients with ongoing behavioural issues has been streamlined.
- Additional environmental controls have been installed in high risk areas such as swipe card access to some wards and low stimulation environments for some patients.
- Security has been increased.
- A dedicated Aggression Management Team, who are trained in ways to de-escalate aggressive or violent incidents is in place.
- Staff are benefiting from improved training in de-escalation and intervention strategies.
- We have improved the way we report and manage aggression incidents.

How have these actions helped?

- Reporting of occupational violence incidents across Peninsula Health has increased. We can now identify ‘hot spot’ wards and other factors, such as time of day, that may contribute to aggression and violence by patients or visitors.
- Since the Occupational Violence Steering Committee began its work in February 2016, the number of occupational violence incidents has fallen.
- High risk areas such as Mental Health, our Emergency Departments and some inpatient wards report reduced incidences or no incidences at all.

“Occupational violence can happen anywhere in the health service. But some areas present a greater risk for staff, such as the Emergency Departments and Mental Health services, yet we are seeing a growing trend of these incidences occurring within other areas of the health service as well,” explains Fiona.

In 2015, a review by the Victorian Auditor General into occupational violence found that Victorian healthcare workers face unnecessary and preventable levels of risk. Among the recommendations, the report charged health services with working more closely together to protect healthcare staff – and promoting workplace safety as a whole- of-organisation responsibility.

At Peninsula Health, our first response to this report was to set up an Occupational Violence Steering Committee chaired by Sue Williams, Peninsula Health’s Chief Executive. The committee provides senior leadership and oversees the actions we are developing to prevent occupational violence. All clinical areas are represented, as well as the Australian Nursing and Midwifery Federation, WorkSafe and Victoria Police. The committee is already making a difference.

Fiona Reed  (L) with Acting Nurse Unit Manager of 5GS ward, Kim Heriot (R)

Keeping staff safe from aggression and violence

Fiona Reed is no newcomer to workplace violence. As a mental health nurse with many years’ experience, she has witnessed the growing incidence of violence and aggression towards hospital staff.

Fiona is leading Peninsula Health’s action plan to tackle workplace violence – patients and visitors being violent or aggressive towards our staff.

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Consumer, carer and community participation

Your feedback matters

89 per cent of patients who had an overnight stay at Frankston or Rosebud Hospital said they would recommend Peninsula Health to a relative or friend. This is a good result – but we’d like to do even better.

Victorian Hospital Experience Survey

EACH MONTH, the Victorian Healthcare Experience Survey randomly selects people following their hospital admission or emergency department attendance in Victorian hospitals. This statewide survey invites patients and carers to answer questions about their experiences – online or on-paper. The questions are available in English and in Arabic, Cantonese, Croatian, Greek, Hindi, Italian, Macedonian, Maltese, Mandarin, Polish, Russian, Serbian, Spanish, Turkish and Vietnamese.

What your feedback tells us

In 2015/16, the Victorian Healthcare Experience Survey was sent to 4,177 people who had been patients at Peninsula Health – and 945 people responded (22.6 per cent).

Our feedback card

Although we get great feedback from the Victorian Healthcare Experience Survey, it does not include all patients and clients. So we developed our own feedback card to help us improve. The feedback cards include inpatients, outpatient clinics, and home-based services.

Volunteers help patients at the bedside and enter their feedback directly onto iPads. We also use printed feedback cards.

Highlights from our feedback card

- Nursing staff are cheerful and courteous
- All staff showed genuine concern for patients’ well-being.
- Based on feedback received from our patients and their families, we’ve made changes to our services and programs.
- We have implemented a notification system to let families know how patients are progressing after their operation.
- Our menus and food options have been reviewed.
- We redesigned our Emergency Department Triage area to give patients more privacy.

Sometimes things don’t go plan

What steps do we take when something goes wrong?

1. **SUPPORT THE PATIENT, CARERS AND STAFF INVOLVED**
   - The first, immediate step is to support the patient, carers and staff involved.
   - We train our senior clinicians and managers how to communicate openly and honestly with patients and their carers about any adverse events that have happened during the patient’s care.
   - This is called open disclosure.

2. **LOG THE INCIDENT**
   - We log the adverse event on a statewide database called the Victorian Hospitals Incident Management System. Each incident is given an Incident Severity Rating, which determines the type of investigation needed.
   - The Department of Health and Human Services notifies the most serious events.

3. **FIND OUT WHAT WENT WRONG**
   - The investigators identify what led to the adverse event and recommend how we can prevent it happening again. They focus on building systems and processes that make it safer for patients.

4. **MONITOR NEAR-MISS INCIDENTS**
   - We also monitor near-miss incidents to see how often they are happening and to learn from them.

Sometimes in a busy hospital, things don’t always go according to plan. It’s important to find out why and take action to prevent a similar event happening again.

How we manage complaints

What was the complaint?
Simon contacted the complaints office because he was concerned that his elderly brother John, had discharged himself from hospital.
Simon didn’t think John should have been allowed to leave hospital because he wouldn’t be able to care for himself at home.

What happened next?
We registered the complaint and contacted Simon by phone to advise that we would arrange for a senior medical practitioner to contact him to discuss his concerns. We also confirmed receipt of Simon’s complaint in writing.

What did we find?
We reviewed John’s medical record to understand the events that occurred prior to John leaving the ward.
We learned that John had arranged for another family member to pick him up and he left the ward without notifying staff. When the staff discovered John had left, they attempted to contact him by phone, without success. Staff then contacted Victoria Police to request a welfare check on John. Victoria Police located John, who appeared well - he said he felt fine, but declined to return to hospital. We also learned that John needed follow up blood tests and review by his GP.

What did we do next?
We contacted the Head of our Hospital Readmission Risk Program (HARP) to request assistance to manage the complaint and John’s follow up care.

The HARP doctor contacted Simon to get more information about John’s situation. The HARP doctor then visited John to ensure he was receiving appropriate care.

The HARP doctor discovered John had decided to change GPs which meant his new GP didn’t receive the hospital discharge summary. With John’s consent, the HARP doctor contacted the new GP and provided information about John’s medical conditions, his need for ongoing blood tests and how to monitor his medications.

How did we follow up?
With John’s consent, the HARP doctor contacted Simon and advised of the steps we had taken to ensure John was being looked after properly. Simon appreciated the steps we had taken to respond to his complaint.

What did we find?
In most cases, patients are free to make choices about their medical care, even if those choices are not necessarily in their best interest. This means that we couldn’t force John to return to hospital.
We learned that proactively engaging the HARP team can assist both the patient and his concerned relatives and ensure all possible supports and ongoing care are in place and understood.
Another important way we measure patient experience is the process of leaving hospital. The Victorian Healthcare Experience Survey gives Peninsula Health important feedback about how well we support patients when it’s time to leave hospital.

**Benchmark 75%**

<table>
<thead>
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<th>Score</th>
<th>July/Sept</th>
<th>Oct/Dec</th>
<th>Jan/March</th>
<th>Apr/June</th>
<th>2015/16 Score</th>
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<td>64.6%</td>
<td>74.8%</td>
<td>74.3%</td>
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These results show that while most of our patients are happy with the hospital discharge process, there are some areas for improvement.

Feedback from the survey showed that:
- Patients want more information about their medications on discharge from hospital.
- It is important to our patients that their GP is informed following treatment and discharge from the Emergency Department.
- It is important to our patients that we ensure any services required when they get home (such as Meals on Wheels) are organised prior to their discharge from hospital.

**Working closely with GPs after patients leave hospital**

CONTINUING PATIENT CARE after they leave hospital is an important part of their recovery. That’s why we work closely with our patients’ GPs to make sure their doctor knows about the care they received from Peninsula Health. This helps their GP to continue to manage their care after their hospital stay.

We do this by automatically sending GPs a discharge summary by secure email or fax for every patient who has been treated in an Emergency Department or hospital ward. We have worked with GPs to promote the secure email discharge summary.

**Our Response, Assessment and Discharge (RAD) Team helps with safe discharge from the Emergency Department for patients who are medically cleared but may have trouble looking after themselves when they go home.**

The RAD team includes occupational therapists, physiotherapists, social workers and nurses. They carry out assessment, treatment and discharge planning for patients who might be on crutches or in a cast, as well as those dealing with issues such as grief or family violence.

"Before we set up the RAD team, many of these patients would have been admitted to hospital rather than being discharged," says Julian Hardy Smith, RAD Team Leader.

"The way the RAD team works is unique. Each team member is trained to work across different areas. For example, if an elderly patient comes to the Emergency Department with a broken ankle that only requires a plaster cast, the RAD team will get the patient home safely and with the right equipment, such as a walking frame and shower chair."

The team can also arrange community supports to make sure the patient recovers well.

“"We do a full review of who they live with, where they come from, what they’re normally like and then we will address the problems they have and try and get them home straight from the Emergency Department," explains Julian.

Peninsula Health was the first to introduce a RAD service into an Australian Emergency Department, and our RAD team is often used as a benchmark by other health organisations.

The RAD team works seven days a week all year round. They see about 3,000 patients a year.
Giving consumers a voice

Our Consumer Participation Program creates lots of opportunities for local people to work with Peninsula Health in true, two-way partnerships. We want to hear about the healthcare services our community needs, how you want us to deliver these services, and how you want to be involved.

The Community Advisory Framework provides a formal structure for our Consumer Participation Program. The Community Advisory Committee is chaired by a consumer representative and has 12 community members. It is supported by 13 CAGs from key services and geographic locations.

The heart of our health service

Over 800 dedicated volunteers help us provide healthcare for patients, carers and clients. They range in age from 18 to 80, come from varied backgrounds, and bring a wealth of skills and experience.

Did you know?

Together, Peninsula Health volunteers contributed 167,960 hours of service during 2015. That’s equivalent to 81 full-time staff members!

Volunteer Program Head, Karen Edis, describes Peninsula Health volunteers as committed to making a positive difference for patients and their community.

A number of our volunteers were recognised this year for their outstanding contributions. The Karingal Hob Walking Group volunteers won the Health Minister’s Award for Outstanding Achievement by a Volunteer Team in the category of Improving Public Health. Other award nominees included Shirley Wragge in the ‘Outstanding Lifetime Achievement’ award category, and the Pet Therapy Volunteer team and Men’s Shed volunteer group both in the ‘Improving the Patient Experience’ Award category.

A community perspective

As a local resident, John Clark-Kennedy has been contributing to Peninsula Health’s Consumer Participation Program for eight years. Now retired, John is Chair of our Community Advisory Committee, which gives consumers a voice in how we deliver health services.

“Consumer participation at Peninsula Health is focused on cooperation, and there’s a real commitment across all levels of the health service,” he says. “They take a lot of trouble to embed community viewpoints into all their processes.”

John finds staff very willing to listen to consumers who don’t have a medical background.

“There’s no ‘us and them’ approach here,” he says. “I know I can contact senior staff for help on any issue.”

Being involved in the Community Advisory Committee is interesting and challenging. As a member of this community I’m likely to use the health service, so I want it to be the best it can be."

John represents his community on our Community Advisory Committee, Quality and Clinical Governance Committee and Person Centred Care Steering Committee. He remains a long-term member of the Older Persons and Carers Community Advisory Group.

Recently, the Community Advisory Committee has worked with Peninsula Health to advise carers and families about letting staff know if they think their loved one’s condition is getting worse.

Interested in volunteering at Peninsula Health?

Email our volunteer team:

volunteers@phcn.vic.gov.au

Did you know?

When Shirley Wragge started as a volunteer at Frankston Hospital in 1968, she began by arranging flowers. Her first uniform was pink. And so was the birth of the remarkable Pink Ladies – our longest running volunteer group.

The Pink Ladies have raised more than $8 million since they began in 1968 and have provided wonderful support to staff, patients and their families along the way.

Shirley now works half a day a week and still finds every day just as rewarding as the first.

“I’ve had a go at everything, from delivering flowers and newspapers, to working in the kiosk.”

Shirley shows no signs of giving up yet. “It can be hard work sometimes but I would miss it terribly.”

Earlier this year, Shirley was nominated in the Outstanding Lifetime Achievement award category at the Health Minister’s Volunteer Awards.

She was acknowledged on the Honour Roll celebrating volunteers with 50 years or more of volunteering.
Peninsula Health | Quality of Care Report 2016

Quality and Safety

Reaching out to disadvantaged communities

Some people in our community don’t enjoy the same level of health or quality of life as the rest of the population. These groups are known as ‘priority population groups’. If we can identify these groups, we can develop ways of working with them to promote better health and healthy living.

What groups have we identified?

WE HAVE IDENTIFIED a number of priority population groups in Frankston and the Mornington Peninsula, including Aboriginal people, people at risk of or experiencing homelessness, and people experiencing complex social issues such as family violence.

How do we reach them?

Assertive Outreach is a different way of engaging with vulnerable and marginalised community groups and ensuring they get access to the right care.

Rather than a ‘one-size fits all’ approach, Assertive Outreach finds more effective ways of reaching priority population groups. We go to the community rather than waiting for the community to come to us.

Many vulnerable people in our community find it difficult to go to the dentist. Some don’t know where to go, can’t get transport, can’t afford to pay, or have trouble reading or understanding health information.

Our Community Dental Service reaches out to people who otherwise may not go to a dentist by holding dental clinics in schools, aged care facilities and community organisations. Adults and children can have their teeth checked and get a referral if they need more extensive treatment.

What do our clients say?

George lives on the street. “You guys coming out to visit us makes me feel great. Being a muso, getting new teeth is the best. What you do is fantastic.”

Peter and Nick live in a local boarding house. “We get the care we need. It makes us feel good to look after our teeth.”

How do we help them?

The priority population groups identified by our Community Dental Service include children, pregnant women, people with mental health issues, people experiencing homelessness, and Aboriginal people.

During 2015-16, our Dental Service saw around 21,000 people from all parts of Frankston and the Mornington Peninsula. Of these, 52 per cent were from one of the priority population groups.

Marie’s story

Marie* is a 51 year old aboriginal woman. She has complex medical needs, including diabetes, and had missed many medical appointments with Peninsula Health.

With support from the Home and Community Care (HACC) nurse, our Access and Support Worker made contact with Marie.

It took some months and frequent visits to build her trust to carry out an initial visit to assess her circumstances. At this assessment it was clear that Marie was living in poor quality accommodation without key items such as a refrigerator or washing machine.

How did we help Marie?

• Our Access and Support Worker visits Marie each week.
• A refrigerator and washing machine have been installed.
• Domestic Home Care services have started.
• Marie now has a regular GP.
• Her medications are dispensed in Webster Packs so she can manage them safely and effectively.
• Marie now sees our Diabetes Educator and our Access and Support Worker helps her to attend appointments.
• The Access and Support Worker and HACC Nurse help Marie to understand any health information she receives.
• She now has a treatment plan with our Dental Service and has had an eye check with Optometry.
• She has appointments with a Peninsula Health physiotherapist and occupational therapist.

“Marie’s story is a shining example of how our wrap around community services works,” says Lisa Manner, Outreach Services Program Manager.

“It’s all about partnership, responding to each individual’s needs, and across all services within the team. Our Access and Support Worker will continue to support Marie to achieve her agreed goals and to ensure the services we put in place will improve her health and quality of life over time.”

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“While this story is based on a true-life case, we have changed the client’s name and some details to protect client confidentiality.”
In 2015/16, our MARS program received 7,916 referrals.

Our part in Victoria’s health care system

Peninsula Health works with the Victorian Government and other health services on a number of Victoria-wide strategies to enhance the health and wellbeing of the most vulnerable members of our community – these strategies are called ‘statewide plans’ and include Aboriginal health and employment, social inclusion for people with disabilities, services for Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) people, and steps to reduce family violence.

Everyone has a part to play in making sure vulnerable members of our society have safe, equitable and timely access to health care.

We play a key role in delivering these programs for the Frankston-Mornington Peninsula community.

Keeping families safe

Family violence in Frankston-Mornington Peninsula is among the highest in Victoria. On average, 11 incidents are reported to police every day – with children present at about half of these incidents.

Our Family Violence Service provides four key programs that focus on accountability and behaviour change:

- Men Exploring Non-Violent Solutions (MENS) program is a 16-week voluntary program for men who have been violent and controlling and are now starting to think about change. The men talk with a counsellor and each other, and challenge and support each other to be better men, partners, and fathers.

- Court Ordered Men’s Behavioural Change Program is for men who have been directed in court to complete our MENS program.

- Keeping Families Safe addresses the growing problem of adolescent violence in the home. It is an early intervention program that supports young people aged 12 to 18 years who are at risk of committing violence against family members. The program supports young people and their families through intensive case management, group work, and therapy.

- We are also the local entry point for the Men’s Active Referral Service (MARS). When police attend a family violence incident they assess the situation, and send a referral to our Family Violence Service. We contact the alleged perpetrator and work with them to address their behaviour.

The aim of all of our Family Violence programs is to keep women and children safe.

“My job is to work with perpetrators of family violence to help them change their behaviour. We work with them to understand how their behaviour affects those around them and to show them how a loving, respectful relationship should work. It’s a challenging role, but our aim is to keep children and women safe by working with men who have been violent or controlling to help them become better men, partners and fathers,” explains Program Manager Mari Barry.
Peninsula Health is committed to helping close the gap in Indigenous health outcomes and works with Community across the Peninsula to promote the health and wellbeing of Aboriginal people.

How did we do?

Our achievements in 2015-16 include:

- We have developed a reconciliation action plan and over 100 staff have participated in cultural awareness training.
- Each year, we celebrate key events on the Aboriginal calendar such as Reconciliation Week and NAIDOC Week.
- Our Aboriginal Health Liaison Officers connected with 1,306 Aboriginal patients in 2015-16.
- In 2015/16, 47 women gave birth to Aboriginal babies at Peninsula Health. Each mother was supported by our trained staff during their pregnancy through programs such as Healthy Mothers Healthy Babies and Healthy Start to Life.
- We have developed partnerships with local gathering places, which enabled us to provide health education and screening in key areas such as dental services to Aboriginal people in environments where they feel safe and more comfortable to access services.
- We have also developed an Aboriginal Employment Plan and have two Aboriginal trainees in our dental program.

Delivering culturally sensitive health services

CULTURAL SENSITIVITY can have a significant impact on peoples’ experience of healthcare. Taking into consideration a person’s culture and beliefs can greatly improve a patient’s health outcomes.

As a result of feedback from the Community and our partners in delivering care to Aboriginal people, in September 2015, we launched a new way of providing health services to Aboriginal and Torres Strait Islander people.

This new strategy brings together all staff working with Aboriginal people across our health service into a ‘virtual team’ to deliver integrated health services that recognise the importance of cultural understanding.

In 2015, more than 1,300 people who identified as Aboriginal and/or Torres Strait Islander attended our hospitals.

Walking side by side to better health

For Aboriginal and Torres Strait Islander people admitted to hospital, Helen Bnads and Lisa Coppe help to make their stay more comfortable.

Aboriginal Hospital Liaison Officers Helen and Lisa work full-time across all inpatient areas of Peninsula Health, including the Emergency Department, general medical and surgical wards, Mental Health wards, Midwifery and rehabilitation centres.

“As members of the Aboriginal Health @ Peninsula Health team, we work within the Health Independence Program,” says Helen. “Lisa and I are alerted as soon as someone who identifies as Aboriginal or Torres Strait Islander comes to a ward. This means we can support them from the start of their hospital stay, and help coordinate their assessment and care.

“Social, emotional, cultural and physical wellbeing are bound together in Aboriginal kinship systems and philosophy. Lisa and I are able to support each and every patient with person- and family-centred care that acknowledges this core belief and practice.”

Helen and Lisa can also refer patients to other Peninsula Health and external support services, including our Aboriginal Care Coordinator.

They also advise Peninsula Health on improving our physical environment, such as the Healing Garden at Frankston Hospital, to encourage use by Community.

Helen has a special interest in Advanced Care Planning and is currently completing Advanced Care Directive training designed specifically for Aboriginal and Torres Strait Islander people.

“It’s wonderful to work with Community and build long-lasting connections,” says Helen. “Patients we have seen often drop back after they have been discharged from hospital, for a chat or just to say hello.”
Diversity matters

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

Peninsula Health has a strong Diversity Framework, which outlines our commitment to all people having equal access to health services and resources. Our Diversity Plan focuses on the specific needs of Aboriginal and Torres Strait Islander peoples, Cultural and Linguistic Diverse communities, Gay, Lesbian, Transgender, Bisexual, Intersex and Queers communities, and those with a Disability.

Our progress

- We raised awareness of the special needs of people with disabilities by celebrating International Day of People with Disability events.
- Our HIV services were reviewed to ensure they are meeting the needs of our consumers.
- ‘Wear It Purple’ day was celebrated across the health service to show support for our queer patients and staff.
- We celebrated Cultural Diversity Week to recognise the rich cultural diversity of our community.

We’re talking your language

FORPEOPLE whose first language is not English, talking about health can be a daunting experience. Without an expert interpreter it can be hard to ask the right questions or understand what is happening in hospital when a doctor or nurse explains your medicines or treatments. While some patients want a family member to interpret health information for them, it’s much safer to use an accredited interpreter. That way, we know the information is being communicated clearly and correctly, and the patient understands it.

When patients are admitted to hospital they can ask for an interpreter. Through our Social Work Department, we book an interpreter through an accredited interpreter agency. Demand has remained stable over the last two years, with 1668 referrals for the financial year 2015-16. The top five languages requested are: Mandarin, Greek, Italian, Auslan (Australian sign language) and Arabic.

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The self-service kiosks in our new Outpatient clinics have check-in options in 50 languages.

Did you know?

A new iPad-based pilot project is filling a much needed interpreter gap for our inpatient services at Frankston and Rosebud Hospitals, the Mornington Centre, and Golf Links Road Rehabilitation Centre.

Sally Church, Head of Social Work, explains how the program works.

“Peninsula Health doesn’t have a big demand for interpreters, but it is a steady demand. So we book interpreters through an external interpreter agency. But because our sites, particularly Rosebud Hospital, are so far from the CBD, we can’t always get an on-site interpreter when we need them. There is a huge demand for interpreters in the big hospitals in Melbourne, and the travel time to Rosebud and back often means that we miss out.

“Over the years we have tried different ways of overcoming this problem. We are now using telephone interpreting in Rosebud Hospital, our dental clinics, and some inpatient clinics. We have also done extensive trialling with Skype, but found that we were losing the connection when the weather was bad.

“We have bought four iPads and are trialling them at Rosebud Hospital, Golf Links Road, the Mornington Centre and Frankston. So if an interpreter can’t travel to one of our sites at a certain time, we have another option.

“We have successfully used the iPad service during a client’s hour-long appointment with one of our dietitians at Rosebud Hospital, and we have a number of other iPad calls already booked in.

“It’s early days yet, but the iPad service is looking pretty good. We will review it at the end of the six-month trial, and those results will help us decide the best way forward.”

When ONCALL, the interpreter agency we use, suggested we try some new video conferencing software called ‘BlueJeans’, we jumped at the opportunity. Using Skype, the clinician can book an interpreter via ONCALL, and there’s the interpreter’s face on the screen! It’s a fantastic way of communicating between the clinician, patient and interpreter.

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“It’s early days yet, but the iPad service is looking pretty good. We will review it at the end of the six-month trial, and those results will help us decide the best way forward.”
The Frankston Emergency Department is one of the busiest in Victoria. Each year it treats more people than ever before. It has the highest number of ambulance arrivals in Victoria, and a higher proportion of category 1 to 3 patients (the sickest patients) compared to similar hospitals. Because the Department is so busy, over the years, it has struggled to achieve Government targets for some waiting times.

**What did we do?**

**OVER THE LAST YEAR**, we made improvements to the way we work in the Emergency Department to ensure people experience the shortest possible waiting time:

- Live data feeds were installed into the Emergency Department so staff can see in real-time key indicators as they happen, which helps them make better and faster decisions. The indicators include Emergency Department capacity, patient acuity (most urgent categories), ambulance arrivals and off-stretcher times, wait times to be seen, and admitted patient numbers.
- The authorisation process was changed so Emergency Department clinicians can fast-track admissions to wards for selected patients, without needing further review from ward-based doctors.
- A new electronic ‘ready to go’ system automatically notifies the inpatient ward when a patient is ready to be transferred from Emergency. This saves precious time for both the Emergency Department and hospital wards.
- A new Navigator Nurse role was created to fast track ambulance arrivals 24 hours a day, every day of the year. The nurse uses live data on ambulance arrivals to plan which cubicles patients go to and triages patients on arrival.

**Faster flow in an emergency**

The Frankston Emergency Department has the one of the busiest Emergency Departments in Victoria and the highest number of ambulance arrivals.

**Did you know?**

Frankston Hospital has the one of the busiest Emergency Departments in Victoria and the highest number of ambulance arrivals.

**How did we improve?**

- **Number of patients seen within four hours**
  - 2014/15: 57%
  - 2015/16: 64%
- **Ambulance arrivals transferred within 40 minutes**
  - 2014/15: 81%
  - 2015/16: 95%
- **Total presentations to Frankston Emergency Department**
  - 2014/15: 67,576
  - 2015/16: 73,272
- **Ambulance arrivals**
  - 2014/15: 22,476
  - 2015/16: 24,114
Local residents have given the thumbs-up to our new state of the art Outpatients facility at Frankston Hospital, which opened in September 2015.

**IN A COMPLETE TRANSFORMATION** of the old Emergency Department, we created 22 consultation rooms and new treatment areas for 40 clinics. These include an expanded Orthopaedic Outpatients Clinic, Women’s Health Unit and Children’s Outpatient Clinics. The new facilities provide a welcome addition to existing outpatient clinics on the Frankston Hospital site such as chemotherapy, cardiology and allied health. A much larger Orthopaedic Outpatient area means doctors can see patients sooner, both before and after their operations.

The new facility boasts an ultra-modern patient management system, the first of its kind in Victoria. Patients can check in using the innovative self-service kiosks, which show information in multiple languages. The kiosks mean patients can check in quickly without having to queue at reception. Each step of the outpatient’s journey is then tracked through the system.

The co-location of the Orthopaedic and Paediatric clinics has also helped reduce waiting times, such as the time spent waiting for plastering, which has reduced from 50 minutes to 20 minutes on average.

**How did we do?**

<table>
<thead>
<tr>
<th>Outpatients</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of appointments</td>
<td>99,316</td>
<td>107,616</td>
</tr>
<tr>
<td>Wait time on arrival at Outpatients</td>
<td>2 minutes</td>
<td>35 seconds</td>
</tr>
<tr>
<td>Wait time for plastering</td>
<td>50 minutes</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>

Cardiovascular disease kills one Australian every 12 minutes. It can result in heart attack and stroke – and remains the leading cause of death and disability for people in Frankston and the Mornington Peninsula.

**MAKING LIFESTYLE CHANGES** such as quitting smoking, doing more exercise and eating better can help prevent cardiovascular disease. But sometimes, people need specific treatment.

Our new Peninsula Health Heart Service helps meet that need.

“Peninsula Health Heart Service is a state-of-the-art facility designed to provide world-class care for cardiovascular problems,” says Dr Philip Carrillo, Director of Peninsula Health Heart Service.

“It has the latest equipment and is modelled on the latest designs for patient safety and comfort. It will benefit all patients admitted with cardiac disease.”

Peninsula Health Heart Service is equipped with 24 acute cardiac in-patient beds and eight beds in the recently opened Rapid Assessment Cardiac Unit – which is for the rapid assessment of patients who come to Emergency with chest pain.
Partners in health

The partnerships Peninsula Health has with other organisations and health services help us deliver excellent care to our community. Through these partnerships we can share expertise, successes and innovation.

Access to major specialities

WHILE PENINSULA HEALTH provides most major medical services, there are some specialty areas that we can’t provide. So patients in the Frankston-Mornington Peninsula region have effective, timely access to these services, we have developed special partnerships with some major city specialist hospitals.

We have set up a partnership with The Alfred for access to complex neurosurgery, and our partnership with the Royal Victorian Eye and Ear Hospital in Melbourne enables patients with eye injuries to be treated at Frankston Hospital.

In a similar way, we have also helped expand the services available for Victorians living in the country. In May we set up a partnership with Bass Coast Health in South Gippsland to enable their cardiac patients to be treated at Frankston Hospital.

Some of our key partners include:

- Ambulance Victoria
- Department of Health and Human Services
- Monash University
- Our local Councils – Frankston City Council and Mornington Peninsula Shire.

Peninsula Health's partnership with the Royal Victorian Eye and Ear Hospital, with funding from the Victorian Government.

Peninsula Health is the first hospital in the world to use eyeConnect, a ground-breaking telemedicine eye technology developed here in Victoria by medical technology manufacturer Ingenuity and the Royal Victorian Eye and Ear Hospital, with funding from the Victorian Government.

“eyeConnect is a win-win for everyone.”

“Working Together for Children is partly funded by the Menzies Foundation.

Many of the children and families experience financial hardship and are dealing with complex health, developmental and behavioural issues which impact on the children's ability to make the most of educational opportunities.

Frankston and the Mornington Peninsula have areas of extreme poverty and disadvantage – and children often start school behind their peers which can affect their physical and mental health in the future. Working Together for Children provides a children's clinic at Mahogany Rise Primary School in The Pines estate.

How does the clinic work?

- Each Tuesday during the school year, a paediatrician from Peninsula Health holds an outpatient clinic from a room at the school. The doctor sees 12 children over a six-hour period.
- The clinic is free to all children and their families.

How successful is the clinic?

- 90% were referred to local support agencies to help coordinate services for the family.
- 60% showed improved behaviour and development.
- 90% were referred to local support agencies to help coordinate services for the family.

“Children and families, who otherwise might not use specialist health services, now have a service on their doorstep.”

“Working Together for Children is different because it operates at the school to provide easily accessible consultations that would normally be delivered in a hospital Outpatient clinic.

In 2014, 2,700 people travelled from the Mornington Peninsula to the Royal Victorian Eye and Ear Hospital.

Thank you
Research priorities for our community

Over the next 10 years, we will focus our research efforts on discoveries in the following areas:

- Aged Care and Chronic Disease Management
- Person Centred Care
- Innovative Technology and Therapies
- Population Health and Integrated Care
- Patient Safety
- Workforce Health

In 2015 we completed our first Research Strategic Plan which sets out where we will concentrate our research efforts, and how we will achieve our goals. To develop this plan we reviewed research activities across the organisation as well as the long-term health care needs of our community.

Tell us what you think

Feedback, both positive and negative, helps us to improve our services for you and the community. You can provide feedback over the phone, via our website, in writing, or in person to the Customer Relations Manager or the person in charge of the relevant department or program.

To pass on a complaint or compliment

Please contact Customer Relations if you have a complaint or compliment.

Phone: (03) 9788 1501
Email: customer.relations@phcn.vic.gov.au.
Post: Customer Relations, Peninsula Health, PO Box 52, FRANKSTON VIC 3919

For more information

For more information our programs or services, please call us on, send us an email or visit our website:

Phone: (03) 9788 1501
Email: corporate.relations@phcn.vic.gov.au
Website: peninsulahealth.org.au

What do you think of this publication?

Was this Quality Account interesting? Did it tell you what you want to know about the quality and safety of services at Peninsula Health?

We would like to hear what you think.

What did you think of the information in this Quality Account? (please circle)

1. Poor
2. Poor
3. Poor
4. Poor
5. Excellent

What did you think of the presentation of the Quality Account? (please circle)

1. Poor
2. Poor
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We acknowledge and pay respect to the traditional people of this region, known as the Myone Buluk of the Boon Wurrung language group of the greater Kulin Nation. We pay our respects to the land this organisation stands on today. We bestow the same courtesy to all other First Peoples, past and present, who now reside in this region.