## Fast facts 2010/11

### Each month at Peninsula Health, an average of:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Average per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babies born</td>
<td>203</td>
</tr>
<tr>
<td>Children admitted</td>
<td>662</td>
</tr>
<tr>
<td>Treated in ED</td>
<td>1,266</td>
</tr>
<tr>
<td>Treated in ED (0-16)</td>
<td>6,490</td>
</tr>
<tr>
<td>Admitted to ED (0-16)</td>
<td>1,266</td>
</tr>
<tr>
<td>Emergency procedures</td>
<td>408</td>
</tr>
<tr>
<td>Elective procedures</td>
<td>513</td>
</tr>
<tr>
<td>Prescription items</td>
<td>7,921</td>
</tr>
<tr>
<td>X-rays and imaging</td>
<td>8,800</td>
</tr>
<tr>
<td>Community mental health occasions</td>
<td>8,800</td>
</tr>
<tr>
<td>Community health courses of care</td>
<td>8,112</td>
</tr>
<tr>
<td>Inpatient rehabilitation treatments</td>
<td>5,410</td>
</tr>
<tr>
<td>Cardiac cases treated</td>
<td>166</td>
</tr>
<tr>
<td>Cancer treatments provided</td>
<td>294</td>
</tr>
</tbody>
</table>

### During the year a total of:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Total per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>People presented to ED</td>
<td>77,875</td>
</tr>
<tr>
<td>Patients admitted to hospitals</td>
<td>72,560</td>
</tr>
<tr>
<td>Surgical procedures carried out at Peninsula Health</td>
<td>15,893</td>
</tr>
<tr>
<td>Community mental health occasions of care provided</td>
<td>97,341</td>
</tr>
<tr>
<td>Community health courses of care provided</td>
<td>128,937</td>
</tr>
<tr>
<td>Allied health courses of care provided</td>
<td>18,125</td>
</tr>
<tr>
<td>Dental courses of care provided</td>
<td>23,770</td>
</tr>
<tr>
<td>Occasions of service provided at diabetes clinics</td>
<td>2,612</td>
</tr>
<tr>
<td>Drug &amp; alcohol courses of care provided</td>
<td>7,915</td>
</tr>
</tbody>
</table>

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*Front cover: Joyce Beach, pictured here with nurse Lisa Taylor, receives regular blood transfusions at Peninsula Health. See page 33 for details of the ACHS Quality Improvement Award that we received for improving compliance in gaining consent for blood transfusions.*
On behalf of Peninsula Health’s Board of Directors and our staff, we are pleased to present the 2011 Quality of Care Report, which outlines our progress in improving the healthcare we provide for the local community in Frankston and the Mornington Peninsula.

Thanks to the hard work of our teams of staff, volunteers, consumer representatives and the Board, our achievements in delivering a high standard of care were recognised by the Australian Council on Healthcare Standards (ACHS) during the organisation-wide EQuIP survey which took place in May 2011. ACHS surveyors awarded Peninsula Health 22 Excellent Achievement ratings and commended the systems and processes in place in a number of areas. Peninsula Health was accredited for a further four years.

In this report you will read how our teams are improving healthcare for each consumer who accesses our services. A few examples include:

- The launch of a ‘smoke free’ policy across all Peninsula Health sites, with support and resources for people who want to quit smoking
- Implementation of an Acute Stroke Response team for patients who present to our Emergency Department with a suspected stroke or mini stroke
- Introduction of a new Ambulatory Clinic in the Women’s Health Unit for women experiencing problems in early pregnancy
- Major improvements to the consent process for blood transfusions, which were recognised with an ACHS Quality Improvement Award
- Launch of our Speak Up campaign to encourage patients to be actively involved and informed about their medication management
- Enhancement of the Transition Care Program to include patients under 65 years of age with high level care and complex needs
- Enhancement of our volunteer training program, and recognition of the dedication of volunteers like Gus de Groot who received an Outstanding Individual Achievement Award in the 2011 Minister for Health Volunteer Awards.

As the leading provider of Aboriginal and Torres Strait Islander (ATSI) primary care on the Mornington Peninsula, Peninsula Health continues to experience increases in ATSI inpatient admissions, Emergency Department presentations, and Community Health registrations. Our ATSI Consumer Advisory Group plays a key role in ensuring that our services are accessible and appropriate for Indigenous clients. In 2010, we acknowledged the passing of Aunty Rhoda Green, a local Aboriginal Elder, and the wonderful commitment that she made to the Health Service.

Your feedback is very important to Peninsula Health. It helps us to identify our strengths and weaknesses and to improve the quality of the services we provide. We invite you to have a say in your health service by telling us your concerns and suggestions, and letting us know if you are happy with the care provided by Peninsula Health.

If you would like to take a more active role, you can apply to join one of our 14 Consumer Advisory Groups as a consumer representative or, as vacancies occur, the Consumer Advisory Committee. Alternatively, we welcome your help, skills and commitment as one of our wonderful volunteers.

Dr Sherene Devanesen
Chief Executive

Mr Barry Nicholls
Chairperson, Board of Directors
Reporting to our community

This year’s Quality of Care Report gives us the opportunity to share information about the initiatives and teamwork involved in improving the quality of healthcare for our consumers.

All Victorian health services are required to report on quality activities throughout the financial year. This report addresses Victorian Department of Health (DH) criteria for quality reporting including new criteria for 2010/11 for community participation achievements, safe management of blood and blood products, and health promotion.

In response to feedback from consumers, this Quality of Care Report 2011 includes more information on Community Services and our Emergency Departments.

Distribution of the Quality of Care Report

The Quality of Care Report is distributed each year at Peninsula Health’s Annual General Meeting. We also distribute it to patients, clients, residents in our aged care facilities, visitors, healthcare partners, GP clinics, and community leaders.

You can read the report on our website at www.peninsulahealth.org.au.

If you would like to suggest any new areas for inclusion in next year’s Quality of Care Report, please fill out the enclosed feedback form and send it back to us. We also invite you to give us your feedback at www.peninsulahealth.org.au. Just follow the links for Contact Us.

To pass on a compliment or express a concern

Phone Customer Relations on (03) 9784 7298.
Or visit www.peninsulahealth.org.au and follow the links for Patient / Visitor Information – Suggestions and Complaints.

For more information about our services and programs

Phone Public Relations & Marketing on (03) 9788 1501.
Or visit www.peninsulahealth.org.au and follow the links for Patient / Visitor Information – Services A-Z.

Ensuring quality

Accreditation is a process that assesses whether healthcare services comply with recognised standards and quality of healthcare. Accreditation of Australian health services is carried out by independent bodies to specified criteria.

EQuIP review

In May 2011, Peninsula Health took part in a comprehensive, organisation-wide review by the Australian Council on Healthcare Standards (ACHS). The ACHS accreditation process involves a four-year cycle of assessments against a set of comprehensive standards (ACHS EQuIP - Evaluation and Quality Improvement Program).
Peninsula Health was able to demonstrate safe, high quality care when we were surveyed in May 2011, and ACHS surveyors awarded us 22 Excellent Achievement ratings. Peninsula Health was fully accredited for another four years.

ACSAA review

All residential aged care facilities must be accredited by the Aged Care Standards and Accreditation Agency (ACCSA) in order to receive funding from the Australian Government.
Peninsula Health’s residential aged care facilities are fully accredited by ACSAA and will be reviewed again in 2012.
Community participation

Community participation at Peninsula Health is about consumers, carers and the community having their say, listening to the views and ideas of others, and working together to help the Health Service respond to and reflect community needs.

Peninsula Health’s strong commitment to community participation is demonstrated through the involvement of consumers and community members in a wide range of planning and service delivery activities across the Health Service. Community participation at Peninsula Health is guided by the Department of Health’s policy of ‘Doing it with us not for us’, which grew from the Victorian Government’s commitment to involving people in decision making about healthcare services.

Our aim is to actively engage with our community, to listen to what it says, and to act on feedback to enhance the quality of care that we provide to our community.

Community participation within Peninsula Health is supported by an Executive Director and dedicated staff who support our 857 volunteers, Community Advisory Committee (CAC), and a network of 14 Community Advisory Groups (CAGs).

Our Community Participation Plan focuses on person-centred care and has been developed with input from the whole Health Service including the CAC, CAGs and volunteers.

Consumer ideas and suggestions are logged onto our newly developed Consumer Register, which will enhance consumer participation planning, implementation and delivery of our programs and services.
Teamwork builds effective communities

Doing it with us not for us: our progress

Peninsula Health’s Community Participation Plan 2009-2012 was developed with input from consumers, carers and the community as well as Peninsula Health staff. The plan describes 50 projects that aim to ensure a better consumer experience. We have completed 21 of these projects, and a further 21 are in progress. The remaining eight projects are in the early stages of development.

<table>
<thead>
<tr>
<th>Priority action</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organisation demonstrates commitment to consumer, carer and community participation appropriate to its diverse communities.</td>
<td>All eight strategies in the Department of Health’s ‘Doing it with us not for us’ Strategic Direction 2010-2013 have been achieved through consumer, carer and community member involvement in the development and implementation of:</td>
</tr>
</tbody>
</table>
| **Target 75%**  
**Achieved 88%** | • Community Participation Plan  
• Disability Action Plan, CALD Plan and GLBTI Plan  
• Improving Care for ATSI Patients Program  
• Community participation systems, processes and capacity building activities  
• Reporting on community participation to the wider community using a range of approaches including the Quality of Care Report. |
| Consumers and, where appropriate carers are involved in informed decision making about their treatment, care and wellbeing at all stages and with appropriate support. | • A Consumer Participation indicator score on the Victorian Patient Satisfaction Monitor of *greater than 75%* was achieved at Frankston and Rosebud Hospitals.  
• 94% of clients/carers were satisfied or highly satisfied with their involvement in decisions about their care or treatment in our Community Health centres.  
• 79% of achievements were derived from the Suite of Evidence for Engagement in Mental Health.  
• 76% of residents/families/carers were satisfied with their involvement in decision making about their care or treatment in our Residential Aged Care facilities. |
| **Target 75%** | A Consumer Information Steering Committee has been established. It includes four consumer members. The Committee ensures that information for consumers is reliable, up to date, and easy to understand. The percentage of people who rated written information on how to manage their condition and recovery at home on the Victorian Patient Satisfaction Monitor (VPSM) as ‘good’ to ‘excellent’ was 84.5% for Frankston Hospital, 93% for Rosebud Hospital and 88% for Sub-Acute. |
| Consumers and, where appropriate, carers are provided with evidence based accessible information to support key decision making along the continuum of care. | Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis. |
| **Target 75%** | Peninsula Health has achieved five of the six specified activities / dimensions where consumers, carers and community members are active participants through involvement in:  
• Strategic planning  
• Service, program and community development  
• Quality improvement activities  
• Ethics, quality, clinical and corporate governance committees  
• Development of consumer health information. The sixth activity, for future development, focuses on involving consumers in monitoring and reviewing complaints. |
| The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively. | • We completed a successful pilot of Executive Conversation Rounds of consumers and Executive Directors to seek feedback from inpatients.  
• A Volunteer orientation and training program has been developed and successfully implemented incorporating feedback from volunteers.  
• CAC and CAG members take part in a Peninsula Health education and training program to help them undertake their roles.  
• 13 CAC and CAG members have completed a Consumer Leadership Course run by the Victorian Quality Council and the Health Issues Centre. |
Interesting fact
The number of consumers represented on Peninsula Health committees and groups has increased from 29 in 2006 to 127 in 2011.

Working with our diverse community
Community Advisory Committee
Our Community Advisory Committee (CAC) brings the ‘voice of the community’ into the Health Service, and provides the 11 committed community representatives who serve on the CAC with an opportunity for direct communication with our Board.

Community Advisory Groups
Our 14 Community Advisory Groups (CAGs) represent specific geographic areas, special needs and marginalised population groups. For details see the Community Participation framework on page 3.

Consumers contribute to EQuIP survey
There was a high level of consumer representation and engagement in the ACHS EQuIP accreditation survey of Peninsula Health in May 2011. Consumers took an active role in many of the presentations to ACHS surveyors, and described the importance of community participation at Peninsula Health as a ‘real’ collaborative partnership.

Assistance in Care program
In November 2010, the Red Cross withdrew from Emergency Department (ED) Assistance in Care (ACE) Volunteer programs across Victoria. The transition from Red Cross to Peninsula Health was very successful, and we retained 96% of the former ACE volunteers. Our volunteers in the EDs provide practical and emotional support to patients, their families, and carers.

The program has continued to grow, with monthly contacts averaging 2,000 in the Frankston Hospital ED and 700 in the Rosebud Hospital ED.

CAC members attend Patients for Patient Safety conference
In March 2011, CAC members and key Peninsula Health staff attended a presentation by Stephanie Newell from the Patients for Patient Safety Alliance. Stephanie is an advocate for patient-centred care. The Alliance, established by the World Health Organization, is an international network of patients and family members who have experienced preventable harm in the health care system. Stephanie commended Peninsula Health on our current level of consumer engagement and discussed opportunities to further involve consumers in aspects of patient safety in care delivery.

Disability Action Plan
Our Disability Action Plan covers a 12-month timeframe of initiatives and is incorporated into the Community Participation Plan. The plan aims to ensure that people with a disability are neither excluded nor treated less favourably. The Disability CAG has already completed a number of initiatives from the plan, including:

- Increasing staff awareness of special needs populations through events such as International Day of People with Disability
- Establishing Recharge points for electric scooters and wheelchairs at key Peninsula Health sites. Recharge points are available at our Frankston Integrated Health Centre next to Frankston Hospital, and at our Community Rehabilitation Centre in Golf Links Road, Frankston.
Volunteering
How it works at Peninsula Health
Volunteer programs enhance the quality of consumers’ experience and provide support to our staff. Volunteers and other key stakeholders work together to coordinate an extensive range of programs that include:
- Volunteer Help Desk
- Men’s Sheds
- Auxiliary groups
- Pink Ladies
- Hydrotherapy
- Flowers and patient library
- Pastoral care
- Community Health programs and activities
- Volunteer drivers
- Food tasting panel
- Community Kitchens.

We provide training for our 850 plus volunteers to ensure that they have the skills and knowledge to play an active part in the Health Service. Volunteers are required to comply with confidentiality agreements, privacy training, Peninsula Health’s occupational health and safety requirements, and police checks.

In 2010, the Volunteer Steering Committee reviewed our volunteer programs to ensure that the valuable contribution made by volunteers is well-supported. The Volunteer orientation and training course was improved with more face to face training content, volunteer input, and a training booklet. ‘Thank you’ booklets are distributed at the annual Volunteer Appreciation Luncheon, where Service Awards are also presented to volunteers in recognition of their generous donations of time and expertise.

The Frankston Hospital Volunteer Information Help Desk provides an important point of contact for visitors.

For patients, the Volunteer Pet Therapy and Visiting Musicians programs provide enjoyable and valuable diversions.

Interesting fact
Participation in volunteer orientation has increased from 60% in 2010 to 90% at June 2011.
Volunteer intake has increased from 800 in 2007 to 857 in 2010/11.

Puppy love for patients and residents
Raelene Wolfe (pictured left) was all smiles when she got a big dose of ‘puppy love’ during her stay at Frankston Hospital. Raelene’s encounter with some new four-legged friends was part of Peninsula Health’s Pet Therapy Program.

“It brought back memories of being with my own two dogs and made me feel like I was back at home. It was also good to be able to see how the dogs brightened up everyone’s faces,” Raelene said.

Volunteer pups Ben, a King Charles spaniel and Zeta, a German Shepherd lap up the star treatment and attention they receive from many patients and staff. The pups bring plenty of joy to patients at Frankston Hospital and to aged care residents at the Jean Turner Community Nursing Home and Lotus Lodge Hostel in Rosebud.

Volunteers Dave Edlond, a qualified dog behaviourist and trainer, and Lisbeth Hay kindly volunteer their time.

Pet therapy can make patients feel more at ease and relaxed, which can help with recovery. It can also help to take their mind off the reason why they might be in hospital,” said Dave.
Outstanding Individual Achievement

Gus de Groot, a long-serving volunteer with Peninsula Health, was recognised with a major award in the Metropolitan Health Services category of the 2011 Minister for Health Volunteer Awards. The Award recognises Gus’s ability to combine his volunteer and consumer roles and his contributions to significant improvements in processes and facilities at Peninsula Health.

Gus is a long standing member of Peninsula Health’s Community Advisory Committee, a role which is combined with his involvement in the Frankston and Northern Peninsula Community Advisory Group, the Medication Safety Committee, and Frankston Hospital Information Help Desk.

As a committed consumer advocate, Gus has been actively involved in our Speak Up patient medication campaign and at a number of external Quality and Safety and Community Participation conferences.

Gus de Groot receives his award from the Minister for Health, the Hon David Davis.

Healthcare partnerships

Our partnerships with local agencies, institutions and government help to enhance the quality of care that we provide to the community we serve. These partnerships and collaborative programs create exciting opportunities for sharing successful strategies and for contributing to expertise and innovation. Our partnership organisations and bodies include:

- Department of Health
- Australian Council on Healthcare Standards
- Monash University Faculty of Medicine, Nursing and Health Sciences
- Department of Human Services: Central Office and Southern Region
- Postgraduate Medical Council of Victoria
- Peninsula GP Network
- Frankston Mornington Peninsula Primary Care Partnerships
- Colleges responsible for medical specialist training
- Victorian Alcohol & Drug Association
- Victorian Pharmacotherapy Network Committee
- Melbourne University’s Centre for Psychiatric Nursing Advisory Committee
- Chisholm Institute of TAFE
- Westerport Latrobe Regional Communication Service
- Innovative Health Services for Homeless Youth Regional Network
- Mornington Peninsula Communities that Care
- Health and Wellbeing Committees (City of Frankston and Mornington Peninsula Shire)
- Frankston Community Safety Management Team
- Frankston Relationships Centre Advisory Committee
- Frankston Working Together Strategy.
**Coordinating care in our community**

The annual Service Coordination and Integrated Chronic Disease Management Survey is a Department of Health initiative that measures how local government, hospitals, health and community service organisations work together.

Peninsula Health was one of 26 programs or services that responded to Part A of the survey which measures integration of the services. **Results include:**

<table>
<thead>
<tr>
<th>Part A</th>
<th>Service coordination</th>
<th>Greater than 90%</th>
<th>50-90%</th>
<th>10-50%</th>
<th>Less than 10%</th>
<th>Not integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consumers have been given information about specific services provided by your agency in response to their enquiry</td>
<td>50%</td>
<td>12%</td>
<td>15%</td>
<td>23%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Your agency conducts initial needs identification within no more than 7 working days</td>
<td>46%</td>
<td>12%</td>
<td>4%</td>
<td>0%</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>Service Coordination Plans have been documented for consumers with complex or multiple needs who are receiving services from more than one agency</td>
<td>27%</td>
<td>23%</td>
<td>0%</td>
<td>8%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Peninsula Health was one of 12 programs or services across Frankston and the Mornington Peninsula that responded to Part B of the survey which measures how chronic disease management services work together. **Results include:**

<table>
<thead>
<tr>
<th>Part B</th>
<th>Integrated chronic disease management</th>
<th>Greater than 90%</th>
<th>50-90%</th>
<th>10-50%</th>
<th>Less than 10%</th>
<th>Not integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assessments meeting the criteria have been documented for consumers</td>
<td>33%</td>
<td>25%</td>
<td>17%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Intra-agency care plans have been developed for consumers that meet the VHA criteria</td>
<td>0%</td>
<td>25%</td>
<td>17%</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Met</td>
<td>Partly met</td>
<td>Not met</td>
<td>Other</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical care protocols, pathways and decision support tools have been developed that meet the criteria for best practice clinical care delivery</td>
<td>33%</td>
<td>17%</td>
<td>25%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Clinical care protocols, pathways, and decision support tools are provided that demonstrate continuity of care and proactive ongoing support that meets the endorsed criteria</td>
<td>25%</td>
<td>17%</td>
<td>8%</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Embracing cultural diversity
As part of our commitment to ensuring that everyone can access our services, Peninsula Health has developed initiatives to identify and meet the needs of patients and community members from different cultural and linguistic backgrounds. These include establishment of a Cultural and Linguistic Diversity (CALD) Community Advisory Group, and a range of CALD education and training opportunities for staff when they begin working at Peninsula Health and throughout their employment.

The Department of Health requires Peninsula Health to report our progress against six requirements for cultural responsiveness.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
</table>
| **1** Whole-of-organisation approach to cultural responsiveness | - Peninsula Health provides speakers to meetings of Peninsula ethnic seniors clubs.  
- The Charter of Healthcare Rights is available in 25 different community languages, including Braille.  
- Interpreter signage is displayed at each of the main entrances to Peninsula Health buildings.  
- An intranet page for staff provides links to ongoing training and forums of interest.  
- A Provision of Interpreter Clinical Practice Guideline ensures that patients who need an interpreter are offered one. An ‘on-call’ interpreter, translation agency interpreters, and translation services are utilised. |
| **2** Leadership for cultural responsiveness is demonstrated | - One of our Executive Directors has responsibility for the CALD Consumer Advisory Group.  
- CALD training is offered through the Human Resources Non-Clinical Training Plan. In addition, four sessions of staff training are provided each year through the Access and Equity representative from the New Hope Migrant Resource Centre in Mornington. |
| **3** Accredited interpreters are provided to patients if required | - Our Social Work Department maintains a database of all interpreter bookings and related information. The data are reported monthly to the Board and the CALD Consumer Advisory Group.  
- Staff can access information about interpreters via the intranet, with a range of web based resources.  
- The interpreter symbol is displayed on all new or updated printed information provided to patients. |
| **4** Inclusive practice in care planning is demonstrated | - In February 2011, a Community Consultation Forum was facilitated by Peninsula Health in collaboration with the Peninsula Ethnic Services Committee to gain an understanding of how people found out about specific services, what their expectations were, and if the service met their needs.  
- The CALD Consumer Advisory Group has input to policies including Community Participation, Equal Employment Opportunities, Nutrition and Food Services to ensure appropriate care planning.  
- The four Sacred Spaces across Peninsula Health provide sacred texts from several faiths. |
| **5** CALD consumer, carer and community members are involved in planning, improvement and review of services | - Peninsula Health has CALD consumer, carer and community members involved in planning, improvement and review of services on an ongoing basis. For example, a member of the CALD Consumer Advisory Group took part in the Food Taste Panel to ensure cultural appropriateness. As a result, a range of halal, vegan, vegetarian, kosher and ethnic specific meals were introduced in 2010. Additional religious or cultural dietary requirements can be accommodated. |
| **6** Staff are provided with professional development opportunities to enhance cultural responsiveness | - Home and Community Care CALD training programs are provided through Community Health.  
- CALD awareness is included in corporate orientation, and cultural diversity training is offered through the Human Resources Non-Clinical Training Plan in conjunction with Social Work and the New Hope Migrant Resource Centre.  
- A CALD intranet page has been developed to help staff access communication tools and resources to assist with patient care.  
- Education sessions are provided for medical staff to incorporate consent issues and documentation for CALD consumers / patients and electronic interpreter awareness training. |
Teamwork builds effective communities

Linguistic diversity
Peninsula Health focuses strongly on the delivery of patient-centred care that incorporates good communication skills. The support of skilled and trained interpreters is essential for ensuring that patients from different cultural and linguistic backgrounds can actively participate in care planning and receive effective care.

Peninsula Health has partnerships with interpreting agencies to ensure that any patient who needs a trained interpreter has access to one. The range of languages requested varies, and data reflect a shift away from traditional European languages (Italian, Greek, Spanish, Dutch and German) to Mandarin, Vietnamese, Nuer, Dari, Khmer and Arabic.

Top 5 languages
The top 5 languages for CALD mothers of babies born at Peninsula Health between 1 July 2010 and 30 June 2011 were:

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandarin</td>
<td>125</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>36</td>
</tr>
<tr>
<td>Khmer (Cambodia)</td>
<td>35</td>
</tr>
<tr>
<td>Nuer (Sudan)</td>
<td>29</td>
</tr>
<tr>
<td>Arabic / Dari (Afghanistan) / Thai</td>
<td>18</td>
</tr>
</tbody>
</table>

Although the Interpreter Service is utilised across all service areas, for many new arrivals it is becoming an integral part of antenatal and postnatal care. Pregnant women have access to interpreters throughout their pregnancy; at birthing classes, during the birth, on the ward following the birth, and when they receive midwife home care. Where possible, we request the same interpreter to establish a good rapport and consistency of service.

Interesting fact
Interpreter bookings at Peninsula Health have grown from 875 in 2007/08 to over 1,600 in 2010/11 – an average growth rate of 8% a year.

Future directions
In the coming year, CALD services will focus on the needs of refugees in Frankston and the Mornington Peninsula.

A research study in 2010/11 revealed that 8% of refugees in Victoria are currently living within the Peninsula Health catchment. These consumers are predominantly Sudanese, and are accessing CALD-sensitive services at the Refugee Clinic at Dandenong Hospital. In collaboration with the New Hope Foundation and Southern Health CALD Services, Peninsula Health is participating in a review to identify the best way to establish a Refugee Education and Support Program on the Mornington Peninsula.

Improving care for the ATSI community
Peninsula Health’s Strategic Plan recognises the disadvantages experienced by the Aboriginal and Torres Strait Islander (ATSI) community, both socially and in relation to health issues; and we work closely with the Indigenous community to ensure their needs are met.

The Peninsula Health Koori Holiday Program won the Cultural Innovation Award at the 2010 Indigenous Community Justice Awards.

Possum Dreaming: Agility, Versatility and Diversity, painted by Nambooka, represents the need to be flexible when dealing with the health needs of the Indigenous community. This logo is widely displayed across Peninsula Health sites.
During 2010/11, partnerships with Tennis Victoria, Melbourne Storm, Frankston Tennis Club and Blairgowrie Yacht Squadron have strengthened the program. Five keen participants from the Youth Surfing camp in January 2011 went on to compete in the Woorranganook Victorian Koori Surfing Titles held at Urquharts Bluff in February 2011. Two participants gained places in the Australian Indigenous Surf Titles.

The summer holiday program was a regional winner in the 2010 Regional Indigenous Community Justice awards.

Wambiri Malaka

The Wambiri Malaka Sports and Recreation Program is a Commonwealth funded Department of Health and Ageing program. Its goal is to increase Indigenous participation in a range of sports and activities that include surfing, sailing, tennis, rugby, traditional games, bush walking and water exercise. Workshops and camps are part of the mix to enable young people to learn from experts in their field during the summer holidays.

NAIDOC Week 2010

Each year, NAIDOC Week (www.naidoc.org.au) celebrates ATSI cultures. Locally, Peninsula Health acknowledges NAIDOC Week as an opportunity to recognise the contributions of Indigenous Australians to the Health Service and to the local Mornington Peninsula community.

In July 2010, we celebrated the start of NAIDOC Week with a flag raising ceremony at our Hastings Community Health Centre. The event featured the local Baluk Art Dancers, a bush tucker morning tea and smoking ceremony, and was symbolic of national NAIDOC Week celebrations. The theme for NAIDOC Week 2010, ‘Unsung heroes – Closing the gap by leading their way’, aimed to identify the role that quiet achievers in ATSI communities play in leading the way for others.
## Community participation and our ATSI consumers

The Department of Health requires Peninsula Health to report our progress against the following key criteria for community participation and our ATSI consumers.

<table>
<thead>
<tr>
<th>Key criteria</th>
<th>Achievements</th>
</tr>
</thead>
</table>
| Establish and maintain relationships with Aboriginal communities and services | • The ATSI Consumer Advisory Group (CAG) continues to expand its role, with alternate meetings now being held in Rosebud and Frankston. The ATSI CAG has a membership of 10-15 community members. One of its key goals is to ensure that services are accessible and appropriate for Indigenous clients across Peninsula Health.  
• The ATSI CAG has been instrumental in providing feedback to Peninsula Health about sport and recreation programs, artwork in Frankston Hospital Emergency Department, and cultural safety.  
• Peninsula Health has played a significant role in the Southern Metropolitan Region (SMR) Closing the Health Gap Plan. We are represented on the two Regional Reference groups and on the SMR Closing The Health Gap Committee.  
• Bunurong Health Service (Dandenong and District Aborigines Cooperative) has co-located its Smoking Cessation and Healthy Lifestyles team with our Hastings Community Health Service. |
| Provide cross-cultural training for hospital staff                            | • Peninsula Health received Department of Health funding for our Baymob Culture – Making It Real project to provide a cultural awareness experience for 48 staff throughout 2010/11. As part of this project, 32 staff attended a day with a traditional land owner and Peninsula Health Koori Services staff to learn about the Boon Wurrung / Bunurong land and history.  
• We facilitated cultural awareness training for 80 Monash University students as a result of a BayMob Expo partnership project held in 2010. |
| Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning | • As part of the 2011-2013 SMR Closing the Health Gap Plan, Peninsula Health has developed a plan for improving healthcare pathways for ATSI patients. This will include a cultural audit of the entire Health Service, recruitment of an Elder in Residence, and a model of care offering care coordination to all ATSI patients.  
• The ATSI CAG continues to provide a mechanism for the development and evaluation of ATSI-specific services across Peninsula Health. |
| Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies | • Peninsula Health is the leading provider of ATSI primary care on the Mornington Peninsula. ATSI inpatient admissions have increased from 332 (2009) to 482 (2011), ED presentations have increased from 630 (2009) to 728 (2011) and Community Health registrations have increased from 102 (2009) to 146 (2011).  
• In addition, a referral pathway is now in place for staff to refer clients to the new Dandenong and District Aborigines Cooperative team based at Hastings Community Health. This team focuses on smoking and a healthy lifestyle for ATSI clients in the Mornington Peninsula region. This complements the referral relationship between the Smoking Cessation team and GP Network staff. |
Teams promoting a healthy community

Health promotion
Peninsula Health believes that every healthcare contact is an opportunity to promote and enhance the health and wellbeing of individuals and communities.

Our Health Promotion team plans, implements and evaluates health promotion programs and creates a supportive environment for consumers. The team works with a number of community services to identify and address social issues that contribute to preventable ill health and disease.

In February 2011, Peninsula Health became a member of the International Network of Health Promoting Hospitals & Health Services (HPH) through the World Health Organization.

Our membership of HPH will help to raise the profile of health promotion within Peninsula Health.

A Steering Committee chaired by an Executive Director oversees the management of our health promotion activities.

Award-winning recipe for healthy living

In 2010, Peninsula Health was awarded the Victorian Public Healthcare Award for Prevention and Promotion for our Community Kitchen initiative. Community Kitchens have grown from a local Frankston project into a nationally-recognised program, and are built on the principles of health promotion and community development.

With the help of a volunteer leader, participants develop practical skills in cooking nutritious, affordable meals at low cost – and make all the decisions about the running of the group and what they will be cooking.

In 2010/11, we opened two new Community Kitchens, making a total of 18 Community Kitchens across Frankston and the Mornington Peninsula, with over 200 participants.

A Community Kitchen website provides information and helpful resources at www.communitykitchens.org.au.

In late 2011 we plan to further evaluate the Community Kitchens initiative, which is Peninsula Health’s flagship health promotion program. This will enable us to better measure health outcomes for participants. Then we’ll have an even bigger picture of what Community Kitchens can really cook up!

Community Kitchen participants cooking up a storm!
No smoking please

A key health promotion strategy for Peninsula Health aims to reduce the harm caused by tobacco use. This strategy provides support and assistance for staff, patients and volunteers who want to quit smoking, and support for the wider community through our four Community Health services at Frankston, Hastings, Mornington and Rosebud.

Peninsula Health has been ‘smoke free’ since September 2010, which means that smoking is no longer allowed anywhere on any Peninsula Health site.

We have also worked closely with the Frankston Mornington Peninsula Primary Care Partnership, local councils, and other organisations and community groups to develop and implement a broader smoking prevention and cessation strategy. The effectiveness of this program will be evaluated in partnership with Monash University.

Some achievements of the smoking cessation strategy include:

- As of June 2011, 240 Peninsula Health staff and volunteers have been provided with nicotine replacement therapy
- 12 local agencies have agreed to be signatories to the Frankston Mornington Peninsula Smoke Free Charter
- The Koori Smoking Cessation Working Group includes Hastings Close the Gap workers, Bittern Healing Centre, Peninsula Health Koori team and Peninsula General Practice Network Koori health workers
- The smoking cessation strategy was highly commended in the Victorian Healthcare Awards 2010.

Helping to reduce family violence

The Men’s Active Referral Service (MARS) is a program funded by the Department of Health that acts on referrals received from police following family violence incidents. MARS provides outreach phone calls to provide safety support and advice while also seeking to link men into men’s behaviour change programs.

The MARS catchment area stretches from Port Melbourne to Point Nepean at the southernmost point of the Mornington Peninsula, to Kooweerup in South Gippsland. In the first year of service, 2,100 men were referred to the program, with 10% choosing to join a men’s behaviour change program in the region. In 2010/11, more than 2,500 men received a personalised outreach call following a family violence incident. Peninsula Health is currently participating in evaluation by the Department of Human Services of MARS service delivery.

The weekly Men Exploring Non-Violent Solutions (MENS) program offers men who have been violent or controlling towards family members the opportunity to change their behaviour. Weekly group sessions are run at Frankston and Mornington with support from Family Life Frankston, which provides a male respondent worker at Frankston Magistrates Court one day a week. Demand for the MENS program is heavy, with over 90 men seeking support in 2010/11 (against a target of 69).

Identifying family violence

During the past year, staff from Community Health, Access, and the Community Information & Support Service at our Rosebud and Hastings sites received training that supports a collaborative three-year Stronger Communities (Freedom from Violence) primary prevention project. The training was delivered by Glenda Johns and Michelle Perry, Community Health practitioners with Peninsula Health, and Nevenka Galic from the Mornington Peninsula Domestic Violence Service.

Chris Kirkpatrick, a Family Violence Prevention worker at Peninsula Health, said: “The training will help staff to better identify clients, both survivors and perpetrators, who may be experiencing family violence. It will help staff to become more confident in providing information about the support services that are available”.

Further professional development in the prevention of violence is being implemented with Community and Neighbourhood Renewal sites, and with sporting clubs and churches in Rosebud West, Hastings and Frankston North.

Risky drinking behaviours

As a key priority in Victoria’s Alcohol Action Plan 2009-13, early intervention was identified as a strategy for reducing risky drinking behaviour.

In March 2010, Peninsula Health launched the Older Wiser Lifestyle (OWL) program which provides early intervention following risk assessment by using a screening tool called the Alcohol-Related Problems Survey (ARPS), not previously available in Australia.
This screening is designed for older people who may be unaware of how their drinking impacts on their medications and health conditions.

The OWL program is one of four Reducing Risky Drinking projects funded by the Department of Health as a consequence of recommendations in the Alcohol Action Plan. The program offers a multi-faceted, individually-tailored treatment service that comprises early intervention and intensive, long-term counselling and outreach services across Frankston and the Mornington Peninsula.

Evaluation of the OWL program in November 2010 revealed that:

- 20 males and 23 females aged 60-95 years have participated in this program
- 19 participants have completed a three-month follow up
- 47% of the participants have reduced their risk of experiencing alcohol-related harm as measured by the ARPS
- Three months after receiving treatment, participants’ drinking behaviour had reduced by almost 50%.

The OWL team in action

After facing a series of issues in her life Susie had found herself battling depression. During her emotional lows, she turned to drinking wine diluted with water when she was home alone. At the same time, she was taking a number of prescription medications, including anti-cancer medication, as well as sleeping tablets. Concerned that she might be growing dependent on alcohol, Susie attended Alcoholics Anonymous meetings, but they didn’t seem to help. So she sought help from a Frankston-based GP who referred her to our OWL program.

Stephen Bright, OWL Psychologist, explains. “Many older adults are not aware that having a few drinks when taking certain medications may cause significant health problems, or even hospitalisation. Drinking can not only interact with some medications – it may render other medications ineffective. Using the Alcohol-Related Problems Survey measurement tool developed in the USA, which we recalibrated for Australia, we looked closely at the relationship between Susie’s alcohol consumption, health problems, and her use of medication.”

“While our assessment revealed that Susie was drinking a relatively small amount of alcohol,” says Stephen, “her drinking was classed as ‘harmful’ because of the number of medications she was on. This meant she was at greater risk of health complications. The OWL team was able to reassure Susie that she was not an alcoholic, and worked with her to set achievable goals for limiting her alcohol intake in order to significantly reduce her level of risk.”

Now, Susie drinks only on rare social occasions. “I feel over the moon. I’ve got so much energy to get up in the mornings now, and feel so much better about myself,” she says. “I am grateful to have had the opportunity to take part in the OWL program.”
Teams promoting a healthy community

Breaking the Ice

In 2010, our Peninsula Drug and Alcohol Program (PenDAP) won a Gold Award at the Victorian Public Healthcare Awards in the Responding to Mental Health and Drug and Alcohol Service Needs category. The award recognised the success of our 18-month Breaking the Ice project, developed to raise public awareness of the unintended side effects and consequences of amphetamine use, and to build staff capacity and confidence in the management of amphetamine users.

The project engaged a range of consumers and partners, including Gay and Lesbian Health Victoria, Access Point, the Australian Drug Foundation and the Victorian Aids Council, to develop two cutting edge resources and deliver training to PenDAP staff.

- A Break the Ice DVD tackling amphetamine use among gay and lesbian communities was developed following evidence that this population is at high risk of amphetamine harm. 2,500 copies were distributed via GPs, alcohol and other drug (AOD) services, and at venues attended by the gay, lesbian, bisexual, transgender and intersex community. The video was launched to more than 200 people.

- An Early on Ice awareness campaign used advertising to target specific groups. Posters were displayed at 250 sites, including nightclubs and shopping centres – and 10,000 take away cards were distributed. During the campaign, referrals to PenDAP for amphetamine treatment increased by more than 20% in comparison to the same period in the previous year.

I want to congratulate you on Break the Ice, which is a wonderful piece of work that I am really looking forward to incorporating in the training we do in the AOD sector. It is inspiring to see Peninsula Health showing such leadership on these sometimes sensitive issues and producing something that is really cutting edge in its approach.

My thanks to you for the support of the project, and my congratulations to all the staff involved in it.

Great work and much appreciated.

Associate Professor Anne Mitchell, Director of Gay and Lesbian Health Victoria

Dellie McKenzie, Project Officer for the award-winning Breaking the Ice campaign, with her Early on Ice poster.
What does consumer feedback tell us?

Peninsula Health values and responds to consumer feedback in order to continually improve our services.

The Victorian Patient Satisfaction Monitor (VPSM) is an independent body that regularly monitors and reports on patient satisfaction with public hospital services throughout Victoria. Using the VPSM reports, we can compare how satisfied our patients are compared to other similar hospitals and to Victorian hospitals as a whole.

VPSM analysis tells us that most patients at Frankston Hospital reported that they “were helped a great deal by their stay in hospital” and felt that “the length of time they stay in hospital is about right”.

VPSM reports that Rosebud Hospital is performing above the average for similar hospitals, with a significant increase in positive scores for explanation of medications at discharge. Most patients said they “felt they were helped a great deal during their stay”.

Patients in our Aged Care and Rehabilitation facilities reported that they were also satisfied with most aspects of their care.

Internal feedback

To complement this valuable VPSM consumer feedback, Peninsula Health seeks feedback from inpatients by asking them to fill in a feedback card before they are discharged.

In March 2011, we introduced a new, ‘easy to complete’ card that enables us to record patient feedback on a database and to generate reports. Volunteers are available to help patients with completion of the feedback card if required. The feedback reports are reviewed by individual departments and wards and are reported to the Board of Directors.

Responding to feedback

The complaints we receive can involve issues about aspects of care, including communication, the environment, food services, and timeliness of care. We welcome feedback from consumers and their families, and we work with them to resolve their concerns as soon as possible.

We encourage consumers to express their compliments or concerns by telephone, via our website, in writing, or in person to the Customer Relations Manager or the person in charge of the relevant department or program. Any issues that cannot be resolved at the point of service are managed by the Customer Relations Unit.

Customer Relations works with consumers to resolve their concerns in a transparent and timely manner and provides feedback on the actions we have taken to address the problem.

Exploring the consumer experience

In 2010, the Quality Department produced an educational DVD focusing on the consumer experience. The DVD presented real-life carer and patient experiences where expectations of the Health Service had not been met. This gave staff an opportunity to understand first-hand how some of our consumers experience the Health Service.

The DVD was launched during October 2010 in Patient Safety Week. It is now used in corporate orientation for new staff.
A woman contacted our Customer Relations Manager and asked for a meeting to discuss concerns about her mother’s medical treatment and nursing care. Her mother had been discharged with community support services on the same day as she was admitted for intravenous antibiotic treatment. The daughter was unhappy that her mother had been discharged in a weakened state and felt that she had not received the best possible care and treatment. She thought that communication with the next of kin had been poor, and she believed that her mother’s discharge was premature. She was concerned that her mother’s condition was deteriorating and that she required readmission.

The Customer Relations Manager met with the daughter so that she could express her concerns in person. The daughter was assured that her concerns would be investigated, and that she would be kept informed of progress.

The Customer Relations Manager advised the daughter to accompany her mother to the Emergency Department for reassessment.

The complaint was acknowledged in writing within two days of the meeting.

We counselled staff involved in the complaint on improving communication with next of kin to ensure safe discharge planning.

The daughter did not require a further formal meeting.

Improving communication and discharge practices were also discussed at staff meetings.

Following further treatment, the patient was successfully discharged home with services in place to support her.

The daughter accepted our apology and expressed her gratitude for the support and assistance she had received.
A framework for quality and safety

A well-constructed clinical governance framework ensures that we have in place the right people and the right systems in order to provide the highest standards of care. Our systems are developed in accordance with the Victorian Government Clinical Governance Policy Framework which uses four domains of quality and safety:
• Consumer Participation
• Clinical Effectiveness
• Effective Workforce, and
• Risk Management.

The Quality and Clinical Governance Committee, a sub-committee of the Board, oversees the clinical governance framework and system. The Committee is chaired by a Board Director and attended by Board Directors, the Chief Executive Officer, Executive Directors, members of the Quality Department and a consumer representative. It monitors how each service within Peninsula Health is working to continuously improve quality and safety.

Each Executive Director at Peninsula Health is responsible for developing an Operational Quality and Risk Management Plan. This means that the Health Service’s strategic goals are translated into measurable actions that each department needs to achieve to improve safety and quality for our community. All outcomes are reported to the Board of Peninsula Health.

Consumer participation = working together

The Consumer Participation strategy aims to build strong partnerships with consumers to deliver better healthcare outcomes with strong community representation at all governance levels.

The Consumer Information Steering Committee includes consumer representatives. It reviews and approves information produced by Peninsula Health to ensure it is clear, relevant, accessible and consumer-friendly. Peninsula Health values feedback from consumer compliments, complaints and concerns as it helps us to improve our services. For more information on how we use consumer feedback, see page 17.

Clinical effectiveness = the right care by the right people

The Victorian Clinical Governance Policy Framework describes clinical effectiveness as vital to providing skilled, appropriate and timely care to patients who are informed and involved in decisions concerning their care. Strategies developed by Peninsula Heath include comparing patient outcomes with those of other hospitals (benchmarking), and using clinical audits to identify issues that need improvement.

One example of benchmarking is our participation in the Australian Council on Healthcare Standards (ACHS) Clinical Indicator program. We have developed Clinical and Care Planning Pathways, such as the Bowel Surgery Pathway, to ensure that the right care is delivered by the right people at the right time. For more information, see page 41.

Recent enhancements to the intranet and library services ensure the best evidence is easily available to staff to further support best practice in patient care. A mobile library service has been introduced for staff at our aged care and sub acute sites and at Rosebud Hospital. The Clinical School has purchased 15 new PCs for the library at Frankston Hospital.

An effective workforce = the right skills and qualifications

Peninsula Health is guided by the Victorian Clinical Governance Policy Framework to ensure that our clinical workforce has the right skills and qualifications to provide safe care. Before any Medical, Nursing or Allied Health applicant starts work at Peninsula Health, we check their qualifications, registration, work history and references to assure that they have the right skills and experience for the work required. This is a formal process called ‘credentialing and defining the scope of clinical practice (SoCP)’, and ensures that applicants meet State and Peninsula Health requirements.

Investment in ongoing education and professional development is a key focus at Peninsula Health. For example, our Simulation and Clinical Skills Centre, a dedicated education facility, provides regular opportunities for multidisciplinary teaching and learning. The Centre uses advanced technology, including computerised mannequins, to simulate real-life medical emergencies and clinical scenarios. This allows staff to improve their teamwork and ensure that their clinical skills are up to date. We also encourage staff to take full advantage of lectures, journal clubs, our library and online resources.
Improvements to risk management = safer systems

Risk management systems ensure that we learn from any adverse events, and implement change where required. Risk management is used to identify what, where, when, why and how something could happen that might adversely affect a patient or system outcome, and it provides a framework for managing and preventing adverse events.

In July 2010, we implemented the web-based Victorian Health Incident Management System (VHIMS) to replace the former paper-based incident reporting system. VHIMS means we now record all clinical incidents on a standardised, statewide reporting system.

Serious clinical incidents and deaths are reviewed by our Mortality and Major Morbidity Review Committee which reports on patient safety issues to the Quality and Clinical Governance Committee.

Investigating serious clinical incidents

In any hospital, there may be rare occasions when the care that people receive causes some kind of harm.

Our Patient Safety Unit coordinates the investigation of serious clinical incidents and instigates a full investigation of these types of events to improve practice and to prevent similar events happening again.

Another method for identifying how adverse events can be prevented is to undertake Mortality Reviews. These are coordinated by our Patient Safety Unit. Some deaths that occur in hospital or shortly after discharge are reported to the Coroner, particularly if they are unexpected or result from an accident or injury in hospital. Circumstances surrounding all deaths that occur in hospital are reviewed by medical staff from the relevant unit and provide opportunities to improve care for all our patients.

Peninsula Health reports all sentinel events to the Department of Health. We investigate each event, and we put strategies in place to ensure that such events do not happen again.

Other adverse events and near misses

Our Mortality and Major Morbidity Review Committee actively advocates for patient safety. The Committee reviews and investigates each serious clinical incident where there may be potential for harm. It actively monitors all improvement strategies and the timelines for completion.

Specific Patient Safety Committees:
- Transfusion Safety
- Skin Integrity
- Risk identification, Safety, Communication, Environment (RISCE)
- Falls
- Medication Safety
- Radiation Safety

Mortality and Major Morbidity Review Committee:
- Coroners reports
- Mortality Reviews
- Sentinel Events
- Adverse Events

Infection Prevention & Control Committee:
- Hospital acquired infections
- Auditing of environment
- Infection prevention
- Needle stick injuries
- Hand hygiene

Departmental activities and quality improvement:
- Key Performance Indicators
- Customer Relations Reports
- Pathway Variance Reports
In 2010/11, we achieved improved access to Emergency Care, Surgical Services, Mental Health, Women’s Health and Dental Services by redesigning existing services to streamline coordination, by making use of new technology, and by initiating innovative programs.

**Streamlining services**

In 2010/11, we achieved improved access to Emergency Care, Surgical Services, Mental Health, Women’s Health and Dental Services by redesigning existing services to streamline coordination, by making use of new technology, and by initiating innovative programs.

**Keeping on track**

In September 2010 we improved the bed management process by introducing the Electronic Bed Board. This enabled us to identify available beds in a timelier manner and to streamline pre-booking for elective, acute and sub-acute services. The program has made a difference to after hours admissions, providing assistance with early identification of discharges, arrival time and alerts.

**Streamlining transfers to sub-acute**

Staff in our sub-acute services have gone online to streamline admission and transfer processes to rehabilitation and geriatric evaluation and management services. The online service has been available since mid-2010 and now provides detailed inpatient assessment information. This internal tool helps staff to identify any processes that may delay discharge and transfer, and provides inpatient units with early notification of patient arrivals.

**When it’s just too hot!**

In December 2010, Peninsula Health implemented a management plan to protect people, property and service operations in the event of a heatwave. A Heatwave Assessment Tool for Residential Aged Care Patients was implemented as part of the Health Service-wide management plan. We developed the program using recommendations from the Department of Health and Department of Health and Ageing.

Our Heatwave Management Plan includes additional education and a Dehydration Assessment Tool that staff can use to recognise when clients are at risk of dehydration. The plan is put into action on days when temperatures are 38°C or higher.

**Improving access to emergency care**

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<tr>
<th></th>
<th>Frankston Hospital ED</th>
<th>2010/11</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentations to ED</td>
<td>56,064</td>
<td>52,793</td>
<td></td>
</tr>
<tr>
<td>Discharged from ED to home</td>
<td>15,956</td>
<td>17,980</td>
<td></td>
</tr>
<tr>
<td>Admitted to Frankston Hospital</td>
<td>23,103</td>
<td>20,580</td>
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</tbody>
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<thead>
<tr>
<th></th>
<th>Rosebud Hospital ED</th>
<th>2010/11</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentations to ED</td>
<td>21,811</td>
<td>21,772</td>
<td></td>
</tr>
<tr>
<td>Discharged from ED to home</td>
<td>13,795</td>
<td>13,589</td>
<td></td>
</tr>
<tr>
<td>Admitted to Rosebud Hospital</td>
<td>1,434</td>
<td>1,528</td>
<td></td>
</tr>
<tr>
<td>Transferred to Frankston Hospital or another hospital</td>
<td>2,035</td>
<td>1,941</td>
<td></td>
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</table>

The number of presentations to Frankston Hospital Emergency Department (ED) increased by 6.2% from the previous year. Of those presentations, the number of people needing to be admitted to hospital increased by 12.3% compared to the previous year. The ED at Rosebud Hospital also recorded an increase in presentations.

More than 17,800 patients were transported by ambulance to Frankston Hospital ED, the highest in the state. This compares to 17,267 in 2009/10, which was the second highest in Victoria.

**ED waiting categories**

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
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<tbody>
<tr>
<td>1</td>
<td>Patients seen immediately - patients who require resuscitation, are unconscious or have a life threatening injury</td>
</tr>
<tr>
<td>2</td>
<td>Patients seen within 10 minutes e.g. patients who are in very severe pain, have severe breathing difficulties or major fractures</td>
</tr>
<tr>
<td>3</td>
<td>Patients seen within 30 minutes e.g. patients with moderate blood loss, persistent vomiting, dehydration</td>
</tr>
<tr>
<td>4</td>
<td>Patients seen within 60 minutes e.g. patients with less severe injuries, mild bleeding, possible fractures, sprained ankles and abdominal pain</td>
</tr>
<tr>
<td>5</td>
<td>Patients seen within 120 minutes e.g. patients with minor illnesses, rashes, minor aches or pains</td>
</tr>
</tbody>
</table>

**ED waiting times**

In 2010/11, Peninsula Health met all the Department of Health ED category targets for time-to-treatment.
ED Multidisciplinary Teams
There are two specialised multidisciplinary teams within the ED: RAD (Rapid Assessment and Discharge) and CLIPS (Clinical Liaison Inpatient Psychiatric Services).

RAD is a dedicated team of allied health and nursing staff who provide a multidisciplinary approach to care coordination and discharge. The CLIPS team is a specialised mental health team that works with clients presenting to the ED with a mental health issue.

A process has been in place since December 2010 that provides automatic electronic notification to CLIPS when people with mental health issues present to the ED, and an alert goes to the CLIPS team mobile phone notifying them of the attendance. This is followed up with a phone notification by the ED Nurse.

Follow-up initiative
An initiative that commenced in October 2010 is following up patients who leave the ED before being seen by medical staff. These patients are identified in a daily report, which enables staff to contact them within 72 hours of their attendance. Current data suggest that most of these patients leave the ED because they have waited too long. A research project is now investigating this issue with the aim of identifying improvement strategies.

Meeting peak demand in EDs
Over the past five years, our EDs have seen a significant growth in the number of presentations. During this time the acuity (intensity or urgency) of patients’ conditions, the number of presentations, and the number of patients presenting by ambulance has increased. This has led to the development of innovative programs to manage patient flow.

Advanced Practice Nurse
The Advanced Practice Nurse works in consultation with senior medical staff, Allied Health, Mental Health, Patient Services, and ED managers to provide early assessment and interventions for selected patients to improve patient flow through the ED and decrease the average time a patient spends on an ambulance stretcher. This helps staff to provide timely, safe, and effective treatment for patients suitable to be seen by the Advanced Practice Nurse.

Before we introduced the Advanced Practice Nurse, fewer than 50% of this group of patients met the 80% target for staying in the ED for 4 hours or less before admission to a ward. In April 2011, 60% met this key performance indicator and in May 2011, the target was achieved for 72%.
Assessing stroke and mini strokes

A newly-implemented Acute Stroke Response team is making a positive difference for patients who present to our ED with a suspected stroke or ‘mini stroke’ (TIA – transient ischaemic attack).

In response to an emergency code call, the Stroke Response Team carries out an on-the-spot assessment in the ED using the FAST (Face-Arm-Speech-Time) Tool and a Stroke Risk Assessment.

We have also developed an ED Nursing Triage Stroke Clinical Pathway to ensure that a best practice triage care plan is implemented.

An evaluation of these initiatives between December 2009 and November 2010 has revealed:

- 40% improvement in risk assessment classification
- 6% increase in patients discharged on anti-platelet agents
- 22% increase in patients discharged within 24 hours
- Length of stay for TIA presentations in the ED reduced by 1.7 hours
- Door to CT scan time reduced by 30 minutes
- Neurology admissions reduced by 5%
- 8% increase in ED discharges for this group
- 63% increase in referrals to the TIA Outpatient Clinic.

Waiting Room Nurse

As from February 2011, the nurse allocated to the waiting room is no longer available as a resource to be utilised elsewhere in the ED or hospital. This means that patients in the ED waiting room now have a nurse available 24/7 to monitor their needs and changes in their conditions. The Waiting Room Nurse is able to initiate pain relieving medications to provide more timely patient access to pain relief as well as initiating radiological investigations to further reduce the time that patients wait in the ED.

When time is critical

The Cardiac Angiography team is now more quickly alerted to incoming patients with suspected heart attacks who are being transported by ambulance. Paramedics notify our ED that a patient may have had a heart attack and fax a copy of the electrocardiogram (ECG) straight to the consultant in the ED. If the specialist agrees with the diagnosis, the Cardiac Angiography Unit is notified, and the patient is registered and transferred to the Unit without delay.

This initiative has contributed to a marked reduction in time to admission for cardiac angiogram intervention. Door to intervention time is now less than 1 hour for MICA (Mobile Intensive Care Ambulance) patients involved in this project compared to 1.3 hours for non-MICA patients.

In 2010, Peninsula Health welcomed a new $1.2 million state of the art angiography machine to its dedicated Cardiac Angiography facility.
In 2010, a team of clinicians from the Emergency Department (ED), Surgical Services, Anaesthetics and Nursing, and Operations Directors met to ‘walk the patient path’ with a patient who had undergone keyhole surgery for removal of an inflamed gall bladder (laparoscopic cholecystectomy). The aim of this exercise was to identify barriers and delays to emergency surgery and to improve the care we provide to our patients. The team developed a checklist to ensure that all aspects of the patient’s experience were covered.

The clinicians heard that the patient’s surgery had been cancelled several times during her admission because other patients had presented to the ED with life threatening emergencies that required immediate surgery. Understandably, the patient was unhappy with these delays and the longer stay in hospital that resulted from the cancellations. There was a lot to be learnt from listening to her experience.

You could have heard a pin drop in the room as the clinicians listened to the patient’s real-life experience and began to appreciate the effect it had on her life and her family situation when her surgery did not happen as previously planned.

Together, the team walked the pathway from the time the patient presented at the ED through to follow-up after her discharge from hospital. All agreed that this was a powerful and effective way to understand the patient’s experience.

What did they learn?
- ‘Walking the patient pathway’ was an effective way to identify opportunities to improve patient care.
- The patient’s experience was vital to the process if we want to make a real difference.
- The mapping framework was a valuable exercise that focused staff attention. It can be used also in other situations where change is needed to improve care.

What was achieved?
- A standardised evidence-based pathway was developed to better manage an emergency presentation for a patient with acute inflammation of the gall bladder.
- The team identified the need for an Emergency Surgery Coordinator who has now been employed to coordinate and plan emergency surgery.
- The availability of a 24 hour emergency theatre has improved timeliness of surgery for all specialties.
- A daily planning meeting has been introduced for the emergency theatre and it is attended by senior theatre staff, including the Emergency Surgery Coordinator, theatre managers, anaesthetists, surgeons and registrars.

“Creating certainty... together we can do it.”
A patient’s experience

Jan was brought into the ED at 5.30 am suffering from abdominal pain that had been increasing since her meal the night before. She described the pain as “the worst I have ever experienced”. Triage staff in the ED rated her condition as category 2 and admitted her for assessment by ED doctors.

The doctors examined her and ordered blood tests and an abdominal ultrasound. An intravenous cannula was inserted for delivering pain medication to make her more comfortable. The ultrasound confirmed the presence of gallstones, and the Surgical Team was called in to review her. As Jan had been in pain for less than 72 hours there was a possibility that she could be placed on the emergency surgery list and have her gall bladder removed as soon as possible.

The doctor discussed with Jan and her son what the gallstones meant for her health, the treatment options, the complications that could occur, and the time she would need to spend in hospital. After discussing the options with her son, Jan felt she had enough information to sign the Consent for Operation form and to be admitted for surgery.

“I was feeling overwhelmed,” said Jan. “But the information I was given helped me understand what was happening to me so that I could sign the consent with confidence.”

A nurse admitted Jan to the ward using the Laparoscopic Cholecystectomy Clinical Pathway, which provides prompts to ensure best practice care for keyhole surgery for removal of the gall bladder. She was also given a Patient Information Pathway that explained what would happen in language she could easily understand. The ward staff gave Jan a brochure that explained the emergency theatre and emergency surgery process at Frankston Hospital. Although apprehensive about the surgery, Jan and her son felt reassured and confident that she was in the right place.

The surgical team arranged for Jan to be placed on the emergency theatre list, and she fasted from 12 midnight with the understanding that her surgery would happen on the following day.

The next morning Jan’s case (and that of all the other patients on the emergency theatre list) was discussed at the planning meeting. The Emergency Surgery Coordinator reported the outcomes of the meeting to the nurse in charge of Jan’s ward. These were discussed with Jan so that she was fully aware of when the surgery would proceed.

The same day, Jan was taken to the operating suite in the new Surgical Services suite. Here, she was seen by the anaesthetist and prepared for surgery by the Operating Suite staff. Jan’s gall bladder was removed without any complications. After being monitored by Recovery Room staff, Jan was taken back to her bed in the Short Stay Unit where she was monitored closely to ensure that all was proceeding to plan.

The following day, Jan went home after recovering well and after seeing the Surgical team. An appointment was booked for Outpatients in six weeks, and Jan was given information about the appointment and about what she should do if she felt unwell after leaving hospital.

Before Jan went home she was asked to fill in a Consumer Feedback form (see page 17) to tell us how she felt about her stay in hospital. A discharge summary was sent to her GP.
Improving access to Surgical Services

Surgical Services are delivered at both Frankston Hospital and Rosebud Hospital. During the past year, we have redesigned our model of care to create certainty for patients being admitted for elective surgery by reducing the number of Hospital Initiated Postponements and ensuring that surgery and interventional procedures occur in the safest and most effective way.

At Frankston Hospital, all surgical services have now been integrated into a dedicated Surgical Suite that includes eight operating theatres, Endoscopy, Day Surgery, and expanded Recovery and Admissions areas. An emergency operating theatre is available 24 hours a day, seven days a week to manage emergency and inpatient requirements. This has improved the timeliness of emergency surgery, reduced the number of elective cancellations and pressure on the elective waiting list, and reduced the number of after hours operations.

How patients are admitted for surgery

- **Emergency surgery** – a procedure that must be performed in a timely manner specific to the injury or illness. Emergency surgery may include less serious surgery such as mending a broken bone, or more serious surgery such as stopping internal bleeding.

- **Elective surgery** – a planned, non-emergency surgical procedure, such as hernia repair or knee reconstruction. Patients requiring elective surgery are categorised (see Elective Surgery categories above) according to their condition.

During 2010/11, 15,893 surgical procedures were performed at Peninsula Health. This included 6,158 elective surgery procedures.

The Surgical Services restructure has enabled us to reduce the number of patients waiting past their desired time for surgery and improve access for emergency procedures.

At June 2011 there were 1,658 people waiting for elective surgery compared to 1,775 at June 2010. Of these, 448 were waiting past the recommended time for surgery, compared to 688 at June 2010.

Improvements in unplanned postponements

The Hospital Initiated Postponement target of less than 8% was achieved for 10 months in 2010/11. The total number of Hospital Initiated Postponements has been reduced by 106 – from 645 in 2009/10 to 539 in 2010/11.

The percentage of category 2 patients being operated on within 90 days has increased – from 49% in June 2010 to 64% in June 2011.

The percentage and number of patients waiting within the recommended target times has improved in a number of specialties:

<table>
<thead>
<tr>
<th>Patients waiting within target time</th>
<th>June 2010</th>
<th>June 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedic Surgery</td>
<td>40%</td>
<td>53%</td>
</tr>
<tr>
<td>Ear, Nose &amp; Throat Surgery</td>
<td>72%</td>
<td>85%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>68%</td>
<td>79%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>68%</td>
<td>91%</td>
</tr>
<tr>
<td>Urology Surgery</td>
<td>54%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Streamlining services

“I can help by making sure that communication is clear and that all your expectations are met.”

Julie Emmanuel
Nurse Unit Manager
**Elective surgery categories**

<table>
<thead>
<tr>
<th>Category definition</th>
<th>Achievements in 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 A condition that is liable to deteriorate quickly into an emergency (such as a growth that may be a cancer). Urgent patients who require surgery within 30 days.</td>
<td>Patients are always treated well within the required 30 day timeframe with an average waiting time of 7-12 days.</td>
</tr>
<tr>
<td>2 A condition causing pain, dysfunction or disability, but not likely to become an emergency (such as a hip replacement). Semi-urgent patients who require surgery within 90 days.</td>
<td>Waiting times have improved from 139 days in June 2010 to 100 in June 2011. The number of patients waiting over the recommended waiting time target decreased from 646 in June 2010 to 404 in June 2011.</td>
</tr>
<tr>
<td>3 A condition that is not especially painful or disabling and not likely to deteriorate quickly (such as varicose veins). Non-urgent patients who need surgery at some time in the future.</td>
<td>Waiting times increased from 149 days in June 2010 to 136 in June 2011. The number of overdue elective patients improved from 688 patients in June 2010 to 448 in June 2011.</td>
</tr>
</tbody>
</table>

**Other initiatives for Surgical Services**

As an integral part of the Surgery Access Improvement Program, the Waiting List team is constantly improving the way we handle operating theatre schedules, pre-admission processes and surgery booking systems. The team is committed to ensuring that patients undergo elective surgery procedures as scheduled.

Elective Surgery Clinical Coordinators have a key role in coordinating elective surgery and facilitating communication with patients and with surgical specialities. This collaborative approach helps to improve continuity of care for our elective surgery patients.

The Coordinators are involved also in planning and facilitating the emergency surgery list and orthopaedic trauma theatre sessions. Patients receive an information brochure that outlines the emergency surgery process. The Coordinator’s role has helped create certainty for patients waiting for emergency surgery and has reduced the number of elective surgery procedures that are cancelled on the day of surgery due to emergency admissions.

Theatre booking processes have been reviewed and clinical needs assessed to ensure a focus on a ‘treat in turn’ philosophy. Additional surgeons have been employed in the specialities of Obstetrics, Orthopaedics, Gynaecology and General Surgery.

**Teams improve access to Mental Health Services**

Peninsula Health provides mental health services for inpatients and community clients across the local government areas of South Kingston, City of Frankston and Mornington Peninsula Shire. Inpatient mental health care at Frankston Hospital includes 29 adult acute inpatient beds and 15 aged acute inpatient beds.

- **Clinical Liaison Inpatient Psychiatric Service (CLIPS)** is a consultative service based in the Emergency Department (see page 22). Members of the CLIPS team also visit patients in the wards at Frankston Hospital to provide mental health consultation and liaison.

- **Community Liaison Early Intervention and Acute Recovery Service (CLEARS)** provides a community mental health service for adults. Four geographically-based teams cover our whole catchment area.

- **Community Care Units** provide a residential psychosocial rehabilitation program with 24 hour clinical support and treatment for adults meeting specific criteria including serious mental illness and psychosocial disability. There are 20 beds in nine units.

- **Aged Persons Mental Health Team (APMHT)** and the **Intensive Community Treatment (ICT)** team provide an integrated acute and recovery community mental health care for older people in our catchment area. The ICT commenced in May 2011 and works closely with APMHT to provide intensive care at home for suitable patients.
Since 2008, Peninsula Health has been the top performing Mental Health Service in metropolitan Melbourne against the following five key performance indicators monitored by the Mental Health and Drugs Division:

- Episodes of seclusion per 1,000 bed days
- Transfer of a patient from the Emergency Department to a mental health bed within 8 hours
- 28 day readmission rate
- Post discharge follow up
- Pre-admission contact.

**Interesting fact**

Our Mental Health Service has the lowest rate of seclusion per 1,000 bed days in Victoria with an average of 1.7% per 1,000 bed days compared to 18.2% statewide.

**Involving clients in mental health care planning**

Research tells us that when people participate in their own health decisions, their care and recovery improve. This is why our Mental Health Service uses a person-centred approach that involves clients, and where appropriate, their carers in identifying their goals for the future and empowering them to participate fully in their treatment and management.

As part of monitoring implementation of the Doing it with Us Not For Us Strategic Direction 2010-13, Peninsula Health collects and reports on consumer participation standards for the Department of Health. The use of client-held records is part of this reporting.

**What are client-held records?**

Client-held records empower people to be actively involved in sharing their own information. This reinforces the value of partnership between Peninsula Health and our consumers.

For example:

- **Core Care Booklets** are completed by clients with the support of their recovery clinician. These workbooks cover topics such as Managing Medication and Coping with Stress.
- Residents of our **Community Care Units** work collaboratively with a key worker to develop personal Recovery Plans. These plans include the resident’s definition of recovery, their recovery goals, and a relapse prevention plan.

**Outcome Measurements** include a Behaviour and Symptom Identification Scale (BASIS 32) that helps clients assess their own health and functioning from their own perspective. This gives them an opportunity to participate more fully in their treatment.

Additional supportive information is provided through:

- **Consumer Information Kits** that include information on resources, healthcare rights, consumer and carer consultants.
- **Treatment Plans** that identify the treatment to be received, early warning signs, and how the client can respond to early signs that they are becoming unwell.

**Youth Mental Health Service**

With Youth Mental Health a priority in the Victorian Government’s 10-year Reform Strategy, Because Mental Health Matters, the Department of Health has provided additional resources to work towards an integrated system of care for young people aged between 12 and 25.

At Peninsula Health, our Mental Health Service has established close links with a range of providers including early childhood services, schools, primary health and social support services. We also work with consumers, carers and key organisations such as Peninsula headspace, Southern Health Early in Life Mental Health Services, Child Protection, Mornington Peninsula Shire and Frankston City Council, Juvenile Justice, Community Health and Drug & Alcohol Services to help deliver age-appropriate mental health services for young people.
Ben presented to the Emergency Department with a medical issue. He was identified through the triage system as also having paranoid thoughts and increased irritability. He was referred to the Consultation Liaison and Inpatient Service (CLIPS) team from our Mental Health Service for assessment.

CLIPS identified that Ben’s mental state had deteriorated because he had not been taking his medication, and he was at risk of harming himself or others. CLIPS contacted the Mental Health Bed Manager, who organised a bed in the Adult Inpatient Unit. The Unit provides short-term management and treatment for people in the acute phase of mental illness.

Once in the Unit, Ben was re-established on a medication regime that included altering his oral medication to a depot injection that provides a consistent dose of medication which is slowly released under the skin.

After the multidisciplinary team had carried out a clinical review, and in consultation with Ben and his partner, it was determined that he no longer required inpatient services and could be treated in the community.

Ben was referred to the Community Liaison Early Intervention and Acute Recovery Service (CLEARs) for follow-up.

CLEARs is a specialist multidisciplinary service that provides specialist and urgent community-based assessment and treatment for people experiencing a mental health crisis or severe and persistent mental health disorders.

Once Ben’s mental state was improving and he was no longer at risk of self-harm, his care was transferred to a recovery clinician within the same team. This Recovery Service uses a person-centred approach that enables clients to identify their goals and how they can achieve them.

The recovery clinician continued to monitor Ben’s mental state and worked with him to complete his workbooks on Managing Medication, Towards Recovery, Coping with Stress, and the Guide to Healthy Living. Ben found the workbooks very helpful. “It reminds me how real my illness is” he said. “It helped me analyse what had happened to me and what I could do to prevent it from re-occurring.”

During this period Ben was also linked with the co-located employment service to help him organise a return to work plan with his employers. He was also linked with a local GP.

Once Ben had been discharged from the Mental Health Service, his GP continued to monitor him and administer his injection. Ben, his partner, and the GP were given information on how to contact Mental Health Services if they felt that he was becoming unwell again.

As part of his discharge arrangements, we asked Ben if he would like us to contact him by phone in three months to see if he needed a review. He agreed. When contacted, he told us that he was continuing to see his GP regularly and was receiving his injection. He was happy with his return to work plan and was increasing the number of hours he was working. Ben and his partner were both pleased with his progress and felt there was no need for any further review by the Mental Health Service.

A key addition to our service portfolio is the Youth Community Mental Health Service which works with young people aged 16-25 years who have emerging serious mental health conditions or who are disengaged from the service system and at risk of mental health problems.

Our Mental Health Service has secured funding for a Youth Prevention and Recovery Care Unit (Y-PARC). This 10-bed, short stay unit will focus on recovery, and is currently under development.
Streamlining services

Achieving more in Women’s Health

Expansion of the Women’s Health Unit, due for completion towards the end of 2011, will provide eight additional ward beds for delivery and antenatal care, a refurbished Special Care Nursery with increased capacity, and a spacious waiting room for visitors. A specially equipped bariatric room is now available for use.

Women’s Health Forum

In March 2011, we invited members of the community to a Women’s Health Forum at Frankston Hospital to let them know how Peninsula Health provides best practice in women’s health care.

Ambulatory Care Clinic

Our new Ambulatory Clinic commenced in June 2011, and has already proved to be hugely successful. It provides both an Early Pregnancy Assessment Service and Obstetrics & Gynaecology Ambulatory Care and is located in a specialised area within the Women’s Health Unit. Women can access the service when they experience problems in early pregnancy, if they develop complications within the postnatal period, or following gynaecological surgery.

The Clinic has also appointed a Specialist Midwife / Sonographer who provides ultrasound scanning.

Team Midwife care

The Team Midwife model of care involves a small group of midwives who provide holistic woman-centred care for pregnant women who are assessed as low risk. This team approach is based on the principles of choice, control and continuity – and focuses on promoting childbirth as a normal, natural and healthy process.

Women attending the team clinics benefit from flexible appointments and shorter waiting times, and receive care and information from the same midwifery team. A team midwife carries out home visits following discharge after birth to further promote friendly, supportive continuing care.

Midwives team up with GPs to deliver improved service

Rebecca was 10 weeks’ pregnant when she contacted Frankston Hospital for advice. As a first step, we directed her to the Peninsula Health website, www.peninsulahealth.org.au, to request a booking to see our midwives. We advised her to make the booking as soon as possible to ensure that she received all the information she needed for a safe pregnancy.

When Rebecca visited our website she found some useful information about Frankston Hospital’s Maternity program. She discovered that she could have a tour of the Maternity Unit so she would know where she would have her baby. She was able to access information about childbirth education classes for her and her husband, as well as classes for new parents, breastfeeding, and grandparents. She learnt that she could book these classes when she attended the clinic.

When Rebecca visited the clinic at 14-16 weeks we discussed the options and programs available to her throughout her pregnancy. These included:

- Midwife-led clinic where our team of midwives provide antenatal and postnatal care for low risk women
- Team Midwife care (as described left)
- Peninsula Health / Antenatal GP Shared Care – over 60 local GPs are affiliated with Frankston Hospital
- Shared Care / Obstetrician – care through the public health system or as a private patient.

Rebecca and her husband decided on the Antenatal GP Shared Care option which meant that she could see a participating GP close to home. During regular appointments with the clinic at Frankston Hospital, Rebecca got to know the midwives who would be at the birth of her baby. She found this very reassuring.

At 39 weeks, Rebecca woke at 3 am with her first labour pains. They were not yet regular, but she rang the midwives for reassurance and advice. They discussed her current coping methods and pain relief options.
Vulnerable children and families

Family Violence is responsible for more than half the child protection cases in Victoria – and all Social Work and Nursing staff in our Paediatric Unit complete online training designed ‘to keep children safe’. Peninsula Health meets regularly with the Department of Human Services, Child First, Maternal and Child Health Services and Victoria Police’s Sexual Offence and Child Unit to ensure that we respond appropriately to child protection issues.

Our Management of Vulnerable Babies, Children and Young People at Risk of Harm policy, based on Department of Human Services guidelines, was reviewed in 2010/11.

The midwife reassured her that labour makes its own natural progress, becoming regular in pattern, strength, and length. Rebecca was told that during the early stage of labour it is important to stay relaxed and calm, eat and drink as normal, and rest between contractions.

The midwife advised Rebecca to take some simple oral pain relief, to use a heat pack for the relief of lower back pain, or to try a warm bath to aid relaxation and stimulate the body’s natural pain relief hormones. She was also encouraged to ring the midwives at any time, particularly if she had any concerns or changes to her condition and when she was ready to come into the Women’s Health Unit for assessment.

Rebecca and her husband were apprehensive, but excited. Her labour progressed normally and Rebecca was admitted to hospital at 1 pm.

She was closely monitored during labour by her midwife. Her baby daughter was born safely – and Rebecca recovered well.

After a two day stay the couple felt confident enough to take their daughter home. Rebecca had received education from the physiotherapist and the lactation nurse on breastfeeding. Her baby was feeding well, and Rebecca was discharged.

Before Rebecca left hospital, she was visited by the Home Care midwife, who arranged a date when she would visit the family at home to review how they were coping with feeding, settling, sleeping, and to see if they had any concerns. The Home Care midwife referred Rebecca to her local council’s Maternal & Child Health nurse for ongoing care, support and advice.
Streamlining Services

Improving Access to Community Dental Services

Our Community Dental Program operates from three Peninsula Health sites: Frankston, Rosebud and Hastings. We provide a range of dental services for adults, young people, school aged children and pre-schoolers. Dental treatments include check-ups and advice, sealants to prevent tooth decay, teeth cleaning, fillings, extractions, X-rays, and referrals to specialist and emergency dental care.

Targets for young people and children

Peninsula Health aims to meet the targets set by Dental Health Services Victoria to improve the dental health of children and youth between the ages of 0-17. With the introduction of dental services at our Hastings Community Health site, we have seen an overall reduction in waiting times for Community Dental Services.

<table>
<thead>
<tr>
<th>Dental Health Services Victoria targets</th>
<th>Peninsula Health</th>
<th>Region average</th>
<th>State average</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk children and youth</td>
<td>12 month recall</td>
<td>5.6%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Low risk children and youth</td>
<td>24 month recall</td>
<td>5.4%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

In early 2010, waiting lists for 12 and 24 month recall reviews identified that there were 820 low risk children and youth recalls overdue in the Frankston area – and that these dental patients had been waiting for 14 months longer than the Dental Health Services Victoria target.

In May 2010 we invited these 820 children and young people to attend recall reviews at our Hastings or Rosebud Community Dental Services. Around 45% accepted the offer and as a result, the waiting list recall time was reduced to 23.6 months.

Clients can now access dental services at any of our three Community Dental sites, keeping Community Dental Services on target during 2010/11. The 12 and 24 month recall list is now closely monitored on a monthly basis.

Improving Dental Assessments for Residential Care

To improve access to dental assessment and care for people living in Peninsula Health-supported residential care, a partnership was developed between our Community Health Service (Mobile Integrated Health) and Frankston Community Dental Service. A pilot project provided oral health education, initial assessments, care planning and transport linkages to our Frankston and Hastings Community Dental Clinics.

A progress report in November 2010 revealed that 40 residents had received a dental assessment onsite at their residential care facility, and that 30 of this group needed dental work and had been referred to our Community Dental Clinic at Frankston for treatment.

<table>
<thead>
<tr>
<th>2010/2011 Dental Services Victoria clinical indicators</th>
<th>Peninsula Health</th>
<th>Region average</th>
<th>State average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restorative re-treatment within six months</td>
<td>3.7%</td>
<td>5.6%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Repeat emergency care within 28 days</td>
<td>5.05%</td>
<td>6.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Unplanned return within seven days following extraction</td>
<td>0.95%</td>
<td>1.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Root canal re-treatment in permanent teeth within six months</td>
<td>1.2%</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Denture remakes within 12 months</td>
<td>1.4%</td>
<td>2.0%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
Blood safety really matters

Blood transfusions can help maintain quality of life for some people and can save lives in emergency situations. In 2010/11, Peninsula Health transfused 6,259 units of blood, with staff following strict best practice guidelines for the safe and appropriate use of blood and blood product administration.

The Transfusion Safety Committee oversees all management of Blood and Blood Product administration across the Health Services. Doctors discuss blood transfusion risks with patients and answer their questions as part of obtaining informed consent for blood transfusions.

Other initiatives to keep patients safe

- The Blood Administration Clinical Pathway was improved to ensure a single source of documentation for a blood transfusion. This pathway is based on best practice and provides prompts for each critical action that clinical staff need to take to ensure patient safety. It also contains a checklist for the appropriate identification of the patient. Blood is checked to the patient at the bedside by two registered nurses and the nurses must sign that they have completed all required checks.

- Non-emergency transfusions are only given during the day. This allows nursing staff to fully observe the patient for any adverse reactions.

- The Transfusion consumer information brochure was improved to explain the risks and benefits of a blood transfusion. This helps patients make an informed choice before deciding to sign the consent form. The information also advises patients of what to look out for and to tell the nurse if they feel unwell.

- Monthly audits are carried out to ensure that patients have received the information and that all the appropriate checks have been completed.

Award-winning improvements in compliance with consent

In September 2010, Peninsula Health won an Australian Council on Healthcare Standards Quality Improvement Award in the Health Care Performance Indicators for ‘Improving compliance in gaining consent for a blood transfusion’.

The award followed major improvements to the consent process for blood transfusions.

Melanie Melbourne, our Transfusion Clinical Nurse Consultant, explains.

“In 2008, the Transfusion Safety Committee introduced a significant change in transfusion documentation to improve compliance with consent. With the help of Terri Harlem, our Clinical Pathways Coordinator, we developed a Blood Administration Pathway which provides step by step guidance for clinical staff involved in blood transfusions. See page 34 for more about the Pathway.

“Within three months, consents for blood transfusions had risen from 30% to 63% – and now sit at about 98%,” Melanie said.

Adoption of a ‘no consent no transfusion’ policy for non-emergency transfusions and monthly audits of transfusion episodes have also contributed to this rise in consents.

In Melanie’s view, the key to success has been involving staff in development of the new policy and empowering nurses to be patient advocates.

“If consent has not been obtained, nurses can call on the doctor to fully explain the treatment, risks and benefits to the patient to enable them to make a fully informed decision about their need for a blood transfusion, she said.”

Melanie Melbourne, Transfusion Clinical Nurse Consultant (centre), with nurse Lisa Taylor and Joyce Beach.
Improving quality and safety

Appropriate use of blood products

Although the risks associated with a blood transfusion are rare, it is important to further decrease the risks to our patients by giving transfusions only when absolutely necessary. There are national and state guidelines for the appropriate use of blood products, which we follow. We also conduct regular audits to ensure that we adhere to these guidelines.

The Blood Administration Pathway contains an area for doctors to document the reason for the transfusion which must fall within the guidelines. The Pathway contains information that helps doctors to order the correct amount of blood product for the desired increase in haemoglobin. Blood is a valuable commodity that is donated by generous members of our community. We recognise that using it appropriately reduces risks to our patients, but we also have a duty to ensure that blood is available for people whose life depends upon it.

We have also developed a Blood Product Emergency Contingency Plan for times of national emergency when blood product supply is low.

Helping our GPs arrange blood transfusions

Arranging a blood transfusion has been made easier for our GP community. They no longer need to send patients who require a transfusion through our Emergency Department and they can contact the General Medical Clinic in Outpatients every Tuesday afternoon to discuss their patient's needs. This has improved the timeliness of transfusion arrangements and has been well received by both the GPs and Peninsula Health staff.

Safe transfusions for older people

Within Peninsula Health, a partnership has been forged between the Transfusion Nurse and the Hospital in the Home Team to provide safe transfusions for residents in residential care facilities in Peninsula Health’s catchment. If a blood transfusion is required, the resident is offered the procedure at their residential care facility. This minimises disruption to their normal routine and enables them to avoid the stress of a busy hospital environment.

Managing transfusion safety by enhancing staff education

A mandatory online education program that highlights the safe use of blood is now in place for both clinical and non-clinical staff. This is supported with a general education program that has increased awareness of transfusion safety.

Initiatives include:
- Monthly Blood Matters education sessions for new staff at orientation
- Each year, all clinical staff must complete a transfusion competency package and pass at 100%
- Annual refresher training for Patient Services Assistants to ensure they understand the importance of safe blood management and collection of the right blood for the right patient from the Blood Bank
- Development of resource material for all wards and departments, and publication of information on the Blood Matters website for staff to access as required.

Supporting our community through Club Red

Blood and blood products are a valuable resource made available through generous blood donations by members of the community. Peninsula Health staff have been taking part in a staff blood donation program as a community service for the past two and a half years. In 2011, this program was strengthened when Peninsula Health joined the Red Cross Hospital Blood Donation Project known as Club Red. This helps us keep tally of how many lives are saved through the blood donations of our staff. Other Peninsula businesses are also taking part in this community strengthening project.

Interesting fact

42 units of blood were donated by staff during the first half of 2011. Club Red estimates that this donation has saved 126 lives.
Infection prevention and control

The purpose of infection prevention is to minimise infection risks to patients and staff and ensure a safe hospital environment. Our Infection Prevention and Control team provides expert advice and consults on a broad range of measures to reduce infections and the impact of infections on patients. The team helps to implement the goals in the Victorian Department of Health’s Start Clean Infection Control Strategic Plan 2007-2011 across Peninsula Health.

Working closely with all staff, the Infection Prevention and Control team develops guidelines and policies to guide clinical practice. They educate staff in infection control practice, and support and monitor infection control practices, including hand hygiene and staff immunisation. The team also manages any infection outbreaks and identifies ways to improve practices across Peninsula Health.

Protect: Don’t Infect – Save Lives: Clean Hands Program

Good hand hygiene is the most effective way to stop the spread of germs among staff and patients. ‘Protect: Don’t Infect – Save Lives: Clean Hands’ is the international slogan for hand hygiene to improve patient safety.

Peninsula Health takes part in the national hand hygiene program through Hand Hygiene Australia, which promotes improved hand hygiene compliance among all healthcare workers. The program is based on the World Health Organization’s ‘5 Moments in Hand Hygiene’ which teaches the five critical moments when hand hygiene should be carried out to reduce the risk of infection.

In 2010/11, all health services in Victoria were required to achieve more than 65% compliance with hand hygiene practices for all clinical staff. Peninsula Health hand hygiene practices have increased from 39% in 2007 to 67.5% in 2011. Sustaining practice change over time can be challenging and requires innovative measures, strong leadership by hand hygiene ‘champions’, positive role modelling by senior clinicians and support from Executive Management.

On 5 May 2011 Peninsula Health took part in the World Health Organization’s (WHO) International Hand Hygiene Day to raise awareness across the Health Service about hand hygiene as a patient safety initiative to protect patients from infections.

Infection Control also reviewed international best practice and evaluated Peninsula Health’s hand hygiene program using the WHO 2010 strategies for improvement. Few gaps were identified against the WHO 5 key organisational criteria, and we achieved a score of 450 out of 500 on data submitted to WHO, an improvement from 312.5 out of 500 in 2010.
Achieving Zero Central Line Infections in ICU

Blood stream infections or ‘bacteraemia’ are serious infections that may lead to poor outcomes and increased length of stay for patients, and significant health costs for health services.

A central line associated blood stream infection (CLABSI) is associated with the presence of a Central Venous Catheter (CVC), which is an intravascular access device that terminates at or close to the heart or one of the main blood vessels in the body. Our Infection Control team and Intensive Care Unit (ICU) monitor CLABSI rates continuously as part of our Infection Prevention Surveillance Plan. Between September 2008 and June 2009 there were six confirmed CLABSIs in the ICU – higher than expected. As a result, we reviewed the literature to identify best practice from the best available evidence, and then developed and implemented an action plan.

This plan includes the CVC Bundle, which is a collection of strategies that together have been shown to significantly reduce infection rates. These strategies include training for ICU medical staff who insert the CVC lines to ensure competency before they are able to independently insert a CVC; and training for ICU nursing staff to ensure they are competent in basic practices for preventing CLABSIs.

The key strategy is the use of a risk management tool when the CVC line is inserted. This ensures that all aspects of the CVC Bundle requirements are met. If there is a failure in just one aspect, then staff have to stop the procedure and start again. This initiative has been highly successful.

| No of CLABSIs in ICU | October 2010 - June 2011 | 0 |

Staff at all levels in relevant areas have taken the international ‘I believe in Zero CLABSIs’ pledge to help us sustain this excellent patient safety outcome.

Since January 2011, the Peninsula Health ICU is one of four ICUs participating with VICNISS (the Victorian Hospital-Acquired Infection Surveillance System) in a Central Line Insertion Practices pilot project to investigate compliance with the CVC Bundle, which contains best practice interventions to prevent infection. Peninsula Health’s ICU is now recognised as the Victorian leader in this strategy, with a compliance rate of 83% compared to 60.8% of the other participating ICUs.

Maintaining a clean environment

Maintaining a clean and safe environment is an essential component of effective health care delivery and is fundamental to the prevention and control of infection. Cleaning standards for Victorian Health Services were reviewed in 2010, which led to changes in reporting requirements. These changes included an increase in the Agreed Quality Level from 85% to 90% for very high risk areas such as Theatre and the ICU, and increased frequency of internal auditing for very high and high risk areas from bi-monthly to monthly. All employees who perform a cleaning task are required to attend cleaning and infection control refresher training at least every two years.

<table>
<thead>
<tr>
<th></th>
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</thead>
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<tr>
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<td>96.5%</td>
<td>97.5%</td>
<td>98%</td>
<td>95.3%</td>
</tr>
<tr>
<td>Community &amp; Continuing Care</td>
<td>97.3%</td>
<td>86%</td>
<td>89%</td>
<td>92.5%</td>
</tr>
</tbody>
</table>

How are cleaning standards maintained?

The Support Services Department at Peninsula Health is responsible for providing technical assistance and support to Department Heads and Unit Managers. This includes setting up cleaning schedules and advising on resourcing, equipment, materials and processes. Infection Control works closely with Support Services to ensure that mandatory cleaning principles are maintained.

To assess compliance with prescribed minimum cleaning standards across Peninsula Health, a regular audit program is in place. The program uses a risk rating system that is mandatory in all Victorian public hospitals, and a minimum score of 85% must be achieved across all departments and units.
• Internal cleaning standards audits are conducted at all Peninsula Health sites – monthly for very high risk areas and every two months for all other areas.
• External audits are conducted by an independent, external auditor each year. Audit results are reported to the Quality Committee, Infection Control Committee, and the Department of Health. Results are benchmarked against other health care facilities that are audited by the external auditor. This allows comparative performance to be measured.

Medication safety
Reducing the risks of medication error is a priority at Peninsula Health. Initiatives in 2010/11 include:

Smart pumps
Thirty three (33) smart pumps are now in use at Frankston Hospital. These devices are equipped with medication-error-prevention software. Software for the pumps allows a drug library to be established that provides information on intravenous drugs, their standard concentrations, dosing units, and maximum and minimum infusion rates. The drug library can be tailored for different patient groups and medical conditions. The software features alerts to prevent overdose. Extensive education was provided to nursing staff, and a recent audit of usage of the medication-error-prevention infusion pumps indicates growing use in critical care areas.

Preventing blood clots
Venous thromboembolism (VTE) or the formation of blood clots is a common complication during and after hospitalisation for acute medical illness or surgery. It has been described as the most common preventable cause of hospital death. An ongoing medication safety initiative promotes strategies to ensure that Peninsula Health has assessed further risk of VTE and that appropriate preventive management is commenced.

A VTE patient information leaflet developed by the National Health and Medical Research Council is distributed to all elective surgery adult patients before admission, and to other adult patients on admission.

Anti-clotting medication management
The Australian Council on Healthcare Standard’s benchmarking has led to initiatives to improve anti-blood clotting management (warfarin) by our Medication Safety Committee.

Following a review of the process we have developed four reference cards for warfarin utilisation that are provided to staff to highlight appropriate management and drug interaction. Education sessions have also been provided to junior medical staff.

Speak Up
In October 2010, we launched a Speak Up Campaign to encourage patients to become actively involved and informed in their own medication management. Posters and leaflets were used to support the campaign, and consumer volunteers helped to distribute leaflets and explain the program to patients. All volunteers took part in training before being introduced to their allocated ward. Volunteers now visit wards once or twice weekly to distribute leaflets and speak to patients.

In January 2011, we carried out a study to assess whether the Speak Up campaign had changed patients’ attitudes and had empowered them to become involved with their medication management while in hospital. The effectiveness of the program was evaluated through a telephone survey after discharge using a control group who had not participated in the Speak Up campaign.

The results were positive, indicating that patients who had been involved in the Speak Up campaign felt more confident about reporting medical errors, unwanted side effects, and missed doses. The Speak Up group indicated that they would feel happier to ask for more information about their medication. Expansion of the project with recruitment of more volunteers is currently underway.

What is a medication POD?
When patients are admitted to hospital we ask them to bring their usual medications with them. We check the medications before storing them safely and returning them to the patients on discharge.
Our Patients Own Drugs (PODs) project ensures correct storage, documentation, checking and return of PODs to patients on discharge. This prevents mix-ups with medications supplied by Peninsula Health. Coloured bags clearly identify PODs and inpatient drugs, and reminder cards ensure that PODs are checked and returned to patients.

**Preventing falls**

Peninsula Health is committed to providing a safe environment for patients who may be at risk of falling and causing injury to themselves.

Our philosophy is to integrate falls prevention and management into routine work practice. The Inpatient Falls Prevention Steering Committee meets regularly to provide leadership in development and implementation of strategies to reduce the number and severity of inpatient falls. Our Falls Prevention Service provides day to day assessment, review and education for people in hospital and community services.

**ACHS indicator**

In 2010/11, Peninsula Health’s rate of ‘falls that require intervention’ was 0.02% compared to the ACHS average of 0.11%.

Our rate of ‘inpatient falls’ was 0.29% compared to the ACHS average of 0.37%.

**Falls research**

Falls prevention and risk assessment tools have been developed for our paediatric and maternity services. Our research indicated that although falls in infants in our hospital were rare, there have been incidents where an infant has fallen to the floor because the mother has fallen asleep while feeding the baby in bed.

In December 2010, we implemented a Maternal and Paediatric Falls risk tool that focuses on key risk factors such as medication, particularly after caesarian surgery when a mother can be very drowsy following pain relief medication.

**Promoting falls prevention in the community**

While some falls happen as a result of trips or slips, many happen due to deteriorating health, medications, balance disturbances, vision problems, poor footwear, poor diet, and deteriorating cognition.

Our Falls Prevention Service provides comprehensive falls prevention assessment and referral to a range of community programs to help older people maximise safety and reduce the risk of falls in their daily activities.

The service, which provides both home and centre based assessments, receives more than 500 referrals a year. We receive referrals from GPs (36%), inpatient and community public hospital settings (35%), external community settings (16%), and self or carer referrals (9%).

**Falls team in action**

82 year old Millie was admitted to hospital for investigations because her ability to get around independently had decreased. She had been assessed as needing a 4-wheeled walker and she knew she was to call the nurses for support when she got up. When Millie was admitted we had assessed her as a ‘high’ falls risk. Our Acute Care for the Elderly (ACE) Unit had seen her, and she had been assessed by members of the Multidisciplinary Team (Physiotherapy, Nutrition, Occupational Therapy and Social Work).

Millie got out of her bed without ringing for help to go to the toilet. She said that she was “a bit confused and thought she was at home”. As a result, she suffered an unwitnessed fall in her room. The fall led to her being diagnosed as having fractured her femur (broken hip). The operation to repair the fracture led to a longer stay in hospital and admission to the Rehabilitation Unit to help Millie regain her independence.

Fortunately Millie recovered well, her family were kept informed, and we reinforced with Millie the importance of ringing staff for assistance.

Millie’s fall was recorded on the Victorian Health Incident Management System (VHIMS) and the Falls Team was notified. This led to a review by the Acute Falls Clinical Nurse Consultant and the multi-disciplinary team for the Falls Steering Committee.

Recommendations and actions from this review included:

- A debriefing meeting with the Nurse Unit Manager, the Ward Falls Portfolio Holders and the Acute Falls Prevention Clinical Nurse Consultant to discuss Millie’s fall and discuss ways to prevent it happening again
- A recommendation that staff be made more aware of the need to use hip protectors for patients assessed as a ‘high’ falls risk
- The purchase of additional bed sensors.
Improving quality and safety

‘Make a move’ team makes a difference for Walter

For 93 year old Walter (Wal) McLean, our Making a Move program helped him to regain confidence, balance and strength for moving around safely with a reduced risk of falling.

When Wal started the program, he couldn’t lift himself out of a chair or off the couch without a lot of help. But after doing the eight-week program, he was able to get up and about more easily and confidently.

Caroline Stapleton, Physiotherapist and Project Officer with Making a Move (pictured right with Wal McLean), explains how the eight week program helps participants to regain their independence in living and ‘stay on their feet’.

“Making a Move is a support program where a physiotherapist and dietician work with an individual in their home to provide tailored nutritional advice and education as well as a strength and balance exercise program,” said Caroline. “The exercise program provides support for people so that they can regain a healthier level of physical activity, and the exercises can be practised independently between visits.”

We also have an Outpatients Falls Clinic that provides medical review, medications review, occupational therapy, physiotherapy, dietetics, podiatry, vision assessment, continence assessment, and psychosocial support.

Benchmarking

Falls data are benchmarked within Peninsula Health for acute, sub-acute and residential care and reported to the Board, the Executive, and the Falls Steering Committee. In 2011, we commenced benchmarking acute and sub-acute falls with two other major Melbourne health services.

Agestrong, the strength and balance training program for older people, now offers 49 classes across 15 community venues in Peninsula Health’s catchment area. This year, we launched two new groups – one in Carrum Downs and one in Blairgowrie. A manual for setting up the Agestrong Program has been developed by Peninsula Health and is being trialled in Timboon. Agestrong is also offered in residential care facilities, in the home, and in inpatient settings.

Making a move

A home-based exercise and nutrition program called ‘Making a Move’ was piloted by Peninsula Health between May 2010 and April 2011 on behalf of the Department of Health. The project involved people living on the Southern Peninsula who were aged 80 years and over and considered at risk of falls.

Each participant received four home-based physiotherapy visits that included an initial assessment, development of a tailored exercise program, and monitoring of their progress.

“Caroline was wonderful. She showed me a number of techniques to make everyday tasks a bit easier,” said Wal. “The key is to practise, be smart, and not overdo it. It’s all about timing your movements.”

Dietitian Marlene Gojanovic advised Wal on his diet, introducing more variety into his meals.

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All participants had their status reviewed and those considered at nutritional risk received a home-based visit from a dietitian.

During the project, 84 people were referred to the program. The average age of participants was 86 years: 50% lived alone and 75% had sustained one or more falls in the previous 12 months.

An evaluation in November 2010 revealed that after undergoing the program only 28.5% of participants had sustained one or more falls (4 out of 14) compared to 61% who had one or more falls (17 out of 28) before the program.

Pressure ulcer prevention

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

We have set up a Skin Integrity Steering Committee to oversee the prevention and management of pressure ulcers and wounds.

Peninsula Health manages over 1,000 wounds per year. In 2010/11, 17% of these wounds were pressure ulcers and 95% of these pressure ulcers were identified and treated in the early stages.

Monitoring of pressure ulcers includes:
- Appropriate use of skin care products
- Ensuring patients have a healthy diet or supplements to assist skin repair
- Management of pressure relieving beds, mattresses and other pressure relieving equipment used for patients with fragile skin
- Tracking improvement of the wound on a daily wound chart and by photo record.

Benchmarking wound management practice

The development of pressure ulcers across Peninsula Health is reported to the Australian Council on Healthcare Standards (ACHS) as an ACHS clinical indicator. We report pressure ulcers developed while in hospital and those developed before admission. Pressure ulcer prevention is an important indicator of quality care provision across the Health Service. We collect data for Frankston Hospital, Rosebud Hospital and The Mornington Centre. The three sites are measured against peer hospitals and the rest of Victoria. All three areas regularly record fewer developed pressure ulcers than the state average and their peer group.

Interesting fact

The Peninsula Health Falls Risk Assessment Tool (FRAT) tool developed in 1999 has been implemented by 15 national and 15 international health organisations.

Some of our improvements

- In August 2010, monthly Skin Integrity Steering Committee meetings were implemented to review and monitor skin integrity management across Peninsula Health.
- The Victorian Hospital Incident Management System for Pressure Ulcer Reporting Guide was developed to ensure the integrity of data collected for reported pressure ulcers.
• We enhanced our Pressure Ulcer Prevention and Management Clinical Practice Guideline to include revised investigation processes. The Residential Outreach Support Service and the Skin Integrity Clinical Nurse Consultant now meet regularly to plan for pressure ulcer prevention and management. This has resulted in an improved education / training package for residential facility staff and a resource for identifying effective but affordable options for wound care within residential aged care facilities.

How does this work?
An audit of bowel surgery admissions in 2009 revealed a length of stay at Frankston Hospital of 10.68 days, longer than the state average of 7.39 days.

In March 2010, we implemented an evidence-based pathway specifically for bowel surgery. In March 2011 we evaluated length of stay for bowel surgery patients and found that the Peninsula Health length of stay had improved and was now 3% shorter than all other hospitals across the state. Together with the other improvements in Surgical Services, this meant that we saved 200 bed days between 2009 and 2010 which could be used for other patients.

Team work gets evidence into practice
Peninsula Health is committed to providing evidence-based care and currently uses 98 Care Planning Pathways that ensure patients are provided with the best possible care. These pathways or ‘care maps’ do not replace the clinical judgement of experienced staff, and provide a guide to the appropriate processes to follow based on best available evidence and local requirements. They are a valuable resource for both experienced staff members and new employees – and guide patients’ treatment on a daily, shift by shift basis according to the procedure or patient group. They ensure that the right people do the right things, in the right order, in the right place, and with the right outcomes.

The pathways also provide clear information on admission processes, usual daily care, and discharge for the consumer and caregiver.

The number of individual pathways in use each day across Frankston and Rosebud Hospitals exceeds 300. Regular audits ensure that pathways are being well utilised and that care is appropriate.

Staff record any variances or changes to the identified pathways and audits are undertaken to investigate these changes. If a change is seen as a risk to patients or the Health Service, we put processes in place to reduce the risk.

Sub-Acute care planning enhancements
The Sub-Acute Interdisciplinary Care Program (IDCP) has been reviewed and improved. The revised program encourages increased patient / carer interaction and improved risk screening. We have also improved the way that goals for individual patients are identified and we have streamlined referrals. The clinical practice guidelines were reviewed to clarify what is expected of care planning. We found that consumers did not understand the title ‘Key Liaison Person’ so it was changed to ‘Contact Person’ to make it clear whom they can contact for more information.

In February and March 2011, we conducted master class education sessions in our Sub-Acute Services on Patient Centered Care. There were 111 attendees, with 96% reporting that the education sessions had helped their understanding of patient care and increased their confidence, particularly in relation to patients’ involvement in goal setting.

Evaluation of Interdisciplinary Care Program

<table>
<thead>
<tr>
<th>Improvements in care planning in sub-acute</th>
<th>Dec 2008</th>
<th>Dec 2010</th>
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<tbody>
<tr>
<td>Appointing a Contact Person within 2 working days</td>
<td>55%</td>
<td>94%</td>
</tr>
<tr>
<td>Information sharing discussion with patient / carer within 2 working days</td>
<td>53%</td>
<td>94%</td>
</tr>
<tr>
<td>Development of a multidisciplinary rehabilitation plan within 7 days</td>
<td>91.5%</td>
<td>98%</td>
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</table>

Fall Rate per 1,000 bed days

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<tr>
<th>Year</th>
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<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
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<tr>
<td>Fall Rate per 1,000 bed days</td>
<td>42</td>
<td>56</td>
<td>68</td>
<td>90</td>
<td>97</td>
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</table>
Our GP Community

When a person is admitted to hospital it is important that their local General Practitioner (GP) receives timely information about their patient’s condition and treatment in hospital so they can provide appropriate follow-up care after discharge. We provide this information as a discharge summary. It includes any changes to the patient’s medications.

Audits undertaken by multidisciplinary teams (including doctors, nurses, physiotherapists, speech therapists, dietitians, social workers and occupational therapists) measure the timeliness and content of discharge summaries. In November 2010, 91% of discharge summaries were sent to GPs within 24 hours of a patient’s discharge.

Integrating Care Services

The Hospital Assessment Risk Program (HARP) aims to prevent hospital admissions and manage the care of patients who need to attend the Emergency Department (ED) frequently due to complex health issues.

Review of the HARP program has led to the development of a single integrated service with a new model of care. HARP now includes the Complex Care Service, Residential Outreach Support Service, and Response Assessment Discharge Service. This amalgamation means that one manager provides consistency under one reporting structure.

HARP data and performance outcomes were benchmarked with other health services both locally and internationally.

What has improved?

- An internet-based notification system has been developed that identifies patients who need to attend the ED frequently. These patients can be referred to HARP for further assessment and timely care planning.
- We send the patients a letter of introduction to HARP and phone them five days later to discuss development of a care plan.
- The number of patients benefiting from the Complex Care Program has risen from 10 per month to an average of 20 per month.

Enhancing the Transition Care Program

The Transition Care Program (TCP) is a State and Commonwealth Government funded project that helps frail, aged patients to reach their maximum functioning capacity after a stay in hospital. TCP provides them with ongoing care and support as they recuperate from a period of hospitalisation. At the same time, we help patients and their families or carers to make appropriate long-term care arrangements.

Assistance can be provided in the patient’s own home or in a residential care facility for people who need more assistance. TCP services include Nursing, Physiotherapy, Nutrition, Speech Pathology, Social Work, Occupational Therapy and Gerontology. During 2010/11, TCP was broadened to include patients under 65 years of age who have high level care and complex needs. An increase of 13 residential and three community places provides TCP with a total of 35 residential care and 15 community care places.

Improved pain assessment for residents

Peninsula Health operates three residential care facilities, all fully accredited by the Aged Care Standards and Accreditation Agency.

In June 2010, we reviewed and revised the process for assessing pain in our residential care services. This initiative resulted from a review of post-fall pain assessment which identified a gap in routine assessment. To address this gap, we incorporated the Abbey Pain Scale into the response following a fall. This ensures that that pain is identified and managed appropriately.

The Abbey Pain Scale is a method of assessing pain where patients may be cognitively impaired. It uses observational indicators of pain, such as behavioural change, expression and body language. It is particularly useful for those residents who are unable to tell staff about their pain. Trial of the tool commenced in November 2010. In March 2011 we developed a poster to support staff and provide education for consumers. It has proved to be a useful and powerful resource for assessing pain by both staff and patients’ families / carers.
Streamlining Home Nursing Care

The Hospital in the Home Program (HITH) provides a holistic, individual approach for patients suitable for acute nursing care in their home.

In 2010 we appointed an Intake Coordinator to streamline patient flow between HITH and the inpatient wards. An audit was conducted between July and December 2010. It showed an 18% increase in admissions to HITH.

Monitoring dehydration

A dehydration risk screen tool was developed for use on days of extreme heat to help staff identify residents requiring additional support at these times. The tool was implemented in December 2010. In April 2011 it was effective in monitoring residents’ dehydration status during a five-day gastro outbreak in Rosebud Residential Aged Care Services.

Streamlining inpatient rehabilitation

Inpatient Rehabilitation Services are provided for patients requiring ‘fast stream, intensive’ rehabilitation at our Golf Links Road Units 1 and 2, and at Rosebud Rehabilitation Unit. Golf Links Road, a 60-bed rehabilitation facility, incorporates a dedicated stroke unit. Rosebud Rehabilitation Unit, a 30-bed unit, incorporates a dedicated Movement Disorders Unit. Person-centred care is provided through an Interdisciplinary Care Program that includes a healthcare team that may include doctors, nurses, physiotherapists, occupational therapists, speech pathologists, dietitians, social workers, and pharmacists.

In December, we reviewed utilisation and compliance with the Interdisciplinary Care Program. The review found that between December 2008 and December 2010:

- Appointment of a Contact Person within two working days has improved from 55% to 94%
- The percentage of patients having a risk screen within 24 hours of admission has improved from 65% to 91%
- Development of a multidisciplinary rehabilitation plan within 7 days has improved from 91% to 98%.

Community rehabilitation

As part of our Sub-Acute Ambulatory Care Service, the Community Rehabilitation Program provides continuing care services for people with limited function as a consequence of disease, injury, impairment or disorder. The services are delivered either at our community rehabilitation centres or in the client’s home by physiotherapists, occupational therapists, speech therapists, social workers and dietitians.

Community rehabilitation waiting times

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<td>1</td>
<td>Need for admission to rehabilitation within five working days of referral</td>
<td>6 days</td>
<td>5.4 days</td>
</tr>
<tr>
<td>2</td>
<td>Need for admission within 15 working days of referral</td>
<td>12.64 days</td>
<td>10.9 days</td>
</tr>
<tr>
<td>3</td>
<td>Need for admission within 30 days of referral</td>
<td>18.37 days</td>
<td>16.2 days</td>
</tr>
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</table>

Multidisciplinary care for cancer patients

Peninsula Health continues to be an active member of the Southern Metropolitan Integrated Cancer Service (SMICS), a joint initiative that incorporates Southern Health, Alfred Health and Cabrini Health. An important component of best practice care for cancer patients is the multidisciplinary discussion that takes place with patients who have a newly diagnosed cancer or suspected diagnosis to develop a treatment plan.

Since 2008, a SMICS administrative officer has worked with Peninsula Health in the areas of breast, upper gastrointestinal, colorectal and lung cancer. During 2010, this SMICS officer has supported 64 multidisciplinary meetings. The team has also developed plans for further investigations and treatment for 409 patients with suspected or diagnosed cancer.

Supportive care screening for cancer patients

Supportive care helps patients, their families, carers and staff to identify any issues that are or may become distressing for them during cancer treatment and the assistance they may need.

In early 2011, the Day Oncology Unit conducted a supportive care screening project using the National Comprehensive Cancer Network Distress Thermometer and Problem Checklist®, with some additional questions. The screening aimed to assist patients, their families, and the treating team to understand the need for support as a result of the patients’ cancer or the treatment they undergo. Thirty-one (31) patients with a new cancer diagnosis were screened as part of this pilot. The findings reflected existing evidence.
about the need for supportive care and the important role that screening has in identifying patient needs at an early stage.

Plans are underway to undertake supportive care screening for all newly-diagnosed cancer patients as part of their cancer treatment at Peninsula Health.

**Palliative Care Forum**

The Residential Outreach Support Service held its annual forum for residential aged care staff across Frankston and the Mornington Peninsula early in November 2010. Over 100 people attended the forum, which was hosted in partnership with Peninsula Hospice Service. This year’s forum topic was ‘Palliative Care’.

Presentations included: What is Palliative Care? (with guest speaker Pam de Klerk, Clinical Nurse Consultant from the Peninsula Hospice Service), Dementia Care, Pain Management, Loss and Grief, Advance Care Planning, and Spiritual Care.

Participants reported that the forum had helped to reinforce the significance of their work in palliative care management. The day was supported by Independence Australia, Mayo Healthcare, Molnlycke Health Care, Hartmann Australasia, and the Peninsula GP Network.

**MEPACS**

MEPACS provides an emergency response service to 26,000 clients across Victoria. It includes provision of the Personal Alert Victoria service on behalf of the Department of Health. MEPACS also provides a daily welfare check for 24,000 clients in Victoria. Most ‘events’ managed by the MEPACS team are medical emergencies, daily welfare checks, monthly equipment tests, and equipment faults.

MEPACS has grown significantly since 2009. The number of clients has increased by over 12,000, and the average number of events handled has increased by 240,000 a year.

**MEPACS achievements**

During 2010/11, MEPACS met or exceeded all Department of Health key performance indicators.

75% of medical emergencies were responded to in less than 30 seconds, 93% in less than one minute, and 99% in less than two minutes.

**35 years...and counting!**

Peninsula Health said goodbye recently to Anne Smith after 35 years of employment with the Health Service.

Anne joined Peninsula Health as a Division 2 Nurse at the Mt Eliza Centre, which was then known as the Frankston Community Hospital. Later, she took a new career direction and became an Allied Health Assistant in the Occupational Therapy Department at the Mt Eliza Centre.

Although Anne is no longer employed with Peninsula Health, she continues her association with us by volunteering each Thursday with Occupational Therapy.

“I enjoyed my time at Peninsula Health because of the great people I worked with,” said Anne. “Coming back as a volunteer means I can continue those relationships.”
Annual publications

Peninsula Health’s Quality of Care Report 2011 contains details of Peninsula Health’s progress and achievements in improving clinical care and our consumers’ experience.

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

- **Research Report 2011** – highlights the achievements and contributions of staff involved in research.

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

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