Scott Cummins considers himself a member of a very elite group – the fortunate few who, through a transplant operation, have a second chance at life.

In early 2001, Scott was wondering if he had a future at all. He suffered from serious lung disorders and expected to die from pneumonia “or worse”.

But his health care providers at the Frankston and Alfred Hospitals worked together to ensure that his life took a different turn. The Physiotherapy team at Frankston gave him therapy and taught him exercises to prepare him for a lung transplant, which was performed at the Alfred on 20th April 2002. The successful operation, he says, “created a new person with a new hunger for life”.

Scott notes that the best recovery rates for heart and lung transplants are found in patients who receive preparatory physiotherapy, similar to what he received at Frankston Hospital. Following the procedure and recovery period, Scott came home to Frankston and again called on the Physiotherapists at Frankston Hospital to support him in his rehabilitation. He was enrolled in the Pulmonary Rehabilitation Program at the hospital where he received instruction and guidance in maintaining a lifestyle and exercise regimen to maximise his respiratory capacity.

Prior to his therapy and transplant, Scott says that he could barely make the short trip out to his mailbox and would then have to lean against the gate for several minutes to recover enough breath to walk back. Now he gets therapy several times a week, walks around the neighbourhood and is pursuing several new interests.

“I intend to cherish my second chance at life,” says Scott, “and I want to use the benefits of improved health to contribute to my community.” One of those contributions is Scott’s initiative in organising a Pulmonary Rehabilitation Support Group which will meet regularly on the Frankston Hospital campus.
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### Cover details

Individuals on the cover of the 2002 Annual Report represent some of the demographic sections of our community. Each has used or supported specific health services, and their stories help us illustrate the programs, achievements and quality measures that promote progress at Peninsula Health. We extend sincere thanks to them for their participation.

**Right to Left:**

**Sue Phillips**, a member and officer of two Rosebud Hospital auxiliaries and a public spirited volunteer for many southern Peninsula causes over the years

**Louise Grimson**, who gave birth to both her children at Frankston Hospital. Her son, Ben, was born eight weeks early and was looked after in the Special Care Nursery

**Naomi Grimson**, Louise’s daughter, and the first paediatric patient at Peninsula Health to undergo ‘multi-level’ orthopaedic surgery

Scott Cummins, a client in the Pulmonary Rehabilitation Program, where he receives support and guidance in his recovery from a lung transplant

**Krystal Reynolds** suffered two strokes when she was 16 and now receives rehabilitation through the Frankston Community Rehabilitation Service on Golf Links Road

**Rose Wearne**, who uses information received from Diabetes Educators to keep her Type II Diabetes under control with diet and exercise. She also gave birth to her daughter at Frankston Hospital 24 years ago
It is the mandate of the Board and Staff of Peninsula Health to meet the health care needs of the community we serve.

To do that, we must know that community well enough to determine those needs and then marshal resources and structure programs to deliver quality, integrated health care.

During the year 2001/2002 Peninsula Health achieved that mandate, working cooperatively with our partners and among all sections of the health service. With feedback from the people who use our health care, we developed new facilities, added services, expanded programs and drafted long-term goals. All these accomplishments were focused on the unique aspects of our community.

DEVELOPING FACILITIES

This is a community that is growing at a more rapid pace than many other sections of Victoria. The demand is increasing for all services, especially acute hospital care and aged acute services.

With the commitment of funding from the State Government, we were able during the year to open the first phase of the $21 million Frankston Hospital redevelopment. This expansive and modern facility provides new wards for cardiac care, thoracic medicine, general medicine and high dependency monitoring and treatment. As well, the project enabled the hospital to construct a more spacious and efficient main entrance and reception area, with space for a new Pink Ladies Kiosk and a welcoming, multi-denominational Sacred Space designed to comfort all who use it.

The Premier Mr Bracks and his Cabinet attended the Phase One commissioning ceremony in April, and during their visit reviewed progress on the project’s second phase which includes new birthing suites, post natal and gynaecology wards, special care nursery and paediatric unit. This facility will be commissioned before the end of the year.

Other capital development projects were completed or continued at Service sites during the year and are reviewed in other sections of this Report to the Community.

MEETING SPECIAL NEEDS

The people we serve have many special characteristics, among them the language and cultural differences that enrich multi-cultural Australia. Ensuring that these differences do not limit health care access for people who come from non-English speaking backgrounds was the focus this year of a comprehensive language assistance program. Staff training as well as wider use of interpreter services and multi-language information brochures improved the ability of NESB consumers to make full use of the wide range of services at Peninsula Health. A joint focus of the program was an increase in cultural awareness to improve staff sensitivities to patients and clients with special religious and cultural traditions. Among the initiatives was the appointment of a Koori Liaison Officer to consult with Koori patients and the staff who work with them.

PROMOTING GOOD HEALTH

Numerous health education activities were offered to the community during the year to promote healthy lifestyles, reducing the risk of illness, complications from chronic diseases or public misconceptions about various conditions. Among these were health forums on Diabetes Management, Dementia, Drug and Alcohol Issues and Mental Illness; an Asthma Education Fun Day for youngsters; ongoing rehabilitation and information programs for people with breathing problems, chest pain and chronic heart failure; and many displays and speaking engagements prepared by staff to inform the public on health care issues.

INTEGRATING CARE

One of the most important elements in serving our community is providing integrated care – making sure that our staff, our programs, our record keeping and our communications are so well coordinated that our service is seamless.

This integration involves communications strategies that increase community awareness of what we offer, making services and facilities more accessible, reducing bureaucracy and risk and having health teams from different programs liaise to improve each consumer’s care.

During 2001/2002 we increased integration by promoting information technology, bringing the Frankston Community Care Unit, Jean Turner Nursing Home and Lotus Lodge Hostel on line. We expanded the intranet service, improving efficiency and communications throughout Peninsula Health. In addition, 250 new PCs helped staff improve and streamline communication, as
did the greatly increased use of e-mail and the upgrading of IT infrastructure to provide faster access between major sites of the Service.

We also implemented electronic prescribing and electronic discharge reporting, which were enhanced by the introduction of wireless laptops that enable doctors to produce electronic records and prescriptions at patient bedside. Further details about this new facility can be found in the Quality of Care Report included with this information package.

The year also saw many initiatives to improve and expand coordination with our partners. One example was our participation in emergency services planning through membership in the South of Yarra Cluster for Emergency Departments.

**EXPRESSING APPRECIATION**

Literally thousands of people contributed to the progress Peninsula Health achieved last year.

I want to offer a heartfelt vote of thanks to my fellow Board Directors for their service, expertise and commitment to quality health care delivery. Ms Judith Couacaud Graley, Ms Paula Irani, Dr Peter Lynch, Ms Diana Macmillan, Ms Diana Ward and Ms Dianne Wickham made significant contributions throughout the year. We were also fortunate for most of the year to work with Associate Professor Jeremy Anderson who resigned due to increased professional responsibilities. In July the Board welcomed new Directors Mr Tom Bevington and Mr Jim Kerrigan. We thank Associate Professor Anderson for his long Board service and look forward to a productive working relationship with Mr Bevington and Mr Kerrigan.

Our Executive Staff worked tirelessly throughout the year, addressing the challenges of providing consistently high standards of care to a growing community. The Board appreciates the skill and experience of the team, which is headed by our very capable Chief Executive, Dr Sherene Devanesen.

Thanks to all staff for their outstanding input into our strategic direction, and congratulations on their contributions to the enormous progress and change we have experienced.

A very special vote of thanks goes to all our volunteers and supporters. Whether they serve on an auxiliary or an advisory committee, provide resources through donations, sponsorship or philanthropic support or help us set direction through feedback on surveys, the productive relationship we share with our community enriches our service every day of the year.

**COMMUNICATING WITH OUR COMMUNITY**

We are pleased to present the 2002 Report to Community in its new, expanded format.

In this package we have included general information about Peninsula Health and how to access our services; a report on the achievements and challenges of this past year; an introduction to the health professionals who provide services across our programs; and a summary of financial data and statutory information from the 2001/2002 year.

As well, we have included our annual Quality of Care Report which provides an in-depth review of how we measure the safety and quality of our services.

We hope this compilation of information gives our community a better understanding of Peninsula Health and its services and encourages further community input to the delivery of public health care.

By continuing to work together to determine needs, set direction and structure services, we will shape a dynamic health service that meets the community’s needs well into the 21st century.

Stella Axarlis AM - Chairman, Board of Directors
Peninsula Health’s achievements during 2001/2002 were recorded in all sections of the organisation and through all aspects of service delivery.

SERVICE DELIVERY
There was a dramatic increase in the level of service delivery during the year.

AMBULANCE BYPASS REDUCTION
One striking example is the improvement in Ambulance Bypass Rates at Frankston Hospital. This exceptionally busy department treated 39,091 patients during 2001/02, an increase of more than 3000 patients compared with the previous year. Such a rise would normally increase pressures on the department to the point where no more patients can be seen during the busiest periods. This results in what is known as Ambulance Bypass, when all the Department’s staff and facilities are in use and incoming ambulances are redirected to other hospitals.

However, a number of innovative preventive measures were introduced that not only avoided any increase in ambulance bypass rates, but reduced existing rates. There were 402 recorded calls of Ambulance Bypass for the year ending June 2001 compared to only 186 such calls in the last financial year, a reduction of 54%. The measures that contributed to this substantial decrease included:

• participation by Emergency Department staff in State-wide bypass reduction programs and the development of a hospital Bypass Strategy - a set of protocols in which key staff throughout Frankston Hospital respond to increasing pressures in the ED with preventative actions to avoid bypass. The Strategy to date has been quite successful with only a third of “Pre-Bypass” calls actually converting to bypass
• establishment of a liaison between the Response Assessment Discharge Team, a multi-disciplinary hospital team, and the Metropolitan Ambulance Service in which the RAD team visits suitable patients in their homes, providing support services to avoid unnecessary hospital presentation
• establishment of the eight bed Emergency Demand Management Unit that provides an interim facility to care for low acuity patients awaiting ward transfer. This was the precursor of the Emergency Department Medical Unit, a sixteen bed facility providing focused assessment, treatment and discharge planning for general medical patients who are either discharged or transferred to a ward within 48 hours
• setting up of a three-cubicule section adjacent to the Triage Centre in the Emergency Department for the fast track of appropriate patients - those with single, uncomplicated conditions with an estimated stay of 80 minutes or less
• use of a six-bed observation ward with full sized beds and ensuite for the care of admitted patients waiting bed allocation. A larger Emergency Observation Ward is being built in the area vacated when Coronary Care moved to new quarters
• provision of facilities on site for Medicentre, a GP-run general clinic that can treat patients who present to the Emergency Department after hours and on weekends for conditions that do not require critical, emergency care
• appointment of clinical educators for two Emergency Department shifts every day to enhance the clinical skills of junior nurses, graduate nurses and students
• establishment of a direct phone link for local General Practitioners to speak with Emergency Department staff
• expansion of the Crisis Assessment Team program in Psychiatric Services by assigning a team member to the Emergency Department to assess patients presenting with acute psychiatric conditions. The team member can arrange for direct admission to the Acute Psychiatric Unit or organise other supports as an alternative to hospitalisation. Four extra beds have been established in the Unit for direct admission of patients from the Emergency Department
• use of external aged care facilities to provide interim care for elderly patients awaiting placement in nursing homes or other assisted accommodation, thus freeing up acute beds for emergency patients.

INCREASED THROUGHPUT
The ambulance bypass initiatives exemplify the flexibility and innovation of staff in finding solutions for the continuous increase in demand for services. That same creativity and diligence has created programs and strategies that have helped Peninsula Health -

• admit nearly 8% more acute inpatients during 2001/02 (48,327 compared to 44,308 in 2000/01)
• increase the number of inpatients at Rosebud Hospital from 5581 to 7498
• record a rise in the number of patients admitted to hospital from the Emergency Department from 8487 in 00/01 to 10,489 in 01/02
• treat nearly 14% more critical care medical patients this year (14,493 compared to 12,553 last year)
• increase the number of hospital bed-days saved through the Hospital in the Home Program by 57% during the first six months of the financial year
• reduce the rates of critical care transfers (patients being transferred to other hospitals because of a shortage of critical care places at Frankston Hospital) – from 5.1% in 00/01 to 2.2% in 01/02 for Intensive Care and from 5.9% in 00/01 to .6% in 01/02 for Coronary Care (available ICU beds increased from an average of 6.2 in 00/01 to 7.4 in 01/02 due in part to the establishment of a High Dependency Unit, now located in the new wards recently commissioned as part of the $21 million hospital redevelopment)  
• achieve a record Day of Surgery Admission Rate (avoiding under utilisation of acute beds because elective surgery patients are unable to be admitted when scheduled) of 95% at Frankston Hospital and 98% at Rosebud Hospital, due to increased Pre-Admission clinics, introduction of the Admission/Discharge Lounge and extension of hours in the Day Surgery Unit  
• record a rise in the number of client attendances at Outpatient Clinics from 14,723 in 00/01 to 17,097 in 01/02 with the most notable activity increase in antenatal, oncology, diabetes and plastic surgery clinics. The unit exceeded Victorian Ambulatory Classification System targets by 12%  
• process a 30% increase in the number of referrals to the Falls Prevention Program due to the introduction of falls prevention therapy in clients’ homes and distribution of a brochure on the Falls Program to General Practitioners  
• record another massive increase in the number of alarm units installed and monitored through the Mount Eliza Personal Assistance Call Service by nearly 3000 for a total of 10,300 (covering the eastern half of Victoria). Each alarm represents an elderly or disabled person who is able to maintain independence by living at home rather than having to enter supported accommodation.

NEW SERVICES

In addition to increasing existing services, Peninsula Health this last year introduced a number of new services and strategies. Among these were:

WOMEN’S, CHILDREN’S AND ADOLESCENT HEALTH SERVICES
• assignment of an Occupational Therapist to the Paediatric Unit, primarily to assist in the management of children following plastic surgery and advice to parents whose children have been fitted with plaster hip casts and the transport, dressing, carrying and toilet issues involved with this treatment  
• introduction of a Paediatric Continence service

SURGICAL SERVICES
• development of a program for families with babies who have difficulty settling. This Crying Babe program involves a two to three night stay in hospital with advice and support from Paediatric, Occupational Therapy and Social Work staff  
• establishment of a support group for participants in the Mother Baby service at Rosebud Hospital. Mothers involved meet together a month after finishing the program. The Mother Baby service assists new mothers who are experiencing Post Natal Depression and other parenting difficulties  
• provision of a nutrition service for pregnant women enrolled in the Young Women’s Clinic and the Chemical Dependency Clinic  
• scheduling of Midwives Clinic sessions after business hours to increase access for clients

ROSEBUD HOSPITAL SERVICES
• extension of satellite renal dialysis services to Rosebud Hospital, enabling patients on the southern peninsula to more easily access thrice-weekly treatments and offering dialysis services to people holidaying in the area during the summer months  
• expansion of Hospital in the Home services to Rosebud Hospital patients

OUTPATIENT CLINICS
• commencement of a regular clinic offering monitoring, advice and support for clients with chronic Heart Failure. The clinic addresses issues related to medications, exercise diet and other lifestyle elements, helping to reduce the need for repeated hospitalisation  
• commencement of a Gestational Diabetes Clinic attended by an endocrinologist and Diabetes Nurse Educator

AGED CARE AND REHABILITATION SERVICES
• appointment of a Neurologist as part of the Stroke Unit team  
• establishment of a Rehabilitation in the Home service, offering rehabilitation therapies geared to clients’ actual living environment, increasing client motivation and compliance and providing services at lower cost

PENINSULA HEALTH Annual Report 2002

Paediatric Occupational Therapists help parents care for children in hip casts. Here a father settles his child for the trip home using equipment donated by the Peninsula Road Safety Committee.
**PSYCHIATRIC SERVICES**
- development of a Primary Mental Health Service to improve access to and quality of mental health services, to enhance the capacity of a range of primary care providers to recognise and treat mental health problems and to provide early intervention to young people who are experiencing the early signs and symptoms of psychosis
- coordination with Centrelink to bring workers from the Centrelink offices onto the wards in Psychiatric Services to help patients with sickness benefits and other welfare assistance
- introduction of a Dual Diagnosis Consultancy to assist people who suffer from both a psychiatric illness and chemical dependency issues

**COMMUNITY HEALTH AND SUPPORT SERVICES**
- increasing the number of available emergency dental appointments through the appointment of an emergency dentist to regular shifts. Frankston Integrated Health Centre now has one of the highest allocation of emergency appointments in the Southern Region
- opening a satellite pharmacy at the Golf Links Road complex to provide pharmacy services to five aged care, rehabilitation and palliative care facilities on that site

**WORKFORCE ISSUES**
A critical element in health care provision is the major change in health workforces in general and the specific issues affecting Peninsula Health.

**CHALLENGES**
Worldwide there is shortage of health professionals in certain disciplines, and recruitment of staff in these areas presents special challenges. This is compounded for Peninsula Health by the fact that our catchment area comprises suburban and semi-rural communities located a substantial distance from inner city career and lifestyle opportunities.

These issues impact on Peninsula Health’s ability to recruit nursing staff, especially those trained in critical care. It has also proved difficult at times to attract suitably qualified emergency medical staff for after-hours shifts at Rosebud Hospital.

Other workforce issues affect organisational structure and staff expectations. There is a trend toward more casual and part time work in many sectors, including health, as people seek a better work/home/leisure balance. In addition, throughout the health industry organisations are recognising the inherent dangers in staff working concurrent shifts, and ‘safe hours’ are becoming the foundation for rostering practices.

**EMPLOYER OF CHOICE**
Peninsula Health has responded to these issues with strategies designed to make the Service an ‘employer of choice’. Flexible rostering, expanded training opportunities, inservice education and staff recognition programs combined with dynamic recruitment campaigns in Australia and overseas have all contributed to the achievement of adequate staffing levels.

However, changing workforce issues will continue to present challenges to the health sector in the foreseeable future.

**INNOVATION**
Peninsula Health works to meet the community’s needs not only by expanding facilities and services, but by focusing on quality improvement as well.

**CLINICAL PATHWAYS**
One example of the drive to improve our services is the development of innovative new clinical pathways. These guidelines are evidence-based, using best practice standards from international data. They identify care needs, specify protocols and quality measures and coordinate activities among members of the health care team, ensuring the highest standards of care from admission to discharge and providing continuous evaluation of performance.

This year, in addition to the Crying Babe Pathway developed by Paediatric staff, Peninsula Health also produced or progressed clinical pathways for chest pain and heart attack, pneumonia, care for cellulitis and deep vein thrombosis, angioplasty/stent services, transoesophageal echocardiogram (TOE) and miscarriage. Also, several new surgical pathways were developed. This year most of the pathways have also been produced in lay terminology to give to patients on admission. They explain in easy to understand language exactly what patients can expect during their hospital stay. These patient pathways have all been reviewed for clarity and thoroughness by a consumer focus group.

**OBSTETRIC SERVICES**
Several innovations have improved services for pregnant women and their families, including young women under 25 and women with chemical dependencies. It was decided to hold the Young
Women’s Clinic away from the hospital setting, which increased attendance levels. The program has helped reduce expected rates for low birthweight babies, increased the percentage of normal vaginal deliveries and received a high satisfaction rating from participants. The provision of dietetic services to both the Young Women’s and Chemical Dependency Groups, particularly for women deemed at nutritional risk, has contributed to the positive results for the mothers in these programs.

A further initiative of Midwifery staff is the Core of Life Program, which targets high school aged students with information about parenting, pregnancy and childbirth issues. The program is designed to help young people gain knowledge and develop self-determination skills to assist them in decision making as they approach adulthood. Additional details about this program are found in the 2002 Quality of Care Report.

**ELECTRONIC PRESCRIPTIONS AND DISCHARGE SUMMARIES**

Another example of innovation at Peninsula Health is the introduction of electronic prescribing and discharge procedures. Peninsula Health is one of the first health services in Victoria to initiate the production of prescriptions electronically, helping to eliminate errors from misread handwriting. Use of the process for inpatients is underway at Frankston Hospital.

The Health Service has also installed software and begun training to enable doctors to prepare discharge reports electronically. This not only saves time for staff but is also making the reports, which include test results, medications prescribed, diagnoses and case management details, available to patients’ General Practitioners and other health care providers immediately upon discharge. More information about this program is also available in the 2002 Quality of Care Report.

**STROKE MANAGEMENT**

Staff met a special challenge in managing care for stroke patients through a Peninsula Health research project in conjunction with Monash University and the Royal College of Physicians. It addressed the problems presented when patients with stroke are admitted out of the hours when speech pathologists are not available to evaluate swallowing ability. This assessment is crucial to safety as staff must ensure that a patient’s muscle control and awareness are sufficient for normal nutrition. Otherwise special procedures must be used for feeding and hydration.

The project developed a training program and evaluation tool to extend the assessment expertise to nursing staff who are on duty around the clock. This enables staff to complete a swallowing assessment on admission and tailor nutritional protocols immediately. In addition, information materials have been developed to assist patients, their families and carers in modifying food and feeding regimens to accommodate post-stroke disabilities.

**COORDINATION**

‘Integration of services’ forms the foundation of our organisational planning and care delivery. Clinicians, administrators, educators and support staff all work in close cooperation within the organisation and with our partners in the community.

This commitment to community will continue to underpin all that we do in the years to come.

Dr Sherene Devanesen - Chief Executive
At seventeen, the main challenges facing a young person are final exams and what to wear when going out on a Saturday night. Krystal Reynolds has bigger issues to handle – she is in rehabilitation recovering from two strokes suffered when she was only sixteen.

She had her first stroke in school and her second the same night. The strokes affected her speech, paralysed her right side and made it difficult for her to swallow. She was given acute treatment and care at Frankston Hospital for eleven days. When her condition was stabilised, she was transferred to Peninsula Health’s new Frankston Rehabilitation Unit on Golf Links Road. During her three months there she received occupational therapy, physiotherapy and speech therapy, usually twice each day.

Since her discharge from the inpatient Rehabilitation Unit she has attended the Community Rehabilitation Centre on the same campus three times each week. Although she will probably need rehabilitation services for another six months, her care team notes that she has made a remarkable recovery. Krystal says she is one of the youngest people receiving rehabilitation at the centre, where she notes everyone is especially helpful and caring.

She is working hard and will continue her diligence as she is keen to get back to school next year.

Naomi Grimson was born with hemiplegia, a condition that causes paralysis on one side of the body. She has struggled with the effects all of her life, but says that she will now be able to undertake many more activities at home and in school at Mt Erin Secondary College.

The emerging changes in her life are the result of a major operation she had at Frankston Hospital in May. The four-hour surgery was possible because she had stopped growing and because a new procedure was recently introduced at the hospital. In fact, Naomi was the first Paediatric Unit patient to receive ‘multi-level orthopaedic surgery’ at Frankston.

She followed up the surgery with three hours of physiotherapy daily for three weeks and now has physiotherapy and hydrotherapy to complete her recovery.

Like Krystal, she is working diligently to gain maximum physical capacity and is optimistic that the limp she has lived with for years will soon be only a memory.
Community Profile
Mrs Rose Wearne

Diagnosed with Type II Diabetes just a few years ago, Mrs Wearne has used information and advice from a Diabetes Educator to alter her diet and exercise regimen, helping to keep her diabetes under control without medication. During the year Peninsula Health sponsored a public health forum on New Directions in Diabetes Management. The free seminar focused on medical advancements that are underway world wide as well as reviewing local services and information resources.
The leadership and vision of the Board of Directors is crucial to Peninsula Health’s accomplishments. The Directors apply expertise from their respective fields, including academia, medicine, public service, law, arts and the corporate sector, to their roles in strategic planning and policy development. Many hold directorships on other boards and bring to Peninsula Health a wealth of administrative experience.

Membership of the Board altered during the year when Associate Professor Jeremy Anderson resigned due to additional workloads in his position at Monash University. Associate Professor Anderson served as a Board Director for the organisation since 1995. The Board and Staff extend sincere gratitude to him for his significant contributions, particularly as Chairman of the Research and Ethics Committee and member of the Quality Committee.

Two new Directors were appointed in July 2002, and the Board looks forward to a productive and mutually beneficial association with Mr James Kerrigan and Mr Tom Bevington.

At the time of publication of the 2002 Annual Report, the Peninsula Health Board of Directors include:

Ms Stella Axarlis AM (Chair)
BA (Melb)
Chairman, Central Health Interpreter Service
Member, Prime Minister’s Science, Engineering and Innovation Council
Member, Premier’s Victorian Economic, Environmental and Social Advisory Council
Member, Australian National Training Board
Member, Australian Universities Quality Agency Board

Board Directors
Standing L to R -
Mr Jim Kerrigan
Mr Tom Bevington
Ms Diana Macmillan
Ms Stella Axarlis
Ms Diana Ward
Ms Paula Irani

Seated L to R -
Ms Judith Couacaud Graley
Ms Dianne Wickham
Dr Peter Lynch
The Executive Staff, comprising the Chief Executive, Executive Directors and Directors of Professional Issues, has responsibility for the ongoing operation of services throughout Peninsula Health.

Each Executive Director supervises a cluster of services and sites spanning the organisation. This structure promotes integration of services across acute, psychiatric, aged care, rehabilitation, palliative care and community health programs.

During the year the Executive team bade farewell to Ms Ella Lowe who took a tertiary academic position. The clusters were restructured following her resignation and now include seven areas of responsibility, supported by four professional issues portfolios.

At the time of publication, two new appointments had been announced. These are Executive Director Finance, Mr David Anderson, B.Com, M.Comm (Finance), and Corporate Counsel, Ms Vicky Hammond, LLM (Hons) and LLB (Hons).
Peninsula Health

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 at the time of publication.

**SENIOR STAFF AT 16 SEPTEMBER 2002**

**CHIEF EXECUTIVE**
Dr S Devanesen MB BS DipObst RACOG FRACMA FACCHSE FAFAIM
Executive Assistant
Ms M Elissa Kohan

**EXECUTIVE DIRECTOR MEDICAL SERVICES, DEPUTY CHIEF EXECUTIVE**
Dr P Bradford MB BS MPH FRACMA FACCHSE DipRAOCG
Business Manager
Mr J John Callahan, RN ACC BAppSc DipGen Admin
ASA AFAIM AFACHSE
Executive Assistant
Ms C Carolan Dodd

**MEDICAL STAFF ASSOCIATION**
Chairman Medical Staff Association
Dr Prakash Nayaragam

**MEDICAL COUNCIL**
Chairman, Medical Council
Dr P Nayaragam
Hon Treasurer
Dr J Copland
Executive Director Medical Services
Dr P Bradford
Chairman, Division of Anaesthetics
Dr J Campbell
Chairman, Division of Obstetrics & Gynaecology
Dr J Know
Clinical Director, Medicine/Critical Care
Dr V Ganju (Acting)
Associate Professor D Langton (on leave from 1/02)
Chairman, Division of Paediatrics
Dr M Kelle
Clinical Director, WCAH
Mr M R McCohan
Chairman, Division of Orthopaedics
Mr P McCombe
Director, Aged Care Medicine
Dr P Nayaragam
Director, Radiology
Dr J Pyettter
General Manager Surgical Services, Director of Surgery
Associate Professor C Russell
Chairman, Division of General Practice
Dr J Siemenwicz
Chairman, Division of Surgery
Mr R Studd
Director, Rosebud Emergency
Dr A Taylor
Clinical Director, Emergency Medicine
Associate Professor J Wastellertest

**MEDICINE/CRITICAL CARE**
Director of Medicine
Associate Professor D Langton MB BS (Hons)
M RACMA FCCP FRACP (on leave from 3/02)
Dr V Ganju MB BS FRACP (acting)
Operations Director and Principal Nurse
Ms H Thomson RN CCCert BNSg MA
Nurse Manager Angiography
Ms B Williamson RN BNSg CCA RN
Nurse Staff Cardiology/Ward SFS
Dr P Carrillo MB BCh FRACP
Dr P Battik MB BS MD MHPEd FRACP DDU
Dr ME Scett MB BS FRACP FACRM GDM
Dr G Szto MB BS FRACP
Dr G Toogood MB BS FRACP
Dr B Wood MB BS FRACP (Director)
Nurse Manager Chemotherapy
Ms C Mielian RN
Nurse Manager Coronary Care
Ms G Dixon RN CCCert
Diabetes Educators
Ms A Avery RN RM BNSg MRCNA
Ms S Cole RN CertDiabEduc
Ms S Distefano RN CertDiabEduc
Medical Staff Endocrinology & Infectious Diseases
Dr S Broughton MB ChB MRCP(UK) FRCPath
Dr D Dutta MB BS PhD FRACP
Dr CF Gillman MB BS PhD FRACP
Dr R Hoolee MBBS FRACP
Medical Staff Gastroenterology
Dr B Badov MB BS FRACP
Dr R Hermann MB BS FRACP
Dr M Murrell MB BS (Hons) FRACP (Head of Unit)
Medical Staff General Medicine/Renal
Dr P Nayagam MB BS(Hons) MRCP(UK) FRACP
Dr M O’Ryan MB BS FRACP
Dr G Perry MB BS FRACP
AN W Fyfard MB BS FR FANZCA FNZCA
Dr M Tavener MB BS FRCA FANZCA FANZCE,
Diploma MG
Dr EM Theoharis MB BS(Hons) FRACP
Medical Staff General Practice Medicine Frankston
Dr S Auteur MB BS BSc Dip Obst RCOG FRACGP
DipObst RACOG
Dr ZS Barr MB BS FRACP
Dr GWS Caton MB BS
Dr M Cocks MB BS BMedSci DRAOCG
Dr M Cross MB BS FRACP
Dr R Cuthbertson MB BS DipObst BSc MedSci FRACP
Dr R Fox MB BS DipRACGP
Dr A Gunesekera MB BS DipObst DipRACGP
(Clinical Director)
Dr R Lewis MB BS BCH DRDG DRCGP FRACGP
Dr J Lowther MB BS DipObst RACGP DipSportsMed
Dr A Mkel MB BS DipRACOG BAppSc
Ms M Porter MB BS
Dr J Radcliffe MB BS DipRACGP
Dr J Siemenwicz MB BS DRAOCG FRACGP
DipComp
Dr A Smith MB BS DipObst
Dr SB Ward MB BS DipRAOCG CSTC
Dr LS Warfe MB BS DRDG DRCGP FRACGP
Nurse Manager Haemodialysis
Ms H Hirshkowitz RN BSc DipPharmacology
GradCertAnaesth GradCertRenal
Director Intensive Care Unit
Dr B Botha MB ChB MEd FCP(ASA) FRACP
Medical Staff Intensive Care Unit
Dr I Carney MB BS (Hons) FRACP MPH TM
FJ FICM (Deputy Director)
Dr G Braun MB BS FRACP
Nurse Manager Intensive Care Unit
Dr M Kenny RN CCCert BHM
Medical Staff Oncology and Palliative Care
Dr J Catalano MB BS FRACP
Dr V Ganju MB BS FRACP
Dr B McDonald MB ChB FChPM M Sc
Dr S M进化 MB BS (Hons) FRACP
Dr EM Theoharis MB BS(Hons) FRACP, FACLM
Medical Staff Respiratory Medicine
Dr G Braun MB BS FRACP
Ass Prof D Langton MB BS(Hons) MRCMA FCCP FRACP
Dr N A nanolias MB BS(Hons) FRACP
Nurse Manager Ward Five F North
Ms J Constance RN BN Cert Ward Mngt
Nurse Manager Ward Five G South
Ms H Lack RN RN Dip NursEd Ed
Nurse Manager Ward Three North
Ms Linda Goodwin RN RGN Cert Grad Diabetes Educ

**SURGICAL SERVICES**
General Manager and Director of Surgery
Associate Professor C Russell MB ChB MS FRACS
GradDipBus MRACMA
Director of Anaesthesia
Dr T Loughnan MB BS FANZCA FANZCA FNZCA
Director of Surgical Research and Education
Associate Professor J Serpell MB BS(Elb) MD FRACS
Operations Director and Principal Nurse
Ms J Coxon RN PerDiq-Certificate

**Medical Staff Anaesthetics**
Dr P Brown MB BS(Bcns)(Daui)(UK) FANZCA
Dr J Campbell MB BS DipAnaesth(UK) FRCA (Chairman)
Dr M Copland MB BS FANZCA FRACS
Dr T Edgley MB BS FANZCA
Dr J Fleming PhD FANZCA FPFAANZCA DipMed (Psych)
(Pain Management)
Professor C Goodchild MA MB BChir PhD FRCA
FANZCA FPANCA
Dr D Henry MB BS DA FANARCS
Dr R Jost MB BS FANARCS
Dr K Holwede BMEdSci MB BS FANZCA MRACMA
Dr S Leung MB BS FANZCA
Dr T Loughnan MB BS FANZCA FANZCA (Director)
Dr G M Kenzle MB BS FANZCA FRACS
Dr Ng MB BS FANZCA
Dr A N Prendergast MB BS FANARCS
Dr P Ranjan MB BS FANZCA
Dr Roberts MB BS FANZCA
Dr D Rubinstein MB BS DA FANZCA FRANZCA
Dr A Webb MB BS FANZCA

**Medical Staff ENT**
Mr N McCallum MB BS FRACS (ENT) (Head of Unit)
Mr M Baxter MB BS FRACS
Mr W B Hurst MB BS FRCS(Edin) FRCS(Eng) FRACS
Mr F Redman MB BS FRACS LDS BSc (also Facio-
Maxillary Surgeon)

**Medical Staff General Surgery I**
Associate Professor C Russell MB ChB MS FRACS
GradDipBus MRACMA (Head of Unit)
Mr P Evans MB BS FRACS
Mr W Glover MB BS FRACS FANZCA (Edin)
Mr J CWheatley MB BS(Elb) FRACS BAppSc
Mr M Comp FACS
Mr E Torey MB BS FANZCA

**Medical Staff General Surgery II**
Mr P G Gray MB BS FANZCA FRCS(Eng) FRACS (Head of Unit)
Mr R Mclntyre MB BS DPhil(Donx) FRACS

**Medical Staff General Surgery III**
Associate Professor J W Serpell MB BS(Elb) MD FRACS
Mr W Butcher MB BS FRACS (Head of Unit)
Ms B Brown MB BS FRACS
Ms S Skinner MB BS PhD FRACS Senior Lecturer
EDUCATION

Ensuring that the community has access to high quality health care in the long term involves the training of future health professionals.

This objective was the focus of significant activity during 2001/02, with education and training opportunities available for students and current staff in all disciplines.

MEDICAL EDUCATION

Undergraduate education was provided for medical students through an affiliation with Monash University. The year saw 268 medical students receive instruction through medical rotations that included emergency medicine, psychological medicine, paediatrics, obstetrics & gynaecology, surgery, medicine and surgery and intensive care. Peninsula Health hosted 100 4th year students, 119 5th year students and 49 students in their sixth and final year of undergraduate study.

Post graduate medical training is provided through Peninsula Health for interns, residents and registrars. During the year Peninsula Health registered an Effective Full Time (EFT) rate of 144 Hospital Medical Officers, including full time staff as well as part time, casual and locum staff and doctors from other hospitals who do rotations at Peninsula Health. HMOs include interns who are first year doctors, residents who are in their second and third year of post graduate training and registrars who are training in specific specialist medical fields. This year Peninsula Health’s first Aged Care Registrar training position was established and filled in January 2002.

With funding from the Medical Council of Victoria, Peninsula Health during the year appointed a new Medical Education Officer to organise and oversee the hospital based education of interns and overseas doctors.

NURSE EDUCATION

Nursing education specialists provided in-depth ward-level training for 35 graduate nurses, and 37 nurses took Refresher and Re-entry courses. Refresher courses retrain nurses that have been out of nursing for lengths of time and may have lapsed registration. All 37 of this year’s refresher/re-entry course graduates have accepted nursing positions within Peninsula Health.

This year for the first time a Psychiatric Stream was added to the Graduate Nurse Program. Also new this year were the Advanced Clinical Nursing Courses 1 & 2, a Fetal Monitoring Course, Introduction to ECGs and Femoral Arterial Sheath Removal education. New courses at Rosebud Hospital this year included Semi-Automatic Defibrillation education and a rotation of Graduate Midwives.

ALLIED HEALTH EDUCATION

In addition, the Health Service provided education and training opportunities in many allied health specialties and in pharmacy, medical imaging and pathology.

STAFF TRAINING

Peninsula Health staff are also able to access a large number of inservice courses run by Human Resources trainers and specialists from various Peninsula Health departments. Among these were:

- staff training in subjects, including IR for Managers, Recruitment & Interview Skills, How to Use the Internet (Intro and Advanced), Performance Management Training for Supervisors and Nurse Managers, Customer Skills Training, Time Management Skills Training, Stress Management Skills Training and a Management Development Program.
- Suicide Prevention training led by Psychiatric staff
- Basic Food Safety Courses taught to staff and volunteers by Hotel Services staff
- training programs in cultural awareness and the use of interpreter services by Social Work staff who also commenced a central interpreter booking service
- Aggression Management Training for staff and volunteers, which has reduced the number of staff assaults from 147 in January 2002 to a low of 21 in June 2002
- displays and lunchtime lectures organised by Stomal Therapy staff
- a Health Professional Resource Room established in Community Health Services
The role of the Committee is to assess all protocols covering research involving patients, adhering to the guidelines provided in the National Health and Medical Research Council Statement on Human Experimentation. The assessment considers the ethical and relevant technical and methodological issues of the proposed research and reports to the Board of Directors.

The Committee members consider the trials and studies, and the Committee provides feedback and suggestions to the researchers. Phase I trials are submitted to Peninsula Health’s solicitors who recommend changes if appropriate. Once the trial begins all serious adverse events must be submitted to the Committee and a cumulative table is kept of adverse events. Annual Progress reports and any changes to the studies must also be presented to the Research & Ethics Committee. Peninsula Health welcomes and encourages research and while most projects are carried out at Frankston Hospital, trials are also carried out at other sites throughout the Health Service and at other agencies.

The members volunteer their services and give freely of their time and expertise, and the encouragement that is given to researchers is greatly appreciated. Peninsula Health appreciates the commitment of the members of the Committee.

Members of the Research & Ethics Committee over the last year include:
- A/Prof Jemmy Anderson, Chair and Board of Directors’ representative (to April 02)
- Ms Paula Irani, Chair and Board of Directors’ representative
- Dr Peter Bradford, Executive Director Medical Services and Convener
- Mr M alcolm Taylor, Solicitor
- Mr M ark Dowling, Theologian
- Ms Avi I Miff, Community representative
- Mr Peter Brookhouse, Community representative
- Ms Elizabeth Wilson, Director Nursing Services
- Ms Louise Brown, Ms P ath Leary, Ms Sue Goonan
- Ms Maureen Habner, Senior Manager
- Ms Avi I Miff, Community representative
- Mr Peter Brookhouse, Community representative
- Ms Elizabeth Wilson, Director Nursing Services
- Ms Louise Brown, Ms P ath Leary, Ms Sue Goonan
- Senior clinicians representing different disciplines and services
- Dr Vinod Ganju, Dr Stephen Denton, Dr Richard Newton, Representatives with academic and research background
- Ms J an de Clifford, Senior Pharmacist

Also attending meetings during the year were:
- Ms Skip Lam, Director of Pharmacy
- Ms S m aureen Habinet, Senior M anager
- Education and Development:
- Dr G raham Callahan, Business Manager, Medical Cluster and Acting Convener
- Ms E lla Lowe, Executive Director.

During the 12 month period, 33 trials were considered by the Committee, 29 have been approved, 2 are pending and 2 did not progress.

While the trials below carry the name of the principal researcher, many trials involve several researchers and these researchers in turn are supported by research coordinators.

Effect of 12 week treatment of 5, 25 or 75 mg BI 284 BS on endurance in patients with chronic obstructive pulmonary disease (double-blind, double dummy, placebo controlled randomised, parallel group dose ranging study)

Principal Researcher: Dr G raham Callahan

Trial commenced October 2001, proposed completion date June 2002. Participants of the study are invited to take part in the study to determine the effect of BI284BS, a long acting substance LTB4 receptor antagonist on exercise endurance. The BI284BS treatment, taken by mouth, has shown an anti-inflammatory effect on neutrophils when tested in the laboratory and was found to be safe and well tolerated in earlier trials in healthy volunteers.

Pre and post-operative chemotherapy with Oxaliplatin (SOX) versus surgery alone in resectable liver metastases from colorectal origin – Phase III Study

Principal Researcher: Mr P eth Brookhouse

Trial commenced September 2001, proposed completion date December 2003. This study is being conducted by the European Organisation for Research & Treatment of Cancer and the Australasian Gastro-Intestinal Trials Group in Australia and New Zealand. Approximately 150 patients will take part in this trial, including about 40 from Australia and New Zealand.

The aims of the study are:
- To see if the administration of S-Fluorouracil and 5-flourouracil and Oxaliplatin before and immediately after surgical removal of liver disease compared with surgery alone can reduce the chance of the cancer returning,
- To see if the administration of S-Fluorouracil and 5-flourouracil and Oxaliplatin before and immediately after surgical removal of liver disease compared with surgery alone affects survival rates
- To learn more about the effects of giving chemotherapy before the tumour is removed by surgery and to learn more about the effects of these drugs on the tumour.

Women’s health and fertility after spontaneous miscarriage: an extension of the VICMIST (Ref 120) study

Principal Researcher: Dr E ven Shelly

Trial commenced August 2001, proposed completion May 2002. The VICMIST study sought to investigate the effectiveness of three different treatment approaches to managing miscarriage. The data collected in this final stage and earlier stages of the study will help to document the consequences for health and fertility of women, their use of health services and formal and informal support services accessed both during and after a miscarriage.

Clinical congruence where graduate nurse clinical reality meets organisational clinical requirements

Principal Researcher: Dr H eather Finger


The transfer of undervarnated nurse preparation from the hospital setting to the university setting has now been completed for some time. This research project seeks to review the clinical implications that may arise from this altered form of preparation. The project will seek to encourage newly graduated registered nurses to openly and clearly define their clinical capacities upon completion of their degree course. It will also require that the employing health care institutions define their requirements in the clinical setting for the newly graduated nurses they employ.

Phase II trial of combination treatment with Thalidomide and Celecoxib for patients with multiple myeloma

Principal Researcher: Dr V inod Ganju

Trial commenced October 2001, proposed completion date October 2006. This is a clinical trial for patients with resistant or relapsed multiple myeloma (HM). There is evidence that Thalidomide has substantial anti-angiogenic as well as other anti-cancer effects in multiple myeloma. Multiple Phase I trials have demonstrated that Thalidomide is an effective treatment for patients with relapsed and refractory multiple myeloma. There is also evidence that the COX2 inhibitor celecoxib may have important anti-cancer effects that include an anti-angiogenic effect. Celecoxib has been shown to retard the growth of multiple myeloma cell lines, and an additive effect of Thalidomide and non-steroidal agents has been demonstrated in in-vivo models of myeloma. Therefore a combination treatment using thalidomide and celecoxib may demonstrate additive effect when given to patients with multiple myeloma, which would also provide new information about the mechanisms of anti-cancer treatment for this combination of medications.

Comparison of Seveflurane with Propofol as an anaesthetic agent in patients undergoing elective voluntary electroconvulsive therapy

Principal Researcher: A/Prof T erry Loughran

Trial commenced October 2001, proposed completion date February 2003. The purpose of the study is to investigate whether or not there is any effective difference between two very commonly used anaesthetic drugs when used for ECT. This is only offered to patients undergoing a course of treatment with ECT and only to voluntary patients who may be either inpatients or outpatients at the time of their treatments. Patients will receive both drugs in normal dosages but not at the same time. This will show whether or not there is an advantage to the patient between the two agents when used by ECT.

Psychiatric nursing: The new frontier

Principal Researcher: Ms R abertha Sando

Trial commenced September 2001, proposed completion date October 2001. This study took the form of a questionnaire that sought detailed information about psychiatric triage nursing. The aim of the study is to fully investigate psychiatric triage nursing practice in Victoria in order to clarify and fully define it, also to give psychiatric triage nurses an opportunity to have an input into the further development of the practice through information sharing.

The Australian candidiasis study – A prospective population based laboratory surveillance for Candida in Australia over a three year period

Principal Researcher: A/Prof D arrick

Trial commenced November 2001, proposed completion date November 2004. The aim of this study is to collect information about infections with Candida from Australia-wide data. It is estimated that 900 people from around Australia will be involved over three years. Information will be collected on age, medical condition, a whether or not an intravenous drip was being used, which drugs the patient was being treated with and whether or not the patient was in ICU. Blood samples will also be tested from participants in the study.

Early births – A case-control study of very pre term birth

Principal Researcher: Ms L inda Fear

Trial commenced December 2001, proposed completion date December 2004. The aims of this trial are:
- To carry out a population based case-control study of very premature births in Victoria, (with cases defined as those born before 32 weeks gestation) and term births as controls.
- To describe the social and demographic associations of very pre-term birth in singletons and twins in Victoria.
- To provide preliminary information on the contributions of exposure to violence, infidelity, infidelity treatment and socioeconomic factors to very pre-term birth.
A Phase III multi-centre, randomised, active-controlled clinical trial to evaluate the efficacy and safety of rhuMAB VEGF (Bevacizumab) in combination with standard chemotherapy in metastatic colorectal cancer

Principal Researcher: Dr Vinod Ganju

Commencement date November 2001, proposed completion date March 2003.

Approximately 1200 patients will be enrolled at 15-20 sites in this study. The study is designed to answer the question: Does addition of the anti-VEGF antibody, Bevacizumab, to standard chemotherapy improve outcomes in patients with metastatic colorectal cancer?

A multivariate Phase III randomised trial comparing Doxorubicin (Taxotere) and Trastuzumab (Herceptin) in patients with advanced breast cancer containing the HER2 gene

Principal Researcher: Dr Vinod Ganju

Commencement date April 2002, proposed completion date December 2007.

The aim of this trial is to determine if treatment with Herceptin plus one or two years after therapy for primary breast cancer containing greater than 30% of HER2 gene, and allowing breast cancer-free survival time compared to no further treatment with Herceptin. The primary purpose of the study is to investigate if treatment with Herceptin can be used for the following 12 months post cardiac arrest, to investigate the safety and tolerability of Herceptin with special focus on factors that result in death - both compared to no further treatment with Herceptin - and to find out whether one-year or two years of Herceptin treatment further prolongs breast cancer-free survival time.

The Victorian ambulance cardiac arrest register

Principal Researcher: Dr Stephen Bernard

Commencement date March 2002, proposed completion date March 2005.

The Department of Human Services has funded the establishment of the Victorian Ambulance Cardiac Arrest Register (VACAR). The VACAR will be a database which records details for all patients in Victoria who suffer pre-hospital cardiac arrest and receive ambulance care. The VACAR will collect data from dispatch records, from ambulance patient records, from hospital medical records and from a telephone interview at twelve months post cardiac arrest. The data will be collated on a database following an internationally agreed template. The VACAR will provide essential information for an assessment of the performance of ambulance services in relation to the treatment and outcomes of patients with sudden, unexpected, pre-hospital cardiac arrests.

A randomised three-arm, multi-centre comparison of 1 year and 2 Years of Herceptin versus Xeloda (capecitabine) for positive primary breast cancer who have completed adjuvant chemotherapy (BIGO-01: 1 December 2001)

Principal Researcher: Dr Vinod Ganju

Commencement date April 2002, proposed completion date December 2008.

The primary purpose of the study is to determine if treatment with Herceptin for one or two years after therapy for primary breast cancer containing greater than 30% of HER2 gene, and allowing breast cancer-free survival time compared to no further treatment with Herceptin. The secondary purposes of this study are to explore if treatment with Herceptin can be used for this indication, and to compare the side effects that might be associated with this combination.

The RACS (Royal Australasian College of Surgeons) TRAC trial

Principal Researcher: A.P.Jof Serpell

Commencement date March 2002, proposed completion date March 2004.

This study is being carried out in hospitals around Australia under the auspices of the RACS and the NHMRC Clinical Trials Centre. Approximately 10,000 women will take part in this study. The aim of the study is to determine if sentinel lymph node or axillary clearance only is more positive- SNB) results in less morbidity than immediate axillary clearance (AC) with equivalent cancer-related outcomes in women with early breast cancer.

The societal prioritisation in Australia - the consequences on dental health

Principal Researcher: Dr Enrique Kahan

Commencement date April 2003, proposed completion date November 2003.

The aim of the study is to assess the impact of increasing societal prioritisation on the delivery and experience of public dental health care in rural Victoria. The study will involve a large-scale project based at La Trobe University in Melbourne on the social consequences of increasing societal prioritisation in Australia. This refers to the greater divide in wealth between the rich and the poor.

A Phase II, Randomized, double-blind, multicentre trial of Celenosil® versus placebo for the prevention of diarrhoea associated with Irinotecan/S-Folinsac/Leucovorin Chemotherapy in patients with previously untreated metastatic colorectal cancer

Principal Researcher: Dr Vinod Ganju

Commencement date April 2002, proposed completion date August 2003.

This is a clinical trial at the role of non-stabilised anti-inflammatory COX-2 inhibitors such as celecoxib in reducing the chemotherapy associated diarrhoea. This trial will involve patients with metastatic colorectal cancer who would normally be offered combination SFU Folic Acid and irinotecan chemotherapy. This particular form of chemotherapy is appropriate for the group of patients with an adequate performance status.

A phase III randomised trial of Paclitaxel and Carboplatin versus triplet or sequential double combinations in patients with ePRofessional ovarian or primary peritoneal carcinoma (IPSIPOG Decussate trial)

Principal Researcher: Dr Vinod Ganju

Commencement date April 2002, proposed completion date December 2009.

About 4,000 participants will participate in this study during the activity of the trial. Ovarian cancer is a type of cancer with improved response of the treatment of ovarian and peritoneal cancer. This drug will improve the treatment of ovarian and peritoneal cancer.

Three new drugs approved for the treatment of ovarian cancer and the combination of Carboplatin and Paclitaxel is one of the standard treatment programs. The aim of this trial is to compare the three drug to the combination of Carboplatin and Paclitaxel will improve the overall success of the treatment program.

Airways Pressure (nCPAP) on functional outcomes such as physical impairments in the frail. The study will be conducted on in-patients at Frankston Rehabilitation Unit. There will be a follow-up post discharge interview at 12 months post discharge and a telephone interview at 24 months post discharge which will not interfere with normal discharge planning made by the interdisciplinary primary inter at Frankston Rehabilitation Unit.

The purpose of the study is to determine whether rhuMAB VEGF is safe and beneficial when given to patients with advanced breast cancer containing the HER2 gene, compared to a standard treatment with Taxotere and Herceptin combination (TH) without platinum salt. To be eligible for the trial the patient must have Herceptin positive tumour that shows an over-expression of the HER2 protein.

This study is designed to investigate pain relieving drugs after rehabilitation phase continuous stroke of treatment and Part 2 will evaluate the effectiveness of treatment with Nasa Positive Airway Pressure (NPPAP) on functional outcomes such as physical impairments in the frail. The study will be conducted on in-patients at Frankston Rehabilitation Unit. There will be a follow-up post discharge interview at 12 months post discharge and a telephone interview at 24 months post discharge which will not interfere with normal discharge planning made by the interdisciplinary primary inter at Frankston Rehabilitation Unit.

The purpose of the study is to determine whether rhuMAB VEGF is safe and beneficial when given to patients with advanced breast cancer containing the HER2 gene, compared to a standard treatment with Taxotere and Herceptin combination (TH) without platinum salt. To be eligible for the trial the patient must have Herceptin positive tumour that shows an over-expression of the HER2 protein.

This study is designed to investigate pain relieving drugs after rehabilitation phase continuous stroke of treatment and Part 2 will evaluate the effectiveness of treatment with Nasa Positive Airway Pressure (NPPAP) on functional outcomes such as physical impairments in the frail. The study will be conducted on in-patients at Frankston Rehabilitation Unit. There will be a follow-up post discharge interview at 12 months post discharge and a telephone interview at 24 months post discharge which will not interfere with normal discharge planning made by the interdisciplinary primary inter at Frankston Rehabilitation Unit.
Sue Phillips has a lot in common with her fellow university students.

She puts in plenty of ‘nose to the grindstone’ hours studying. She’s updated her computer. And she seeks out quiet and privacy whenever she can in order to focus on her course work.

The only real difference between Sue and other Deakin undergrads is that Sue is about 50 years older than most of them. About to celebrate her 70th birthday, Sue has undertaken a degree in social work in the ‘Off Campus’ program of Deakin University in Geelong.

Achieving distinctive goals is nothing new to Sue. She has always been forward-looking, positive and resourceful – much to the delight of the staff at Rosebud Hospital. For ten years Sue has worked for charitable auxiliaries on the Peninsula, including raising funds for Rosebud Hospital as a member of the Kiosk Auxiliary and the West Rosebud/Tootgarook Auxiliary.

Despite her heavy study schedule, Sue has continued to serve as Secretary of both groups, helping plan activities and host events. She and the 160 other members of the two auxiliaries have given huge sums to the hospital, and this has translated into medical equipment, patient care services, expanded facilities and program support.

The Kiosk Auxiliary and West Rosebud/Tootgarook Auxiliary are among Rosebud Hospital’s eight auxiliary groups. These are in turn part of the 700-strong volunteer league of Peninsula Health. The more than thirty Peninsula Health auxiliaries serve both hospitals, the aged care and rehabilitation facilities, palliative care services and community health programs.

Auxiliary members raise money through a wide range of activities and services and work on site to run kiosks and assist staff, patients and visitors. Peninsula Health volunteers contribute to their community, make close friends and gain a great deal of satisfaction from their selfless work, whether they give an hour or several days each week . . .

. . . or, like Sue, fit their volunteer work into a busy university schedule!
The Function Room of the Frankston Arts Centre was bursting at the seams this year when Peninsula Health hosted an appreciation event for our volunteers.

Nearly 400 supporters attended, representing 30 auxiliaries and volunteer groups. Peninsula Health Board and Staff set aside a day each year to formally express their heartfelt thanks for the exceptional work of volunteers, although it is acknowledged that their contributions are valued, respected and appreciated all year round.

No matter the season, the weather, the day of the week or often even the time of day, volunteers can be found at Peninsula Health facilities assisting staff, patients, their families and visitors. They might be delivering flowers to a new mum, selling a cappuccino in one of the kiosks, planting a flowering bush in a mobility garden, sitting with the family of a seriously ill patient, accompanying an elderly person with dementia on an outing, setting up a hire television for a newly-admitted surgical patient, teaching craft or leading a music session or any other of the dozens of tasks undertaken by volunteers.

Also throughout the year other volunteers are sorting and selling second hand goods, catering parties, running raffles, preparing teas and organising bus trips to raise funds for equipment, facilities and programs. The scope of fundraising activity is amazingly varied, facilitated by the creativity, energy and commitment of our volunteers.

This altruism serves as an example to the entire community and inspires service clubs, sporting and other organisations, senior citizens centres, schools, public services and many other groups and individuals to join in promoting good health through contributions to Peninsula Health’s programs and facilities. For decades this spirit of volunteerism and philanthropy at local health care agencies on the Mornington Peninsula has built a culture of community service that today rivals any other region in Victoria.

Some highlights from the 2001/2002 year include:

- the construction of a mobility garden by volunteers for patients, staff and visitors at the Rosebud Community Rehabilitation Service on Eastbourne Road
- a sold-out concert with Debra Byrne and Wendy Stapleton organised by the Rosebud Rehabilitation Service Auxiliary
- the founding of ‘Rosebud Day’ by the Rosebud Auxiliary to raise money for Rosebud Hospital. All the roses for the day were sold by 10.30 in the morning
- performances by the Blairgowrie Entertainers and the Police Show Band in Concert, organised by the Lotus Lodge Hostel Auxiliary
- the annual Dinner at Clover Cottage by the Friends of Carinya auxiliary
- the grand opening of the new Pink Ladies Kiosk at Frankston Hospital - called ‘Pinkies’ and sporting new furniture, equipment and services
- the addition of ministers’ training and the incorporation of Buddhist and Bahai support and ceremonies in the work of the Pastoral Care Visitors
- the formal establishment of the Peninsula Palliative Care Volunteers, organised by Peninsula Hospice Service, in the Inpatient Unit
- a significant rise in membership at the Carrum Auxiliary
- a new truck cab for the Rosebud Hospital, Rehabilitation and Aged Care Op Shop thanks to a grant from the RE Ross Trust
- the achievement of 40 year long-service certificates by two members of the Sorrento-Portsea Auxiliary
- end of year recognition and activities for the International Year of Volunteers in 2001.

Peninsula Health also extends thanks to its many other supporters in the community including -

PHILANTHROPIC TRUSTS
For generous grants received from eight major philanthropic trusts. These welcome contributions helped Peninsula Health buy a range of equipment, including cardiac defibrillators and other emergency services equipment.
COMMUNITY GROUPS

Nearly forty community group made substantial donations during the year. Peninsula Health says ‘Thank You’ for generous monetary donations, sponsorship of events, and a huge range of gifts such as knitted goods, baby clothes, calico dolls, Christmas decorations and special treats. Thanks, too, to the artists and entertainers who helped to raise funds for Peninsula Health.

THE CORPORATE SECTOR

Whether through sponsorship of events, hosting of functions, goods in kind or direct donations, business organizations and venues throughout the community contributed to Peninsula Health’s progress this year.

LOCAL GOVERNMENT

Sponsorship and goods and services in kind from local government for fundraising events and auxiliary groups was most appreciated this year.

INDIVIDUAL DONATIONS AND BEQUESTS

Very generous donations were received during the year from individuals throughout Peninsula Health’s catchment area. Many of these were made in memory of a loved one and some were in response to the Peninsula Perspectives newsletter. Generous bequests were directed to the Health Service from local residents who had received care from Peninsula Health and wanted to contribute to future health services for the community.

CONGRATULATIONS TO NEW LIFE GOVERNORS:

For contributions to Peninsula Health through volunteer service and other major achievements, Life Governorship was bestowed upon:

J oan Baillie
Del Barber
Vida Barry
Di Bicknell
Vincent Carter
Brian Duffus
Clair Duffus
Ria Gaarenstroom
Sylvia Ghirardello
Trevor Gillan
J an Graham
Aileen Hayes
J im Hayes
Harold Hoppe
Rena Hutton
J ohn J arvis
E laine J ones
C arol A nn L and

Doreen M cDonald
A udrey M itchell
M ary M organ
J ean Osmond
V al R abey
Edna S altisbury
Shirley Smith
J an S peechley
N orman S ummer
M ary T endeson
P am T rotman
S hirley T urvey
I rene U ttle
P at W allace
R ose W oods
J une W oo lven
J oan W yatt

VALE

Peninsula Health was deeply saddened by the passing of several well respected volunteers during the year. We offer our tributes to Mrs J udith Smith, President of the Frankston Hospital Pink Ladies; Mr M ike Matthews and M r Vic Ashmore, long-time, dedicated members of the Men’s Auxiliary; and M rs T helma Collins, former President of the West Rosebud/Tootgarook Auxiliary.