Our population for our catchment includes over 281,787 people.

Frankston population: 133,560 people

Mornington population: 152,260 people

During the holiday seasons the population can increase by 100,000 people.

It is predicted that:

- From 2011-2026 the 75-79 year old age group will grow by 66%
- By 2031 the prediction is that the over 70 population will grow by 220%
- and the over 85 population by 300%
Our commitment to research and its translation into patient care was strengthened with the development of a research strategy to guide research priorities over the next five years. We have also reached agreement with Monash University to construct an Academic Centre at Frankston Hospital, which will confirm Peninsula Health as the premier academic and health research centre on the Peninsula with a profile in:

- Population health and integrated care
- Addiction medicine
- Aged care and chronic disease management.

We are proud of our health service and the quality of care that we provide to our local community. This could not be achieved without the outstanding contribution of staff, volunteers and consumer representatives that work across Peninsula Health.

During 2015 we treated a record number of patients. The commissioning of a new $81 million building housing 92 new beds and an expanded Emergency Department provided us with an opportunity to re-engineer the way we deliver care. Prior to its opening, significant work was undertaken with consumers, volunteers and staff to ‘road test’ the building and new models of care to ensure that we were opening a contemporary service that met the needs of our community.

We have put rigorous systems and processes in place to prevent patients from getting serious infections whilst they are in our care. Development of our state-of-the-art electronic medication system continues. Prudent antibiotic usage is also important and we have an active antimicrobial stewardship program in place to ensure that patients are given the right antibiotic, but only when needed.

This year after extensive external evaluation we were successfully awarded three-year accreditation. All Australian Commission on Safety and Quality in Healthcare (ACSQHC) National Safety and Quality Healthcare Standards and National Mental Health standards were met. A number of other programs were also successfully accredited including the Family Violence program, the Continence program, the MHealth Homeless program and Carinya Residential Aged Care.

It is with great pleasure that we present Peninsula Health’s Quality of Care Report for 2015.

We hope that this important Report will be of interest to you and help you to understand more about how services across Peninsula Health are delivered. By understanding more about what we do, we believe that you will become an active partner in the treatment and decisions that are made about your care, your family’s care and the care of all in our community.

High-quality care is central to everything we do at Peninsula Health. During the last 12 months we have introduced a number of important initiatives to improve the safety and quality of our care and we believe that this work is making a real difference.

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We welcome your input on this Report and invite you to complete the feedback form attached to the inside back cover. Your feedback will help us improve this publication to better meet your information needs.
Partnering with our community

We are committed to working with consumers to create a health service that is responsive to patient, carer and consumer needs.

Our partnerships with consumers are based on mutual openness, trust, respect, equal opportunity, shared ownership, and communication.

We have an extensive Consumer Participation Programs and we partner with consumers in a number of ways, ensuring the consumer/carer perspective is reflected in the care and service we provide.

The Community Advisory Framework consists of the Community Advisory Committee and 13 Community Advisory Groups which represent geographical areas of our community, some key services, and community groups with specific health needs.
Highlight story:

For any health service, new buildings and services are exciting – for both staff and the community it serves. Too often consumer involvement is limited to brief consultation at the end of the project, once all the decisions have been made.

The Frankston Hospital redevelopment provided not only new, purpose-built facilities but importantly the opportunity to partner with consumers in building design and in enhancement of models of care ensuring continued provision of high-quality care. In keeping with our goal of Person Centred Care and our commitment to partnering with consumers, the redevelopment saw extensive consumer involvement at all levels of governance and decision making and through all stages of planning and development. The new Emergency Department and wards were designed and built with safety and quality considerations at the fore and the specific needs of staff and consumers were considered at every step.

These elements include:

- Dedicated paediatric waiting and treatment areas
- A dedicated mental health treatment area including direct ambulance access to maintain safety and dignity for acutely unwell patients as well as minimising disruption for other patients
- Individual patient areas to provide positive interaction between staff, patients and carers and facilitating patient involvement in individual care
- Consideration of lighting and noise levels, in particular access to natural light to support older patients with cognitive impairment who are at risk of increased confusion.

These design considerations were the result of extensive consumer consultation with a number of original options reworked based on the combined feedback of staff and consumers.

The opening of the new Frankston Emergency Department in February 2015.
Person centred care

We follow a model of ‘person centred care’. For patients, this means we partner with them to provide excellent care in a way that they understand, allowing them to control the decisions about their future care.

Person centred care is an approach to healthcare that ensures the planning, delivery and evaluation of care is grounded in mutually beneficial partnerships among healthcare providers, patients and their families.

There is increasing evidence that when healthcare administrators, staff, patients and families work in partnership, the quality and safety of healthcare improves, staff satisfaction increases and patient, carer and staff experience improves.

We have in place a person centred care plan, which was created by staff, in consultation with consumers. The plan explains that person centred care at Peninsula Health is about ‘caring for each other’.

For patients and families this means that we will continue to provide our excellent care in a way that makes patients partners in their own care, and ensures that patients understand and control the decisions about their future care plans.

For staff, this means that we genuinely look out for and after each other, that we take time to improve our personal and professional capacity, and apply the values of integrity, compassion and respect in our day-to-day work as teams.

Consumer information

Consumers need information that is easy to understand and up-to-date. We have a well-established Consumer Information Steering Committee responsible for reviewing all information produced for our consumers. The Committee includes consumers who work alongside staff from across the health service to review all pamphlets, brochures, health fact sheets and information about treatment, services or specific health issues.

We welcome consumer representatives on a range of quality and safety committees such as Falls Prevention and Medication Safety. We also involve consumers in other key committees and working groups, including smoking, car parking and in special projects such as major redevelopments.

In 2014, new consumer representative roles were introduced to Peninsula Health services and former patients and/or carers have joined specific teams to provide fresh consumer perspectives on service delivery and quality improvement activities within these areas.
Volunteering

Over 800 dedicated volunteers help us provide a better healthcare experience for patients, carers and clients across all areas of our health service. We have a comprehensive Volunteer Orientation and Training Program, and volunteer coordinators who provide our volunteers with day-to-day support. Our volunteers range in age from 18 to 80, come from varied backgrounds and possess a wealth of work and life skills. Community Health Volunteer Coordinator Gloria Callery describes her volunteers as being united in their dedication, commitment, kindness and their willingness to lend a hand.

“It is my great pleasure to know and work with each and every one of them,” Gloria said.

In 2014 we evaluated our volunteer programs and asked our volunteers to review their role descriptions and tell us about team highlights, achievements and areas needing improvement.

Results

- 174 volunteers provided feedback about their local volunteer programs
- 95% of volunteers are either satisfied or highly satisfied with their volunteer role
- 97% of volunteers are either satisfied or highly satisfied with the support given by the Volunteer Coordinator/Community Participation Team
- 96% of volunteers are either satisfied or highly satisfied with the training/information provided to them.

Community members interested in Volunteering at Peninsula Health can contact volunteers@phcn.vic.gov.au for further information.
Volunteers leading the way

Peninsula Health is extremely proud of its volunteers. They work tirelessly with our staff to provide excellent care and support to our community. Over the past six years, Peninsula Health volunteers have won the Minister for Health Volunteer Award – a testament to just how great our volunteers are.

Winners have included:

- **2015** Julian Conlon – Outstanding Individual for Diversity Category
- **2014** Tai Chi Leaders – Outstanding Team
- **2013** Jenni O’Sullivan – Outstanding Individual
- **2012** GLBTIQ CAG – Outstanding Team
- **2011** Gus De Groot – Outstanding Individual
- **2010** Pink Ladies Frankston – Outstanding Team

In addition, Peninsula Health has been proud to have the following volunteers recognised in the Victorian Premier’s Volunteer Awards:

- 2014 Frankston Hospital Pink Ladies Auxiliary – Outstanding Team

The Chair of Peninsula Health’s Gay Lesbian Bisexual Transgender Intersex and Queer (GLBTIQ) Community Advisory Group, Julian Conlon, won the Outstanding Individual Achievement by a Volunteer: Supporting Diversity Award at the 2015 Minister for Health Volunteer Awards.

Volunteer Appreciation Day

Our annual Volunteer Appreciation Day luncheon reminds us how fortunate we are to have such a diverse and dedicated community of volunteers - the commitment by our volunteers sets us apart from other healthcare services.

This year’s luncheon not only provided an important opportunity for Peninsula Health to say thank you, it was also an excellent opportunity for all volunteers to get together and be acknowledged for the fabulous contribution they make each and every day. At the luncheon, 11 volunteers were presented with long service awards for 15 years of service, eight volunteers were presented with long service awards for 20 years of service and two volunteers received long service awards for 25 years of service – an astonishing total of 375 years!
Special thanks

We recognise and thank Clair Duffus and the terrific volunteers of the Rosebud Hospital and Aged Care Opportunity Shop, which sadly closed its doors in 2015. The Op Shop has been raising funds for various projects and vital equipment in the healthcare and aged services departments of Rosebud Hospital since 1997.

We also acknowledge and thank Dawn and Boyd Standing who established the Rosebud Hospital Garden Group in 1994. After more than 20 years of tending to the beautiful gardens at Rosebud Hospital, they packed up their secateurs and retired from the gardening group.

We sadly said our goodbye to Sue Phillips, long-standing volunteer and President of the Rosebud Hospital Pink Lady Auxiliary. Sue passed away suddenly this year and is sadly missed by staff and patients at Rosebud Hospital.

A milestone

This year we celebrated the 10th anniversary of the Assistance and Care in Emergency (ACE) volunteer program in the Frankston and Rosebud Emergency Departments. This dynamic and dedicated group of 130 volunteers provides an invaluable service to patients and carers attending our emergency departments. These wonderful volunteers work side by side with emergency department staff to ensure that patients’ families and carers are provided with practical assistance, emotional support and a whole range of services to make their often traumatic visit more comfortable.

Volunteers get intensive

In 2014 Intensive Care Unit (ICU) staff warmly welcomed volunteers as new members of the Intensive Care Unit team. The volunteers greet visitors as they enter the ICU, providing practical support and comfort to family and friends of patients receiving medical attention.

After her first shift in ICU, volunteer Barb Hamilton said: “It was great to help out where needed and all the staff were so friendly. I believe the ICU volunteer program will be greatly appreciated - it is a very rewarding role.” Dorothea Wagner believes volunteering in the ICU is the perfect role for her. “After stepping back from full-time employment, I wanted to do something worthwhile with my time. My favourite thing about being an ICU volunteer is the busy environment and helping people. I especially enjoy being there to support and help the relatives of patients,” Ms Wagner said.

Diversity

Our aim is to meet the diverse health and well-being needs of everyone in our community in a person centred, respectful, and responsive way. Peninsula Health has a strong Diversity Framework, which outlines our commitment to all people having equal access to health services and resources. The Peninsula Health Diversity Plan focuses on the specific needs of our Aboriginal and Torres Strait Islander peoples, Cultural and Linguistic Diverse communities, Gay, Lesbian, Transgender, Bisexual, Intersex and Queers, and Disability community members.

Disability action plan

We aim to create an environment that recognises each individual’s needs and preferences. Our Disability Action Plan 2014-2016 helps us to meet the needs of people with a disability who use, visit or work within our organisation. The Plan is monitored by our Disability Community Advisory Group. Members of this group partner with service areas across Peninsula Health to improve healthcare for people with a disability.

Achievements:

1. Completion of the Disability Action Plan Self-Assessment Tool by a number of service areas
2. Linkage with Disability Volunteer Agency to support increased opportunities for people with a disability to volunteer
3. Raising awareness of the specific needs of people with a disability through International Day of People with Disability events
4. The inclusion of a high needs accessible toilet in the new building at Frankston Hospital.
Multicultural richness

The Cultural and Linguistic Diversity (CALD) Community Advisory Group includes diverse community members, representatives from local community services, and Peninsula Health staff. The group has members who represent the multicultural richness of our community and who understand the range of issues that arise in providing health services for culturally diverse communities. We have a CALD Plan and a new version is currently being developed.

Interpreter services

When patients are admitted to hospital they can ask for an interpreter, if they speak a language other than English. Referrals to the Interpreter Service have remained stable over the past 12 months. There were 2,114 referrals for the financial year 2014-2015. The top five languages requested are Mandarin, Greek, Italian, Auslan (Australian sign language) and Arabic. The areas requiring the highest language service support are: Obstetrics and Ante Natal Clinics, Dental Outpatients, General Outpatients, Community Health and the Mount Eliza Aged Care centre.

Peninsula Proud 2015

The Gay, Lesbian, Bisexual, Transgender, Intersex and Queer (GLBTIQ) community’s ‘Peninsula Health Proud Midsummer Festival’ was held in January 2015. The Festival’s art show ran from Tuesday 20 January to Saturday 7 February. It explored gay, lesbian, bisexual, transgender, intersex and queer relationships through artwork and multimedia presentations. The guest speaker was Tony Briffa, a human rights activist.

Walking together in reconciliation

Peninsula Health’s inaugural 2014 Reconciliation Action Plan was launched in October with representatives from the Boon Wurrung Foundation, the Peninsula Health Board of Directors and the Peninsula Health Chief Executive Officer, Sue Williams. The Reconciliation Action Plan is an important collaborative document, which outlines how the entire organisation will make healthcare for Aboriginal and Torres Strait Islanders more accessible.

Frankston has the highest percentage (42%) of all Aboriginal and Torres Strait Islander hospital admissions in the Southern Metropolitan Region. Frankston and Rosebud Emergency Departments have the highest percentage (56%) of Aboriginal and Torres Strait Islander presentations to an emergency department in the region.

Achievements so far include:

- Womin Djeka (welcome) entry panels have been developed for the new building at Frankston and are now displayed at all sites across the organisation
- A Welcome to Country and smoking ceremony was performed by Boon Wurrung Elder for the opening of the Frankston Hospital Stage 3 Development
- Cultural safety training has been conducted in collaboration with Victorian Aboriginal Community
- Peninsula Health sponsored the Baany to Warma Ngargee Water to Water Festival cultural program in early 2015 at the Briars, Mt Martha
- The BayMob News has been distributed to key Aboriginal agencies and communities across the catchment-distribution has grown to 2000 recipients this year
- Care coordination and Aboriginal hospital liaison support has been offered to over 800 patients
- Reconciliation Action Plan presentations have been provided across all sites and incorporated in corporate orientation (for all new staff)
- A Memorandum of Understanding has been developed with the Boon Wurrung Foundation
- An Aboriginal and Torres Strait Islander website and Wirri Girri internal staff newsletter has been created
- An Aboriginal health policy has been developed
- Aboriginal and Torres Strait Islander flags have been installed at all key sites
- Peninsula Health hosted and sponsored National Aboriginal and Islander Day Observance Committee and Reconciliation (NAIDOC) Week events
- Four Aboriginal trainee positions have been created in dental and Aboriginal services.
What your feedback is telling us

Victorian Hospital Experience Survey

The Department of Health and Human Services (DHHS) asks consumers for feedback on their hospital stay via the Victorian Healthcare Experience Survey for Victorian Hospitals. This Survey covers all health services in Victoria. There are specific questions for adults and children in hospital; this includes carers and parents of children under eight years of age at Rosebud and Frankston Hospitals, including the Mental Health Service.

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<td>Statewide</td>
<td>89.3%</td>
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<td>Peninsula Health</td>
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<tr>
<td>Frankston Hospital</td>
<td>86.7%</td>
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<tr>
<td>Rosebud Hospital</td>
<td>94.7%</td>
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The overall experience score is the response ‘very good’ or ‘good’ to the patient’s hospital experience. The participation rate for Peninsula Health was 26% compared with the Statewide participation rate of 29%. Feedback from our service users is that the Victorian Hospital Experience Survey is a long survey that is not easy to complete. For this reason, we have continued to focus on the development of our own Customer Feedback Card which is used across the whole health service and which achieves thousands of responses per annum.

Consumer Feedback Card

We also ask our consumers to complete our own Consumer Feedback Cards to assist us with improving our care delivery, services and systems. The feedback cards include inpatients as well as outpatient clinics and home services. We have volunteers at Frankston, The Mornington Centre and Golf Links Road campuses who visit the wards and help patients enter their feedback on an iPad.

An annual Resident and Relative Satisfaction Survey is undertaken for the Carinya Psychogeriatric Residential Aged Care service – with a 43% return rate, the Survey results included the following responses.

- Q  Does the resident feel happy with the care they receive? 100% agree
- Q  Does the resident find the staff helpful and supportive? 92% agree
- Q  Does the resident feel that staff respect their dignity and privacy? 91% agree
- Q  Does the resident feel they are able to contribute to their ongoing care? 90% agree
National standards for consistent patient care

The Australian Commission on Safety and Quality (ACSQ) in Healthcare developed the National Safety and Quality Health Service Standards in 2013 to improve the quality of healthcare. The Standards focus on key areas of patient care, and ensure that health services work to close the gap between current practice and best practice. They help us provide safe quality healthcare to our community. All Standards ensure that we focus on person centred care delivered in partnership with our staff and consumers.

The standards cover:

- Governance for Safety and Quality in Health Service Organisations
- Partnering with Consumers
- Preventing and Controlling Healthcare Associated Infections
- Medication Safety
- Patient Identification and Procedure Matching
- Clinical Handover
- Blood and Blood Products
- Preventing and Managing Pressure Injuries
- Recognising and Responding to Clinical Deterioration in Acute Health Care
- Preventing Falls and Harm from Falls
We are always striving to meet each patient’s expectations for safe and effective healthcare. Our health service operates in line with a robust clinical governance system which covers:

- Consumer participation
- Risk management
- Clinical effectiveness
- Effective workforce

Our clinical governance system has been developed with extensive input from our patients and our community to support our commitment to:

1. Person centred care (involving you and your family in decisions about your care)
2. Service planning (planning and building for the future)
3. Partnering (working with other healthcare providers to provide the healthcare our community needs)
4. Our workforce (helping staff and volunteers learn new skills, work as teams, and find new ways of doing things)
5. Safety and quality (providing high-quality care and meeting Australian standards for healthcare)
6. Learning, teaching and research (working with education and training organisations, to support research, and to use the best available research to improve healthcare).

This chart shows the structure for quality and safety at Peninsula Health.
While the external environment is ever-changing, it is essential for us to be guided by a broad set of principles, and by local data, in determining how and where to invest our finite resources. To achieve the ambitious models of care outlined in our Plan, access, and service delivery will need to be continually reviewed across Peninsula Health in conjunction with local primary care providers and tertiary and academic partners.

You can download a copy of the Strategic Clinical Services Plan from our website: www.peninsulahealth.org.au/about-us/publications.

Our partnerships

The partnerships Peninsula Health has with other organisations and services help us deliver excellent care to our community. These partnerships allow everyone involved to share expertise, successes and innovation.

Some of our key partners include:

- Australian Council on Healthcare Standards
- Aged Care Standards and Accreditation Agency
- City of Frankston
- Department of Health
- Frankston Magistrates Court
- Frankston-Mornington Peninsula Medicare Local
- Monash University
- Mornington Peninsula Shire
- University of Melbourne
- Victoria Police
- Ambulance Victoria.

Strategic Clinical Services Plan 2015-2025

Person centred care is at the core of everything we do. It is with this in mind that we have developed an ambitious 10-year-year Strategic Clinical Service Plan to ensure that we meet the needs of our community in the years to come. Whilst we will continue to provide high-quality care in meeting the needs of our local population, we are driven by innovation and strategic planning. Our aim is to become the leading academic and health research facility on the Mornington Peninsula.

Increasing demand due to the health burdens of age and chronic disease will affect all Australian communities, and particularly those on the Peninsula. Constrained resources and technological and medical advances will require us to continually improve and refine our models of care to provide the services to meet this demand.

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Improvements in 2014-15

Clinical Risk Register
Our Clinical Risk Register was enhanced to ensure that we regularly report and monitor clinical risks from all our sites and services. This allows us to better identify, monitor and take immediate action to manage clinical risks across the whole organisation.

Electronic Systems
We introduced ‘Prompt’, a specialised web-based document management system and information sharing portal for health professionals. Staff can now find the latest policies and procedures quickly and can view other health services information. We also introduced the Emergency Department Information System (EDIS) – an electronic workflow documentation system which captures key information when a patient presents to the Emergency Department. This information is critical in managing patient access and flows.

Our staff
Having the right staff with the right qualifications, skills and attitude enables us to provide expert, appropriate and timely care. It also ensures that patients and their families are kept informed and involved in decisions about their care. We have a very strong recruitment and credentialing system in place, to confirm the qualifications, experience and competence of all our clinical staff.

Regular checks by the Australian Health Practitioner Regulation Agency (AHPRA), ensures that all staff are registered so we can ensure they are in an appropriate role based on their registration. We monitor compliance with Police Checks and Working with Children checks for all new staff.

Growing our workforce
We invest in education and professional development for our workforce through study leave, our clinical simulation centre, lectures, journal clubs, library, online resources and online learning courses.

- We work with other organisations to ensure our workforce provides skilled, appropriate care. For example, staff participate in teleconferencing with other organisations such as the Royal Australasian College of Physicians, they access tutorial Pod Casts from the Alfred Hospital and take part in the Cardiac Conference to discuss case management.

- We have a Simulation (SIM) Centre, which enables staff to undertake training and assessment for common events or situations. The Simulation Centre uses case studies, role-play, simulated patients, and ‘virtual environments’ to support staff education. Through our membership with the Mornington Peninsula Clinical Placement Network we have access to additional Simulation Centre facilities at the Monash Department of Nursing and free access to simulation equipment via the Asset Hub based at Holmesglen College.

- There are now nine qualified Nurse Practitioners who have worked hard to achieve advanced skills and extend their scope of practice. We also have four Nurse Practitioner candidates who are at various stages in the process of qualifying for registration.
People Matter Survey

In 2014 Peninsula Health participated in the Victorian Public Sector Commission (VPSC) People Matter Survey. The outstanding results prompted the VPSC to select Peninsula Health as one of its case study organisations for the Creating Great Places to Work report. The Report found that Peninsula Health has a strong focus on quality and customer care and builds its culture on opportunities to learn, open communication, a supportive approach and reflective practice. Amongst the positive results, respondents to the Survey felt that Peninsula Health has a culture which supports patient safety.

Sometimes things don’t go to plan - adverse incidents

Peninsula Health uses the Victorian Hospitals Incident Management System (VHIMS) - a central, online register used to report incidents, complaints, consumer feedback, and quality improvement. When an incident or complaint is received, it is registered by a staff member, and VHIMS automatically notifies the relevant staff to ensure action is taken as soon as possible. The VHIMS rates the type of incident and its severity. It also links to quality improvement activities so there is a reduced risk of a similar incident happening again.

We fully investigate all incidents and adverse events. Reviews are undertaken of deaths and we aim to identify any circumstance where care could be improved. The circumstances surrounding a death are reviewed by senior clinicians across all clinical areas. If a death is unexpected or occurs as a result of accident or injury, we report it to the Coroner. A sentinel event is a very serious but rare incident not caused by a patient’s illness. In 2014-15 Peninsula Health had no sentinel events.

Strengthening governance to protect children

Our social workers are dedicated to ensuring that all staff across Peninsula Health are aware of Victoria’s Vulnerable Children Strategy. We now have a Vulnerable Children’s Steering Committee, which acts to inform, train and resource staff to ensure they have the necessary knowledge and skills when it comes to protecting children’s rights and safety.

Our social workers have also been trained in a visionary approach (developed in the US) to help new mothers understand the importance of talking to their children, which in turn directly raises literacy rates amongst children from vulnerable environments.
Health service accreditation

The Australian Council on Healthcare Standards (ACHS) is the main accrediting body for health services. ACHS is an independent organisation that assesses health services against the 10 National Safety and Quality Health Service (NSQHS) Standards. Our accreditation in 2014 had a favourable review with one recommendation that consumers should be involved in training clinical staff.

We have responded to this recommendation through our Person Centred Care Plan, which includes consumer and carer involvement in the training of clinical staff as a priority for the next 12 months.

Our orientation program includes the screening our Patient Experience DVD. This DVD was developed with three Peninsula Health consumers who talk about their experience in the health service.

Consumer stories are incorporated in staff education programs, in person-centred care workshops, clinical risk education and operational forums. Mental health consumer and carer consultants are involved in the development and delivery of education in our Mental Health Service.

Department of Human Services (DHS) Quality Standards review

In May 2015, our Family Violence Service, and, our Paediatric Continence Support Service were reviewed against the DHS quality standards. Both teams work with complex client groups and constantly work to improve services, embed practice improvements and ensure documentation demonstrates the provision of high quality services.

Both team’s strong commitment to quality care was reinforced by the accreditation outcome of all standards being met with no recommendations. Feedback from the accreditors was overwhelmingly positive with praise for staff regarding their dedication and commitment to providing person centred high-quality services to our clients.

Residential aged care accreditation

All residential aged care facilities across Australia must be accredited by the Australian Aged Care Quality Agency (AACQ). Peninsula Health’s residential aged care facilities are reviewed by the AACQ every three years. In 2015, we met all 44 standards and remain fully accredited.

Best Practice

Our Mental Health Services have been consistent statewide leaders in reducing the number of seclusions for Mental Health clients. Seclusion is sometimes necessary to protect the immediate safety of an acutely unwell person or others. This excellent outcome is the result of significant staff training and expert clinical governance.

Adult mental health service seclusion events per 1,000 bed days – Quarterly data

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Aged mental health service seclusion events per 1,000 bed days – Quarterly data

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Preventing infection

We have rigorous systems and processes in place to prevent patients from getting preventable infections while they are in our care. We also use best practice principles to manage these infections, should they occur.

Our Infection Prevention Committee provides advice and recommendations across the health service. The Committee includes a consumer representative and oversees:

- Ongoing improvements in infection prevention and control across the whole organisation
- Monitoring of rates of infection against best practice and our state and national peers
- Implementation and ongoing monitoring of requirements to minimise the risk for patients acquiring preventable infections in hospital
- Effective management of infections, if they occur.

We also have an Infection Prevention and Control team. This team is responsible for:

- Raising awareness of infection prevention in reducing healthcare-related infections
- Developing and implementing the infection prevention strategic plan for patient safety
- Promoting ownership of local responsibility for prevention of hospital acquired infections
- Driving improvements with external mandatory outcome measures.

The single most effective strategy to reduce risk of infection is the simple act of hand hygiene.

### Hand hygiene

Patient safety is the foundation of all the infection prevention activities we undertake across Peninsula Health. Our goal is zero preventable harm to our patients from healthcare-acquired infections. The single most effective strategy to reduce risk of infection is the simple act of hand hygiene (cleaning our hands).

Peninsula Health has continued to improve its results in 2014-2015 by introducing local ownership of results with the training of local auditors to role model good hand hygiene.

### How we compare with our peers

<table>
<thead>
<tr>
<th>Hand hygiene audit results for 2014-15</th>
<th>Frankston Hospital</th>
<th>Rosebud Hospital</th>
<th>Department of Health and Human Services Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round 3 - 2014</td>
<td>75%</td>
<td>79%</td>
<td>75%</td>
</tr>
<tr>
<td>Round 1 - 2015</td>
<td>80.4%</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td>Round 2 - 2015</td>
<td>81.8%</td>
<td>78.5%</td>
<td>80%</td>
</tr>
</tbody>
</table>
Targeting zero for intravenous catheter-related blood stream infections

*Staphylococcus aureus*, or *S. aureus*, is a common bacterium that lives on the skin or in the nose. It is also called golden staph. In most situations, *S. aureus* is harmless. However, if it enters the body through a cut in the skin, it can cause a range of mild to severe infections, which may cause death in some cases. 2013-2014 saw a record number of blood stream infections from *Staphylococcus aureus* (SABs). Frankston Hospital reported 26 such infections of which 15 were possibly related to poor intravenous catheter (IV) insertion and management practices. These infections can often be prevented by good aseptic technique and hand hygiene practices.

In response to the Frankston Hospital results, we established a *Staphylococcus aureus* Working Party to review our practices and develop protocols to address some of the issues. The improvements now in place include: a dedicated IV insertion kit; and individual notification to the treating medical unit and nurse unit manager of each infection, with an in-depth case review of each IV-related infection to identify potential issues that need to be addressed. We have been raising education and awareness levels and we have developed a credentialing program to ensure that all junior medical staff and nurses who insert IVs are aware of the aseptic technique and hand hygiene requirements.

In addition, all IVs are reviewed daily by treating medical teams and are removed, if action is no longer required. Nursing staff also review each shift and document if any signs of infection are developing.

For 2014-2015, there has been a 60% reduction in IV-related *Staphylococcus aureus*. Ongoing work continues to target zero *Staphylococcus aureus* infections over the next 12 months.

### Infection rates

*Staphylococcus aureus bacteraemia* infection rates have met the Victorian Healthcare Associated Nosocomial Infection Surveillance aggregate for 2014-15 (Infections per 10,000 occupied days).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Frankston Hospital</td>
<td>1.50</td>
<td>2.20</td>
</tr>
<tr>
<td>VICNISS Aggregate</td>
<td>1.10</td>
<td>0.90</td>
</tr>
</tbody>
</table>

### Antimicrobial stewardship

Antibiotic resistant bacteria are an increasing problem worldwide and are a major threat to patient safety. Infections with antibiotic resistant bacteria are more expensive to treat, result in longer hospital stays, worse outcomes for patients and increased deaths.

“Studies have shown that up to 50% of antibiotic use in hospitals may be inappropriate,” reports the Head of the Infectious Diseases (ID) Unit, Dr Peter Kelley.

“We know that the overuse and misuse of antibiotics can produce antibiotic resistance.

Antimicrobial Stewardship aims to improve antibiotic use, minimise the emergence of resistant bacteria and the unwanted side effects from antibiotics,” Dr Kelley explains.

At Peninsula Health, an Antimicrobial Stewardship (AMS) team monitors antibiotic use and resistance rates. The team performs twice-weekly rounds at Frankston Hospital and a monthly round at Rosebud Hospital. Patients are triaged for review and their antibiotic therapy evaluated for appropriateness. The team also works closely with the Infection Prevention and Control unit, which monitors patients with infections and undertakes audits of antibiotic usage.
Medication safety

We are required to show how we safely prescribe, dispense and administer the right medicines to patients and that processes are in place to reduce medication errors. We must also demonstrate compliance with legislative requirements in terms of medication storage, monitoring and security.

How do we do this?

When a patient is admitted to hospital it is vital to obtain an accurate list of all their current medications including non-prescription items, herbal or natural remedies, creams, eye drops, injections or patches to ensure that nothing is missed or incorrectly prescribed. Over the past 18 months our Medication Safety Team has worked to strengthen processes to ensure that patients have an accurate documented medication history as soon as possible upon admission; and that a current medication chart is accurate against the medication history.

At Peninsula Health more than 80% of patients now have a medication history documented within 24 hours of admission.

Patients can assist this process by keeping an up-to-date list of all their current medications which can be brought into hospital, if they are admitted unexpectedly; and bringing their medications to hospital with them so we can check the exact medication name, strength and dose to make sure we prescribe it correctly.
Blood clot prevention

We aim to ensure patients are protected from preventable problems such as blood clots. Blood clots account for around seven per cent of deaths in hospital patients, and are among the most common preventable cause of in-hospital death. Blood clots can also contribute to other long-term health risks.

Most blood clots form in a vein in the leg and can sometimes travel to the lungs. The formation of blood clots and the way they travel through the blood stream is called Venous Thromboembolism or VTE. Research shows that anti-clotting medication can help reduce the harmful effects of VTE for many patients.

Our computerised Electronic Medication Management System prompts clinicians to review a patient’s risk of VTE and to prescribe preventative medication.

In February 2015, the Medication Safety Team ran a VTE awareness week to promote this important issue to clinical staff and patients. The most recent auditing indicates a strong commitment to VTE prevention with high rates of appropriate VTE preventative medication being prescribed – the overall result for 2014 was 87%.

Medication monitoring and planning

The computerised Electronic Medication Management System allows clinical pharmacists to review new medication orders daily.

This system can quickly identify orders which require further review; for example new orders for drugs which may have interactions with other medications, and medications which require special monitoring or care in prescribing in specific groups of consumers.

The system also allows for immediate onscreen checking of test results to confirm appropriate medication management.

Going home

When patients leave the hospital, Peninsula Health staff aim to make sure that the medication list for each patient is reviewed and adjusted, if there have been any changes during the admission, and that any changes are discussed with the patient or their carer and passed on to their regular treating doctor.

The Electronic Medication Management System allows an easy on-screen review of the patient’s medication by their doctors and pharmacists before giving any discharge prescriptions. Information is automatically transferred to a patient’s nominated regular treating doctor.

Pharmacists discuss the discharge prescription with the patient or their family, and provide medicine information to patients when they are discharged.

Encourage consumer involvement

Our ‘Speak Up’ program encourages patients to be informed about their medications and allergies and to work with us to make sure they take their medicines safely.

This is particularly important at discharge time where we provide information to ensure the patient is aware of and confident about any new medications or changes and are clear about when to seek advice, if they have any concerns.

We encourage all patients and carers to ‘Speak Up’ to staff when they are unsure about the medicines they are taking.
Patient identification

We are required to correctly identify each patient whenever they receive care from us, and to correctly match them to the treatment they are to receive. This ensures that staff know exactly who everybody is, particularly before a patient is about to undergo a procedure, test or operation.

We have a number of policies and procedures in place, which outline our organisation-wide Patient Identification System. Staff are required to check and verify their patient’s identity against three approved identifiers – the first is the patient’s full name, the second is the patient’s date of birth, and the third is the unique hospital identification number that is generated by our computer system. This helps us check that the right patient is receiving the right treatment. These three identifiers must be checked with the patient at various times during their care including at the point of handover, transfer, drug administration or discharge.

When you are admitted to hospital, a patient identification (ID) band is applied to assist with this identification.

- A white band is used for patients with no known allergies
- A red band is used for patients with an allergy.

Any incidents of incorrect patient identification and procedure matching are reported through the Victorian Information Incident Management System (VHIMS) and escalated to the appropriate senior staff member to investigate the cause. Incidents are also reported to the Patient Identification and Procedure Matching Committee for monitoring and recommendations on improvements. We also inform patients and carers.

Patient identification and procedure matching week

Peninsula Health holds a Patient Identification and Procedure Matching Week twice a year to remind staff of their responsibilities in ensuring they provide the right care to the right patient at all times. Failure to correctly identify patients may result in errors with medications, transfusions, diagnostic testing and the patient receiving the wrong procedures.

During Patient Identification and Procedure Matching Week both consumers and staff are engaged in a number of activities including crossword and quiz competitions, poster and slideshow displays as well as daily emails and desktop image reminders, tips and important key points. The May 2015 campaign involved posters being placed in all clinical areas with the key message: ‘Although we may know who you are, we still need to ask you three identification questions, help us, to help you, be safe.’
Patient handover

Patient handover, or clinical handover, is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.

The process of handover happens many times while patients are in our care. For example, when the morning staff go home, and the afternoon staff take over; when a patient moves from one ward or site to another; or when our health service hands over to the patient’s General Practitioner (GP).

We are strongly committed to developing Clinical Handover processes at Peninsula Health that include the patient and their family. We know that patient and family involvement in handover will assist their understanding of all aspects of their care.

Handover survey results

In January 2015, a Patient Survey took place for both Acute (Frankston and Rosebud) and Sub-Acute (Golf Links Road and The Mornington Centre) Services to look at the patient’s perspective of the bedside handover process.

<table>
<thead>
<tr>
<th>Patient Survey January 2015</th>
<th>Acute 58 Patients surveyed</th>
<th>Sub Acute 61 Patients surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Shift to Shift Bedside Handover</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication between nurses at the end of a shift and the start of another is vital to ensure care is appropriate. Bedside handover involves the transfer of important and relevant information to assist care coordination. Bedside handover must involve the patient and, if appropriate, their family or carer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the nursing staff do the handover at your bedside?</td>
<td>91% agreed</td>
<td>59% agreed</td>
</tr>
<tr>
<td>Did the nurse explain the bedside handover to you?</td>
<td>79% agreed</td>
<td>64% agreed</td>
</tr>
<tr>
<td>Did you feel your privacy and confidentiality were respected during the handover?</td>
<td>96% agreed</td>
<td>95% agreed</td>
</tr>
<tr>
<td>Was the new nurse introduced to you?</td>
<td>98% agreed</td>
<td>87% agreed</td>
</tr>
<tr>
<td>Were you given the opportunity to ask questions or clarify information with the nurse?</td>
<td>93% agreed</td>
<td>95% agreed</td>
</tr>
</tbody>
</table>

Nursing handover

Our Nursing Clinical Handover Working Group has developed a set of five principles to guide staff in giving and receiving an effective nursing handover.

These principles aim to improve communication between health professionals and the patient, and are in place across our health service.

They are:

- The patient and/or their family should be given the opportunity to participate in clinical handover at least once in a 24-hour period

- Handover is brief and structured with well-defined criteria for the content in bed-based services

- Handover involves observing the patient

- Handover includes a review of the patient’s clinical information and discussion about their risk assessment

- Handover includes review of the patient’s immediate environment, including safety considerations on each ward.

Nurse Unit Managers have educated and upskilled nurses on each ward to implement these handover processes with a view to making sure that all nurses as well as the patient know what is happening for the patient.
Nursing handover in acute mental health

Our acute Inpatient Mental Health Unit is undertaking research with Monash University to evaluate our nursing handover system as part of our recovery-oriented service delivery. Under this handover arrangement, greater emphasis is placed on ensuring that clients are involved during the change of shift handover. The study aims to establish guidelines to inform nursing handover and enhance quality and safety of care outcomes of the Adult Acute Mental Health Inpatient Unit.

Redesigning handover processes

Our medical staff have also been involved in redesigning the clinical handover process. In 2015, junior medical staff worked to improve clinical handover between morning and afternoon shifts for medical staff and to standardise the process for clinical handover between junior doctors.

The project group identified clinical handover for medical staff in the afternoon as having inconsistent processes, leading to a risk of communication errors. The clinical handover process was improved and a structured afternoon clinical handover for medical staff was established as well as afternoon medical staff clinical handover occurring in one location for medicine, surgery and paediatrics patients.

Communicating with local GPs

Dr Joanne Newton and Jennifer Sidwell are our General Practitioner Liaison team.

Dr Newton also works as a local GP and Ms Sidwell is a registered nurse. “Our job is to facilitate two-way communication between local GPs and Peninsula Health. We keep GPs up to date on the health services and systems, we look at referral and discharge processes, and we look at services where we have shared care with GPs,” said Dr Jo Newton.

One of the main ways we provide information to our local GPs is by the extensive Peninsula Health General Practitioners Liaison webpage. The General Practitioners Liaison Unit has also reviewed other pathways to care for patients with complex health problems. Last year Anorexia Nervosa pathways were developed with our Mental Health Services team and Monash Health.

These pathways can be found in the Mental Health Services section of the General Practitioner Liaison Unit webpage, visit: www.peninsulahealth.org.au/health-professionals/gp-liaison.
Right blood for the right patient

In the past 12 months the Australian Red Cross Blood Service has collected 1.3 million lifesaving blood donations through 78 donor centres and 31 mobile van donor units. We are committed to ensuring that patients who receive blood and blood products do so appropriately and safely.

We have a number of systems in place to ensure that we use blood and blood products safely and efficiently. Many of our staff work to ensure the safe and effective delivery of blood and blood products (often referred to as transfusion). People involved in the process include:

- Patients and their carers
- Doctors and nurses
- Dorevitch laboratory staff
- Non-clinical workforce such as patient service assistants
- Managers in health service organisations
- Health service senior executives.

Meeting our obligations

We are a signatory to the Australia Blood and Blood Products Charter. Developed by the National Blood Authority, the Charter aims to ensure blood and blood products reach all patients in need.

The National Blood Authority is the sole supplier of fresh blood products in Australia and sets out strict conditions to ensure safe prescription and use of this precious resource.

By signing the Charter, we have agreed to meet strict criteria to manage blood and blood product use.

Safe practice

Peninsula Health employs two Transfusion Clinical Nurse Consultants (Specialist Nurses) who are responsible for ensuring that:

- Patients who receive blood and blood products do so safely
- Our staff are kept up to date with safe transfusion practice.

We also have a Transfusion Safety Committee, which includes a consumer representative. The Committee oversees the development and review of best practice policies and guidelines in safe transfusion practice to support our clinical staff. Extensive auditing is carried out to ensure that the guidelines are complied with and to allow the transfusion team to identify where further education is required.

Promoting the safe use of blood products

- We ran a Blood Transfusion Awareness week and a Blood Transfusion Education week in June 2015
- The Australian Red Cross Blood Service presented education sessions to our nursing and medical staff
- Our Transfusion Clinical Nurse Consultants work with treating teams to ensure our consumers receive information about their blood transfusion.

Blood wastage

<table>
<thead>
<tr>
<th>Blood wastage 2014 - 2015</th>
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</thead>
<tbody>
<tr>
<td>National average</td>
</tr>
<tr>
<td>4.5 %</td>
</tr>
</tbody>
</table>

Blood and blood products are very precious. We run continuous hospital-wide campaigns to promote best practice use so this valuable resource is not wasted. Our goal is to see a continual decline in blood wastage each month.

For further information about blood transfusions, visit: www.mytransfusion.com.au
Preventing and managing pressure injuries

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

We are committed to preventing patients from developing pressure injuries and effectively managing pressure injuries when they occur. Skin integrity and pressure prevention policies are governed by best practice and the Skin Integrity Clinical Nurse Consultant along with the Skin Integrity Steering Committee monitor pressure injury data and compliance to our policy.

Reducing the risk of pressure injuries

Guided by world-recognised Pressure Risk Assessment tools, we:

- Monitor patients’ skin hygiene and keep skin dry using appropriate skin care products, particularly if there are continence issues
- Ensure patients have a healthy diet or supplements to assist skin repair
- Use pressure relieving beds, mattresses and other appropriate equipment for patients with fragile skin
- Monitor and track improvement of wounds
- Reposition patients frequently to relieve pressure
- Ensure patients are aware of pressure risks
- Encourage them to reposition and protect themselves where they can.

How are we doing?

We regularly record fewer developed pressure injuries than similar hospitals and we are lower than the State average.

Rosebud Pressure Cushion Project

In 2015, Rosebud Hospital implemented the Rosebud Pressure Cushion Project in response to a spike in pressure injuries. This initiative has resulted in supported foam cushions being available to every bed in Rosebud Hospital. The project is based on the outcome from a study from St Vincent’s Hospital, which found improved outcomes and decreased pressure injuries following this intervention.
How we ensure that we provide the best care

- Our Skin Integrity Steering Committee, which includes a consumer representative, monitors and oversees the prevention and management of pressure injuries and wounds.
- Each clinical area has a nurse that receives additional training in Skin Integrity. These Portfolio Holders aid best care for pressure prevention and wound care.
- We have added a formal questioning process to our ongoing Skin Integrity audits – ‘Is the patient aware of pressure risks?’ This allows a simple interaction to raise awareness of pressure prevention and allows education and/or an update for the patient of their pressure prevention care. For example, the patient may be reminded to initiate small positional moves which are very effective when full body repositioning is not always required.
- Access to pressure relieving equipment including a variety of specialty mattresses and cushions are in place across the health service.
- Staff undertake regular and comprehensive skin checks of patients in our care.
- Development of a ‘Wound Awareness Week’, which provides information regarding the needs for pressure prevention and wound care and management for the community.

WHO LOOKS AFTER WOUNDS AT PENINSULA HEALTH?

- MEDICAL & NURSING STAFF
- PODIATRY: Managing all needs for foot care
- OCCUPATIONAL THERAPISTS & PHYSIOTHERAPISTS
- DIABETES NURSES: Having well controlled Diabetes helps with wound healing
- WOUND NURSES
- DIETITIAN: Good nutrition helps wounds heal
- HOSPITAL IN THE HOME (HITH): You may be cared for in your home if you have a wound

Peninsula Health | Quality of Care Report 2015
Recognising when a patient’s condition is deteriorating

Peninsula Health aims to provide the most suitable care to patients when they need it. It is very important to recognise the warning signs when a patient’s condition is deteriorating and to act quickly to give them the best possible outcome.

We have a range of processes and systems in place to support doctors and nurses to measure patient observations and to rapidly increase the care provided when a patient’s condition is deteriorating.

An important part of this response is clear communication with patients, families and carers.
Recognising when a patient’s condition is deteriorating

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

The Recognising and Responding to Clinical Deterioration Committee, which includes a consumer representative, advises staff on best practice and monitors our outcomes to improve practice.

Across all sites, a ‘Code Blue’ call system is in place to facilitate additional expert staff to attend a deteriorating patient. Code Blues are often called for cardiac arrests or respiratory arrests.

A Medical Emergency Team (MET) call system is also in place to facilitate increased support and review when a patient starts to exhibit the first signs of deterioration.

How are we doing?

All Code Blue and MET calls are reviewed in order to provide feedback to staff involved about what went well and what can be improved.

An education package is available for all clinical staff to ensure they understand and can effectively apply the correct processes to manage clinical deterioration.

Over the last year, we have seen a decline in the number of Code Blues called as a result of cardiac or respiratory arrest. This indicates that clinical deterioration is being recognised quickly, before it progresses to a life-threatening situation.

Our systems enable doctors and nurses to:

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

A rapid response when time is critical

At the Frankston and Rosebud Hospitals, a Rapid Response Team is in place to help staff manage all medical and cardiopulmonary emergencies.

This team comprises doctors and specialist nurses who respond to calls from clinical areas when staff are concerned. At our sub-acute sites (The Mornington Centre and Golf Links Road), a Senior Nurse Response Team monitors patients whose conditions are deteriorating.
Preventing and managing falls

We continue to strive to reduce the number of patients who fall in hospital. Our policy on falls prevention and management is based on best practice and is regularly reviewed by the Falls Steering Committee, and modified to reflect any changes to current best practice.

The Falls Steering Committee takes a multidisciplinary approach with representatives from acute, sub-acute, mental health, transition care and community settings as well as a consumer representative. We use the VHIM system to capture any falls that occur across the organisation both in hospital and in our community settings.

Let’s prevent falls

Instead of reviewing patients after they had a fall, we look at what can be done to prevent the fall in the first place. One example of a strategy developed to prevent falls is the ‘Pre-Falls Huddle’. A ‘Pre-Falls Huddle’ is implemented for patients identified on admission as having a very high risk of falls. Once a patient is identified as a very high falls risk, our multidisciplinary team meets with the patient to discuss circumstances that have led to previous falls. The patient is asked to contribute to strategies to reduce the risk of a fall occurring whilst they are in hospital.

Other risk factors, such as low vitamin D levels or not wearing eyewear, are also discussed with the patient. The agreed strategies are documented on a chart at the patient’s bedside for the staff, the patient and family members to read and be aware of.

‘Falls Huddle’ initiatives have highlighted to our patients that they are an important member of their healthcare team, and an active team member in reducing their risk of having a fall, whilst in hospital.

Peninsula Health has a best practice falls prevention program to reduce falls in inpatient areas, and also reduce risk of falls for older people in the community. Falls are best prevented through a range of strategies that are determined after an individual assessment. It is important to understand the reasons the falls might be happening, and to then work out the best strategy for prevention.

A consumer’s perspective

Lorraine Burt

“I attend the Falls Steering Committee monthly as the consumer representative. This gives me the benefit of understanding how the organisation goes about implementing new falls prevention strategies, including extensive discussion at meetings and the development of written policies and procedures.

I was also involved in the trial of a ‘noodle’ mattress at The Mornington Centre to reduce the incidence of rolls out of low-low beds. I found the process very interesting and I was very impressed by the knowledge and commitment of the physiotherapist, Peter Hough.

Staff take every opportunity to reduce the risk of patients sustaining falls and injuries.”
Community dental performance

We have continued to expand our award-winning dental service. The Community Dental Program includes multidisciplinary dental teams which provide public dental services and some private services, across three Peninsula Health sites and numerous outreach posts. It delivers services from 23 fixed chairs (11 at Frankston, six at Rosebud, four at Hastings, and two at Carrum Downs) and has two portable chairs to provide outreach services to schools, aged care facilities, disability services, mental health services and community facilities. The Community Dental program has a strong focus on providing easy referral pathways into care and is focused on engaging with vulnerable and/or high risk communities.

Dental indicators

We are very pleased that in 2014-15, Peninsula Health performed better than the state average against the majority of indicators.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Peninsula Health</th>
<th>Statewide</th>
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</thead>
<tbody>
<tr>
<td>Restorative retreatment within 6 months - Adults</td>
<td>4.2%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Restorative retreatment within 6 months - children</td>
<td>5.7%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Unplanned return within 7 days subsequent to routine extraction</td>
<td>0.9%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Unplanned return within 7 days subsequent to surgical extraction</td>
<td>2.7%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Extraction within 12 months of commencement of root canal treatment</td>
<td>7.3%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Denture remakes within 12 months</td>
<td>1.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Preventive sealants retreatments within 2 years - children</td>
<td>2.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Root treated baby teeth extracted within 6 months - children</td>
<td>2.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Triage Compliance for priority one clients</td>
<td>94.6%</td>
<td>85%</td>
</tr>
</tbody>
</table>

In 2014-15, the Community Dental Program provided 29,466 courses of care to 18,959 individuals. Of this, 53% of clients were from an identified priority group (pregnant women, people with a mental illness or disability, children, people at risk of homelessness, people from an Aboriginal or Torres Strait Islander background, refugees and asylum seekers, youth in custodial care).

The safety of clients and staff is a top priority for the Community Dental Program, which follows strict infection control guidelines for all dental procedures and places a high priority on continuous improvement and education for staff. Annual competency training in infection control has been enhanced to maintain current knowledge and high standards for all staff.
Discharge Information

It is our priority to ensure patients and their GPs are made aware of the care provided to a patient who has been in hospital. This helps to ensure patients are well managed once they are discharged from hospital. Through the Clinical System we can automatically send a discharge summary for an Emergency Department or Inpatient attendance by secure messaging email or fax. GPs who are not set up to receive discharge summaries electronically receive them via mail. We have worked with doctors to promote electronic secure messaging as the preferred method of distribution as it provides the timeliest solution.

As a result of this work, we have continually met the Department of Health and Human Services target of 80% for discharge summaries completed within 48 hours of discharge from the health service. These audits are conducted monthly and are fed back to the relevant governance groups and doctors.

Residential aged care capacity building

There has been a 24% increase in the number of Residential Aged Care beds in our catchment between 2013 and 2015. These new beds are the result of additional residential aged care facilities being built or extended.

Advance Care Planning (ACP) is a way to let your family and doctors know how you want to be cared for if you become unable to make decisions for yourself.
In order to build the capacity of staff from these facilities, we developed the Residential Aged Care Empowerment Program.

The Program enables staff from local residential aged care facilities to access standardised patient assessment education to improve clinical knowledge; improve clinical handover skills; and improve communication with medical providers. This project has significantly improved the ability of resident care facilities to manage the health needs of residents onsite and has reduced ‘avoidable’ presentations to the Emergency Department for these residents.

**Stroke care at home**

The Stroke Detours Program enables people who have had a stroke to be cared for in their home. Clients receive intensive home-based rehabilitation from a multidisciplinary team, which comprises physiotherapy, occupational therapy, speech pathology, nursing, allied health assistant and social work. Clients are also reviewed by the rehabilitation physician at the weekly medical clinic.

To ensure that the therapy provided is effective, the Stroke Detours Program carries out a number of outcome measure assessments.

These include:

- Functional Independence Measure – which measures independence in activities of daily living
- Quality of Life Measure
- Stroke Impact Scale – which measures the impact of the stroke on the person’s functional skills.

As a result of this program, on average, clients have shown an improvement of 14.5% on the Functional Independence Measure, 13% on the Quality of Life Measure and 17.3% on the Stroke Impact Scale.

**Advance Care Planning**

Advance Care Planning (ACP) provides a process for you to document your preferences about future medical treatment and healthcare. Our policy for ACP guides high-quality end-of-life care across the health service.

ACP is a way to let your family and doctors know how you want to be cared for, if you become unable to make decisions for yourself. It is about planning for a time when you may be very sick or frail. The ACP is a free service to provide assistance with advance care planning for people living in the Frankston-Mornington Peninsula region.

Peninsula Health provides a free interactive toolkit for making an advance care directive, visit: peninsulamodel.org.au/advance-care-planning-tool or to make a Medical Power of Attorney, visit: peninsulamodel.org.au/medical-enduring-power-attorney

**Supporting people to stay in their homes**

The Peninsula Health Hospital Independence Programs includes a number of services, all of which aim to support you in your own home. These programs include the Hospital Admission Risk Program, Post-Acute Care, and Sub-acute Ambulatory Care Services. These service work with key community providers such as GPs, residential care facilities and home and community care providers to provide safe community care.

- The Hospital Admission Risk Program (HARP) provides care coordination and allied health support to patients who have been attending hospitals frequently and those at a high risk of presenting to the Emergency Department.
- The Residential In-Reach Service supports up to 40 residential aged care facilities across Frankston and the Mornington Peninsula by providing rapid assessment and management of acute medical conditions that would otherwise result in a resident presenting to hospital.
- The Post-Acute Care Program provides patients with immediate access to community support within the first month after discharge.

**In 2014, achievements included:**

- The Hospital Admission Risk Program saw 670 clients and avoided presentations to hospital by 41% and reduced length of stay by 45%.
- The Residential In-Reach Service prevented approximately 100 admissions to hospital per month from residential aged care facilities.
- Post-Acute Care supported an average of 250 patients per month at home, providing care such as nursing and home care.
- The Response Assessment Discharge Team based in the Emergency Department prevented an average of 102 admissions to hospital per month and supported 80% of all clients in being safely discharged.
Supporting our community

Transition Care Program

The Transition Care Program provides short-term restorative therapy to clients following their hospital stay. The Program operates 50 beds in a private residential care setting along with 15 home-based places where therapy is provided in the client’s own home. During the past year, the Program undertook an open tender for the provision of 50 Transition Care Program residential care places. The successful applicant was the Regis Group. As a result, all 50 Transition Care Program residential care beds are offered at Regis Shelton Manor located in Frankston.

For 2014-15, Peninsula Health’s Transition Care Program discharged 44% of its clients to their homes. This is higher than most other Transition Care Programs across the State, and a great outcome for older people wanting to return home after hospitalisation. On average, the Transition Care Program clients stayed with the program for 47 days compared with the State average of 62 days. In addition to this, Peninsula Health’s Transition Care Program beds were occupied 93% of the time compared to the State average of 89%.

The Police, Ambulance and Clinician Early Response (PACER) team

The Police, Ambulance and Clinician Early Response (PACER) team is a multidisciplinary team (mental health nurses, allied health clinicians and Victoria Police) aimed at providing early intervention and assessment for mental health crisis situations in the Frankston-Mornington Peninsula catchment. The PACER team operate seven days a week and are based at the Frankston Police Station.

The client is at the centre of the PACER service model, with staff typically responding to individual crisis. Placing a mental health clinician in the peak of the crisis means that in most cases, mental health clinicians and police working together are able to diffuse the situation and treat and support clients in their own home. Importantly this also avoids the need to transfer the person to the Emergency Department by police or ambulance.

PACER evaluation data for Frankston shows that since its commencement in April 2014, the team has responded to a total of 656 events. Of the 656 events, only 21 of these clients were transported to the Emergency Department, which has resulted in a saving of 635 police trips to the Emergency Department.

The PACER program was introduced in Rosebud in November 2014. There, the team responded to a total of 103 events up to July 2015. Of the 103 events, only 24 of these clients required transport to the Emergency Department. This resulted in a saving of 79 police and ambulance trips to the Emergency Department.

Alcohol and drug services reform

We used the recent reforms to State-funded alcohol and other drug (AOD) treatment services as an opportunity to implement a new model of AOD service delivery in partnership with the Frankston and Mornington Peninsula Medicare Local and Youth Support and Advocacy Service.

The new service model means that individuals in the Frankston-Mornington Peninsula region seeking State-funded AOD services complete an assessment with a senior AOD clinician. The clinician then works in partnership with the client and other agencies to develop a recovery plan.

In addition to improving the current service model, a health-sector-wide alliance of organisations (the Alcohol and Other Drug Alliance), is leading a number of key actions including assessing the changing trends in alcohol and drug use, and developing a program of service redesign to match our at risk communities.

This redesign work is being undertaken in collaboration with community pharmacists, Monash University, the Chisholm Institute, GPs, local traders, consumers, and the University of Melbourne. This redesign work is a key platform for ongoing alcohol and drug service reform, and for the development of a Centre for Excellence for Addiction Management.
Innovation

Frankston Hospital expansion

In February 2015 the Minister for Health the Hon Jill Hennessy MP opened our $81 million landmark expansion at Frankston Hospital. The upgraded facilities include a new Emergency Department and 92 new beds in three state-of-the-art wards. The expansion provides a major boost to one of the busiest Emergency Departments in Victoria. The four-storey addition to the hospital was delivered on time and under budget and is more than double the size of the previous emergency department.

The new Outpatients facility was opened by the Minister for Health, the Hon Jill Hennessey.

This significant development to Frankston Hospital was designed to address the acute health needs across the fast-growing Mornington Peninsula region. Not only are the facilities and equipment amongst the best available, the quality of care from a patient’s perspective remains at the heart of this service. Prior to its opening, significant work was undertaken with consumers, volunteers and staff to ‘road test’ the building and the new models of care to ensure we were opening a contemporary service that met the needs of our community. The Emergency Department comprises 49 general treatment cubicles as well specialist treatment rooms and consultation areas for paediatrics, mental health and immunocompromised patients (patients whose immune system is weakened because of illness or medication).

Above the new Emergency Department level are a further three levels, each housing new wards for surgical and cardiac patients.

These innovative inpatient facilities have been bustling since their opening and we have received excellent feedback from our patients and families about the excellent amenities and care.

New outpatient facilities

The old Emergency Department at Frankston Hospital has been transformed into a state-of-the-art outpatient facility with more than 20 consultation rooms and treatment areas to provide a range of outpatient services including:

- Outpatient services for women and children include ante-natal care, birthing classes, paediatric appointments, and gynaecological services
- Orthopaedic outpatients for elective patients, post-operative patients and emergency patients
- A range of other outpatient clinics designed to ensure patients can be reviewed by specialist services.
This redevelopment provided an opportunity to review the model of care for outpatient services moving into the new area. The review identified a number of service improvements and changes to the model of care:

- A self check-in and patient tracking system was introduced. With this system clinicians save time walking between the consulting room and the waiting room thereby improving patient flow and reducing waiting times. The system also allows reports to be generated about the patient journey, which will support further refinement of the model of care over time.

- A dedicated wound review clinic was established in recognition that a number of patients were waiting unnecessarily to see a consultant for care that could be provided more rapidly and equally effectively by nursing staff.

- Co-location of clinics with existing synergies (e.g. fracture clinic and physiotherapy clinic; paediatric clinics and young adult diabetes clinics) to improve opportunities for teamwork in patient care and minimise the need for patients to walk between physical areas of the hospital or return multiple times to receive care.

Consumer representatives participated in the redevelopment group and contributed to discussions about models of care, and the physical building of the new space.

They also participated in the working party to select the check-in and tracking software from a variety of vendors to ensure custom built features met consumers’ needs.

**The Peninsula Model**

The Peninsula Model for Primary Health Planning – the Peninsula Model – is a partnership between key health and community service organisations, government departments, consumers, carers and communities within the Frankston-Mornington Peninsula catchment area.

Working collaboratively and based on a population health approach, the model wraps the collective effort of providers around agreed health priorities to address service gaps for the catchment.

Coordinated by the Frankston Mornington Peninsula Primary Care Partnership, the Peninsula Model priorities have been determined by population health data and include:

- Aboriginal health
- Ageing
- Chronic disease (including prevention and management)
- Mental health (including alcohol and other drugs, youth, and homelessness)
- Vulnerable children and families.

For more information, visit: www.peninsulamodel.org.au.

**New technologies**

At Peninsula Health, we foster innovation that enhances patient care, introduces evidence-based clinical practice and promotes better health service delivery to our patients. We work closely with our doctors, nurses, allied health professionals, managers, consumers and our clinical networks.

Recent introduction of new clinical innovations to Peninsula Health include:

- **EyeConnect**
  In partnership with the Royal Victorian Eye and Ear Hospital (RVEEH), Peninsula Health will be the first Health Service to utilise EyeConnect, a telemedicine device that will connect the Emergency Department at Peninsula Health and RVEEH. The device will enable prompt review and management of Peninsula Health patients by RVEEH staff, potentially avoiding the patient needing to travel to RVEEH for review.

- **Xiaflex injection to treat Dupuytren’s Contracture**
  This is a new treatment option for patients who suffer from Dupuytren’s Contracture (a condition in which there is fixed forward curvature of one or more fingers, caused by the development of a fibrous connection between the finger tendons and the skin of the palm). Studies have shown that the success rate of the treatment is high in appropriate patient groups.

- **Lucas II**
  Lucas II is a machine that provides consistent chest compression from outside of the body. This machine will be used at Peninsula Health for specific patients in Emergency Department.

- **Bronchial Thermoplasty**
  Bronchial Thermoplasty helps to treat a small group of asthmatic patients who do not respond to current asthma medications. Our doctor received further training in Germany and invited an international expert to Peninsula Health to ensure that we are providing a quality service.
Researchers examine ancient drug to fight cardiovascular disease

Peninsula Health Cardiologist Associate Professor Jamie Layland together with researchers from St Vincent’s Hospital is leading a study investigating the use of common anti-inflammatory medication to reduce major adverse cardiac events and improve health-related quality of life for patients who present with acute coronary syndromes (ACS).

“Cardiovascular disease is the leading cause of mortality and morbidity globally,” says Jamie. Despite recent advances in medical therapy and high percutaneous coronary intervention success rates, long-term mortality and cardiac event rates remain high in patients presenting with acute coronary syndromes (ACS), he explains.

“Over the last decade, it has become apparent that inflammation plays a pivotal role in all stages of atherosclerosis,” says Jamie.

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Bringing CT scans to life: validating 3D printing in surgery

One of the hottest topics in medicine is the role of three-dimensional (3D) printing. The technique of 3D printing involves building an object from material which is deposited in liquid form (like ink) layer-by-layer, as the layers are rapidly solidified.

In one to 12 hours, we can form 3D objects as simple as a breast model that may assist in planning reconstruction or as complicated as a model of a severely curved spine that may assist a practitioner in planning a procedure.

The original records are from the multiple images made by CT scans. The challenge is to take these 2D images and use them as instructions for the printer, transforming them into 3D models.

Once you have a model, you can pick it up, rotate it with ease and examine it whether you are a clinician, student doctor or a patient.

In the Department of Surgery at Peninsula Health, a team led by Associate Professor Bob Spychal, Associate Professor David Hunter-Smith, Associate Professor Warren Rozen, and Dr Michael Chae has been busy 3D printing various anatomical models to validate their technique. Some of these models have already been evaluated by surgeons for their use to plan complex operations and improve surgical outcomes.

The models have also been used to teach medical students. So far in the project we have printed models of the body as diverse as tumour-invaded and distorted jaw bones, hips and breasts which have been removed. We used these 3D prints to act as templates for reconstruction. In addition, we have printed models of kidney tumours and damaged bones to assess their value in planning surgery.

Our 3D prints have even been tested as shoe fillers for patients who have undergone a toe or partial foot amputation. The study has also collected information on whether the use of 3D printouts can assist patients in their understanding of their own anatomy to enhance explanation of a proposed treatment.

At Peninsula Health, open-source software has been used to enable CT scans to drive newly available affordable commercial 3D printers to make fast accurate anatomical models.
Medication safety with technology

Peninsula Health has traditionally been a leader in embracing technological solutions to improve medication safety in a number of areas. Medications administered intravenously have the greatest potential for serious harm from medication errors.

At Peninsula Health, this risk is mitigated through the introduction of smart technology to prevent doses being too high or too low. Peninsula Health was one of the first Australian hospitals to implement smart pumps in 2008. The pumps pre-set safety limits within the machines drug library (Guardrails®) and alerts users if the concentration or infusion rate is outside these limits.

This has been implemented as a medication safety initiative to reduce clinical errors, acting as a double check at the bedside. At Peninsula Health, using Guardrails® is mandatory and audits have consistently shown over 90% compliance.

CLOVER Clinical System

Peninsula Health has been pioneering the use of clinical information systems in Victoria, implementing electronic workflows in the move to a fully electronic health record.

One of the major planks of this work was to implement Electronic Medication Management (EMM) to reduce medication errors, which remain the second most common type of medical incident reported in hospitals.

Electronic Discharge Summaries and Radiology and Pathology ordering and viewing have also been implemented across all Peninsula Health sites.

Our award-winning CLOVER system has led to:
- a decrease in medication errors
- no medication errors due to legibility issues
- improved documentation of allergy status
- GPs, in addition to the inpatient wards, now receiving e-discharge summaries from the Emergency Departments and acute Mental Health units
- improved electronic discharge summary completion rates
- no incidences of lost drug charts
- enhanced pathology and radiology efficiencies.

CarePoint Trial

The CarePoint program is a partnership project between the Victorian Government and Medibank Private to trial a two-year integrated care program for 2,200 insured and uninsured Victorians with chronic and complex conditions and a history of multiple hospitalisations. Peninsula Health has partnered with CarePoint to deliver the pilot in the Frankston-Mornington Peninsula region.

CarePoint aims to provide evidence-based preventative care in the client’s home, improve health outcomes for enrolled clients and reduce the need for costly hospitalisations. The CarePoint trial will take place over 2014-17 with the independent evaluation anticipated to be completed by the end of 2017.

Mount Eliza Personal Alarm Call Service (MEPACS)

Peninsula Health operates a personal alarm call service (MEPACS) which provides home monitoring services to 28,000 public and 4,000 private clients across Victoria and southern New South Wales. This service is provided with strong technical support from NEC and during the last 12 months, we have collaborated with CSIRO to evolve this technology and develop a service to care for patients with chronic heart failure in the home.

The Chronic Heart Failure (CHF) technology provides an internet-based solution that collects a patient’s daily weight using a Bluetooth-enabled digital scale and transmits the information to Peninsula Health’s MEPACS Service staff and CHF nurses. This allows a proactive response to a patient’s changing condition in accordance with clinical protocols to prevent hospitalisation.

The innovative technology and care solution aims to better manage chronic disease in the community. We are currently exploring how the technology can be used to manage other chronic conditions including Falls, Dementia and Chronic Obstructive Airways Disease.

Rosebud Hospital medical imaging

A new medical imaging area has been operating at Rosebud Hospital since December 2014. The community raised an impressive $1.9 million for the medical imaging area, complete with CT scanner, Ultrasound machine and expanded x-ray facilities at Rosebud Hospital. The new facilities at Rosebud have significantly reduced the number of patients who would otherwise need to be transferred to Frankston for CT scans.
An artist’s impression of the proposed new Academic Centre.
Research Profile

Research Vision

Aligned with our Strategic and Clinical Services vision, our Research vision is:

1. improved patient outcomes and quality of care;
2. to embed a culture of innovation, evaluation and the translation of research into practice across the whole health service;
3. to support and mentor emerging researchers;
4. to provide research leadership in integrated care of our ageing population; and
5. to undertake collaborative research in many other areas of research strength.

The following seven areas have been identified as our research priorities for 2015-2025:

1. Person centered care
2. Innovative technology and therapies
3. Commercially sponsored and collaborative clinical trials
4. Population health and integrated care
5. Aged care and chronic disease management
6. Patient safety
7. Health services and workforce.

Research Strategic Plan

In 2015 we completed our first Research Strategic Plan which defines where we should concentrate our research efforts, and how we should achieve our goals. To develop this plan we reviewed research activities across the organisation as well as our current infrastructure and resources.

The critical role of applied research is recognised as integral to clinical care outcomes in all healthcare services. ‘Translational research’ is known to improve clinical outcomes. These outcomes are translated into daily care practices, and is the basis of research undertaken at Peninsula Health.

Access to contemporary, evidence-based and effective clinical care for our local community are key goals of our Research vision. However, developing our research profile also leads to organisation-wide benefits such as:

1. greater clinical workforce engagement and satisfaction with staff encouraged to question established practice and consider new ways to improve health outcomes for patients
2. engaged staff improves our recruitment by attracting staff interested in best practice and a commitment to critical thinking
3. teaching throughout the health service benefits from this culture and encourages students to return to Peninsula Health for full-time employment
4. increased community engagement, which leads to an enhanced reputation both within the local communities of Frankston and the Mornington Peninsula, and more broadly.

A Research Advisory Committee has been established to oversee the implementation of the recommendations in the Research Strategy.

Joint Chair of Medicine

The Research Strategic Plan has already led to the advertisement for a Joint Chair of Medicine between Peninsula Health and Monash University’s Central Clinical School. This key appointment will lead the implementation of our research strategy over the next five years and assist in leading the delivery of teaching to undergraduates from Monash University.

Academic Centre

Discussions with Monash University also include the development of a co-located $20 million Academic Centre at the Frankston Hospital campus, with construction expected to begin in 2016. This leading-
edge development will include a lecture theatre, meeting rooms, library and research laboratories. The addition of this state-of-the-art facility will create an academic precinct adjacent to the Simulation Centre, and the existing teaching rooms on the Frankston Hospital campus. The addition of this state-of-the-art facility will create an academic precinct adjacent to the Simulation Centre, and the existing teaching rooms on the Frankston Hospital campus.

Once established, this new precinct will confirm Peninsula Health as the premier academic and health research centre for the region, enhancing our profile in population health and integrated care; innovative technology and therapies; aged care and chronic disease management; commercially sponsored and collaborative group clinical trials.

Research Week

‘Celebrating Research’ is Peninsula Health’s annual research showcase which celebrates and rewards research achievements throughout our health service. This year, 82 abstracts were submitted for presentation at ‘Celebrating Research’.
Sharing our improvements with the community

The Department of Health of Human Service's 2014-15 policy and funding guidelines require all Victorian health services to publish an annual Quality of Care Report for the financial year 1 July 2014 to 30 June 2015.

Distributing our Report
This Quality of Care Report is made available to patients, clients, visitors, healthcare partners, local GP clinics, and community leaders.
You can read the Quality of Care Report on our website at www.peninsulahealth.org.au.
We value your feedback on the Quality of Care Report 2015. Please fill out the feedback form and send it to us. You can also email your comments to: customer.relations@phcn.vic.gov.au.

Tell us what you think
Please tell us about your concerns or satisfaction with any Peninsula Health service. You can do this by telephone, on our website, in writing, or in person to the Customer Relations Manager or the person in charge of the relevant department or program.
Complaints and compliments from patients, carers and families help us understand how we can best improve our services.
To pass on a complaint or compliment
Phone Customer Relations on (03) 9784 7298 or email customer.relations@phcn.vic.gov.au.
Customer Relations
PO Box 52
FRANKSTON VIC 3199

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

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

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

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

3. Is there any other information you would like to see in the Quality of Care Report?
We acknowledge and pay respect to the traditional people of this region, known as the Myone Buluk of the Boon Wurrung language group of the greater Kulin Nation. We pay our respects to the land this organisation stands on today. We bestow the same courtesy to all other First Peoples, past and present, who now reside in this region.