

Quality CARE

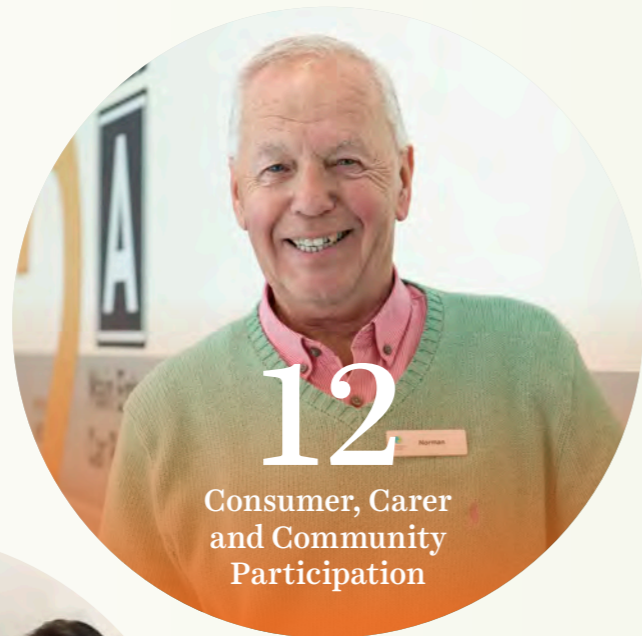
**SHOWCASING WORLD-CLASS CARE
FOR YOU AND YOUR FAMILY**





2

Quality and Safety



12

Consumer, Carer and Community Participation



20

State-wide Plans and Statutory Requirements



24

Comprehensive Care



28

Strong Governance for Safe Effective Care



29

Your Health Service

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Cover image: Cat Drago and Aly Madden with their son Ashley and Women's Health (Outpatients) Nurse Unit Manager Della Attwood.

Welcome

On behalf of everyone at Peninsula Health, we are delighted to present *Quality Care – our 2018 Quality Account*.

Quality Care provides a snapshot of our services, and showcases the way in which our dedicated and highly skilled staff provide safe, personal, effective and connected care to every person, every time.

Inside you will read about some of the new initiatives we have implemented in the last 12 months to improve our care, and how we are working together with our patients and their families to constantly look at ways we can improve the service we provide for our community.

Every page of *Quality Care* tells a story – whether it's stories about our patients and families, showcasing the work of our wonderful staff and volunteers, or exciting Australian-first initiatives – we are immensely proud of our achievements of the last year.

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 for you and your family.

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.

We hope you enjoy reading *Quality Care*.

With best wishes,



D Heggie

Diana Heggie
Chairperson



F Topp

Felicity Topp
Chief Executive

Snapshot 2017/18



300,000
people live in our community



900
beds across four main sites



98,245
people treated in our emergency departments



750
volunteers



5,800
staff



19,474
operations



92,289
patients admitted to our hospitals for treatment



2,946
births



107,710
people cared for in the community

75

years delivering high quality care to Frankston and the Mornington Peninsula

Caring for you and your family

Peninsula Health is continuously exploring and developing ways to deliver better healthcare – whether it’s listening to your feedback, or through innovative research, new therapies and techniques. Over the last year, we worked across all areas of our health service to improve our services so you and your family receive the best of care. Below are two key highlights.

Dr Jitain Sivarajah and Dr Sachin Gupta

Cutting edge care

Peninsula Health is leading the way in women’s health, with a new clinic where a common gynaecology procedure is now performed in an outpatient setting, rather than in the operating theatre.

The Hysteroscopy Clinic uses the very latest technology to look inside the patient’s uterus to diagnose and treat abnormalities of the uterus. Women are back at home a few hours later, avoiding a stay in hospital.

“This service is about putting the women at the centre of the care we provide. We fit into the patient’s daily schedule rather than the other way around,” explains Dr Jolyon Ford, Clinical Director of Women’s Health.

“Recovery time is quicker, there is less risk with no general anaesthetic, and women are able to get back into their regular routine sooner.”

Dr Ford says women of all ages will benefit from the new clinic. “The Hysteroscopy Clinic enables us to treat and diagnose different issues women may experience such as abnormal bleeding, fibroids or polyps.”

“Our Women’s Health team is dedicated to providing women with world-class care, close to home, and this innovation is the latest example of how we are striving to do just that.”

Electronic Health Record

Peninsula Health introduced its new Electronic Health Record (EHR) in June 2018, removing paper-based records from across the health service. This innovation is significantly improving communication between nurses, midwives, doctors and allied health professionals and is positively enhancing outcomes for patients.

“We use the Electronic Health Record every day to access and record patients’ health information,” explains Dr Sachin Gupta, Intensive Care Consultant.

“The principle advantage is that it has made clinical information much more accessible to all team members.”

Rather than being recorded on a paper form, our staff now enter the information directly into the Electronic Health Record.

This information can be accessed from anywhere in the health service. If Dr Gupta is asked to review a patient in any area of the hospital, he can review a patient’s CT scans and x-rays from his office, before going to see the patient in person.

“It’s so much easier for me as I have all of their medical information right at my fingertips,” says Dr Gupta.

Safe, personal, effective, and connected

When you’re a patient at Peninsula Health, you expect us to care for you safely and effectively, and to treat you as an individual with individual needs and goals. To ensure every patient receives the best of care every time, we identify and manage the risks of specific harm such as infections, falls, pressure injuries (also called bed sores) and medication errors, and then put plans in place to keep you safe during your hospital stay.

Preventing infections

Peninsula Health’s results for preventing infections in hospital are among the best in Victoria. We have maintained a low rate of both ‘golden staph’ and central line infections for many years. However in 2017-18, there were two central line infections – which prompted us to do an immediate in-depth case review of each patient to identify what may have contributed to the infection.

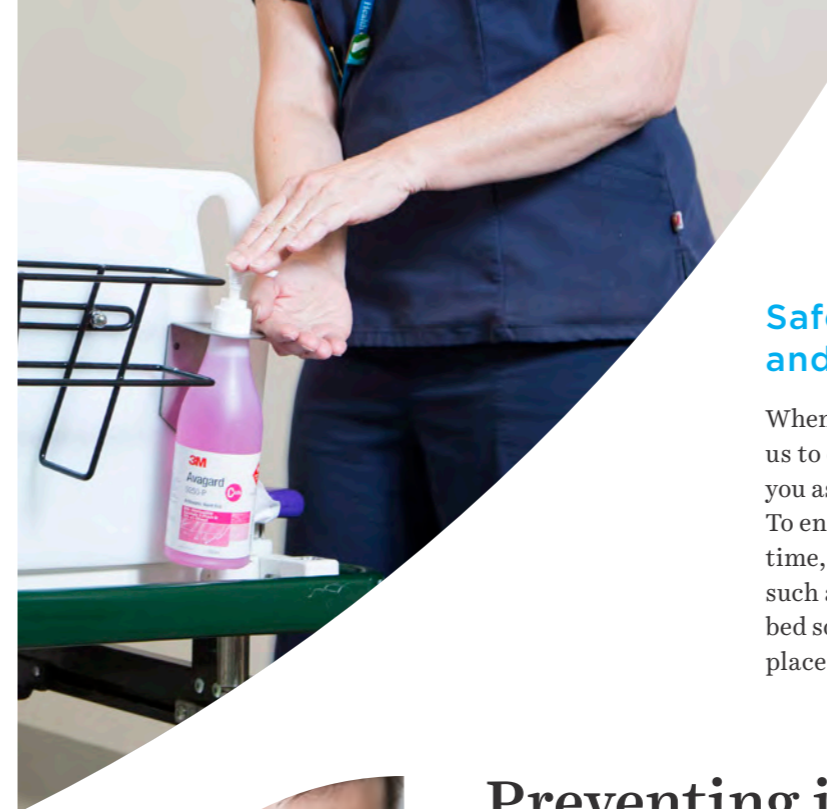
How do we compare?

2017/18	Target	Our result
ICU central line-associated blood stream infections	Nil	2
SAB* rate per occupied bed days	1/10,000	0.8/10,000
Hand Hygiene compliance	80%	88%
Healthcare workers immunised for influenza	75%	78%

*SAB is staphylococcus aureus bacteraemia (sometimes called “golden staph” infections)

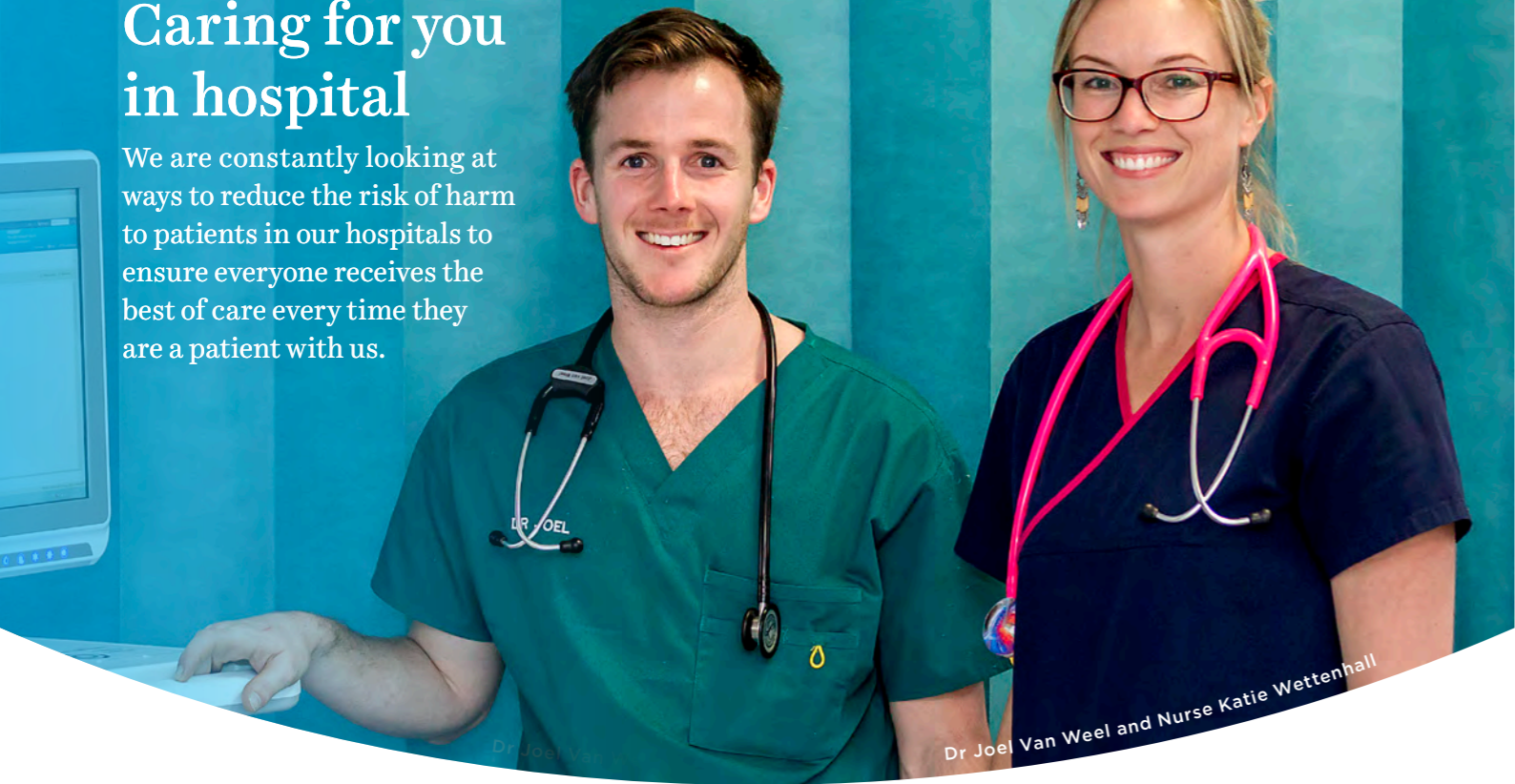
Action Plan

- In response to the in-depth case reviews, we refreshed our training, auditing and staff education programs for proper management of central lines.
- We also implemented a new credentialing program that required all junior doctors to do special training in proper aseptic techniques for IV cannulations (insert a drip) to reinforce the expected standards.
- Our Infection Prevention team worked hard during the winter months to increase the uptake of the influenza vaccination, providing mobile immunisation clinics to capture as many staff as possible.
- Our Hand Hygiene auditors continued their work to educate and encourage their peers to practice good hand hygiene (hand washing techniques).



Caring for you in hospital

We are constantly looking at ways to reduce the risk of harm to patients in our hospitals to ensure everyone receives the best of care every time they are a patient with us.



Dr Joel Van Weel and Nurse Katie Wettenhall

Preventing falls

Falling over is a risk for many patients in hospital, because patients are unwell, and may be weak, frail or disoriented – all factors that increase the risk of falling over. Fewer than three per cent of falls in our hospitals result in injury. While the number is very low, we want the number to be zero.

Patients are screened for their risk of fall when admitted to an in-patient ward. The screening tool was strengthened this year so that all patients with a falls risk now receive an individualised falls prevention plan. Under the old system, only patients rated as ‘medium’ or ‘high’ risk received a personalised plan. The enhanced tool is more patient-centred and reduces the falls risk for all patients, making the ward safer for everyone.

Preventing pressure injuries

Pressure injuries (also called bed sores) result from rubbing or constant pressure to an area of skin. They are painful and can mean longer stays in hospital. During the year, our Skin Integrity and Podiatry teams came together to create a standardised approach to heel care and management. The new approach creates consistent wound and pressure prevention strategies across the whole organisation.

The new approach is helping to maintain our low rate of pressure injuries compared to other hospitals. In 2017-18, we had 0.07% pressure injuries per 100 patients, which is consistently lower than the Victorian average of 0.09%.

Reducing medication errors

During the year, we further enhanced our processes for eliminating medication errors. Medication errors can cause minor allergic reactions through to life-threatening overdoses.

Our Pharmacy team launched a new electronic ordering system – MedRequest – in June which is integrated with our new Electronic Health Record. MedRequest allows clinicians to electronically place medication orders directly with our Pharmacy, which is a big improvement on the previous system where nurses faxed handwritten orders to our Pharmacy. The new system is an Australian-first, and initial results show a zero error rate for transcribing errors. The team will continue to enhance the system over the coming months as we move to eliminate medication errors.



Escalating care

At Peninsula Health, we know how important it is to listen to the instincts and experiences of our patients and their loved ones. Patients and family members can often recognise when they or their loved one is getting sicker, sometimes before the doctors and nurses caring for them can – that is because they know the person better and can pick up on subtle changes a stranger could easily miss.

That’s why we introduced CARE Call to all areas of our hospitals – so patients, visitors and loved ones can easily raise and escalate any concerns with a senior staff member if they’re getting sicker, feeling worried or if they feel like they’re not being listened to.



How does it work?

If you have concerns

Talk to your nurse

who will make an assessment and discuss your concerns with you.

If you are still concerned

Talk to your doctor

If you are still concerned, or cannot speak to your doctor

Talk to the Nurse in Charge

If you are still concerned

Make a  **CARE CALL**

CARE Call in action

Peter* made a CARE Call for his wife Natalie*, who had an operation at Frankston Hospital recently and spent time on the ward to recuperate. Peter was concerned that Natalie was in pain and unable to sleep. After discussing his concerns with Natalie’s doctor, Peter was still not satisfied – so he made a CARE Call.

The CARE Call was answered by one of our Head Nurses. The senior nurse listened to Peter’s concerns, and requested the medication orders be reviewed. She also arranged for Natalie to be moved to a new room so she could share with a female patient, rather than a male patient.

Peter told us that he was pleased with the response and thanked us for taking his concerns seriously.

* Names have been changed to protect patient confidentiality.



Midwife Tessa Blamey with new mum Shannon and her daughter Shae

Caring for mums and bubs

We provide care for women before, during and after pregnancy and for newborn babies. All Victorian hospitals with maternity units must monitor their performance against the *Victorian Perinatal Performance Indicators*, and compare themselves with other similar hospitals. This holds us all to very high standards for safe and effective care, and helps identify areas for improvement so we can all take steps to do better. The most recent results are for 2016–17.

How do we compare?

Overall, we performed well in all areas. We are constantly reviewing our performance against the indicators to find ways to improve the care for women and babies. Below we have included key results for two areas we are focussing on for improvement:

- Our rate of *severe fetal growth restriction* is improving, but it is still below the state average. In 2016–17, our rate was 39 per cent against the state average of 30.8 per cent. It is recommended that severely growth-restricted babies – that is babies that are not growing at the expected rate – are identified and born before 40 weeks’ so we can intervene earlier if necessary. During the year, we worked to improve in this area by more closely monitoring growth through a special screening tool, and better educating women with high-risk pregnancies – women who have previously had small babies, women who smoke, drink or do drugs during pregnancy, very thin women and women with poor nutrition.

- The rate of women who had a *planned vaginal birth following a primary caesarean section* is another key area of focus, as our rate decreased from 27.5 per cent in 2015–16 to 24.6 per cent in 2016–17. This indicator identifies the proportion of women who planned for a vaginal birth for their next pregnancy, after having had a caesarean for their first pregnancy. It is important to monitor this indicator because we want to reduce unnecessary caesareans – this is because having a caesarean can prolong recovery after the birth and increase the risk of major complications in subsequent pregnancies. The safety of women and babies is paramount and sound clinical judgement is required to differentiate the avoidable from the unavoidable first caesarean and to assess the safety of a vaginal birth. To help increase the number of planned safe vaginal births, the team reviewed the labour induction guidelines and introduced a tool to estimate the likely success of a vaginal birth. The team is also providing counselling and support to encourage women to have a vaginal birth, when it is safe to do so.

Preventing vaginal birth trauma

Peninsula Health is one of six health services in Victoria taking part in a research project to inform best practice guidelines for preventing and managing a severe form of vaginal birth trauma.

“An obstetric anal sphincter injury is a complication of a vaginal birth,” explains Dr Jolyon Ford, Clinical Director of Women’s Health.

“Whilst most women recover well, a small proportion will have problems with weakness of the anal sphincter, which can result in incontinence, and have a significant impact on their quality of life.”

Researchers Dr Oliver Daly and Nicole Fairweather are working with clinicians and patients from each of the six participating health services.

“The research looks at the safety and quality infrastructure of the hospital and all of our governance processes,” says Dr Ford.

The detailed review is also looking at why different health services have vastly different rates.

“There is a huge range from one service to another, so is there a difference in the patient demographic, is it the protocol, or is it the training?” asks Dr Ford. “At Peninsula Health our rate is well below the state average, so we feel we have a lot to contribute to the study.”

Dr Ford says it is important for Peninsula Health to collaborate with other health services when it comes to best practice and to share knowledge. “We stand to learn from the outcomes of the study, which may result in some improvements in our own practice to further reduce the rate,” says Dr Ford.

2,946 babies were born at Frankston Hospital last year – that’s an average of 8 new babies every day!



Dr Jolyon Ford, Belinda and baby Bodhi and Operations Director Sharyn Hayles

Recovery-focussed care

The Peninsula Health Mental Health service supports up to 450 patients at any one time across our inpatient and community-based programs. Mental Health is a complex area of healthcare. We work with patients and their families to provide appropriate treatment and support, based on their individual needs.

Targeting zero restrictive interventions

Reducing the use of Restrictive Interventions is a key focus of our team – and the team’s persistence has seen us maintain the lowest rate of seclusion and restraint in the Victorian public mental health system.



Clinical Director, Professor Richard Newton

How do we compare - 2017-18

2017/18	Victorian Target	Our result
Rate of seclusion events relating to an acute admission – all age groups	< 15/1,000	1.9/1,000
Rate of seclusion events relating to an acute adult admission	< 15/1,000	2.8/1,000
Rate of seclusion events relating to an acute aged adult admission	< 15/1,000	0/1,000
Number of times bodily restraint was used – acute adult admission	n/a	151
Number of times bodily restraint was used – acute aged adult admission	n/a	95

What’s new?

- We welcomed a new Clinical Director, psychiatrist Professor Richard Newton in 2017, who has re-joined Peninsula Health after 10 years at Austin Health.
- The Mental Health team implemented a new model of care which sees clients, clinicians, carers and peer workers coming together in a multi-disciplinary team to provide individualised and recovery-oriented care.
- There was a small spike in seclusions in 2017, which triggered a review of the whole patient journey from Emergency Department admission through to the in-patient ward to understand why restrictive

interventions were being used and to see if there were opportunities to intervene prior to it occurring. The review team included doctors, nurses, allied health and peer workers to ensure a broad range of solutions were considered. Since the review, the rate of seclusions has again fallen.

- Over the last few years, there has been an increase in patients presenting with late stage dementia, which present challenges for the team in managing aggressive behaviour in disoriented patients. To help create a more conducive environment, we built a new sensory modulation room with colours, music and tactile equipment that has resulted in reduced aggression towards staff.

Caring for our aged community

Peninsula Health’s Carinya Residential Care facility cares for clients aged 65 and over with complex mental illnesses who are unable to be cared for in a general nursing home.

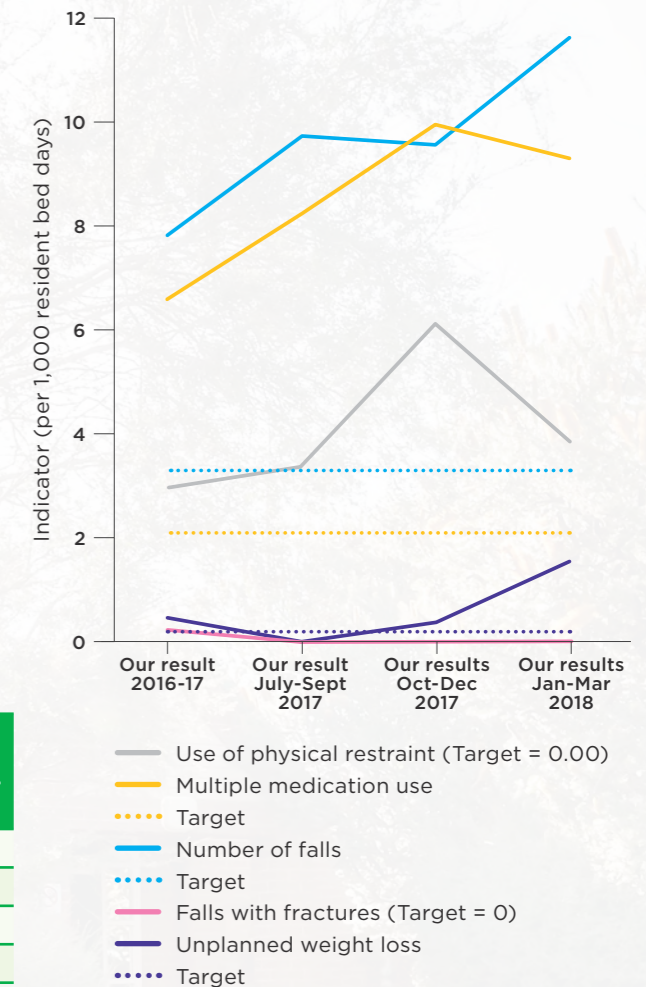
Every three months, we report five key clinical care indicators to the Department of Health.

This information helps us benchmark our services against our peers and identify areas for improvement.

How do we compare?

Pressure Ulcers (per 1,000 resident bed days)

	Target	Our result 2016-17	Our result July-Sept 2017	Our result Oct-Dec 2017	Our result Jan-Mar 2018
Stage 1	0.00	0.00	0.00	0.00	0.00
Stage 2	0.00	0.00	0.00	0.00	0.39
Stage 3	0.00	0.00	0.00	0.00	0.00
Stage 4	0.00	0.00	0.00	0.00	0.00



Carinya Diversional Therapist Marion Sparrow

What are we doing to improve?

- We have continued to reduce the risk of falls at Carinya in the past year. A special project team is investigating the contributing factors including medicines, environmental contributors, personal contributors, and then developing individualised care plans to reduce the risk for each patient.
- The team reviewed the use of physical restraint during the year and removed lap restraints from all three units in April 2018.
- A music therapist now visits the facility weekly and we have introduced a late afternoon sundowners program to provide a calmer environment for residents to manage their behaviour and minimise the risk of falls.

People Matter

Peninsula Health employs 5,800 highly skilled and dedicated staff members, who work together to provide the best of care, every day, for our patients and community.

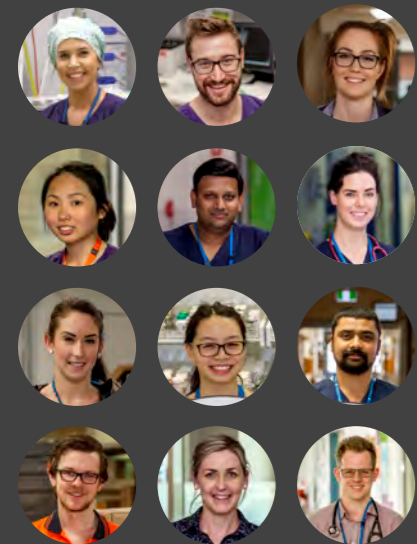
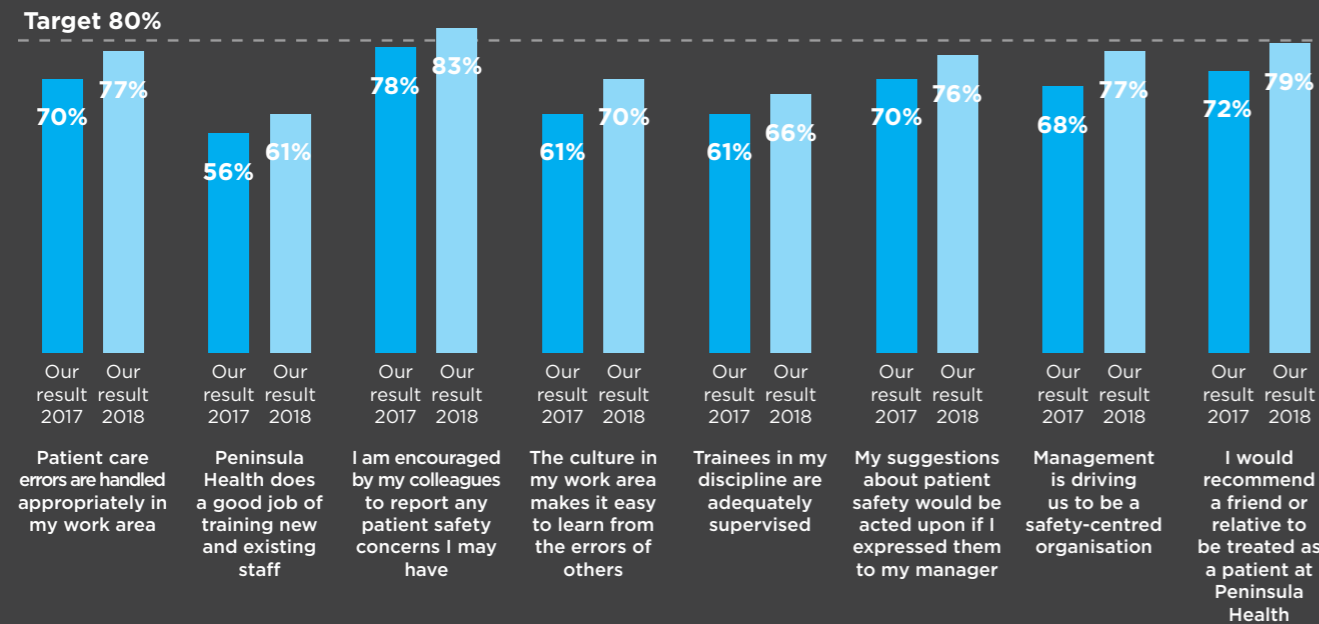
Our staff are our greatest asset and it is important to understand what our workforce is feeling and thinking. Peninsula Health takes part in the annual *People Matter Survey*, which is an employee opinion survey run by the Victorian Public Sector Commission. 51 per cent of staff completed the survey in 2018, up from 21 per cent in 2017.

What did the survey tell us?

The majority of our staff think Peninsula Health is a good place to work, and that providing safe and effective patient care is a priority. However, the survey also shows that staff are concerned about bullying, harassment and occupational violence.

Patient safety culture

The *People Matter survey* asks staff to rate how important they believe *patient safety* is within our organisation. In 2018, we saw improvements in all questions relating to safety culture.



Improving staff safety and wellbeing

Over the last year, we implemented some new initiatives to address the areas for improvement identified in the *People Matter survey*, to make sure our workplace is a positive place for everyone:

- We rolled out an organisation-wide staff safety campaign to educate staff that their safety is as important as patient safety and to encourage them to report any safety hazards.
- We expanded our Employee Assistance Program for counselling support, and expanded our Workplace Wellbeing program to provide more discounted wellbeing services from local businesses, including gyms, massage and healthy eating.
- All workers in our community and home-based services now have a duress alarm, so they can easily call for help if they feel threatened or unsafe.

How have these actions helped?

- Reporting of occupational violence incidents has increased, which means we can now identify ‘hot spot’ wards and develop location-specific plans.
- The number and severity of incidents continues to fall and high risk areas such as Mental Health and the Emergency Department report reduced incidences.

Keeping our staff safe

Matthew Baynes is a member of our community mental health team and regularly visits clients in their homes. While most clients are respectful, sometimes clients become aggressive.

Our MePACS duress alarms protect community-based clinicians like Matthew and provide real-time assistance if something does go wrong.

“I regularly visit clients in their homes, and sometimes they do become aggressive,” explains Matthew. “Being by ourselves, we are vulnerable – but the MePACS duress alarm gives me the confidence and peace of mind that help is just the push of a button away if something did go wrong.”

Matthew is one of 1000 healthcare workers in Victoria protected by a MePACS duress alarm.

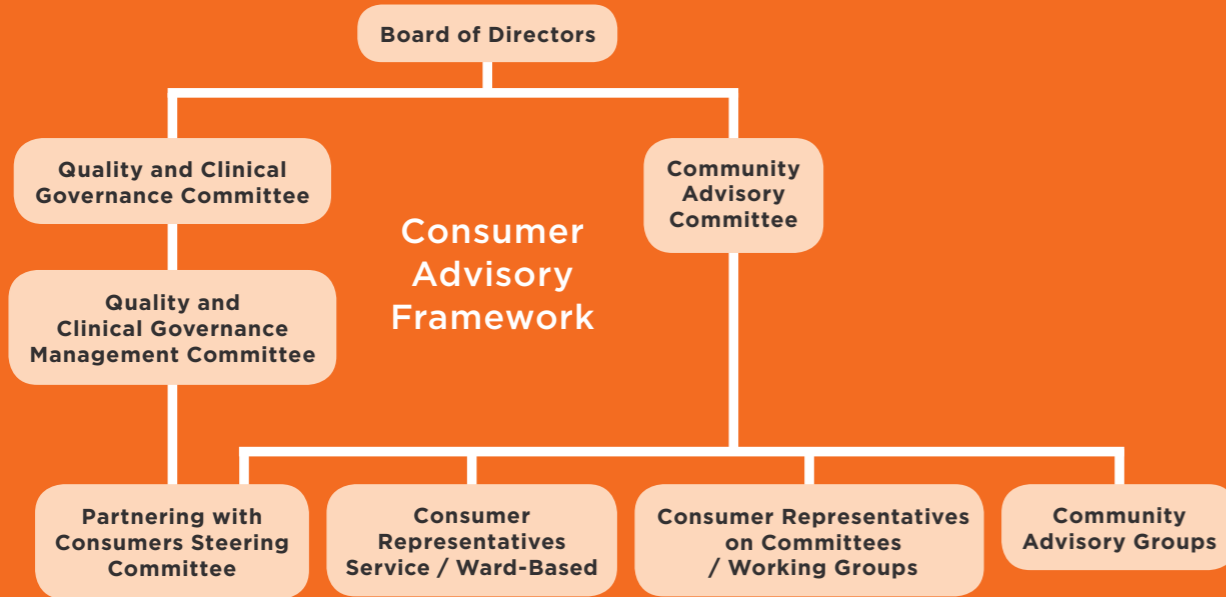
Our work to reduce Occupational Violence was recognised as a finalist in the *Improving Workforce Health and Safety* category in the Victorian Public Healthcare Awards.



Mental Health Nurse
Matthew Baynes

Giving consumers a voice

Bringing the voices of our consumers into our decision making processes is a key goal of our Consumer Participation program. The Program draws on the experiences and wisdom of local people so our services reflect the needs of our local community, ensuring consumers' voices are heard.



Making a difference

When Safety Beach local Norman Jones retired seven years ago, he decided to get involved with his local health service as a consumer representative.

“My neighbour asked me to join the *Southern Community Advisory Group* (CAG),” explains Norman. “I said yes I’d like to do it and I’m rather glad I did.”

Since then Norman’s involvement with Peninsula Health has grown. As well as the Southern CAG, Norman is a member of the *Partnering with Consumers Committee*, *Car Parking Committee*, *Smoke Free Working Group* and the *Community Advisory Committee*.

“As consumers, we see a different side of things,” explains Norman. “Sometimes when I put forward a suggestion the staff will say ‘we didn’t think of that.’”

After moving to Australia from England almost 30 years ago, the great-grandfather is passionate about advocating for his local health service.

“I play golf, petanque, and my wife and I walk a lot. I always talk to people in the community about what’s happening at Peninsula Health,” he says. “You put the truth out there which I think is really good.”

Norman, his family and many of his friends have been patients at Peninsula Health. He says consumers play an important role in helping to improve services and achieve the best outcomes for patients.

“I think it’s great that Peninsula Health has so many consumer reps,” says Norman. “I wouldn’t be doing it if I didn’t think I was making a difference.”



Chief Executive Felicity Topp chats with patient Colin

Your feedback matters

Whether you’re visiting our Emergency Department, staying overnight in hospital, or receiving care in the community, you have the opportunity to provide feedback about your experience. This information tells us the areas where we’re doing well, and most importantly, areas for improvement.

Victorian Healthcare Experience Survey

Every three months, the *Victorian Healthcare Experience Survey* randomly selects people following their discharge from hospital. This state-wide survey invites patients and carers to answer questions about their experiences. In 2017-18 the survey was sent to 9,478 people who were patients at Peninsula Health during the year – of those, 1,983 people responded (21 per cent).

The survey asks a number of questions. One important question is patients’ overall experience at Peninsula Health. We received the following results, which shows the percentage of patients who rated their experience as ‘good’ or ‘very good’.

	Target 95%
July–Sept 2017	94%
Oct–Dec 2017	93%
Jan–Mar 2018	92%
Apr–June 2018	90%

Other ways we collect feedback

We also collect feedback through emails, letters and social media, and through direct conversations with our consumers about their experiences. All of the feedback is collated and read, and we then develop action plans to improve.

You said, we did...

Based on feedback received from our patients and their families, we identified the following areas for improvement this year:

- We improved our processes for identifying children with a history of anaphylaxis (severe allergy) and food allergies, and strengthened our processes for ensuring each patient receives the correct meal.
- We are reducing the number of overhead announcements so patients can sleep better while in hospital.
- We implemented a new model of care in our Emergency Department to streamline the triage process. The changes mean patients now wait less time to be seen.
- We improved our processes for bedside handover to ensure patients and carers are involved in the conversations that happen between doctors, nurses and allied health professionals at shift changeover. This ensures the patient is an active participant and understands the next steps in their care.
- We introduced an Executive Walk-Around program, led by our Chief Executive, Felicity Topp, to get feedback directly from patients at the bed side – this real-time feedback helps our Executive team understand the patient experience and identify areas for improvement.

Leaving hospital

Another important way we measure patient experience is the process of leaving hospital.

The *Victorian Healthcare Experience Survey* also gives us important feedback about how well we support patients when it's time to leave hospital.

How do we compare?



These results show that most patients are happy with our discharge process. However, we are always looking for ways we can do better.

What have we done to improve?

- We changed our discharge planning processes to ensure patients and families know their expected discharge date in advance so there are no surprises on discharge day.
- Our Consumer Advisory Committee helped us develop a new patient-friendly discharge summary to explain to patients and carers in lay-terms what care the patient received while in hospital and what follow-up care is required.



Nurse Unit Manager Karly Hudson with patient Walter

Getting patients home sooner

Getting patients well and home sooner is an important part of providing safe, personal, effective and connected care to our patients and their families.

Staff in our Surgical Short Stay Unit, led by Nurse Unit Manager Karly Hudson, implemented a new project this year to do just that.

The Surgical Short Stay Unit (SSSU) at Frankston Hospital is one of our busiest wards, seeing more than 100 patients each week.

“The Unit can admit and discharge more than 100 patients in one week,” explains Karly. “That’s double the number of patients compared to other wards in the hospital.”

There is a big demand for beds in the SSSU from patients in the Emergency Department (ED) and Theatre.

“Early discharges allow new surgical patients to be admitted earlier, reducing their length of stay in ED and Theatre. When the SSSU is full, there is increased pressure on these two areas and it creates delays for patients across the whole health service,” explains Karly. “So we decided to start a new project, with the aim of discharging five patients before 10am each day.”

To achieve this, Karly and the team focused on early identification and communication with patients.

“We now identify our early discharges the day before and let patients know then that they will be going home in the morning. By doing this we have increased the number of discharges before 10am from 7% to 31%, which is helping to reduce the waiting times for patients across all areas of the health service.”

The project has been a big success and Karly has recently returned from the National Nursing Forum on the Gold Coast, where she shared the learnings from the initiative with colleagues from around the world.

Understanding why things go wrong

Things don't always go to plan in a busy hospital, which is why it's important to find out why and take action to prevent similar events happening again. In 2017-18, we made some important changes to the way we monitor and manage adverse events:

- We restructured our clinical incident and quality teams to create a new department called the *Safer Care Unit*. The new unit brings together all staff involved in monitoring clinical incidents into a central team who work in partnership with clinical areas to manage incidents and complaints and incorporate this work in our quality improvement initiatives.
- We also strengthened our monitoring system by introducing more comprehensive reporting of clinical incidents to our Quality and Clinical Governance Management Committee and Board of Directors.
- We created a new database to help us better manage 'code blues'. A 'code blue' is a medical emergency when a patient suddenly and unexpectedly deteriorates. The new system gives greater insight into what went wrong so we can put plans in place to stop it from happening again.

What do we do when something goes wrong?

1 SUPPORT

The first, immediate step is to support the patient, carers and staff involved. We train our clinicians to communicate openly and honestly with their patients and families. This is called 'open disclosure'.

2 LOG

We log the adverse event on a state-wide database, called the *Victorian Hospital Incident Management System*. Each incident is given a severity rating, which determines the type of investigation needed.

3 IDENTIFY

The investigators identify what led to the adverse event and recommend how we can prevent it happening again. We also monitor near-miss incidents as these are also good learning opportunities.

Managing complaints

We take all complaints very seriously and respond to all of the complaints that we receive.

"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," says Complaints Manager, Rebecca Cameron.

Sarah's story

What was the complaint?

Sarah's* mum, Wendy*, contacted us to make a complaint about Sarah's recent admission to the emergency department. Wendy explained that Sarah's knee injury had been misdiagnosed as a dislocation instead of a fracture.

What happened next?

- We registered the complaint on the Incident Management System and sent it to the relevant senior staff members to start an investigation with Sarah's treating team.
- We spoke with Wendy to organise a time for her and Sarah to come in to be reviewed by the treating team.

What did we do next?

- We thoroughly reviewed Sarah's record, and further discussions took place with the staff involved.
- Feedback was provided to the Medical team so they could understand what happened and why Sarah and Wendy were unhappy.
- We gave information to Wendy and Sarah detailing the standard of care that this injury would usually receive.
- Sarah attended our outpatient clinic for review and also a follow-up physio appointment.

What did we find?

- Sarah's care was reviewed to make sure it was in line with current best practice, and despite the initial misdiagnosis, we found that the care would not have changed.

How did we follow up?

- We followed up with Sarah following her outpatient appointments to make sure she was receiving the right support.
- Sarah and Wendy accepted our apology and said they appreciated how we responded.
- Once Sarah had attended her appointments, they told us they were very happy with the outcome and thanked everyone for her care.

* Names changed to protect patient confidentiality.





Family Violence Trainer Kelly Finch and Emergency Department Nurses

Keeping children and families safe

Family violence in Frankston and the Mornington Peninsula is among the highest in Victoria. On average, 11 incidents are reported to police every day. Our family violence programs work both at a system level to ensure we have the right processes in place to tackle family violence, as well as with individuals experiencing violence to provide appropriate care and support.

Strengthening our response to family violence

In February 2018, we launched our *Strengthening Hospital Responses to Family Violence* program. Led by our Social Work team, the program is strengthening the capacity of our staff to appropriately respond and care for patients and colleagues experiencing family violence.

The program is funded by the State Government and details the specific actions we will take to tackle this intractable health and social issue.

Project leader, social worker Louisa Whitwam explains that a whole-of-health-service culture change requires engagement and integration with people across all levels of the organisation.

“We are currently rolling out training for staff and volunteers across all areas, and so far around 1300 people have attend one or more of our sessions,” she says.

Actions so far

Since the strategy was implemented earlier in the year:

- We established a Safer Communities Committee to drive implementation of the strategy across all areas of Peninsula Health.
- All staff in our Emergency Department, Women’s Health Unit and Community programs have been trained in how to effectively screen, respond to and appropriately support patients experiencing family violence – this means our staff know how to identify patients experiencing family violence and can provide support and advice in a way that will not further endanger the patient.

Working with perpetrators

The MENS program (Men Exploring Non-Violent Solutions) is a 20-week program for men who have been violent and controlling. The program works with these men to create behaviour change, while also holding them accountable for their violent behaviour.

“We work with these men to help them understand the impact of their behaviour on the lives of those around them, and to show them how respectful relationships should work,” explains Program Manager, Mari Barry.

“It’s a challenging role, but our aim is to work with these men to help them better manage their behaviours. The program challenges the participants to be the best version of themselves – and to become better men, better partners and better fathers,” adds Mari.

Around 200 men completed the program in the last year. Results show a sharp reduction in the nature and severity of violence over the duration of the program, and importantly this reduction has been maintained and improved upon in subsequent months and years.



Louisa Whitwam with Nurse Ashleigh Ryan

Child Safe

In 2017 the Victorian Government launched a new initiative across all Victorian government agencies called *Child Safe*. *Child Safe* commits organisations like Peninsula Health to adopt strict policies and procedures to prevent abuse by people in positions of power – including parents, teachers and healthcare workers – and to report any suspected abuse to relevant authorities.

“*Child Safe* is all about keeping children safe,” explains Lyn Jamieson, Executive Director of our Community Programs. “We have zero tolerance for child abuse at Peninsula Health, and want all children to be safe, happy and empowered.”

“We want to ensure our staff and volunteers are trained in how to detect children at risk as well as understand the correct procedures to report their concerns.”

How does it work?

- Our *Child Safe* Policy clearly sets out our approach to *Child Safe* Standards.
- All staff in high risk areas are required to undertake mandatory training in how to recognise signs of abuse and then how to appropriately respond, including alerting police.
- Our Code of Conduct includes specific principles about appropriate contact – which all staff must agree to as part of their employment contract.

What’s new?

- *Child Safe* is now being overseen by the Safer Communities Committee. This will ensure ongoing integration of *Child Safe* practice across all areas of Peninsula Health.
- Our Volunteer orientation program now includes information about *Child Safe*, ensuring that our volunteers understand our organisational *Child Safe* practices, and encouraging them to speak to a staff member if they have any concerns relating to a child in the care of Peninsula Health.



Proudly inclusive

Peninsula Health has a strong Diversity Framework which guides our service delivery to ensure everyone – regardless of their background – can access our services, and that everyone feels welcomed and included.

We have Action Plans that outline the specific actions we are taking to meet the needs of our diverse community, ensure we provide facilitated pathways through our health service, and take active steps to prevent discrimination and abuse for our diverse community members. Our Action Plans have a special focus on people with disabilities, culturally and linguistically diverse communities, and Lesbian, Gay, Transgender, Bisexual, Intersex and Queer consumers.

What's new?

In the last year, we completed a number of projects to better serve our diverse community of patients, consumers, volunteers and staff.

- In July we became the first health service in Australia to achieve *Rainbow Tick Accreditation* – this means we meet high standards for inclusive practice and have strong systems in place to effectively care for LGBTIQ consumers and their unique needs.
- Significant work was undertaken to prepare for the *National Disability Insurance Scheme* (NDIS) and ensure a seamless transition for our clients and carers. Peninsula Health now provides allied health and support coordination services to NDIS clients. A number of clients are now accessing their NDIS services through Peninsula Health, and we expect many more clients to come on board once we fully transition to the scheme in April 2019.
- We refreshed our staff induction program with consumers from diverse backgrounds now presenting to staff as part of the corporate orientation information session.
- We are working on a new Disability Action Plan for 2018-2021 to drive further improvements over the next three years. The Action Plan will also outline how we will deliver NDIS services for our community.

We're talking your language

Talking about your healthcare can be daunting, especially for those whose first language isn't English. That's why the Peninsula Health Interpreter Service is so important. Our Interpreters ensure information is communicated clearly and correctly, and that the patient understands it. Any consumer can request an interpreter by asking a member of their healthcare team. During 2017-18, we received 2,163 referrals for our Interpreter Service. The top five languages requested were: Auslan (Australian sign language), Greek, Mandarin, Italian, and Nuer (which is spoken by people from Sudan and central Africa).



An inclusive welcome to the world

When Hastings couple Aly Madden and Cat Drago were deciding where to have their baby, Frankston Hospital was at the top of their list – it was local, offered midwifery care and had *Rainbow Tick Accreditation*.

“I’d seen on social media that Peninsula Health had achieved *Rainbow Tick* and that just made me think we would be more welcomed and that we wouldn’t be treated differently,” says Aly.

Aly and Cat say the care at Peninsula Health met all of their expectations and more.

“At our first appointment with the midwife, I really felt that we were both included in all of the decisions,” recalls Aly. “I was a bit nervous, that because I wasn’t the person carrying the baby, I wouldn’t be viewed as a fully-fledged parent. But, they recognised that we were a same sex couple and both the parents of this child,” adds Cat.

On 18 November, Aly and Cat welcomed their son Ashley into the world.

“It was a pretty long labour, but after 10 hours Ashley was born,” recalls Cat. “The level of medical attention was very reassuring, the doctors were always around and the midwives were fantastic, they kept us informed the whole time.”

Now 10 months on, Ashley is still doing well at home with Aly, Cat and his two teenage brothers. “He’s a very healthy little eater,” says Aly.

When asked if they’d recommend Frankston Hospital Maternity Service to others, Aly and Cat are quick to respond. “We already have – we’ve said to other work colleagues and friends who are having babies don’t go private, go to Frankston Hospital.”

Did you know? Peninsula Health is the first full public health service in Australia to achieve *Rainbow Tick Accreditation*.





Culturally-sensitive healthcare

Cultural sensitivity can have a significant impact on peoples’ experience of healthcare. Taking into account a person’s culture and beliefs can greatly improve their health outcomes, which is why we take steps to ensure our services are culturally appropriate for Indigenous consumers.

What’s new?

- In July, we celebrated NAIDOC Week across Peninsula Health with a number of events with our staff and the community.
- Cultural sensitivity training continues to be rolled out, with four sessions delivered during the year including the *Balert Balert* Cultural Tour program.
- Aboriginal artwork was purchased and installed in our Outpatients clinic, Maternity Ward, and Dental service to provide a more welcoming environment for patients.



Balert Balert Cultural Tour program

During the year, we further enhanced our cultural awareness training for staff and volunteers through the introduction of the *Balert Balert Cultural Tour program*. The program was developed by our Indigenous Consumer Advisory Group in partnership with our local partner organisations.

Balert Balert gives our staff and volunteers the opportunity to participate in a journey of cultural learning to build their knowledge and understanding of the issues, opportunities and challenges for Aboriginal people in our community. Since its launch in mid-2017, 160 people have participated in the program.

Our partner organisations: Baluk Arts, Nairm Marr Djambana Gathering Place, Willum Warren Gathering Place, Bunjilwarra Koori Youth AOD Healing Service, Mornington Shire and Frankston City Council.

The Korin Korin Balit-Djak *Balert Balert* Cultural Tours program was Highly Commended in the Victorian Public Healthcare Awards in the *Improving Indigenous Health* category.

A fresh new beginning

Alarna Pyper was the first indigenous women to give birth in the newly decorated Koori birth suite at Frankston Hospital.

Midwife Sue Holland, who leads Peninsula Health’s Koori Maternity Service, organised the new artwork which now adorns the walls of the room.

“After getting permission from Aboriginal Elders in the community, we chose this artwork as it represented a contemporary and local community,” explains Sue.

“The artist’s explanation of her work was that it was about grounding herself in this new landscape. To me this seemed a perfect metaphor for entering motherhood and looking at these photos I also felt a very strong female energy coming through the rocks, water and flow.”

“Many families have found the artwork to have a calming and peaceful influence on their experience.”

Baluk Arts Artist Tallara Gray created the artwork right here on the Peninsula. “The artwork was made down on a local beach where there is ochre,” explains Tallara. “I love exploring the beach and the works are all made in situ as a way of just sitting with country and that landscape and working with the materials.”

Alarna enjoyed looking at the artwork, during the wait for baby Xavier to arrive. “I was induced and it took six hours for anything to happen so I knew every inch of that room,” recalls Alarna.

“It was nice to have something familiar there – I have paintings all around my house – it made it feel less clinical. The artwork is also really beautiful – it’s pretty and relaxing.”



Midwife Sue Holland with Alarna Pyper and baby Xavier



Nurse Unit Manager Susan Blashki, Dr Sandeep Bhagat, Dr Glenn Mathieson and Nurse Morgan Morgan.

Compassionate care to the end

The quality of health care that people receive in the last months, weeks and days of their lives can help to minimise the distress and grief associated with death and dying for the individual, and for their family, friends and carers.

There truly is only one chance to do it right, which is why our approach to end-of-life care (also known as palliative care) is holistic, individualised and compassionate. We cannot prevent all patients from dying, but we can make sure every patient dies with dignity and minimal suffering.

What's new

- In 2017, the Victorian Government introduced new legislation and guiding principles for end-of-life care for health services like Peninsula Health which provide palliative care. Our *End of Life Choice and Care Steering Committee*, with representatives from oncology, respiratory medicine, community health, palliative care, social work and legal services continued to roll out the principles across: person-centred care; working together as a team; goals of care; clear guidelines for when end-of-life care is needed; and Advance Care Planning.
- The Steering Committee created a new Clinical Practice Guideline (Care of the Dying Pathway) and provided training so all clinical staff know what their role is in providing high quality end-of-life care.
- The new Clinical Practice Guideline also provides guidance for providing culturally-sensitive end-of-life care for diverse consumers and families to ensure they are able to engage more fully with our end-of-life care services.

Culturally inclusive end-of-life care

Embracing the cultural needs of patients is a big part of how we provide personal care and it's particularly important when it comes to palliative care, explains Dr Sandeep Bhagat, head of our Palliative Care Unit.

Dr Bhagat says it is important to always be mindful of a patient's cultural needs. "Providing culturally sensitive care settles patients' anxiety, which is a big thing."

"As a patient, you are losing control, you are getting sicker – so we can make it easier by listening and asking questions in a very sensitive way and then making the arrangements."

"We don't assume their individual needs – the benefit of our approach is that we are open to suggestions from the patient and their family."

Recently, the Palliative Care Unit staff had these conversations with the family of an Afghani patient.

"The patient had little English and strong cultural beliefs," explains Dr Bhagat.

"After speaking with the family, we enabled them to have a prayer mat in the room. We cleared the whiteboard, usually reserved for patient information, so they could

write a phrase on it which had an important religious meaning, for her to always be able to read."

"They requested that where possible, male nurses, carers or attendants be avoided. As best as we could, we facilitated that," adds Dr Bhagat. "Lastly, the food she ate was also important to the family, so we said they could bring in whatever food they wanted."

By meeting the patient's and family's cultural needs, Dr Bhagat and the team were able to develop a good relationship, so they could provide the best care to the patient.

"At first the family didn't like us asking too many questions, but once they understood it was because we wanted to look after their individual needs, we were able to achieve that, and they were very thankful," says Dr Bhagat. "After the patient passed away her husband came back to express his thanks."



Directing care

An *Advance Care Directive* is a legal document which lets your family and doctors know how you want to be cared for if you become unable to make decisions for yourself. It is about planning for a time when you may be very sick or frail, and cannot speak for yourself.

The Victorian Health Department requires all Victorian public health services to record within a patient's health record whether they have an advance care directive – this ensures the plan is easily accessible if it's needed and informs our clinicians of their patient's wishes. We also ask our patients and record in their record their alternative medical treatment decision maker – this is person they have nominated to make medical treatment decisions if they are unable to speak for themselves.

The number of patients with a recorded *advance care directive* or *medical treatment decision maker* has increased from about 10 per cent in 2016 to 37 per cent in 2018.

Patients over 75 years, with a recorded plan or medical treatment decision maker

2017/18	% of patients
July–Sept 2017	31%
Oct–Dec 2017	30%
Jan–Mar 2018	41%
Apr–Jun 2018	43%
Total	37%

What's new?

- In early 2018, new legislation governing advance care directives and medical treatment decisions came into effect in Victoria. To prepare for the changes we rolled out an education program for our doctors so they understand how the new rules affect the way they deliver patient care and who can make decisions about a patient's treatment – this ensures all clinicians clearly understand their role in delivering end-of-life care.
- We streamlined our processes to make it easier for our staff to record and also retrieve a patient's advance care directive or medical treatment decision maker in our electronic health record – this includes better processes for uploading this information to the *My Health Record*.
- The Advance Care Planning team made regular presentations to community groups such as Rotary and Probus to help spread the message to the wider community.



Planning for a careful end

When patients come into hospital extremely unwell and unable to communicate their wishes, doctors look to the patient's Advance Care Plan – if they have one in place.

“Very early in the patient's journey through the hospital, all possible efforts are made to review an Advance Care Directive if available, and plan their care accordingly,” explains General Medicine Consultant Dr Anmol Bassi.

“Patients with an Advance Care Directive are generally clear about what treatment they don't want.”

“For example, some patients don't want any life prolonging treatments or to be resuscitated. Others would prefer to be kept comfortable if there is no reasonable chance of recovery to a good quality of life.”

Advance Care Directives document decisions about end-of-life care and make it clearer for the patient's medical team and also their family.

“An Advance Care Directive ensures we avoid unnecessary interventions or investigations, such as CT scans, if the patient does not desire active management of their condition,” adds Dr Bassi.

“It is easy for us to communicate with the family based on the Advance Care Plan and direct our treatment decisions,” explains General Medicine Consultant Dr Navin Amarasinghe. “It makes the decision making less complicated. It also helps the family to come to terms with what the patient wants.”

Dr Bassi and Dr Amarasinghe both agree it is important people sit down with their family and document their wishes in an Advance Care Plan.

“I think everyone should have one,” says Dr Amarasinghe.

“It is good not only for the doctors but also for the family to accept that part of your life. It takes the responsibility and the guilt from the family to make those very difficult decisions,” Dr Bassi adds.

Did you know? Peninsula Health has a free Advance Care Planning service for Peninsula residents.

Book a confidential appointment today:
Call 1300 665 781 Email acp@phcn.vic.gov.au
Visit www.peninsulahealth.org.au/advancecareplanning

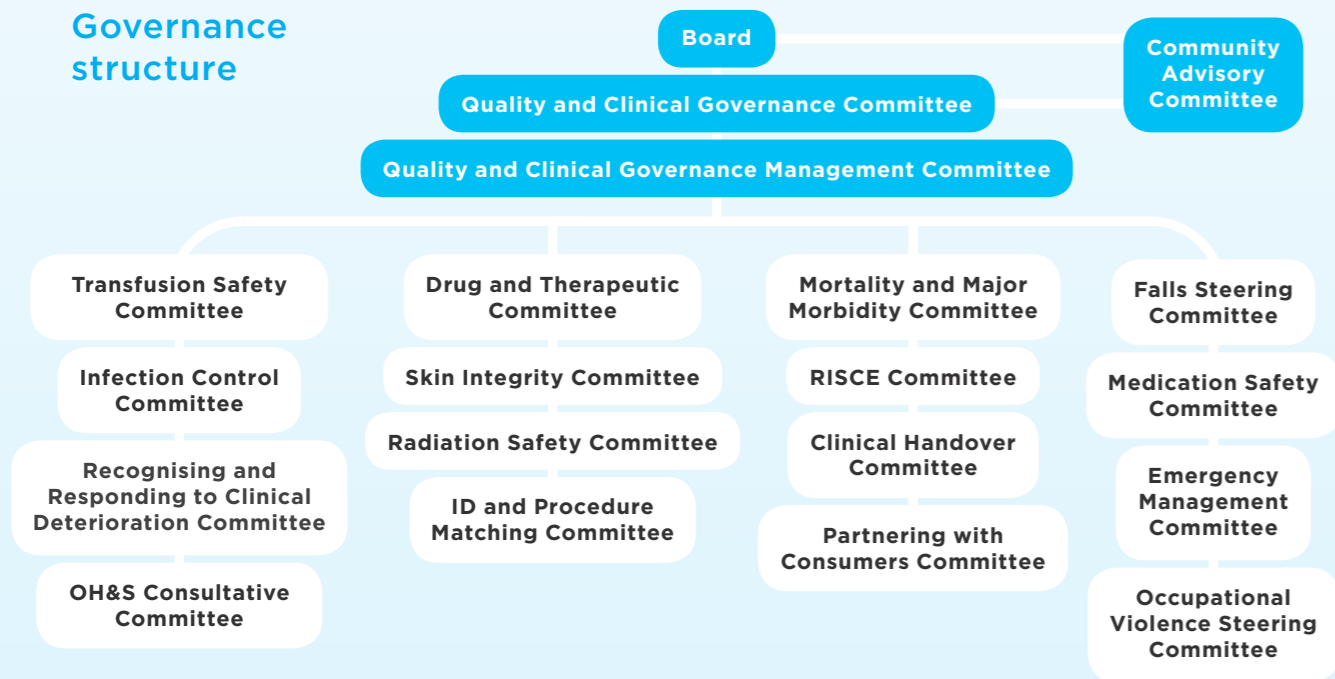
Every person, every time

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 framework. This system is the foundation that supports everything we do – safe, personal, effective and connected care for every person, every time.

Our Clinical Governance Framework

We have a robust clinical governance system that ensures you receive the best of care every time we care for you. These systems ensure that we:

- Involve you and your family in decisions about your care
- Manage the risks associated with a hospital stay and medical treatments
- Give you the best clinical care that complies with Australian standards
- Help staff and volunteers learn new skills, work as teams, and find ways of improving the way we do things
- Work with key education and training organisations to ensure our doctors, nurses, midwives and allied health staff have the right qualifications and experience to deliver excellent quality health care
- Use the best available research to improve the healthcare we provide



Meeting high standards

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

We participate in regular accreditation of our services and use the process to demonstrate the continuous improvement cycle we use daily to improve care. The standards cover the core day-to-day work done by our staff on all sites to deliver safe, personal, effective and connected care to you and your family.

Peninsula Health is accredited for all of the relevant Australian healthcare standards: National Safety and Quality in Health Services Standards, National Standards for Mental Health Services, Quality Improvement Program Standards and Residential Aged Care Standards. We also have Rainbow Tick Accreditation which means we meet very high standards for service delivery for our LGBTIQ consumers.

“Our clinical governance framework directs the way we deliver our health services so we can meet each patient’s expectations for safe, effective healthcare. It also helps us to monitor our performance and most importantly, share practical solutions for improving patient care,” says Dr Tim Williams, Executive Director of Medical Services and Clinical Governance.

Who we are

Peninsula Health is your public health service – we care for the people of Frankston and the Mornington Peninsula providing the best of care, close to home, for you and your family.

Our sites include Frankston Hospital, Rosebud Hospital, The Mornington Centre, and Golf Links Road Rehabilitation Centre, Mental Health Services, and a range of home- and community-based services.

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

Building a healthy community in partnership.

Our Values

Service Integrity Compassion Respect Excellence

Our Strategic Priorities

We aim to achieve our mission by focusing on seven strategic priorities:

Person Centred Care
We treat each person as an individual and involve them in their care

Timely and appropriate healthcare
We provide the best of care, when and where it is needed

Partnering with the community
We involve consumers to deliver the right healthcare for our community

Our workforce
We are driven by our values and empower our people to be the best they can be

Safety and Quality
We deliver safe, effective care and embrace innovation

Learning, teaching and research
We foster a culture of research and continuous learning to improve patient care

Sustainability
We manage our resources efficiently and find new ways to fund future needs

Sharing our improvements with you

The Department of Health and Human Services’ 2017–18 policy and funding guidelines require all Victorian public health services to publish an annual *Quality Account* for the financial year 1 July 2017 to 30 June 2018.

Distributing our Quality Account

This *Quality Account* is made available to patients, clients, visitors, healthcare partners, local GP clinics, and community leaders.

You can also read the *Quality Account* on our website at peninsulahealth.org.au

Tell us what you think

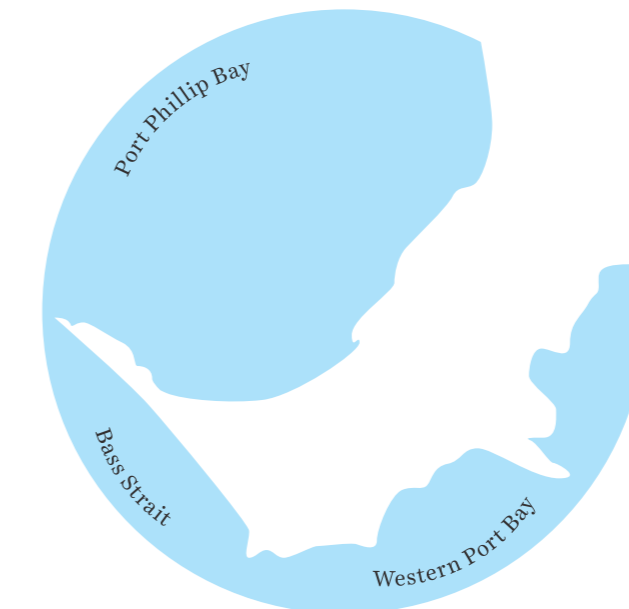
Your feedback, both positive and negative, helps us improve our services for you and your community. You can provide feedback over the phone, via our website, in writing, or in person to the Customer Relations Manager or the person in charge of the relevant department or program.

Phone: (03) 9784 7298
Email: customer.relations@phen.vic.gov.au
Post: Customer Relations, Peninsula Health, PO Box 52, Frankston VIC 3199

More information

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

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



What do you think of this publication?

Was this edition of *Quality Care* 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.

Please answer the questions below. Here are some ways you can return the form.

- Give it to a Peninsula Health staff member.
- Put it in one of the feedback boxes in our wards or at Main Reception.
- Post it to:
Safer Care Unit,
Peninsula Health, PO Box 52,
Frankston VIC 3199.

You can also leave feedback at peninsulahealth.org.au – click on *Feedback, Suggestions and Complaints*.

1 What do you think of the information in this *Quality Account*? (please circle)

Poor 1 2 3 4 5 Excellent

2 What do you think of the way we have presented the information? (please circle)

Poor 1 2 3 4 5 Excellent

3 Is there any other information you would like to see in the *Quality Account*?

Help give the best of care, close to home



Get involved:

- Become a volunteer
- Join an Auxiliary
- Become a consumer representative
- Make a donation



03 9788 1501



engagement@phcn.vic.gov.au



peninsulahealth.org.au/support



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We are proudly inclusive.

