Meeting on Friday 20 October 2006.
The 2006 Annual Report will be presented to the public at Peninsula Health’s Annual General Meeting on Friday 20 October 2006.

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We believe that our Vision will be achieved by:

- Promoting health, treating illness and providing long term care
- Working in partnership to coordinate health care
- Managing and meeting consumer expectations
- Providing teaching, training and education
- Managing resources efficiently and effectively

Objective of this Report
This Report is produced to inform Peninsula Health’s communities, staff, partners and government of its performance for the financial year 1 July 2005 – 30 June 2006.

Peninsula Health’s vision is to provide coordinated health care and this leads to an integration of programs and patient services across a number of sites. Progress and achievements of some services are presented to demonstrate this integration.

The Annual Report should also be read in conjunction with the Quality of Care Report, which details Peninsula Health’s progress and achievements in many clinical areas and the Peninsula Health Research Report which details research undertaken by clinicians and other health professionals.

It is prepared in accordance with Victorian Government guidelines, the directions of the Minister for Finance and in line with Australasian Reporting Awards Incorporated Guidelines.

Peninsula Health is committed to benchmarking its performance against best practice. The Peninsula Health 2005 Annual Report received a Silver Award in the 2006 Australasian Reporting Awards.

The 2006 Annual Report will be presented to the public at Peninsula Health’s Annual General Meeting on Friday 20 October 2006.

In addition to this Annual Report, information on Peninsula Health and its achievements can be found in the 2006 Quality of Care Report and the 2006 Research Report, published separately. The Annual Report, Financial Statements, Quality of Care Report and Research Report are available on the website – www.peninsulahealth.org.au

Mission
In Partnership, Building a Healthy Community.

Vision
- To be recognised as a leader in promoting and providing quality, innovative, coordinated and personalised health services
- To be recognised as an employer of choice

We believe that our Vision will be achieved by:

- Promoting health, treating illness and providing long term care
- Working in partnership to coordinate health care
- Managing and meeting consumer expectations
- Providing teaching, training and education
- Managing resources efficiently and effectively

Peninsula Health Annual Report 49
Peninsula Health – Overview

Peninsula Health provides a comprehensive range of health services to 300,000 people living in the City of Frankston, the Mornington Peninsula Shire and a small part of the City of Kingston.

Peninsula Health operates 21 public health facilities across 10 sites. Services are provided through two acute public hospitals, an inpatient palliative care unit, hospital and community-based psychiatric services, inpatient and day service rehabilitation facilities, nursing homes, hostels, residential aged care units and community health programs. Many services are also delivered by Peninsula Health staff visiting people in their homes.

The health service is active in both clinical education and medical research and is the largest employer on the Peninsula with 4,213 staff. Services are enhanced by the contributions of 850 volunteers.

Throughout the year, staff and management at every site delivered comprehensive and expanded services within allocated resources. The excellence of many programs was recognised in the inaugural Victorian Healthcare Awards.

Two teams from Peninsula Health received awards at the Victorian Healthcare Awards function hosted by the Premier in November 2005.

The Orion Peninsula Health Advanced Technology Solution (TOPHATS) team that introduced Orion electronic discharge summaries received one award and the Men’s Health teams that developed the Men’s Shed and the successful Men’s Health Forums received the second. Commendations went to the team that harnessed Blackberry technology to support the patient care delivery process and the team that introduced Community Kitchens to Frankston. Community Health Dietician Jenny Trezise, who developed the Community Kitchens program, also received a Commendation from the Health Minister, Mrs Bronwyn Pike, for Outstanding Individual Achievement. The Integrating Care Team that developed an integrated, interdisciplinary approach to patient care received a commendation in the Minister’s Award for Outstanding Team Achievement category.

Some of these teams and individuals are highlighted in this report.

Year In Brief

Peninsula Health Annual Report
Chairperson and Chief Executive’s Report

Through effective and efficient models of care, Peninsula Health provided a record number of services. During the year under review, Peninsula Health provided care and service on almost 400,000 occasions to people living within its community.

Peninsula Health’s achievements are reported in the Annual Report package, which includes full financial statements, the 2006 Quality of Care Report and the 2006 Research Report.

The increasing demand for services continued throughout the year with the most notable increases in emergency presentations at the Frankston and Rosebud Hospital Emergency Departments.

This trend presents continuing challenges in meeting both patient and community expectations while maintaining high standards of care.

Staff across the health service developed innovative programs to meet the increasing demand and a number of initiatives resulted in improved patient outcomes.

This was done while managing within budget, resulting in a very satisfactory financial performance, with an operating surplus of $1.55 million (prior to depreciation and capital income) which will be used to fund capital expenditure in the current financial year.

There was substantial progress on two major capital works programs. The $20 million first stage of the Mornington Centre is well advanced. This state of the art aged care facility will open in mid-2007. The $3.5 million expansion and enhancement of the medical imaging area at Frankston Hospital was completed on time and on budget in August 2006.

Challenges

As noted above, the increasing demand for Emergency Services continued. There was a 5.4 per cent increase in demand at Frankston Hospital and a 11.4 per cent increase at Rosebud Hospital. Almost 30 per cent of those who presented to the Emergency Departments required inpatient care. Despite the increase in Emergency presentations, which impacted on the ability to provide elective surgery, the number of elective procedures continued to trend upwards and the number of individuals awaiting elective surgery declined.

Extending care

Efforts to build a healthier community extended into homes across Frankston and the Mornington Peninsula. Peninsula Health delivered a wide range of domiciliary and community services. The development of new models of care included an extension of the Residential Outreach Services and the Response Assessment and Discharge program, enhancements to the Chronic Disease Management program and the integration of Aged Care and Rehabilitation clinics.
Accreditation

During the year under review, Peninsula Health’s residential care facilities have maintained accreditation with the Aged Care Standards and Accreditation Agency.

Peninsula Health is also preparing for a full evaluation of its services by independent surveyors from the Australian Council on Healthcare Standards in November 2006. Feedback received from service users and assessments made by external evaluators are used to measure achievements and to identify areas for improvement. This year’s survey builds on a successful base. In the previous review, in May 2005, which formally assessed the organisation against 19 mandatory criteria, Peninsula Health maintained its accreditation status recording a rating of “Extensive Achievement” in seven areas and a rating of “Outstanding Achievement” for the organisation-wide legal compliance program.

Education and Research

Ties with learning and teaching institutions remained strong. As a teaching hospital of Monash University, and through affiliation with other educational institutions, Peninsula Health participated strongly in undergraduate and post-graduate training in the health professions. Ongoing professional development and research activities were also encouraged.

Workforce

The international shortage of skilled, accredited health care professionals continued to impact in some areas and disciplines. The nursing recruitment program again attracted interest from overseas and Peninsula Health is now more frequently the first choice for local nursing graduates.

Community Participation

The health service works closely with community groups and other service providers to improve the integration and delivery of services.

There are three Community Advisory Committees, and this year a Koori Advisory Group commenced. Peninsula Health is indebted to the members of these committees for their support of the health service.

The Primary Care and Population Health Advisory Committee, which consists of external health care providers together with Peninsula Health staff, gives valuable advice to Peninsula Health.

A wide range of community groups supported the successful series of Men Behaving Positively public health education forums and other health education activities.

Peninsula Health worked closely with Local Government in Frankston and on the Mornington Peninsula, and it received support from the local Members of Parliament. Peninsula Health greatly appreciated the strong partnership with the Department of Human Services.

For more than 65 years, volunteers have been contributing to Peninsula Health in a very significant manner, enriching a partnership that has helped to improve the provision of services. There are currently more than 850 volunteers and auxiliary members, all of whom make valuable contributions to Peninsula Health. The Board and staff at every level are grateful to the thousands of individuals who have donated generously to Peninsula Health.

The Board

On 1 July the Board Chairperson, Mr Barry Nicholls, was reappointed for another three year term. The ongoing Board Directors are Diana Ward (Deputy Chairman), Jim Kerrigan OAM, Liza Newby, Michael Tiernan and Dianne Wickham. It is also important to recognise the service and contributions of Ms Diana Macmillan, who completed six years of service on 30 June 2006, and Mr Ian Allen OAM, who resigned from the Board during the year. Each has made a valuable contribution in the past year. Two new Board Directors, Mr Jim Swinden and Mr Peter LeRoy, were appointed from 1 July 2006 for three year terms.

Throughout the year, staff and management at every site developed programs, systems and processes that provided comprehensive and expanded services within allocated resources.

Peninsula Health was given considerable recognition for its innovative projects, at the inaugural Victorian Public Healthcare Awards (page 34).

The Board and Senior Management Team acknowledge the dedication and professionalism of the staff whose efforts resulted in an unprecedented number of quality services being delivered to the community in 2005/06.

Barry Nicholls
Chairperson

Dr Sherene Devanesen
Chief Executive
Key Performance Indicators

Emergency Department Presentations
Presentations to Hospital Emergency Departments grew by 5.4 per cent at Frankston Hospital and 11.4 per cent at Rosebud Hospital in 2005/06.

Episodes of Hospital Bypass
Strategies implemented during the year to more quickly admit emergency patients, to streamline patients not requiring admission to a dedicated clinical care team and area, as well as managing patient flow in the Emergency Department, resulted in a reduction of hospital bypass episodes. Frankston Hospital had 91 episodes of bypass in 2005/06.

Emergency Patients with a length of stay greater than 24 hours
There has been a significant improvement in the number of patients staying in the Emergency Department for greater than 24 hours, with the 2005/06 result standing at 58 compared with 306 for the previous year. This improvement has been due to improved processes and in spite of a 5.4 per cent increase in emergency presentations.

Elective Surgery Patients on Waiting List as at June 30
There was a reduction in the number of patients waiting for elective surgery as at June 30 due to a number of initiatives put in place throughout 2005/06 (page 18).

Elective Surgery Waiting Times (in days) by Category
Average waiting times for elective surgery of Category 3 (non-urgent) patients decreased considerably during the year. The average waiting time for Category 1 and 2 patients remained the same as 2004/05.
Hospital Inpatients Treated
The number of inpatients treated for the year increased by 2.4 per cent at Frankston Hospital and remained steady at Rosebud Hospital.

Expenditure
Expenditure rose by $18.3m or 7.1 per cent to $276.3m in 2005/06. Employee benefits, including wages and salaries, workcover, long service leave, and superannuation were the largest expense group totalling $199.1m and accounted for 72 per cent of expenditure.

Operating surplus before depreciation, capital and abnormal items
An operating surplus of $1.5m was achieved, reflecting that Peninsula Health covered its operating costs and with a small contribution towards funding capital expenditure.

Assets/Liabilities
Total assets rose by $11.2m to $202.2m during 2005/06 with the major assets relating to property, plant, and equipment. Liabilities rose by $5.7m to $57.3m with the major liabilities being employee benefits. Equity, being the difference between assets and liabilities, rose by $5.4m to $144.8m in 2005/06.

Sources of Revenue 2006
Revenue from operations totalled $273.2m in 2005/06, an increase of $19.4m over the previous year. The vast majority of the income (88 per cent) comes from government grants, with a smaller amount from patient and resident fees (3 per cent) and capital purpose income (2 per cent).
Board of Directors

Pictured left to right:

Mr Barry Nicholls (Chairperson)
MEC BEc (Hons 1) TPTC
Appointed: 1 July 2003
Former Senior Victorian public servant, including roles within DHHS and numerous public authorities; Fellow, Australian Institute of Company Directors; Fellow, Institute of Public Administration Australia (Vic); Past President, Economic Society of Australia (Vic); President, Rotary Club of Sorrento Inc.

Ms Diana Ward (Deputy Chairperson)
MSocSc (Hum Serv) BA (Soc)&(Anthrop) DipArts (Prof Writ & Ed)
Appointed: 1 July 2000
Licensed Estate Agent; Director, Victorian Healthcare Association; Deputy Chair, Metropolitan Health Council; Former President, Peninsula Hospice.

Mr Michael Tiernan
LL.B
Appointed: 1 July 2004
Consultant in Legal Management and OHS, Rehabilitation and Risk Management; Member Law Institute of Victoria; WorkCover Committee, Accident Compensation Committee.

Ms Liza Newby
LL.B (Hons) MA FAIM
Appointed: 1 July 2004
Consultant with Resolution Resource Network; Member of the Victorian Quality Council; Member Victorian Mental Health Review Board; Former Victorian Health Services Commissioner.

Associate Professor Ruth Salom
MB BS MD BMedSci (Hons) FRCPA MIAc MBA
Appointed: 1 July 2005
Managing Pathologist, Victorian Cytology Service; Associate Professor of Pathology, Monash and Melbourne Universities; Former Faculty board member, Monash University; Former board member, Royal College of Pathologists Australasia; Former member, Medical Services Advisory Committee.

Ms Dianne Wickham
BBus CA MIAcD
Appointed: 1 July 2001
Partner, Morey Wickham Chartered Accountants and Advisers.

Ms Diana Macmillan
DipPE (Melb)
Appointed: 1 July 2000 – retired 30 June 2006
Frankston Resident; Company Director; Former Executive Officer, School of Nursing, Monash University, Peninsula Campus.

Mr James Kerrigan OAM
JP BHA (NSW) FACHSE (Honorary Life Member)
Appointed: 1 July 2002
Former co-ordinating Surveyor and Preceptor for Australian Council on Healthcare Standards; Former State President and Councillor ACHSE; Former State President and Federal Councillor Australian Hospitals Association; Former CEO three major teaching hospitals, PANCH, RVEEH and Mater Hospital Newcastle.

Mr Ian Allen OAM
BEc Master of Administration
Fellow of the Australian Institute of Management; Trustee of The Pratt Foundation and Visy Cares; Former council member of Philanthropy Australia; Consumer of public and private health services. (not pictured).
Board Governance

The nine-member Board of Directors is appointed by the Governor in Council upon the recommendation of the Minister for Health (the Hon Bronwyn Pike). Directors are usually appointed for a term of three years with members eligible to apply for reappointment. The Minister for Health requires the Board to develop a strategic plan for the health service and to ensure accountable and efficient provision of health services.

Role of the Board

The Board of Directors is responsible for the governance and strategic direction of the health service and is committed to ensuring that the services provided by Peninsula Health comply with the requirements of the Health Services Act 1988 and the mission, vision and goals of the service.

The Directors contribute to the governance of Peninsula Health collectively as a Board through attendance at Board meetings. Individual contribution occurs through participation in the various committees of the Board. Directors also give their time to attend significant Peninsula Health functions and events.

The Board held 11 meetings in the financial year 1 July 2005 to 30 June 2006. At these meetings, members of the Peninsula Health Executive regularly present reports on their areas of responsibility.

Retirements and New Appointments

The Board Chairperson, Mr Barry Nicholls, was re-appointed in July 2006 for another three-year term.

Peninsula Health Board and Staff extend sincere appreciation to former Board Directors Ms Diana Macmillan and Mr Ian Allen OAM, who have retired from the Board (as at 30 June 2006), for their respective and valuable contributions.

Two new appointments to the Board were announced, Mr James Swinden and Mr Peter LeRoy (from 1 July 2006). Mr Swinden was the Chief Executive Officer of the Freemasons Hospital in Melbourne from 2001 until 2006 and has extensive experience in health management spanning 28 years. Mr Peter LeRoy has more than 20 years experience providing Information Technology and information and knowledge management services in the government and legal arenas.

Board Committees as at 30 June 2006

Nine committees provide specialist advice and support to the Board. The committees also assist the Board and senior management to meet all statutory, regulatory and operational requirements for the health service.

Finance & Resources Committee

The Finance & Resources Committee reviews all financial matters, management information and internal control systems and considers and makes recommendations to the Board on major and minor works.

Members:
- Dianne Wickham (Chair)
- Ian Allen OAM
- Jim Kerrigan OAM

Audit Committee

The Audit Committee meets quarterly and at any other time as requested by the Peninsula Health Board, any Committee member, the internal auditor or the Auditor-General. The Committee liaises with the internal and external auditors, reviews and approves audit programs and evaluates the adequacy and effectiveness of the overall governance framework operating within Peninsula Health. The Committee receives reports via compliance monitoring framework and monitors all risk management activities for Peninsula Health.

Members:
- Diana Ward (Chair)
- Barry Nicholls
- Dianne Wickham

Quality & Clinical Governance Committee

The Quality & Clinical Governance Committee meets as required to monitor outcomes and improve the quality and effectiveness of health services provided by Peninsula Health. The Committee is also responsible for the clinical risk management activities of Peninsula Health, which are integrated with its quality systems.

Members:
- Jim Kerrigan OAM (Chair)
- Barry Nicholls
- Ruth Salom
- Michael Tiernan
Planning & Future Development Committee
The Planning & Future Development Committee plans for the future distribution and delivery of services and ensures future services are based on demonstrated community needs. It identifies existing services which require upgrading, extension, modification or deletion and makes recommendations to the Board on suggested methods of financing proposed future services.
Members:
- Michael Tiernan (Chair)
- Ruth Salom

Medical Staff Association/Board Executive
The Board Executive considers matters of urgency brought forward through the Chief Executive from the Medical Staff Association (MSA). The Board Executive is empowered to make decisions on these matters and is required to report on any action so taken to the Board of Directors. Meetings are held as required, which includes a quarterly meeting between the Board Executive and the Chair of the Medical Staff Association, with the Deputy Chair Medical Staff Association, the Chief Executive and the Executive Director Medical Services, Peninsula Health, in attendance.
Members:
- Barry Nicholls (Chair)
- Diana Ward

Research & Ethics Committee
The Research & Ethics Committee assesses all protocols covering research involving patients and makes recommendations to the Board as to the approval of protocols for research to be carried out within Peninsula Health. It monitors and seeks feedback from researchers in relation to ongoing and completed projects and considers and reports to the Board on other ethical issues as referred to the Committee.
Members:
- Liza Newby (Chair)
- Diana Ward

Community Advisory Committee
The Community Advisory Committee provides advice on needs, demands, and service development from a community perspective whilst also harnessing community support for Peninsula Health and its services.
Members:
- Diana Macmillan (Chair)
- Liza Newby

Primary Care & Population Health Committee
The Primary Care & Population Health Committee assists in creating effective linkages between Metropolitan Health Services and Primary Care Partnerships.
Members:
- Ian Allen OAM (Chair)
- Diana Macmillan

Remuneration Committee
The Remuneration Committee meets as required to review performance and determine remuneration of executive management.
Members:
- Barry Nicholls (Chair)
- Diana Ward
- Dianne Wickham

Meeting Attendances

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<th>Board Meetings</th>
<th>Finance &amp; Resources</th>
<th>Audit &amp; Clinical Governance</th>
<th>Planning &amp; Future Development</th>
<th>MSA/Board Executive</th>
<th>Research &amp; Ethics</th>
<th>Community Advisory Committee</th>
<th>Primary Care &amp; Population Health</th>
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<td>Barry Nicholls</td>
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<td>Diana Ward</td>
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<td>Michael Tiernan</td>
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<td>Ruth Salom</td>
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<td>Liza Newby</td>
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<td>Diana Macmillan</td>
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<td>Dianne Wickham</td>
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<td>Ian Allen OAM</td>
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* Committee member for only part of the year.
Executive Staff Profile

Pictured left to right:

**Dr Sherene Devanesen**
Chief Executive
MB BS Dip Obst RACOG FRACMA FCHSE FAIM FHKCCM
Appointed: October 2000
Sherene has 11 years of experience in clinical work followed by 25 years in health service management. She is a member of the DHS Board of Health Information Systems; a Member of the Victorian Quality Council; a member of Monash University Faculty of Business and Economics Peninsula Advisory Board; a Board Director of Wesley Mission Melbourne and an ACHS Surveyor.

**Dr Peter Bradford**
Executive Director Medical Services & Frankston Acute Health Services; and Deputy Chief Executive
MB BS MPH FRACMA FCHSE
Appointed: January 2001
Peter has worked in senior health care management roles for 25 years in Victoria and the Northern Territory. Peter is also a Member of the Council of the Chisholm Institute of TAFE and an ACHS Coordinating Surveyor and was recently appointed as Chair of the Victorian State Advisory Committee for ACHS.

**Mr Simon Brewin**
Executive Director Psychiatry, Community Health and Infrastructure
MBL BBus Grad Dip HSM Grad Cert HE FCHSE CHE
Appointed: May 2003
Over 24 years Simon has held a variety of senior executive and management posts at The Alfred and Bayside Health and Mercy Hospital for Women, Frankston Hospital, and the Peninsula Health Care Network.

**Ms Elizabeth Wilson**
Executive Director Nursing Services and Community Participation
RN CTCert CCCert DipHNUM BaAppSci(N Admin) MHA FRCPA
Appointed: January 2005
Elizabeth began her career in New South Wales and has worked in senior professional and operational roles in health care in Victoria for 20 years. She joined Frankston Hospital staff in 1990 and has worked in three different roles prior to her appointment to current position in 2005.

**Dr Sara Watson**
Executive Director Rehabilitation, Aged and Palliative Care Services and Allied Health Services
MBChB FRACMA MHA (NSW) BSc (Hons)
Appointed: March 2006
Sara has held a number of senior executive and management positions in health care. She was previously the Director of Clinical Services at Caulfield Medical Centre and was a Deputy Director of Medical Services and the Clinical Risk Manager at the Alfred Hospital. Sara is an Honorary Senior Lecturer in the Department of Epidemiology and Preventive Medicine, Monash University.

**Mr Chris England**
Executive Director Human Resources and Rosebud Acute Health Services
AHA(UK) CMAHRI
Appointed: August 2005
Chris’s career in health administration includes leading the Human Resources functions at Bayside Health Service, Peninsula Health Care Network, The Royal Melbourne Hospital, The Austin Hospital and The Alfred Hospital.

**Mr David Anderson**
Executive Director Finance
BCom MCom (Finance)
Appointed: October 2002
David has had experience in senior management roles in government including the Department of Water Resources, Community Services Victoria, and the Department of Human Services. Prior to joining Peninsula Health he was Manager, Financial Analysis and Funding in the Department of Human Services. David is a member of the Australian Health Services Financial Management Association and the Victorian Health Service Management Innovation Council.
Organisational Structure

As at 30 June 2006

BOARD

Chief Executive
Dr Sherene Devanesen

Deputy Chief Executive
Dr Peter Bradford

EXECUTIVE

Executive Director Medical Services & Frankston Acute Health Services
Dr Peter Bradford

Executive Director RAPCS & Allied Health (from 14/3/06)
Dr Sara Watson

Executive Director Human Resources & Rosebud Acute Health Services (from 29/3/06)
Mr Chris England

Executive Director Psychiatry, Community Health & Infrastructure
Mr Simon Brewin

Executive Director Nursing Services & Community Participation
Ms Elizabeth Wilson

Executive Director Finance
Mr David Anderson

PROFESSIONAL ISSUES

Medical
Dr Peter Bradford

Nursing
Ms Elizabeth Wilson

Allied Health
Dr Sara Watson

Legal
Ms Vicky Hammond

• Medicine/Critical Care
• Surgery/Operating Services
• Emergency/HITH/Outpatients
• Women’s/Children’s/Adolescents
• Quality and Customer Services
• Pharmacy
• Medical Services
• HMO Coordination/Support
• Medical Education
• Patient Transport
• Research and Innovation
• Frankston site coordination

• Rehabilitation, Aged and Palliative Care Services (RAPCS)/Sites
• Residential Care
• Allied Health
• Social Work and Integrating Care

• Human Resources
• Training/Education
• OHS
• Emergency Management
• Rosebud Hospital

• Psychiatry Services/Sites
• Community Health Services/Sites
• Infrastructure
• Support Services
• Engineering
• Cleaning
• Environmental Services
• Planning/Capital

• Nursing Services/Recruitment
• Nursing Education
• Community Participation
• Koori Liaison
• Services for Groups with special needs
• Marketing/Public Relations
• Pastoral Care and Chaplaincy
• Library Services

• Finance/Payroll
• Supply
• Printing
• Information Management
• Information Technology
Senior Staff

*As the Annual Report is used for reference, recruitment and service promotion throughout the financial year, the information needs to be as up-to-date as possible. Therefore, the structure listed below reflects senior staff membership as of 30 June 2006.

**SENIOR STAFF 2005/2006**

**CHIEF EXECUTIVE**
Dr S Devanesen MB BS Dip Obst RACOG FRACMA FCHSE FAIM FHKCMM

**EXECUTIVE DIRECTOR MEDICAL SERVICES & FRANKSTON ACUTE HEALTH SERVICES and DEPUTY CHIEF EXECUTIVE**
Dr P Bradford MB BS MPH FRACMA FCHSE

**MEDICAL STAFF & COUNCIL**
Chairman, Medical Staff Council
Dr J Campbell MB BS DipAnaes FANZCA
Hon Treasurer
Dr J Copland MB BS FFRACSA FANZCA
Executive Director Medical Services
Dr P Bradford MB BS MPH FRACMA FCHSE
Chairman, Division of Anaesthetics
Dr J Campbell MB BS DipAnaes (UK) FRCA
Chairman, Division of Obstetrics & Gynaecology
Mr A Griffiths MB BS MRACOG FRANZCOG
Chairman, Division of Orthopaedics
Mr P Brydon MB BS FRACS (Orth)
Chairman, Division of Paediatrics
Dr P Francis MB BS FRACP
Clinical Head Paediatrics
Dr P Francis MB BS FRACP
Chairman, Division of General Practice
Dr J Siemienowicz MB BS DRACOG FRACGP DipComp
Chairman, Division of Surgery
Mr R Studden MB ChB (Edin) DA FRCS FRACS(Paed Surg)

**Chairman, Division of Medicine**
Dr G Szto MB BS FRACP

**Director of Medicine**
Associate Professor D Langton MB BS(Edin) MRACMA FCCP FRACP

**Director of Women’s, Children’s & Adolescent Health**
Dr C Wellington (Acting) MBBS FRACMA

**Director, Aged Care Medicine**
Professor J Ibrahim MBBS Grad Cert HE PhD MRACMA FAFPHM FRACP

**Director, Radiology**
Dr C O’Donnell MBBS FRANZCR MMed

**Director, Surgery**
Associate Professor C Russell MB ChB MS FRACS GradDipBus MRACMA

**Clinical Director Rosebud Hospital**
Dr R Ward MB BS (Hons) MIFSM

**Director, Emergency Medicine**
Associate Professor J Wassertheil C StJ MB BS FACEM MRACMA MACLM

**Clinical Director Psychiatry**
Associate Professor R Newton FRANZCP MRCpsych MB ChB (Edin)

**Director Medical Governance and Patient Safety**
Dr Humsha Naidoo MBChB Masters in Health Services Management FRACMA

**PATHOLOGY**
(Pathway Dorevitch)

**Director Frankston**
Dr J Pollard MBBS FRCPA MIAc PhC

**Anatomical Pathology**
Dr J Pollard MBBS FRCPA MIAc PhC

**General Pathology**
Dr K Talia MBBS FRCPA

**Haematology**
Dr J Catalano MBBS FRACP FRCPath

**HMO SUPPORT UNIT**
HMO Mentors
Dr Darsim Haji MB ChB FACEM

**RESEARCH & ETHICS COMMITTEE**
Executive Sponsor
Dr P Bradford MB BS MPH FRACMA FCHSE

**MEDICAL EDUCATION**
Director Clinical Training/Supervisor Intern Training
Dr Darsim Haji MB ChB FACEM

**Director of Pharmacy**
Mr S Lam BPharm FSHPA Accredited Consultant Pharmacist

**QUALITY & CUSTOMER SERVICES**
Director Quality and Customer Services
Ms E Bennett BA (Hons) CFFA (UK) MBA

**MEDICAL GOVERNANCE & PATIENT SAFETY**
Director Medical Governance and Patient Safety
Dr Humsha Naidoo MBChB

**EMERGENCY MEDICINE**
Director of Emergency Medicine
Associate Professor J Wassertheil C StJ MB BS FACEM MRACMA MACLM

**Hospital Emergency Department**
Dr L Goh MBBS FACEM

**MEDICAL STAFF - Frankston**
Director Frankston Hospital Emergency Department
Dr V Amarasinghe MB BS FACEM

**Clinical Director Frankston Hospital Emergency Services**
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Ms M Cook RN BAppSc Ngs
Chief Nursing Officer

Senior Nurse Manager, Education & Development
Mrs M Habner RN RM

Director Public Relations & Marketing
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Peninsula Health Profile

Peninsula Health was formally constituted as a public health service in 2000. It carries on the services of the former Peninsula Health Care Network established in 1995. Peninsula Health is one of 13 public health services in Melbourne.

The health service comprises: Frankston and Rosebud Hospitals; Aged Care, Rehabilitation, Palliative Care and Residential services in Chelsea, Seaford, Frankston, Mount Eliza and Rosebud; Psychiatric services in Frankston and Rosebud; and a Community Health service based in Frankston.

Peninsula Health has 4,213 employees, who are supported by 850 volunteers and auxiliary members.

Population

The 300,000 people served by Peninsula Health live in a 853 sq km area that includes the City of Frankston, the Mornington Peninsula Shire and the southern part of the City of Kingston.

In 2006, it is estimated 32 per cent of the population is under the age of 25 and 21 per cent is over the age of 60. This proportion of older people, the group requiring the most health services, is one of the highest in Victoria.

Peninsula Health also responds to the needs of 80,000 holiday-makers during the summer months and the 7.5 million people who visit the Peninsula every year.

There are 1,300 Indigenous people living in the service area and Peninsula Health provides some services specifically for the Koori community (page 24).

About 10 per cent of patients come from a non-English speaking background. Peninsula Health staff have access to interpreters to assist in communicating with these patients if required.

Growth

The estimated resident population of the Peninsula Health catchment area is expected to grow by 16 per cent, to 313,000, in 2031. The highest growth rate is predicted for older people, with those over the age of 60 expected to make up 33 per cent of the population by 2031.

Special Needs

The five most prevalent medical conditions affecting residents of the region include cardiovascular disease, cancer, chronic respiratory conditions, endocrine disorders including diabetes and mental disorders including dementia.

The top 10 health risk factors for people of the Mornington Peninsula are tobacco, physical inactivity, high blood pressure, obesity, alcohol, poor diet, high cholesterol, illicit drugs, unsafe sex, and work injuries.

The rate of death and disability in the service area is slightly lower than the average for Victoria. Women in the service area population can expect to live to 83 – men to nearly 78 years of age. Aboriginal life expectancy is between eight and 18 years lower than the Victorian average of 84.3 years for women and 79.6 years for men.

Addressing High Risk Factors

A comprehensive approach is taken to all risk factors and prevalent medical conditions. Recent strategies include:

- Peninsula Complex Care Program (PCCP) aims to prevent avoidable hospital admissions and emergency department presentations (page 16).
- Open UP, an oral health project, was established and seeks to improve oral health for injecting drug users and other opiate users (page 27).
- The Outpatient Cardiac Rehabilitation Program, which caters to the needs of over 300 people a year, helps people with cardiac disease to live independent and active lives. The program encourages healthy actions that can decrease the risk of future heart conditions.
- Additional funding of $400,000 over four years was received to establish the “Stay Healthy” service. This service will work with people with newly diagnosed chronic conditions, initially focussing on diabetes, and later expanding to respiratory conditions (page 22).
- Expansion of Chemotherapy services at Frankston Hospital (page 39) and Rosebud Hospital (page 23).
- The third “Men Behaving Positively” forum, held in June 2006. The forum focused on men’s health and well-being. Over 800 people attended making it one of the largest men’s health forums in Victoria (page 22).

Meeting Demand

Goals

- **Provide a quality of care to older people that is in keeping with evidence based practice.**
- **Provide high quality, complementary services from Rosebud Hospital that assists Peninsula Health in meeting growing demand.**
- **Work in partnership with other health providers to enhance the health and well being of the community.**
- **Provide a flexible range of responses to the increasing level and complexity of demand.**
- **Continue and enhance service and capital planning across acute, mental health, community health and aged care and rehabilitation.**

Peninsula Complex Care Program

The Peninsula Complex Care Program (PCCP) is focussed on helping people prevent avoidable hospital admissions and emergency department presentations by providing care coordination services in the community.

The PCCP has expanded significantly with funding from the Department of Human Services (DHS) enabling the employment of 13 new positions. This brings the total number of staff up to 26, which includes project positions and five staff located at Rosebud Hospital.

The Program now provides care coordination across five streams: Diabetes, Chronic Heart Failure, Respiratory, Drug and Alcohol and a Generic stream for anyone else who has attended the Emergency Department (ED) at either Rosebud or Frankston Hospitals six or more times.

The graph below shows the program had positive results for the first 196 clients that received services in the last twelve months.

The graph shows improvements across the board with 413 fewer ED admissions, 332 fewer inpatient admissions and 742 fewer bed days amongst this group of clients compared to the 12 months prior to involvement with PCCP and a year after receiving the service.

Equally encouraging results are obtained when the data is analysed by site. Since February 2006, 129 clients have been assisted by the Rosebud-based team. The review of hospital utilisation over a six month period resulted in a reduction in Rosebud ED presentations by these clients of 51 per cent and a reduction in inpatient admissions by 54 per cent among 99 clients. In the same period, Frankston Hospital has seen 393 clients, with presentations to the ED reduced by 52 per cent and inpatient admissions reduced by 57 per cent.

Response, Assessment and Discharge Team

The Response, Assessment and Discharge (RAD) Team was established to assess patients whose needs could be more appropriately met through non-hospital services such as Peninsula Post Acute Care, referral to Complex Care Program, community supports or respite care in a supported residential facility.

This year the RAD Team members began using Blackberry technology to allow staff to get detailed referrals from the Metropolitan Ambulance Service prior to a patient presenting to the Emergency Department, so the team could respond immediately to a client needing services.

Blackberry technology is also being used by RAD staff to identify patients on presentation to the Emergency Department (ED) who are eligible for Chronic and Complex Care. The RAD team then assesses and refers eligible patients to this program. This process better supports patients in their homes and avoids the need for future presentations to Emergency Departments.

The number of patients seen by the RAD team in the Frankston Hospital Emergency Department has increased from 2,920 in 2004/05 to 3,461 in 2005/06. This represents an increase of 18 per cent in the number of patients assessed. Over the past 12 months, RAD has continued to prevent future admissions for 618 (17 per cent) patients. This is an increase of 239 patients for the same period last year.

Since January 2005, the RAD team has steadily increased the number of patients assessed at the Rosebud ED from an average of 54 to an average of
Belinda Berry is team leader for the Response Assessment and Discharge (RAD) team at Frankston and Rosebud Hospital Emergency Departments. The team’s use of Blackberry technology to support the patient care delivery process was rewarded with a Highly Commended in the Innovation in Information Technology category at the inaugural Victorian Public Healthcare Awards in 2005.
Meeting Demand

70 per month. RAD has been able to avoid admission for 17 per cent of those patients by providing supports to manage care safely at home.

A review of the number of direct transfers to sub-acute care from the Emergency Department was conducted. It led to the introduction of a sub-acute assessment co-ordinator in ED six days a week from November 2005. To date there have been 104 direct transfers to sub-acute from ED which has increased efficiency in providing patient care needs in the most appropriate setting.

Transfer of patients directly from Emergency Departments to sub-acute settings is occurring with 80 per cent of patients transferred within three days. 96 per cent of patients were assessed within 24 hours of referral in June 2006 compared to 94 per cent in April 2005.

Residential Outreach and Support Service

The Residential Outreach and Support Service (ROSS) was developed in November 2003 to avoid unnecessary presentation, admission and readmissions to hospital from Residential Care Facilities (RCFs). As a result of this initiative, 477 residents have been assessed in RCFs over the past 12 months compared to 130 assessments in the first 12 months of operation. ROSS assessments over the past 12 months have resulted in 65 residents (13 per cent) being treated within their home facility, thus avoiding an admission to hospital. In addition, 17 per cent of hospital patients discharged to residential care settings were followed up to monitor progress in the new setting.

The participation of staff from residential care facilities in the ROSS Best Practice Falls Education Program has resulted in several quality improvement activities in participating facilities. Those facilities that completed the program are now using hip protectors as a harm minimisation strategy. 90 per cent of participating facilities have introduced the Peninsula Health Best Practice “Falls Risk Assessment Tool” (FRAT). One facility reported an 80 per cent reduction in the number of falls for their residents since the introduction of the Falls Strategy.

ROSS also provides acute medical management to RCFs including consultation for the management of wounds, and the management of residents with stomach feeding tubes called PEGS. The PEG Register is an innovative outreach program to ensure the quality and timely provision of service for residents with PEG tubes living in residential care.

ACCESS

ACCESS is the single point of entry for all referrals and enquiries to all Peninsula Health’s Aged Care & Rehabilitation services, both inpatient and community based.

ACCESS commenced in April 2003 and the number of referrals per month has increased from 567 in March 2004 to 1,255 for the month of June 2006. 85 per cent of referrals are actioned within 24 hours, 100 per cent within three days.

Frankston Hospital

Frankston Hospital is the major provider of acute secondary and tertiary hospital services on the Mornington Peninsula. In 2005/06, it treated 48,190 inpatients, up 1,127 patients from last year, and there were 49,330 presentations to the Emergency Department, an increase of 2,536 patients (5.4 per cent) from 2004/05.

Each month at Peninsula Health over 1,000 surgical procedures are performed and nearly half of these are elective surgery. During 2005/06, a number of elective surgery initiatives were introduced which have been successful in reducing the waiting list from 2,948 in June 2005 to 2,611 as at June 30 2006. Over the same period, 6,442 additional patients were added to the elective surgery waiting list.

Frankston Hospital introduced an additional twilight surgery session on Tuesday evenings. These twilight sessions are largely reserved for semi-urgent procedures. These priority cases would otherwise have had to be done during the day, disrupting the elective surgery sessions and resulting in cancellation of elective cases. As a result of this second twilight surgery session, and other strategies, hospital initiated postponements of elective surgery cases decreased from 23.7 per cent in July 2005 to 10.9 per cent of patients in June 2006.

Other initiatives introduced since July 2005 included additional vasectomies scheduled during special sessions at the day surgery centre, additional varicose vein procedures at Rosebud Hospital and additional gynaecological procedures during the day sessions at Frankston Hospital.
Additional surgical sessions on Saturday mornings also enabled 48 urological procedures to be performed.

The Elective Surgery Access Service (ESAS), developed by the Department of Human Services, funds hospitals with extra theatre capacity to take on patients from other health services. The service was developed to reduce waiting times for elective surgery.

This year, 114 orthopaedic patients requiring joint replacement surgery at Frankston Hospital took up the offer to have their operations on an earlier date by going to St Vincent’s Hospital.

In 2005/06, an agreement between Peninsula Health and Southern Health saw 78 elective general and vascular surgery patients waiting for surgery at Frankston Hospital have their surgery performed earlier at another hospital. This reduced the average waiting time for patients requiring general and vascular surgery on the Peninsula Health Waiting List.

Peninsula Health commenced a multidisciplinary Orthopaedic Outpatients Clinic in February 2006. A physiotherapist was employed as a primary contact practitioner responsible for assessing patients presenting to the clinic. There were 2,332 patient attendances since February. 30 per cent required a surgical orthopaedic review and 70 per cent trialled a physiotherapy intervention. 100 per cent of those who had completed their physiotherapy intervention required no further intervention. Results have been benchmarked with Western Health and Bayside Health.

A new hand therapy service was established at Rosebud Hospital, with two half-day sessions held each week, improving local access to needed services. An experienced Occupational Therapist was recruited to establish the service. This position was linked with Frankston Hospital to ensure appropriate support and training was provided. There were 187 occasions of service for post operative hand therapy at Rosebud Hospital during 2005/06.

The Peninsula Complex Care Program (PCCP) expanded to provide Drug and Alcohol services at Rosebud Hospital and monthly meetings have been established between PCCP and Rosebud Hospital Emergency staff.

In April 2006, Rosebud Hospital introduced a cognitive impairment indicator to help the development and implementation of best practice policies and procedures for managing patients with dementia. The bedside indicator project is funded through DHS.

Discharge planning processes from Rosebud Hospital are being improved. Strategies include daily bed management meetings, weekly formal Allied Health team meetings and discussions with local medical staff to improve discharge documentation and the prescribing of medications.

Rosebud Hospital’s internal Radiology service has seen a 20 per cent service growth and has expanded hours of operation to meet this increased demand.

Rehabilitation, Aged and Palliative Care Services and Allied Health

Peninsula Health’s Rehabilitation, Aged and Palliative Care Services (RAPCS) provided 37,011 occasions of outpatient service in 2005/06.

The average Length of Stay (LOS) for patients waiting for Residential Care for the past 12 months was 15 days. It has remained consistently under 20 days and well below the State Average Length of Stay for comparable hospitals. Initiatives such as the Residential and Complex Care Team and monthly case review meetings have improved the Geriatric Evaluation and Management (GEM) average LOS from 23 days in 2004/05 to 21 days 2005/06 against a state average of 25 days.
Meeting Demand

The three Community Rehabilitation Centres and the Rehabilitation in the Home program have been integrated into a “Home and Centre based rehabilitation program” under the Sub-acute Ambulatory Model of Care. The aim of the integration is to improve flexibility and continuity of care for patients referred to the program. Under the plan, clinicians who are familiar with the patient continue to provide care either in the community, at home or in a Community Rehabilitation Centre.

The outpatient assessment waiting list for Paediatric Speech Pathology has been reduced from 14 months (November 2003) to three months (June 2006) for all patients through redesign of the services provided. In 2005, 488 referrals were received, the highest number of referrals on record, a 19 per cent increase from the previous year.

The Driver Assessment and Rehabilitation Service recommenced in November 2005 and completed 111 Driver Assessments in eight months. Many of the recipients were seen up to three times. Previously residents living in the Peninsula Health catchment area had to travel to Kingston Centre for this service.

In July 2005, the Physiotherapy Department commenced a 12 month pilot to improve management of patients awaiting elective hip and knee replacements at Frankston Hospital. The results of this study indicated a significant improvement in pain and physical function in patients awaiting elective hip/knee replacement following an eight week strengthening and mobility program by a physiotherapist. 41 per cent of patients reported more than 50 per cent subjective improvement in function as a result of the program.

The Rosebud ED initiated a trial program whereby a physiotherapist performed the initial assessment and treatment for patients with soft tissue injuries. During the six month pilot period, (February-August 2005), the average waiting times for patients across all categories fell, despite a 15 per cent increase in the total number of presentations. A reduction in the number of admissions for patients presenting with lumbar spine pain was also evident during the pilot period at Rosebud ED. Based on these findings, a primary care physiotherapist was introduced into Frankston ED in September 2005. Comparing the initial six months of the initiative at Frankston ED with the previous year, revealed a reduction in the average waiting times for category 4 and 5 patients, despite the number of presentations remaining relatively constant. A review of the Physiotherapy-initiated x-ray requests revealed 100 per cent agreement with the physiotherapy assessments and the radiology reports.

A review of the waiting times for the Movement Disorders Program demonstrated clients were waiting four weeks for their initial appointment at Rosebud Community Rehabilitation Centre and up to 13 weeks at Frankston Community Rehabilitation Centre. As a result, the number of clinics per week was increased from two to three and the waiting times have reduced to 10 days and four-six weeks respectively. Multidisciplinary Parkinson’s Disease Education Programs were also commenced at the Rosebud Rehabilitation Unit and the Golf Links Road Rehabilitation Centre in 2006. Attendees completed evaluation forms and 100 per cent reported that the content was relevant to them; 100 per cent reported that they learnt something new from the session; 100 per cent rated the education session overall as excellent or very good and 100 per cent rated the usefulness of the information as extremely or very useful.

Interim Care in the Home Program

Since the introduction of the Interim Care in the Home Program (IHP) in July 2004, there has been a significant increase in the referrals and the number of patients with high and low level care needs who remain in the community and are supported by the program. During 2005/06, the program supported 23 patients per month, on average, in the community, compared with a monthly average of 12 patients during 2004, an increase of 91 per cent. The number of active patients in the program at any one time in 2005 was 15 compared with nine in 2004, an increase of 66 per cent.

Through the provision of case management, increased community services and access to interim care beds at local Supported Residential Services (SRSs), the program effectively facilitated complex discharges and supported patients in the community with appropriate follow up.

In 2005, feedback surveys were distributed to patients who had used the Interim in the Home Program and their families. 100 per cent of those surveyed said that the program was a valuable service, 63 per cent rated the service as excellent and a further 27 per cent as very good. 92 per cent said that the service met their needs.
Greg Holding, Senior Community Clinician, Psychiatry is on the committee for both the Men's Shed and Men Behaving Positively health forums. These projects received the Excellence in Community Relations award at the inaugural Victorian Public Healthcare Awards in 2005.
Psychiatric Services

In 2005/06, Peninsula Health Psychiatric Services saw a significant increase in activity. It had 113,851 community contacts, an increase of 25,203 (28.4 per cent) from 2004/05, 14,702 occupied bed days, a 38.7 per cent increase from 2004/05 and 1,055 separations.

Last year, Peninsula Health Psychiatric Service established a service wide toll free number – 1300 792 977, available 24 hours a day, seven days a week, for all referrals to psychiatry. This service now receives an average of 700 calls a month.

All clients with psychiatric presentations to the Emergency Department were seen and discharged or transferred within 24 hours. The average length of stay in the ED reduced from 262 minutes in 2004/05 to 227 minutes in 2005/06.

The Mental Health Emergency Department Triage Tool was implemented this year. This tool serves as a valuable aid to ED staff in determining the need for assessment and assigning the most appropriate priority against a consistent evaluation standard.

Men Behaving Positively Health Forums

In June 2006, 880 people attended the third “Men Behaving Positively” forum, making it one of the largest men’s health forums in Victoria. Entitled ‘The Nuts and Bolts of being a Bloke’, the forum focused on men’s health and wellbeing. The Governor of Victoria, Professor David de Kretser AC, former Victorian Premier and Chairman of beyondblue, the Honourable Jeff Kennett AC, Glenn Manton and Alan Hopgood addressed the forum. Frankston Rotary, Frankston City Council and many other community groups worked together with Peninsula Health to organise the event. In 2005, the Men’s Health Forum and Men’s Shed received the Excellence in Community Relations award at the Victorian Public Healthcare Awards.

Men’s Shed

The Men’s Shed aims to meet the specific needs of socially isolated men, by enhancing and maintaining independence, increasing social connectedness and promoting well-being. The project involves Community Health and Psychiatry, and many community partners.

The Shed was officially opened in June 2005. Beginning at two days a week, the shed is now open four days a week and 90 clients attend sessions offered each month.

The clients learnt or improved their skills in activities such as wood-working, gardening and computers, whilst interacting and forming social bonds with other men in the community.

The Committee is working to expand the role of the Shed by offering new programs and ensuring the Shed’s long-term sustainability.

Community Health

Community Health Services are provided centrally at the Frankston Integrated Health Centre and at other Peninsula locations. In 2005/06, health promotion, disease prevention and health education programs were provided on 56,880 occasions.

The School Transition Program is designed to assist children with learning difficulties or developmental delays in the pre-school to school transition phase. Additional funding of $160,000 over four years was received under the Communities for Children program to work with these children. This program also received a special commendation in the Victorian Primary Health Awards.

Additional funding of $400,000 over four years was received to establish the “Stay Healthy” service. This service will work with people with newly diagnosed chronic conditions, initially focussing on Diabetes, and later expanding to Respiratory conditions. It will work closely with General Practitioners in supporting clients to better manage their health and minimise the impacts of their condition.

This year an additional GP was recruited (one day a week) to support the Pharmacotherapy service offered by Community Health. The service supports clients to withdraw from illicit drugs medically with the use of pharmaceuticals.

Growth funding was received in January 2005 to expand Counselling and Physiotherapy services. Recruitment for this program was completed by March 2005.

A single session counselling model was introduced to reduce waiting times and provide more immediate response to client needs. Since its introduction,
the waiting list for individual consultations reduced from 60 people to 15 and the Family waiting list reduced from 30 to five. Response time from initial client contact, to time of appointment, was reduced from up to four months to three weeks. This was a major achievement for Community Health’s general counselling service. The drug and alcohol counselling team are currently being trained in this model.

In early 2006, Aboriginal Health Promotion & Chronic Care funding of $100,000 per year for four years was confirmed. Peninsula Health is one of eight services across the State that will work with the Indigenous community in developing strategies to reduce the onset of chronic conditions through health promotion initiatives. It will also improve access to health services for the Indigenous community by improving the cultural sensitivity and relevance of the services offered.

**Capital Planning**

Major capital projects undertaken in 2005/06 with the assistance of the Department of Human Services (DHS) funding included; commencement of construction of the Mornington Centre ($20.85 million) and the upgrade and redevelopment of the Medical Imaging Department at Frankston Hospital ($3.4 million).

Major projects planned for 2006/07 include upgrading the waiting room facilities to improve the patient experience in the Emergency Departments at Frankston ($490,000) and Rosebud Hospitals ($268,000). An additional $100,000 of DHS funding has been provided to build a six bed Emergency Observation Ward (EOW). The EOW will be reserved for patients requiring a high level of constant observation.

Construction of the Mornington Centre began in February 2006 and Stage 1A will be completed in mid-2007. Stage 1A will provide the centre’s first 60 Geriatric Evaluation and Management (GEM) beds.

The $3.4 million upgrade and redevelopment of the Medical Imaging Department at Frankston Hospital was completed in August 2006. The new facilities will improve clinician and patient access to advanced medical imaging technology in addition to expanding clinical, administrative and support areas.

Other funded work at Rosebud Hospital in the coming year will provide capacity to triple the number of Renal Dialysis chairs and increase Chemotherapy services for cancer patients. The $700,000 expansion in these areas is supported by a $250,000 grant from the Southern Peninsula Community Fund and other community donations.

The Renal Dialysis area will have the capacity to expand from three chairs to nine chairs bringing this service closer to the people who require the frequent life saving procedure. At full capacity it will permit an additional 24 patients to receive this treatment three times each week.

Currently Chemotherapy is available five days a week at Frankston and two days a week at Rosebud Hospital. Rosebud expects, over time, to expand the service to five days a week.

During 2005/06, a master plan and feasibility study was completed for the Stage 2 redevelopment of Frankston Hospital. After the close of the financial year, DHS advised Peninsula Health could progress to schematic design phase for Stage 2A incorporating redevelopment and expansion of the operating theatre suite and the Intensive Care Unit.

**Southern Metropolitan Integrated Cancer Service**

Peninsula Health continues to contribute to the development of the Southern Metropolitan Cancer Service (SMICS) through Peninsula Health representatives’ involvement on all relevant tumour stream working parties, several quality improvement projects, projects relating to engagement of consumers and General Practitioners, a working party looking to improve cancer research, and on the management and executive committees.

Peninsula Health’s partners in the SMICS consortium include Bayside Health, Southern Health, community and primary care services. SMICS aims to develop seamless, multidisciplinary care that improves the patient journey and outcomes for people with cancer in southern Melbourne.

The consortium brings together a critical mass of expertise and leadership to promote high quality cancer care so that individuals have access to a fully integrated range of cancer services including prevention, screening, diagnosis, treatment, rehabilitation, supportive care and palliative care.
Building Partnerships

Goal

Foster development of mutually beneficial partnerships to build a healthier community.

Culturally and Linguistically Diverse Groups

Peninsula Health tries to involve consumers in all aspects of its program and service development from service planning through to evaluation. Particular attention is paid to groups with special needs and culturally or linguistically diverse groups.

Meetings have been held with representatives of Culturally and Linguistically Diverse Groups (CALD) on the Mornington Peninsula. Outcomes from these meetings include:

- Targeted diabetes education programs for the Italian Community to be developed by the Peninsula Complex Care Program team.
- New information brochures are being prepared in the three languages – Italian, Greek and Croatian.
- Peninsula Health has developed a CALD Plan for 2006/07 including formation of a CALD Community Advisory Group.

Koori Advisory Group

Links were established with local Elders and the Koori Community Advisory Group was formed. A number of project groups have been established to address specific issues. The initial focus was on front of house service and reception and on services offered in midwifery and emergency areas.

In May 2006, Aboriginal Elders performed smoking ceremonies at Rosebud Hospital, Golf Links Road Palliative Care Unit and Frankston Hospital. This ceremony helped to free the spirits of aborigines who died in the buildings, to cleanse the sites and bring the community together. The smoking ceremonies play an important role in helping Aboriginal members of our community feel welcome to seek care at Peninsula Health.

The Advisory Group also recommended that cultural awareness training could be improved if it were provided by Kooris. New programs were developed and introduced in 2006. Through cross organisational training, Koori workers assisted in delivering cultural training across the Mornington Peninsula.

Groups with special needs

This year, meetings have been held with several consumer groups that have special needs.

Discussions with a number of groups representing people with special needs have led to the formation of a collaborative project group between Peninsula Health and Community Service Providers.

This group will work to improve the processes of disabled community members accessing services throughout the Mornington Peninsula.

A review of the client journey for people with hearing impairments was held with the VicDeaf case manager. The review identified the need for improvements in care for people who are deaf and hard of hearing and included recommendations for improvements in the Emergency Department waiting rooms.

Vision Australia assisted with a review of the care consumers with blindness or vision impairment received. Interviews were held with blind and vision impaired consumers who indicated they received appropriate care for their disability. Vision Australia has contributed to a review of Emergency Department waiting rooms to ensure they meet the needs of the blind and vision impaired.

General Practitioners

A good working relationship between Peninsula Health and General Practitioners (GPs) on the Peninsula is essential to ensure effective integrated care. The appointment of a GP Liaison Officer in 2003, was instrumental in enhancing communication between Peninsula Health and the Mornington Peninsula Division of General Practice (MPDGP). The development and roll out of the electronic discharge summary system and the planned implementation of electronic GP notifications continue to improve information transfer between Peninsula Health and GPs.

In 2005/06, Peninsula Health actively worked to enhance this partnership in the following ways:

- Development of Psychiatric Services discharge planning protocols with the MPDGP. These protocols were used by DHS as an example of best practice for other public mental health services.
- The Psychiatric Primary Mental Team Service provided regular consultation services to over 115
Herb Patton, pictured playing the gum leaf, is an Aboriginal Elder who performed smoking ceremonies at Rosebud Hospital, Golf Links Road Palliative Care Unit and Frankston Hospital in May 2006. The cleansing ceremonies were performed to recognise the aboriginal community, to educate staff and to promote partnerships.
GPs. The focus of this consultation is to assist GPs in caring for people with high prevalence but low severity mental health issues.

- An intensive, 20 hour, Level 2 training course, “Cognitive Behavioural Strategies for Managing Depression and Anxiety Disorders in General Practice”, was provided to 10 GPs. Comparison of feedback, pre and post training, was very positive showing a marked increase in knowledge and confidence levels of participating GPs. In addition, shorter workshops on 10 minute interventions for Anxiety and Depression in General Practice settings were also provided to 20 GPs.

- A Partnership was established with MPDGP and Frankston Mornington Peninsula Primary Care Partnerships (FMP PCP) to enhance the StayHealthy program (page 22).

- Monthly medical education sessions were held at Rosebud Hospital through the General Medical Unit (GMR) with invitations sent to each GP clinic in the area. A noticeable increase of referrals to the GMR Unit from the treating GP has occurred. This has been accompanied by increased communication between GMR and GPs, in particular supporting referrals for care under a Physician.

- Rehabilitation, Aged and Palliative Care Services (RAPCS) staff are working in partnership with the MPDGP to promote and distribute recently updated “Physical Activity Directory for Older People” to GP practices, clinicians and the community as part of broad social marketing strategy to promote physical activity for older people via the Ageing Well Centre.

- The Peninsula Complex Care Program (PCCP) has identified that GPs are vital for engagement and linkage especially in relation to planned health care. PCCP emphasises client self management and this involves educating patients on the benefits of using planned visits to their GP rather than only accessing their GP for acute episodic care. PCCP will develop a GP liaison position to assist in developing a shared understanding of the culture of both services and assist in engaging GPs in joint care planning.

Volunteers and Auxiliaries

Volunteers and Auxiliaries are an integral part of Peninsula Health, enhancing care through the many varied activities they perform. There are 850 volunteers who support Peninsula Health.

Red Cross volunteers have begun supporting the Emergency Department at Frankston Hospital by providing support to people in the waiting rooms. The initial evaluation of the project was positive and volunteers have indicated that they would like to extend the program to include Rosebud Hospital.

Position descriptions were developed for Frankston Hospital Paediatrics volunteers. Two volunteers were recruited in late 2005. An information session was held in January 2006 and was well attended. Five more volunteers were recruited after the information session and have commenced work in the Paediatric Unit. The Paediatric Unit was identified as pilot program for Frankston Hospital. Once the program has been evaluated, it will be extended to the Orthopaedic Unit and other wards.

A Pastoral Care Visitor program, focused on Aged Care residents with no community contact, has been introduced at Jean Turner Nursing Home and Lotus Lodge Hostel. The program has nine volunteers who will each dedicate their time to one resident. The volunteers were recruited from local churches in Rosebud and have undergone two half-day training sessions.

For more information on the essential role Volunteers and Auxiliaries play at Peninsula Health, refer to page 42.

Community Health Partnerships

Local Councils

The two Councils on the Peninsula continue to work with Peninsula Health on a wide range of projects.

In 2005, the Frankston Community Health Service and Frankston City Council received a National Award from the Heart Foundation in the Healthy Nutrition category for their work on Community Kitchens.

Frankston Community Health Service established the 2PIC project in partnership with Mornington Peninsula Shire Council. The project will produce two short films (three minutes) about alcohol. The goal is to have young people come up with harm reduction messages that are relevant to them and have the young people direct the making of the film. Mornington Peninsula Shire Council has employed a film maker to coordinate the project. The project will see one film produced by Hastings young people and one by Rosebud young people.
Frankston Community Health Service participated in the steering committee for Frankston Drinksafe project. The project’s aim was to decrease the negative impact of alcohol on the Frankston community. Peninsula Health assisted Frankston City Council in the development of the proposal for Premier and Cabinet and is a member of the steering committee.

In October 2005, Peninsula Health conducted the Alcohol – Community Responses Forum in conjunction with Mornington Peninsula Shire Council and Frankston City Council. Approximately 80-90 people attended. The forum explored a range of community responses to alcohol misuse and aimed to develop a whole of Peninsula approach to dealing with issues around alcohol use.

In addition to the above, Peninsula Health continues to work with Frankston City Council on drug issues. Most recently the health service continued its involvement in the Frankston Pharmacotherapy Accord and was involved in Drug Action Week activities with the Council in June 2006.

**Peninsula Community Health Service**

Community health services on the Peninsula are delivered by Peninsula Health’s Frankston Community Health Service and Peninsula Community Health Service (PCHS). The two Community Health Services continue to work in partnership to deliver programs on the Peninsula including:

- **Open UP**, an oral health project, seeks to improve oral health for injecting drug users and other opiate users. The project has produced a comic book style leaflet and poster that outlines the impact drug use can have on dental health and simple steps that can be taken to avoid these problems. In addition to this, 1,000 oral health packs were distributed throughout the two local government areas by Peninsula Health’s SHARPS program and via pharmacies that dispense pharmacotherapies (such as methadone). The packs included the leaflet, an Open Up drink bottle, a toothbrush, toothpaste, sugar free gum and sugar free mints. The packs received product sponsorship from leading manufacturers.

- Close liaison continues with Peninsula Community Health Service, including the Live Well program at Rosebud which targets clients with chronic health conditions. There is also an ongoing partnership regarding people living in low income housing such as Supported Residential Services (SRSs) and caravan parks through the MI (Mobile Integrated) Health Service.

**Frankston Mornington Peninsula Primary Care Partnerships**

The Frankston/Mornington Peninsula Primary Care Partnership (FMP PCP) is a voluntary alliance of primary health care service providers. All are committed to working together to promote health and improve service co-ordination, service delivery and planning processes. It has 28 members – with a number of other agencies that link-in as appropriate.

Peninsula Health plays an active role in the FMP PCP, attending meetings and participating in several projects, including:

- An advisory committee for the FMP PCP Falls Prevention Pathways and Skill Development project.
- The FMP PCP Health Promotion Alliance.
- Service Coordination initiatives.
- Training for Connectingcare, an integrated system for messaging and electronic referral, which is being endorsed by the FMP PCP.

**Monash University**

Links with Monash University were strengthened during the year with the joint appointment of two Associate Professors and a clinical school for the Physiotherapy degree course.

Associate Professor Chris Gilfillan was appointed as Director Endocrinology and Academic General Medicine in December 2005. It is a joint role with Peninsula Health and the Monash University Department of Medicine.

Dr Richard Newton, Clinical Director of Psychiatry, was appointed as Honorary Associate Professor with Monash University in January 2006. The appointment will ensure that the Psychiatric Service enhances its academic and research activities, and contributes to the development of an Academic and Research Centre at Frankston Hospital.

Peninsula Health Physiotherapy Department became a clinical school for the Monash University Physiotherapy degree course, at an undergraduate and postgraduate level, and now provides a wide range of clinical teaching across its many areas of
care. The Physiotherapy Department also provides clinical training to overseas qualified physiotherapists seeking registration in Australia. The Peninsula Health Physiotherapy Clinical School has also resulted in Peninsula Health staff providing lecturing and tutorials to the university and the appointment of an Associate Professor to be based at Peninsula Health being investigated.

Strong links continue between Peninsula Health nursing services and Monash University with a collaborative approach being taken to undergraduate and postgraduate education and several research projects.

Peninsula Health has nurses who have honorary appointments at Monash University and is working towards the appointment of a joint professional position.

Falls Prevention Education

The Falls Prevention Service continued to take its message to the wider community by presenting at seminars, workshops, and meetings of health professionals, social and seniors groups.

This year, falls prevention educational talks were provided to:
- Five senior citizens groups and residential aged care facilities
- Four conferences and seminars
- Eight groups of health professionals, community groups and health related self-help groups
- Three ethnic senior citizens groups, accompanied by an interpreter

The Service also provided falls prevention education to Certificate 4 students in Aged Care and Chisholm Institute, Frankston.

Psychiatric Partnerships

Peninsula Health has been instrumental in supporting the establishment of the Peninsula Carer Council. The Peninsula Carer Council project is a collaboration of key stakeholders who recognise the need to work together with carers and families to improve mental health service delivery. The Council, now an incorporated entity, has over 60 members who are all carers of a relative or friend who has a mental illness. An office staffed by carers (all volunteers) four mornings a week, a monthly support group in Frankston and a fortnightly ‘Café of Possibilities’ which acts as a drop-in morning for carers are just some of the services the Council offers.

Ongoing psychiatric consultation was provided to Anglicare, Community Health, Peninsula Youth and Family Service, Good Sheppard Youth and Family Services, Peninsula Support Services, Mental Illness Fellowship and Skills Plus.

An Early Psychosis Service was fully established and operational, targeting 16 – 25 year old with first presentation.

A partnership with Good Shepherd Family Service was established in January 2006 to provide professional and free financial counselling services to people with a mental illness.

Mental Health aged care seminars are regularly held at Baxter Village for agencies and services working with the elderly.

Department of Human Services

Peninsula Health receives strong support from the Department of Human Services (DHS). Funding received throughout the year has enabled the Health Service to enhance and expand many areas and services.

Major projects this year included the upgrade and redevelopment of the Medical Imaging Department ($3.4 million), funding to improve the patient experience in the Emergency Department waiting rooms at Frankston ($490,000) and Rosebud Hospitals ($268,000), funding to build a six bed Emergency Observation Ward at Frankston Hospital ($100,000) and funding to commence construction of the Mornington Centre ($20.85 million). For more information on the Mornington Centre and other major capital projects, refer to page 23.

The DHS partnership enables Peninsula Health to work collaboratively with other Health Services on projects such as the testing and trialling of Service Coordination Tool Templates.

A Peninsula Health partnership with Southern Health’s South East Alcohol & Drug Services (SEADS) program has been funded by DHS. It is reviewing how well withdrawal programs engage Culturally and Linguistically Diverse (CALD) communities and developing further clinical pathways in conjunction with relevant Divisions of General Practice in order to engage more GPs in drug treatment work.
Enhancing Quality

**Goal**

*Build on our strong culture of quality and innovation.*

Quality is ultimately defined by the consumer. Peninsula Health listens to, and takes seriously, all of the feedback it receives.

The lines of responsibility for achieving continuous improvement are clear. The Board of Directors establishes the framework for quality and safety and then monitors performance. Senior Executives provide the leadership, direction and resources. At every level, responsibility for patient safety is both collective and individual because quality and safety is everybody’s business.

**Governance Structure for Quality and Safety**

![Governance Structure Diagram]

Peninsula Health has a Quality and Clinical Governance Committee, which is a formal committee of the Board and is chaired by a Board Director. The Executive, all Senior Managers, three Board Directors (including the Board Chairperson) and a Consumer Representative attend this meeting every eight weeks.

Achievements from 2005/06 which build on the strong culture of quality and innovation at Peninsula Health include:

**Accreditation**

Last year, Peninsula Health was surveyed by an independent national body - The Australian Council on Healthcare Standards (ACHS). The Periodic Review assessed the organisation against 19 mandatory criteria. In the 2005 Annual Report, Peninsula Health was able to report on the positive, preliminary findings of the review. The resulting Report received in August 2005 confirmed Peninsula Health met the standards for all the areas under review and achieved full accreditation until May 2007.

The Surveyors awarded a Moderate Achievement (MA) in 11 areas, an Extensive Achievement (EA) in seven areas and the top score of Outstanding Achievement (OA) for our Legal Compliance program. The report is one of the best achievements of the health service in a Periodic Review or Organisation Wide Survey.

Peninsula Health will undergo a full organisation-wide ACHS evaluation in November 2006.

All Peninsula Health residential aged care facilities remain fully accredited with the Aged Care Standards and Accreditation Agency (ACSAA). All facilities have received positive support visits over the past 12 months. The most recent was Carinya and Michael Court Hostel in June 2006 and Lotus Lodge Hostel in November 2005. Lotus Lodge’s report commented that it had a mature continuous improvement system and clinical documentation system. Assessors commended the facility for the significant progress it had made over the past two years. In both facilities, the assessors recommended that no additional support contact visits were required.

During 2006, three of the four residential facilities will be seeking reaccreditation with ACSAA. Michael Court had a site audit in April 2006 and was found to be fully compliant with all 44 standards and again achieved the full three year accreditation. Carinya Residential Care Unit and Jean Turner Nursing Home will undergo accreditation site audits in August.
FRAT Pack

Peninsula Health is a recognised leader in the field of Falls Prevention. The Australian Council for Safety and Quality in Health Care endorsed and included the Peninsula Health Falls Risk Assessment Tool (FRAT) within the Best Practice Guidelines for Australian Hospitals and Residential Care Facilities 2005. These guidelines were distributed to all Hospitals and Residential Care Facilities throughout Australia in December 2005.

More than 500 FRAT packs have been distributed nationally since 2000 to other health services and health professionals.

Associate Professor Anna Baker, from the University of Queensland, assessed four falls assessment tools for use in residential care settings and found the FRAT to be the most reliable. Lina Spirgiene of the Kaunas Medical University Hospital (Lithuania), used the FRAT as part of her Masters research “Falls Risk Among Elderly in Long Term Care Institutions”.

Requests for permission to use the FRAT have been received from the following organisations since July 2005:

- Mid North Coast Area Health Service (NSW)
- Greater Southern Area Health Service (NSW)
- Meath Residential Aged Care facilities in Perth, Western Australia
- Lower Hume PCP Falls Prevention Project (Victoria)
- Toowoomba Health Services (QLD)
- Broadmeadows Health Service Clinical Risk Unit (VIC)
- Community Reablement Unit, Our Lady’s Hospice, Dublin, Ireland
- Hampstead Rehabilitation Centre (SA)
- Alpine Health (VIC)

This year, falls prevention measures were implemented at Frankston and Rosebud Hospitals. Frankston Hospital initiated a trial of falls prevention measures in one ward, including the purchase and use of low-low beds as well as chair and bed sensors for high risk patients. The trial indicated that the chair and bed sensors were successful in the prevention of falls. In one case, a patient was prevented from falling on 13 occasions in one day. 20 bed sensors are currently being installed in RAPCS and residential care units as well as at Rosebud Hospital.

Stroke Safe - Stroke Awareness Program

A team from the Rehabilitation, Aged and Palliative Care Service’s (RAPCS) Golf Links Road Rehabilitation Unit 1 (GLR1) has devised a comprehensive education campaign to try and reduce the number of strokes in the community.

An initial awareness raising campaign won this team the ‘Highly Commended’ Hospital Team Strokesafe Award for 2005. Awards were presented by the National Stroke Foundation, as part of National Stroke Week. A further development has been the adoption of the National Stroke Foundation’s ‘Clinical Guidelines for Stroke Rehabilitation’ into the unit. The guideline relating to the provision of written and verbal information regarding stroke care has resulted in the team adopting the following approach:

- Upon admission to Frankston Hospital - stroke patients/carers receive a booklet called “Stroke Safe – Early Testing Treatment” produced by the National Stroke Foundation.
- This information is further built upon when they are provided with individualised Stroke Information Folders upon admission to GLR1. (A Stroke Care information session is also provided by the multidisciplinary team for inpatients and carers.)
- The Stroke Information folder then travels with the patient upon discharge into the community rehabilitation setting; ensuring continuity of care.

Evaluation of the program is ongoing, however early data indicates that those who attended information sessions have reported an increased awareness of stroke symptoms and treatment. The team plans to ‘roll out’ the campaign to other Peninsula Health sites over the next year.

Victorian Patient Satisfaction Monitor

Twice a year, the health service receives the results of a patient satisfaction survey conducted by an external company on behalf of the Department of Human Services (DHS). Peninsula Health is able to compare its results with those of other Health Services in Victoria. The survey covers issues such as overall care, the attitude of staff, surroundings, cleanliness, food, and complaint management. Results of the survey are compared with the results from similar organisations.
Marlena Galluccio, is a senior social worker and member of the Integrating Care Team. In her role, Marlena provides case management and support to people in the community both at home and in supported residential care facilities. The team received a Commendation award from the Minister for Outstanding Team Achievement at the inaugural Victorian Public Healthcare Awards in 2005.
This year, the sub-acute (rehabilitation and aged care) services were included in the survey for the first time. The inaugural Victorian Patient Satisfaction Monitor (VPSM) results were excellent. The overall care index was 76, two points above the current category average of 74. The scores were 100 per cent for nurses’ courtesy, 98 per cent for nurses’ responsiveness and 100 per cent for staff helpfulness in general.

There were only three satisfaction items where the percentage response was less than the category percentage. Although not statistically significant, these were:

- Explanation of medicines
- Explanation of medicine side effects
- Restfulness of hospital

A medication safety project is currently underway and this project will include strategies to improve communication to patients about the medicines they are taking and the side effects.

Latest VPSM results for Rosebud Hospital indicate significant improvement, from the previous survey, in the following areas:

- Respect for individuals and for cultural and religious needs
- Personal safety
- Responsiveness of staff
- Cleanliness of rooms
- Quantity of food

Areas for improvement and action taken included:

- Temperature of meals: Some improvements were noted following the heating of plates prior to serving food. An audit of food temperature at each stage from the kitchen to the patient identified other improvements to the process which have been introduced.
- Discharge planning: Bed cards showing estimated date of discharge have been introduced. Morning multidisciplinary discharge planning meetings should highlight other opportunities to improve in this area.
- Explanations of routines and procedures: Department Heads of each unit have identified quality activities to improve patient satisfaction. These activities will be monitored and co-ordinated by the Rosebud Hospital Quality Committee.

Over the last two surveys Frankston Hospital has recorded improvements in:

- Complaints management, following a training program for staff
- General patient information
- Information on patients’ rights and responsibilities

Areas for improvement noted in the latest survey, and actions taken, were:

- Waiting times for a bed: A tracking system was introduced to enable staff to identify where delays were occurring and to take remedial action.
- Food temperature: This is now monitored to ensure the appropriate temperature is maintained.
- Explanations of medicine side effects and medicines needed after discharge: The medication chart given to patients now includes indications and side effects. Medication labels have been simplified to identify the reason for the prescription – e.g. “PAIN”.
- Placing men and women in the same rooms: A leaflet has been developed to explain to patients why this is sometimes necessary.

Compliments and Concerns

The VPSM results for some areas of the health service, and other feedback received, indicated that Peninsula Health was not managing the complaints process as well as it would like, and that some consumers did not know how to complain or whom to approach.

A new complaints management approach was introduced after consultation with consumers and staff. The new approach included:

- a new consumer leaflet explaining how a complaint can be made and what could be expected from the health service in resolving any issues. It also includes the telephone numbers of other organisations to which a complaint about the health service could be made. This leaflet is now sent out with every letter acknowledging a complaint together with a leaflet explaining how the health service maintains the confidentiality of all information it holds, “What happens to your information?”
- a Consumer Satisfaction Questionnaire to gain feedback on the complaints management process
Bob Ribbons, Manager, Clinical Informatics, Computer Services Department is a member of The Orion Peninsula Health Advanced Technology Solution (TOPHATS) project team. The project team introduced electronic discharge summaries (EDS) and e-prescribing to improve the timeliness and legibility of discharge and prescribing information to GPs. Outcomes of the project include a 19 per cent decrease in the number of discharge medication errors and 83 per cent of all EDS are sent to the patient’s GP within 24 hours. The team received the Innovation in Information Technology award at the inaugural Victorian Public Healthcare Awards in 2005.
itself. This questionnaire is now sent to every complainant with the response letter. Feedback (which may be anonymous) will be collated and reported to Senior Management and the Board of Directors.

- strict timelines for the acknowledgement and resolution of complaints.
- risk rating for every complaint so as to ensure prompt action by the most appropriate person.

Between February and April 2006, over 400 staff were trained in the new approach. The training included information on the new process and guidelines for staff.

**Inaugural Public Healthcare Awards**

Two teams from Peninsula Health received awards at the inaugural Victorian Public Healthcare Awards held in November 2005. The team that introduced electronic discharge summaries was the winner of the ‘Innovation in Information Technology’ category and the Men’s Health teams that developed the Men’s Shed and the successful Men’s Health Forums won the ‘Excellence in Community Relations’ category.

The work of three other programs was highly commended. Commendations went to the team that harnessed Blackberry technology to support the patient care delivery process and the team that introduced Community Kitchens to Frankston.

Community Health Dietician Jenny Trezise, who developed the Community Kitchens program, also received a Commendation from the Minister for Outstanding Individual Achievement. The Integrating Care Team that developed our integrated, interdisciplinary approach to patient care received a commendation in the Minister’s Award for Outstanding Team Achievement category.

Community Kitchens and Community Health’s School Transition program, which assists children with learning difficulties in making the transition from preschool to primary school, were also finalists in the Victorian Primary Health Awards.

**Psychiatric Services**

Over the last year, Psychiatric Services initiated a number of projects to improve and enhance the quality of mental health programs:

- Establishment of a formal and regular Clinical Audit system across all of Peninsula Health’s psychiatric services.
- A project to successfully reduced the 28 day readmission rate from 14.5 per cent in 2004/05 to an average of 10.5 per cent for 2005/06.
- A project to reduce the rate of seclusion in the Adult Acute Inpatient Unit. All instances of seclusion are reviewed by a clinical working group to monitor patterns and improve practices to reduce seclusion rate.
- A Discharge Coordinator in Adult Acute Inpatient Unit to improve discharge processes and reduce the likelihood of unplanned readmission.
- An Electronic Clinical Assessment Summary (eCAS) to increase efficiency, timeliness and improve information transfer to other providers, including to GPs.
- A competency based Medication Module to improve skills and reduce the incidence of medication errors.
- Benzodiazepam guidelines to ensure consistent and improved prescribing practice and outcomes for consumers.
- A 24 hour, seven days a week 1300 number to improve access to psychiatric services.

Peninsula Health’s Psychiatric Service is a member of the Health Round Table Mental Health Benchmarking Group. It is one of 24 participants from Australia and New Zealand and one of nine Victorian mental health services that collects data on a comprehensive range of clinical and operational performance indicators. This enables comparison with other health services.

The indicators include: Admissions per bed; average length of stay; readmission rate (occasions of patients discharged and then readmitted within 28 days); seclusion rate; length of adult community case management; rate of physical assault with adult inpatients and self-harm incidents.

The latest data from the 2004/2005 survey shows that Peninsula Health Psychiatric Services compares well with other services. For more information, refer to the 2006 Quality of Care Report.
Enhancing Quality – Research

Goal

Establish and maintain a strong and dynamic research function for clinical, strategic and social research.

Research and its outcomes play a vital role in the provision of optimum health care and enables Peninsula Health to extend its community of care beyond the Mornington Peninsula. Through articles in professional journals, presentations to national and international conferences and contributions to texts, Peninsula Health’s researchers are contributing to and enhancing the existing body of knowledge in many areas of medicine, nursing and allied health.

The Peninsula Health Research and Ethics Committee meets monthly to consider research trials, studies and projects presented by medical, nursing and allied health professionals and to consider any ethical issues that arise.

During the 2005/06 year, the Research and Ethics Committee considered 56 projects relating to research at Peninsula Health.

The Research Development Fund, administered by the Research Development Committee, awards small grants of up to $5,000 to support and encourage home-grown research at Peninsula Health. In 2005, five staff members shared in over $20,000 and applications for the 2006 round of research grants closed in August 2006.

The activities of Research Week, held in November each year, expanded in 2005 to include the inaugural Peninsula Health Research Dinner and Jeremy Anderson Oration. The inaugural Jeremy Anderson orator was Professor Alan Trounson who spoke on the Clinical Implications of Stem Cell Research.

The dinner commemorates Professor Jeremy Anderson who was an esteemed academic, doctor, researcher and advocate for high quality, evidence-based medicine. He was appointed to the Board of Directors of the newly formed Peninsula Health Care Network in 1995 and served on the Board for seven years. Professor Anderson passed away in February 2005.

Research Week also featured the 2005 Registrar Research Prize and Tyco Award. Cardiology Registrar Dr Andre La Gerche, was the winner of the Award for his study ‘Ironhearts’, which investigated biochemical and functional abnormalities of left and right ventricular function following ultra-endurance exercise.

Dr La Gerche was one of 12 Registrars who presented their research findings to a panel of expert assessors at the Peninsula Health 2005 Research Symposium held in Frankston Hospital’s Academic Centre in November.

The inaugural Peninsula Health Allied Health & Nursing Research Symposium showcased a broad range of Nursing and Allied Health research projects and strong quality improvement initiatives. There were 14 presenters at the Symposium.

Allied Health Award winner, Caroline Stapleton (Physiotherapist), presented the development of a Falls Risk Assessment Tool (FRAT) now used routinely as a screening tool for all rehabilitation & aged care admissions.

The Nursing Award winner, Cecilia Webster (Palliative Care Nursing), presented a small quality improvement study, Between Death and Discharge, which was undertaken in the Golf Links Road Palliative Care Unit.

Associate Professor Chris Gilfillan was appointed as Director Endocrinology and Academic General Medicine in December 2005. It is a joint role with Peninsula Health and the Monash University Department of Medicine.

Dr Richard Newton, Clinical Director of Psychiatry, was appointed as Honorary Associate Professor with Monash University in January 2006.

This appointment takes the total number of full and Associate Professors at Peninsula Health to eight. This will assist with research capacity building and enhance research outputs at Peninsula Health.

Last year, the RAPCS research group was established and an interdisciplinary journal club was introduced to encourage evidence based clinical practice and support the development of research skills.

Full details of Peninsula Health’s research activities in 2005/06 are provided in a separate publication, Peninsula Health Research Report 2006. Copies are available from Peninsula Health (Public Relations Unit, PO Box 52, Frankston 3199, or telephone 9784 7821) or from the website – www.peninsulahealth.org.au
Goal

Promote the attractiveness of Peninsula Health as an employer of choice, avoiding staff shortages in key areas.

Human Resources

All new employees and all new volunteers, attend a half-day Peninsula Health Orientation session. In 2005/06, 442 participants attended one of the 11 orientation sessions on offer.

An orientation package for all new staff in Psychiatric Services was developed. The program includes emergency procedures, mandatory training, critical incident debriefing, infection control, manual handling, no lift and fire training questionnaire. Attendance at specific training programs had increased.

The development of supervision and support programs for staff in Allied Health, in conjunction with specific professional, clinical and leadership development programs, has promoted Allied Health services at Peninsula Health and ensured quality services for clients.

Equal Employment Opportunity

Peninsula Health is committed to ensuring that staff are selected on merit, i.e. the best person for the position based on the “inherent requirements of the position”. To meet this objective staff who are involved in the interview and selection process are offered a training program to gain the necessary skills and knowledge on the selection and interview process.

Training

Peninsula Health staff are able to access a large number of in-service courses run by Human Resources trainers and specialists from within the health service. Over 600 places were filled in 60 professional development sessions conducted during 2005/06 on topics ranging from Stress Management Skills to Writing Business Correspondence.

In April 2006, 19 staff members completed the Diploma of Frontline Management in partnership with Chisholm Institute of TAFE and Peninsula Health.

In 2005/06, a learning exchange program was developed with the Office of Public Advocate (OPA) to enhance skills and expertise of staff. To date, 13 staff from the OPA have visited Peninsula Health and eight staff from Peninsula Health have visited the OPA. The visits increase knowledge of, and improve interface with each other’s service.

Peninsula Health Psychiatric Service is one of four mental health services that form the “Southern Cluster Training Initiative”. Funded by DHS, this initiative supports the development and implementation of education and training initiatives in an efficient and coordinated manner for all clinical staff. Peninsula Health Psychiatric Service is the lead agency for the “Intelligent Leader”, Orientation and Clinical Risk Management education programs, which all commenced in 2005/06.

Youth Employment Scheme Traineeships

Last year 22 Youth Employment Scheme (YES) Trainees took up roles at Peninsula Health.

80 per cent of all the YES Trainees who have completed their training at Peninsula Health have gone on to further study or have obtained gainful employment elsewhere.
Fiona de Feyter was awarded the 2006 Graduate Nurse Program Award of Excellence in recognition of her outstanding clinical and professional achievements. After completing her graduate year in 2005, she has chosen to continue her career at Peninsula Health and has taken up a full time position on Ward 4GS at Frankston Hospital.
**Medical Education**

Undergraduate education is provided for medical students through Peninsula Health’s affiliation with Monash University. During 2005/06, 164 medical students participated in medical rotations that included emergency medicine, psychological medicine, paediatrics, obstetrics and gynaecology, surgery, medicine, and intensive care. Peninsula Health trained 19 third year students, 82 fourth year students, and 63 students in their fifth and sixth (final) year of undergraduate study.

Post graduate medical training is provided through Peninsula Health for its 173 interns, residents and registrars.

This year Peninsula Health recruited 24 interns.

**Nurse Education**

At the end of 2005/06, Peninsula Health had 1,964 nurses employed in its services. An overseas recruitment drive saw 49 nurses from overseas commence employment with Peninsula Health during this year.

In 2005/06, 15 Division One nurses regained their registration or have been registered in Victoria for the first time as a result of completing one of three Supervised Practice Programs conducted by the Nurse Education Department.

During 2005/06 approximately 650 Division One and Division Two student nurses from five Universities and Technical and Further Education (TAFE) institutes undertook clinical experience at Peninsula Health.

In 2005, 36 first year graduate nurses completed the Graduate Nurse Program. Of these, 33 were successful in gaining permanent positions at Peninsula Health. In 2006, 35 new graduates commenced the Graduate Year Program, 31 in general acute, and 4 in Psychiatric Services.

In 2005, 20 students completed post graduate diplomas/certificates in their area of speciality including Critical Care (6), Mental Health (7), Emergency Nursing (1), Midwifery (2), and Perioperative nursing (4).

Nurse Educators conducted a total of 432 staff development sessions throughout Peninsula Health recording total of 4,568 nursing staff attendances. Additional education was also provided in specialty areas on a regular basis.

Short courses and study days offering in-depth training on specialist topics were provided on 91 occasions and 1,476 nursing attendances were recorded.

Following a Nurse Service Planning Day in July 2005, a Nurse Workforce Strategic Plan has been developed and implemented.

**Occupational Health and Safety**

WorkCover premiums continue to reduce with an ongoing focus on the implementation of best practice strategies to minimise workplace injury/illness across all Peninsula Health sites. There were 35 standard claims lodged in the 2005/06 period, a 50 per cent reduction since 2004/05. Days lost also reduced by 42 per cent and the Lost Time Injury Frequency Rate reduced by 52 per cent.

**No Lift Policy**

Peninsula Health’s campaign to become a fully ‘No-Lift’ health service saw the expansion this year of specialised No-Lift strategies into the Operating Theatre Suite. Manual lifting is a risk to both patients and staff, so alternatives are recommended. The Theatre poses specific problems regarding staff lifting situations, including heavy doors and patients who are primarily unconscious. Special equipment was purchased and No-Lift training was rolled out to all Theatre staff.

An evaluation of Peninsula Health’s No Lift Program was undertaken by an advanced trainee in the Australasian Faculty of Occupational Medicine. It showed the program had led to a significant decrease in manual handling injuries as well as a corresponding decrease in manual handling claim costs.

**Employee Support and Assistance**

Peninsula Health staff (and their immediate families) continued to benefit from the availability of our Employee Assistance Program, which provides confidential, expert, independent counselling support to individuals who are experiencing personal or work-related difficulties. The program is funded by Peninsula Health at no cost to the individual employee.

The health service also maintained its Critical Incident Stress Management Program, which provides expert debriefing support for staff who have been exposed to traumatic situations in the workplace.
Managing Our Resources

Goals

- Maintain financial viability by living within our means.
- Plan, manage and enhance physical infrastructure.
- Provide timely, accurate information to improve efficiency and patient/client outcomes.

Full Year Financial Performance 2005/06

The full year financial result of an operating surplus of $1.55m is a pleasing result and meets the target agreed by the Board of Directors, and the Minister for Health in the Statement of Priorities.

The achievement is due to careful management of expenditure budgets by all staff, clinical efficiency, and a growth in revenue from new activities.

Particular attention was given to sick leave, which decreased from 4.7 per cent of productive hours in 2004/05 to 4.5 per cent in 2005/06.

Workplace injuries within Peninsula Health continue to be managed in a proactive manner. There were 35 standard claims lodged in the 2005/06 period, a 50 per cent reduction since 2004/05.

A new Financial Management Information System comprising a new integrated finance and supply system has been introduced. Peninsula Health was the second Health Service to implement such a system, which was sponsored under the Department of Human Services HealthSmart program.

Infrastructure

In addition to the Mornington Centre, funds have been allocated for expansion work at both the Rosebud and Frankston Hospital Emergency Departments. For further information about these major infrastructure projects, see page 23.

Chemotherapy services have been expanded in the Oncology Department at Frankston Hospital. The new furnishings include four new automatic chemotherapy chairs and additional medical equipment.

Rosebud Hospital’s chemotherapy department will be expanded in the coming year, and the dialysis unit will also be expanded with the unit going from three dialysis machines to nine in 2007.

Environmental Performance

- Peninsula Health received $35,000 from DHS to install Smart Light Logic Controllers at Frankston Hospital following a successful trial, which reduced energy consumption by 27 per cent. Installation is expected to be completed by the end of September 2006.

- Following a review of the Cooling Tower Risk Management Plan (June 2005), Cooling Towers 5 and 6 were replaced with the Muller Closed Circuit Cooler (no leakage to atmosphere) to reduce the risk of Heterotrophic colony counts (HCC) and Legionella.

- Diesel Tanks replacement has increased reliability of fuel supply to emergency generator and boiler fuel supply; and negated the risk of leakage of fuel to the environment.

- Routine external inspections of all sites for environmental and safety problems were conducted with significant improvements in grounds and car parking.

- Introduced co-mingle recycling, resulting in the reduction of landfill by up to 30 per cent in some areas.

- New waste segregation, reduction and recycling programs included recycling of disposable surgical wraps for outdoor furniture.

Cleaning/Waste Audits

Cleaning audits assess our cleaning against the Victorian Hospital Cleaning Standards outcome benchmark of 85 per cent. Peninsula Health undertook an external audit of its cleanliness during 2005, raising the overall pass rating from 91 per cent to 93.6 per cent - well above the benchmark expected by DHS.
Managing Risk

**Goal**

*Identify, analyse, treat, evaluate and monitor key risks at all levels.*

The Patient Safety Unit was established to build on the work done since 1999 by the Clinical Risk Unit and to enhance the focus on patient safety. The Unit encompasses Clinical Risk, Mortality Review, medicolegal matters (in conjunction with Legal Counsel) and specific patient safety areas related to Transfusion Safety, Falls at Frankston Hospital and Skin Integrity.

The Medical Governance role incorporated a review of Senior Medical Staff credentialing and appointment processes, in accordance with the Australian Council for Quality and Safety in Health Care National Standard on Credentialing and Defining Scope of Clinical Practice.

**Hand Hygiene Project**

The Hand Hygiene Collaborative commenced in October 2000. Phase One of the Victorian Quality Council’s Hand Hygiene Project was a success, with the levels of infection from Multiple Resistant Staphylococcus Aureus (MRSA) going down in all six pilot hospitals, including Frankston Hospital.

**RiSCE**

A comprehensive training program called RiSCE (Risk Identification, Safety, Containment, Environment) was developed locally by the Psychiatric Service. This was introduced to manage occupational violence and aggression within the mental health service. More recently this strategy is being implemented across Peninsula Health. The program develops knowledge, attitude and skills necessary to mitigate against the risk of aggression.

**Fire Safety Standards**

Peninsula Health continues to maintain full compliance with relevant Fire Safety Standards. Priority One works were completed in December 2004. All Priority Two works were completed in July 2005. A revised rolling audit program was developed and commenced in October 2005, and finalised by April 2006.

**Audit Processes**

An audit of Peninsula Health’s financial statements for 2004/05 was signed off by the Auditor General in September 2005. Peninsula Health was also fully compliant for 27 of the 29 criteria under the Department of Treasury and Finance Financial Management Compliance Framework, certified in October 2005. Action plans have been put into place for the remaining two criteria which were partially compliant.

A detailed internal audit program was undertaken throughout the year. 19 reviews were conducted and reported to the meetings of the Audit Committee during 2005/06. For a full list see page 40 of the Financial Statements.

**Medication Error Reduction Strategies**

Peninsula Health has implemented the National Inpatient Medication Chart (NIMC) as a means of achieving safer patient care, by reducing the potential for error in the prescribing, dispensing and administration of medicines. Pharmacy staff have found excellent compliance and accuracy in the use of the charts.

A number of Medication Error Reduction Strategies were implemented during 2005/06. They include an innovative Antibiotic Stewardship Round (ASR) which commenced in July 2005. The ASR ensures that drugs are being correctly used, maximising the effectiveness of the drug. Vancomycin is one antibiotic that can still handle most ‘superbugs’, and doctors and pharmacists are keen to keep germs from developing resistance to this drug. A Pharmacist and a Clinical Microbiologist visit patients and review each case where Vancomycin has been prescribed. This specialist guidance facilitates the appropriate use of the drug.

In addition to these Medication Error Reduction Strategies, barcode scanning, which is used as a routine dispensing safety check, is now in place at all sites.
Dawn and Boyd Standing are volunteers who coordinate the Rosebud Hospital Garden Group, which now has 21 members. In 2006, they won a federal government National Day for Older Australians Award for their tireless volunteer efforts in the gardens of Rosebud Hospital. For over 12 years the couple have maintained gardens around the hospital grounds, including establishing special theme and memorial areas.
Auxiliaries and Volunteers

Across the health service 850 Volunteer and Auxiliary members willingly gave their time to help others. They provided support to hospital patients and residents in aged care facilities, assisted families and visitors and raised $445,715 to purchase equipment and help fund programs and services at every site. They provided hand and foot massages to chemotherapy patients, helped in the rehabilitation hydrotherapy pool and assisted patients and families in the Emergency Department. They also operated kiosks and Opportunity Shops, knitted clothing for infants and made quilts, visited and entertained residents in aged care facilities, provided services to patients in wards and assisted in maintaining gardens.

An Appreciation Lunch was held for Volunteers and Auxiliary members in May 2006 at the Mornington racecourse.

Auxiliaries And Volunteer Groups

Serving multiple sites:
Operation Small Change – fundraising barrels
Pastoral Care Visitors

Frankston Hospital/Psychiatric Services:
ACE - Assistance and Care in Emergency
Program Volunteers
Carrum Auxiliary
Child and Adolescent Health Volunteers
K.I.D.S Auxiliary
Frankston Hospital Men’s Auxiliary
Patient Free Library Service
Pink Ladies Auxiliary of Frankston Hospital
Psychiatry Service Volunteers

Rosebud Hospital:
Blairgowrie Auxiliary
Rosebud Auxiliary
Rosebud Hospital Kiosk Auxiliary
Rosebud Hospital Rehabilitation
& Aged Care Opportunity Shop
Rosebud Hospital Pink Lady Group
Rosebud Hospital Garden Group
Rye Auxiliary
Sorrento/Portsea Auxiliary
West Rosebud/Tootgarook Auxiliary

Community Health:
Frankston Community Health Centre Volunteers

Rehabilitation, Aged and Palliative Care Services
Carinya Volunteers
Chelsea Community Rehabilitation Service Volunteers
Frankston Community Rehabilitation Service Volunteers
Frankston Rehabilitation Service Volunteers
Friends of Carinya
Golf Links Road Volunteers
Jean Turner Nursing Home Volunteers
Lotus Lodge Hostel Volunteers
Michael Court Hostel Volunteers
Mt Eliza Centre Volunteers
Palliative Care/Hospice Volunteers
Rosewood House Volunteers
Rosebud Rehabilitation Unit Volunteers
Rosebud Community Rehabilitation Centre Volunteers

Fundraising

This year saw many new collaborative fundraising initiatives introduced with events such as the Rotary Raffle, the Pace Team Charity Challenge and the Murray to Moyne bike race proving popular in the community.

Major bequests received throughout the year included:
• $29,887 from The Estate of Thelma Olive Craig to Rosebud Hospital.
• $25,450 from The Estate of Aubrey Arthur Kirk to Rosebud Hospital.
• $18,948 from The Estate of Albert Robert Sabbe to Frankston Hospital.

Peninsula Health would like to recognise the contributions to the health service from the following Trusts and Foundations:
• Aged Person Welfare Foundation - $28,000 to build a ‘Sensory Garden’ at the Mt. Eliza Centre.
• Lord Mayors Fund - $10,000 to purchase an Intrapartum Foetal Monitor and Cart for Rosebud Hospital’s Hillview Maternity Unit.
• The John and Thirza Daley Charitable Trust - $23,757 for two Defibrillators for Frankston Hospital’s Emergency Department.
• Victorian Volunteer Small Grants - $2,500 to purchase volunteer display banners for the Mount Eliza Centre.
• Victorian Volunteer Small Grants - $3,000 to design and print volunteer brochures in different languages.

To all our volunteers - THANK YOU.
Service Profile

Frankston Community Health Service

Location: Frankston Integrated Health Centre, Hastings Road. Services across Frankston and the Mornington Peninsula

Key Services and Facilities: Health promotion, disease education and health education programs including Cardiac Rehabilitation Program, diabetes education, School Transition Program, Men’s Shed, counselling services, Community Kitchen project, Peninsula Drug and Alcohol Program,

Fast Facts:

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<tr>
<td>Outpatient occasions of service</td>
<td>56,880</td>
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<td>Number of staff</td>
<td>154</td>
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Major Achievements /Highlights:

• Open UP, an oral health project, was established and seeks to improve oral health for injecting drug users and other opiate users. (page 22).
• This year an additional GP was recruited (one day a week) to support the pharmacotherapy service offered by Community Health.
• Additional funding of $400,000 over four years was received to establish the “Stay Healthy” service. This service will work with people with newly diagnosed chronic conditions, initially focusing on Diabetes, and later expanding to respiratory conditions.
• An after hours hydrotherapy program was established for clients with working carers/partners, to provide better access to clients unable to attend day time sessions.
• Additional funding of $160,000 over four years was received for the School Transition Program, which is designed to assist children with learning difficulties or developmental delays in the Pre-school to school transition phase.
• In 2005, Community Health Dietician Jenny Trezise, who developed the Community Kitchens program, also received a Commendation award from the Minister for Outstanding Individual Achievement at the Victorian Public Healthcare Awards. The Men’s Health Forum and Men’s Shed received the Excellence in Community Relations award.

Frankston Hospital

Location: Hastings Road, Frankston.

Key Services and Facilities: Coronary Care, Angiography, Intensive Care, Emergency Medicine, Medical Imaging, Chemotherapy, General and specialised Medical and Surgical services, Maternity and Paediatric services, including a Special Care Nursery.

Fast Facts

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<tr>
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<td>336</td>
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<td>Separations</td>
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<tr>
<td>Surgical Procedures</td>
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<td>Births</td>
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<tr>
<td>Emergency Presentations</td>
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Major Achievements /Highlights:

• In July 2006, a Medical Assessment and Planning Unit was established to ensure a quicker flow of Emergency patients to wards and other programs within Peninsula Health.
• DHS funding of $590,000 was provided to improve the patient experience and build a six bed Emergency Observation Ward in the Frankston Hospital Emergency Department, (page 23).
• In February 2006, a multidisciplinary Orthopaedic Outpatients Clinic commenced, (page 19).
• In August 2006, the $3.4 million upgrade and re-development of the medical imaging department at Frankston Hospital was completed, (page 23).
• As a result of an additional twilight surgical list being introduced and other strategies, hospital initiated postponements of elective surgery cases decreased from 23.7 per cent in July 2005 to 10.9 per cent in June 2006. The total elective waiting list fell from 2,964 in 2004/05 to 2,611 as at June 30 2006.
Service Profile

Rosebud Hospital

Location: 1527 Point Nepean Road, Rosebud
Key Services and Facilities: Emergency services, General Medical and Surgical services, Mother/baby program, Psychiatric outpatients, Hospital in the Home (HITH), Renal Dialysis and Chemotherapy.

Fast Facts

| Number of beds | 75 |
| Number of staff | 346 |
| Emergency Presentations | 20,551 |
| Separations | 10,720 |
| Surgical Procedures | 1,085 |
| Births | 278 |

Major Achievements / Highlights:
- Emergency presentations at Rosebud Hospital continued an upward trend and grew by 11.4 per cent from 18,451 in 2004/05 to 20,551 in 2005/06.
- Adult community psychiatric outpatient services at Rosebud Hospital were increased from one and a half days to three days a week (page 19).
- A new hand therapy service was established (page 19).
- The Peninsula Complex Care Program expanded to provide Drug and Alcohol services at Rosebud Hospital (page 19).
- In January 2005, the Response Assessment and Discharge (RAD) team expanded to Rosebud Hospital. Since then, the RAD team has steadily increased the number of patients assessed from an average of 54 to an average of 70 per month in Rosebud ED. RAD has been able to prevent admission for 17 per cent of those patients seen by providing supports to manage care safely at home.
- In April 2006, Rosebud Hospital introduced a cognitive impairment indicator to help the development and implementation of best practice policies and procedures for managing patients with dementia requiring acute care admission.
- Planning was completed for the expansion of the Emergency Department and additional Renal Dialysis and Chemotherapy services.

Peninsula Health Psychiatric Service

Location: Across Frankston and the Mornington Peninsula
Key Services and Facilities: Services are provided in two continuums of care, Adult and Aged, across six sites and include assessment, acute treatment and care in community and inpatient settings, crisis intervention, case management and residential rehabilitation and care. All services are provided by a range of multidisciplinary teams.

Fast Facts

| Number of beds | 64 (29 Adult, 15 Aged, 20 Community Care Unit beds) |
| Number of staff | 278 |
| Community Contacts | 113,851 |
| Occupied Bed Days | 14,702 |
| Separations | 1,055 |

Major Achievements / Highlights:
- In 2005/06, Peninsula Health Psychiatric Services saw a significant increase in activity. It had a 28.4 per cent increase in the number of community contacts and a 38.7 per cent increase in occupied bed days from 2004/05.
- The service wide toll free number, available 24 hours a day, seven days a week, for all referrals to psychiatry, received on average 700 calls a month.
- The average length of stay for psychiatric presentations in the Emergency Department reduced from 262 minutes in 2004/05 to 227 minutes in 2005/06.
- Implemented a project which successfully reduced the 28 day readmission rate from 14.5 per cent in 2004/05 to an average of 10.5 per cent for 2005/06.
- Implemented a project to reduce the rate of seclusion in the Adult Acute Inpatient Unit.
- Adult community psychiatric outpatient services provided at Rosebud Hospital were increased from one and a half days to three days a week.
- In 2005, the Men’s Health Forum and Men’s Shed received the Excellence in Community Relations award at the Victorian Public Healthcare Awards.
- In June 2006, over 800 people attended the third “Men Behaving Positively” forum, making it one of the largest men’s health forums in Victoria.
Jenny Trezise, Community Dietitian and Community Kitchens Project Manager, received a Commendation award from the Minister for Outstanding Individual Achievement at the inaugural Victorian Public Healthcare Awards in 2005. Jenny was the inspiration and driving force behind the development of the Community Kitchens project, which also received a Commendation award in the Excellence in Community Relations category.
Rehabilitation, Aged And Palliative Care Services and Allied Health

Location: Across Frankston and the Mornington Peninsula

Key Services and Facilities: ACCESS referral service, Aged Care Assessment Service, Geriatric Evaluation and Management, Residential Aged Care facilities, home modification, Personal Assistance Call Service, Residential Outreach Support Service (ROSS), Respite and Carer support, Interim Care, inpatient Palliative Care services, Palliative Care consultancy service, inpatient and community Rehabilitation, falls prevention service, Agestrong, Movement Disorder’s Clinic.

Fast Facts

<table>
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<tr>
<th>Number of beds</th>
<th>323</th>
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<td>(60 Nursing Home, 12 Interim Care, 90 Rehabilitation, 15 Palliative Care, 72 Geriatric Evaluation and Management, 74 Hostel beds).</td>
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<tr>
<th>Number of staff</th>
<th>963</th>
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<td>634 EFT</td>
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| Outpatient occasions of service | 37,011 |
| Total Bed Days: | 119,400 |
| Separations | 3,673 |

Major Achievements / Highlights:

- The number of referrals managed through ACCESS has increased from 567 in March 2004 to 1,255 in June 2006.
- Initiatives such as the Residential and Complex Care Team and monthly case review meetings have improved the Geriatric Evaluation and Management (GEM) average LOS from 23 days in 2004/05 to 21 days 2005/06 against a state average of 25 days.
- Construction on the Mornington Centre site began in February 2006 and Stage 1A will be completed in mid-2007. Stage 1A will provide the centre’s first 60 Geriatric Evaluation and Management (GEM) beds.
- Michael Court had a site audit in April 2006 and was found to be fully compliant with all 44 standards and achieved the full three year accreditation again.

To Register a Complaint
ring the Quality and Customer Relations Department on 9784 7298.

For Information about Patients’ Rights and Responsibilities
contact the Quality and Customer Relations Department on 9784 7298.

To Make a Tax Deductible Donation
to Peninsula Health, or if you are considering a contribution to health care services through a bequest, please contact Public Relations on 9784 8232.

To Join the Volunteers at one of our sites
contact:
Frankston Hospital on 9784 7697
Rosebud Hospital on 5986 0666
Frankston Community Health on 9784 8174
RAPCS (Rosebud sites and Carinya and Michael Court) on 9784 8684
RAPCS (Mt Eliza Centre and Golf Links Road) on 9788 1494
Psychiatric Services on 9784 8236

To Let Staff Know
you are pleased with the service you have received, write to the ward/unit or to the Customer Relations Manager c/o Peninsula health, PO Box 52, Frankston 3199 or ring the main switchboard on 9784 7777.

Doctors
who wish to liaise directly with the Emergency Department can ring 9784 7196 to speak with Emergency staff 24 hours a day.

Students
seeking information about student work experience, should ring the Human Resources Department on 9784 7714 for secondary students and 9784 7894 for tertiary students.

Disclosure
as part of the Whistleblowers Protection Act 2001 may be made by ringing the Executive Director of Human Resources on 9784 7389, the Chief Executive on 9784 8211 or the Ombudsman on 9613 6222.
Disclosure Index

The Annual Report of Peninsula Health is prepared in accordance with all Victorian legislation. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements.

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<td>(i) the names of governing board members, Audit Committee and Chief Executive Officer;</td>
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<td>(ii) the names of senior office holders and a brief description of the area of responsibility of each office;</td>
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Peninsula Health Annual Report
The 2006 Annual Report will be presented to the Minister for Finance and in line with Australasian Government guidelines, the directions of the profession, professionals.

We believe that our Vision will be achieved by:

• Promoting health, treating illness and providing long term care
• Working in partnership to coordinate health care
• Managing and meeting consumer expectations
• Providing teaching, training and education
• Managing resources efficiently and effectively

Objective of this Report

This Report is produced to inform Peninsula Health’s communities, staff, partners and government of its performance for the financial year 1 July 2005 – 30 June 2006.

Peninsula Health’s vision is to provide coordinated health care and this leads to an integration of programs and patient services across a number of sites. Progress and achievements of some services are presented to demonstrate this integration.

The Annual Report should also be read in conjunction with the Quality of Care Report, which details research undertaken by clinicians and other health professionals. It is prepared in accordance with Victorian Government guidelines, the directions of the Minister for Finance and in line with Australasian Reporting Awards Incorporated Guidelines.

Peninsula Health is committed to benchmarking its performance against best practice. The Peninsula Health 2005 Annual Report received a Silver Award in the 2006 Australasian Reporting Awards.

The 2006 Annual Report will be presented to the public at Peninsula Health’s Annual General Meeting on Friday 20 October 2006.

Mission
In Partnership, Building a Healthy Community.

Vision

• To be recognised as a leader in promoting and providing quality, innovative, coordinated and personalised health services
• To be recognised as an employer of choice

In addition to this Annual Report, information on Peninsula Health and its activities can be found in the 2006 Quality of Care Report and the 2006 Research Report, published separately. The Annual Report, Financial Statements, Quality of Care Report and Research Report are available on the website – www.peninsulahealth.org.au