Peninsula Health’s:

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.

Objective of Report
This Report is produced to bring Peninsula Health’s communities, partners and Government up to date with its performance for the financial year 1 July 2004 – 30 June 2005.

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. As a result progress and achievements of some programs may appear in several areas of this report.

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

It will be presented to the public at Peninsula Health’s Annual General Meeting on Friday 25 November 2005.

Front cover shows (Left to right):
Left: First time parents Daryl and Jackie Cooper with baby Brianna, born at Frankston Hospital and transferred to Rosebud Hospital to be closer to home;
Centre: Joyce Dodson, one of over 300 patients seen by the Response, Assessment and Discharge (RAD) team at the Rosebud Emergency Department since this service was introduced in January 2005, is pictured with RAD team member Georgia McIntyre;
Right: Sara Frederiksen, Peninsula Health’s new Aboriginal Liaison Officer who will focus on health promotion and access for the Indigenous community.
Peninsula Health – Overview

Peninsula Health provides a comprehensive range of health services to over 310,000 people living in the City of Kingston, the City of Frankston and the Mornington Peninsula Shire communities.

Peninsula Health operates from 10 sites. There are two public hospitals, an inpatient palliative care unit, hospital and community-based psychiatric services, inpatient and day service rehabilitation facilities, nursing homes, hostels, aged care units and community health programs. Many services are also delivered in peoples’ homes.

The health service is active in both clinical education and medical research and is the largest employer on the Peninsula with 4,028 staff. Services are enhanced by the contributions of 832 volunteers.

Peninsula Health - Looking Forward

Peninsula Health’s overall objective is a healthy community and goals to achieve this are set out in the Strategic Plan for 2005-2008.

The community, stakeholders and staff have all helped build the Plan’s goals and strategies which are designed to meet today’s needs and prepare for the future.

The Strategic Plan is renewed every three years based on progress to meet the changing needs of the community and the new or expanded services that have been developed.

It is designed to tell you how Peninsula Health intends to achieve the Government’s priorities for health, within the resources available, over the next three years.

The strategies and goals respond to increased demand for health services, the needs of an ageing population and the increased complexity of community needs.

There is an emphasis on working with Peninsula Health’s partners to strengthen the relationships and improve coordination and access of care for individuals. Peninsula Health aims not just to keep pace with change, but also to help lead it in the community.

The next two pages summarise what has been achieved and define the new challenges which must be met in the coming year.

Year in brief

<table>
<thead>
<tr>
<th>Financial (5000s)</th>
<th>2005</th>
<th>2004</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenue</td>
<td>251,580</td>
<td>231,205</td>
<td>8.8%</td>
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<tr>
<td>Total expenditure</td>
<td>249,728</td>
<td>229,527</td>
<td>8.8%</td>
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<tr>
<td>Surplus</td>
<td>1,752</td>
<td>1,678</td>
<td>4.4%</td>
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<tr>
<td>(before depreciation,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>capital and abnormal items)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total assets</td>
<td>190,980</td>
<td>190,132</td>
<td>0.4%</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>51,634</td>
<td>46,586</td>
<td>10.8%</td>
</tr>
<tr>
<td>Equity</td>
<td>139,346</td>
<td>143,546</td>
<td>(3.0%)</td>
</tr>
</tbody>
</table>

| Staff                      |      |      |          |
| Number of staff employed   | 4,028 | 3,798 | 6.1%    |
| Equivalent full time (EFT) | 2,480 | 2,305 | 7.6%    |

Performance indicators

Acute (Frankston and Rosebud Hospitals)

| Inpatients treated (separations) | 58,027 | 56,474 | 3.1%    |
| Emergency presentations         | 65,245 | 62,518 | 4.4%    |

Psychiatric Services

| Occupied bed days | 10,601 | 10,154 | 4.4%    |
| Community contacts | 88,648 | 71,202 | 24.5%   |

Rehabilitation, Aged and Palliative Care Services (RAPCS)

| Outpatient Services - occasions of service | 44,188 | 43,834 | 0.8%    |

Community Health

| Outpatient Services - occasions of service | 85,119 | 72,321 | 17.6%   |
### 2004-2005 AT A GLANCE

*Peninsula Health’s Strategic Plan has six objectives. Achievements against them are listed below.*

<table>
<thead>
<tr>
<th>Meeting Demand</th>
<th>Building Partnerships</th>
<th>Enhancing Quality</th>
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<tbody>
<tr>
<td><strong>Goals</strong></td>
<td><strong>Goals</strong></td>
<td><strong>Goals</strong></td>
</tr>
<tr>
<td>• Provide a quality of care to older people that is in keeping with evidence-based practice.</td>
<td>• Foster development of mutually beneficial partnerships to build a healthier community.</td>
<td>• Build on our strong culture of quality and innovation.</td>
</tr>
<tr>
<td>• Provide high quality, complementary services from Rosebud Hospital that assists Peninsula Health in meeting growing demand.</td>
<td>• Developed partnership between RAD team and Metropolitan Ambulance Service, see pg 16.</td>
<td>• Establish and maintain a strong and dynamic research function for clinical, strategic and social research.</td>
</tr>
<tr>
<td>• Work in partnership with other health providers to enhance the health and well being of the community.</td>
<td>• Contributed to the development of the Southern Metropolitan Integrated Cancer Service, see pg 17.</td>
<td><strong>Achievements</strong></td>
</tr>
<tr>
<td>• Provide a flexible range of responses to the increasing level and complexity of demand.</td>
<td>• Developed Volunteer Handbook, Volunteer Agreement and Task Descriptions to assist in effective recruitment, see pg 41.</td>
<td>• Achieved Australian Council on Healthcare Standards (ACHS) Accreditation at Periodic Review in May 2005; see pg 28.</td>
</tr>
<tr>
<td>• Continue and enhance service and capital planning across acute, mental health, community health and aged care and rehabilitation.</td>
<td>• Aboriginal Liaison Officer commenced June 2005, see pg 40.</td>
<td>• Participated in Patient Flow Collaborative, Operating Theatre, Efficiency Project, see page 15, and the National Medication Safety Collaborative, see pg 30.</td>
</tr>
<tr>
<td><strong>Achievements</strong></td>
<td><strong>Achievements</strong></td>
<td><strong>Achievements</strong></td>
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<tr>
<td>• $20 million allocated to begin work on the new Mornington Centre Promoting Health Independence site in 2005/06 State budget, see pg 20.</td>
<td>• Peninsula Complex Care Program established, see pg 27.</td>
<td>• Implemented Interdisciplinary Care Program in Rehabilitation, Aged and Palliative Care Services (RAPCS), see pg 21.</td>
</tr>
<tr>
<td>• New services at Rosebud Hospital – General Medical Unit, Response, Assessment and Discharge (RAD) team, Emergency Department Service development, see pg 18.</td>
<td>• Senior executive appointed to manage consumer participation in all of Peninsula Health’s Services, see pg 40.</td>
<td>• RAPCS research group established, see pg 21.</td>
</tr>
<tr>
<td>• Community Health collaborated with the Psychiatry Service to hold two successful health forums for men, see pg 26.</td>
<td>• New electronic information system implemented to monitor the progress of a patient in the Frankston and Rosebud Emergency Departments, see pg 16.</td>
<td>• Program for Nursing and Allied Health Research Presentations established in Research Week.</td>
</tr>
<tr>
<td>• New electronic information system implemented to monitor the progress of a patient in the Frankston and Rosebud Emergency Departments, see pg 16.</td>
<td>• Developed partnership between RAD team and Metropolitan Ambulance Service, see pg 16.</td>
<td>• Ranked third highest and surpassed the target for benchmarked health services in latest external cleaning audit, see pg 37.</td>
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</tbody>
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2 Peninsula Health Annual Report
Goals
- Promote the attractiveness of Peninsula Health as an employer of choice, avoiding staff shortages in key areas.

Achievements
- Workforce planning initiatives developed for Allied Health, Pharmacy and Nursing, see pg 35.
- Job vacancies now advertised with SEEK.com resulting in an 82 per cent increase in the number of applications received and a 10 per cent reduction in cost per advertisement, see pg 35.
- 28 trainees undertook YES traineeship placements at Peninsula Health, see pg 35.
- Medical Officer Bank established, see pg 30.

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.

Achievements
- Falls Risk Assessment Tool (FRAT) developed by Falls Prevention Service recognised internationally, see pg 21.
- Clinical Portfolio roles established across RAPCS wards to reduce clinical risk and optimise patient outcomes, see pg 21.
- Medication Safety Collaborative project completed, see pg 30.
- Hand Hygiene Collaborative implemented, see pg 28.
- Outstanding rating for legal compliance in ACHS survey, see pg 28.

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

Achievements
- Small financial surplus last two years invested back in Services and Programs, see pg 39.
- $3.4 million redevelopment of the Frankston Radiology Department has commenced, see pg 14.
- Electronic discharge summaries further developed, see pg 30.
During the year under review, Peninsula Health provided care and service to people in its community on more than 300,000 occasions.

Efficient and effective models of care delivered a record number of services during the financial year 2004/05.

Peninsula Health’s achievements are reported in the Annual Report package, which includes full financial statements, the 2005 Quality of Care Report and the 2005 Research Report. In an effort to provide this information to a greater number of people, the Annual Report and the Quality of Care Report are available on CD so that the information is available to the sight impaired and others who will find an audio version easier to access.

Challenges

The increasing demand for Emergency Services continued with a 3.6 per cent increase in demand at Frankston Hospital and a 6.3 per cent increase at Rosebud Hospital. A significant proportion of those who present to the Emergency Departments require inpatient care.

Owing to this high demand for inpatient beds and the need for more operating theatre capacity, planned admissions for elective surgery may be delayed. Strategies to minimise these delays are documented in this report.

Extending care

Efforts to build a healthier community extend into homes across Frankston and the Mornington Peninsula. Peninsula Health delivers a wide range of domiciliary and community services. The development of new models of care has led to an increase in the services being provided in community settings.

Accreditation

Feedback received from service users and the assessments made by external evaluators are used to measure achievements and to identify areas for improvement. During the year, a team of surveyors from the Australian Council on Healthcare Standards (ACHS) visited Peninsula Health and 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.

Peninsula Health’s residential care facilities have also maintained accreditation with the Aged Care Standards and Accreditation Agency (ACSA).

Education

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

Workforce

Workforce shortages continue to exist in some disciplines. The nursing recruitment program has again attracted a number of nurses from overseas and Peninsula Health is now more frequently the first choice for local nursing graduates.

Community Participation

Peninsula Health is committed to enhancing community participation in the planning and delivery of services. This is achieved by including consumers in the decision making process and by receiving and acting upon feedback provided by the community.

There are three Community Advisory Committees and Peninsula Health is
indebted to the members of these committees for their support of the health service.

The health service works closely with community groups and other service providers to improve the integration and delivery of services. The Primary Care and Population Health Advisory Committee, which consists of external health care providers together with Peninsula Health staff, give valuable advice to Peninsula Health.

A series of public health education forums was conducted in collaboration with other service providers and were well attended.

Peninsula Health appreciates the close ties with Local Government in Frankston and on the Mornington Peninsula and the support of the local Members of Parliament.

The level of service available on the Peninsula would not be possible without the backing of the Department of Human Services (DHS) and other relevant government departments and bodies. Peninsula Health acknowledges, in particular, the strong support it receives from the Department of Human Services.

Over the years, service clubs, school councils, businesses and other organisations have provided ongoing support to the health service. Staff at every level are grateful to the thousands of individuals who have donated generously to Peninsula Health.

For more than 60 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 832 volunteers, all of whom are valuable members of the team at Peninsula Health. In 2004/05, a program to strengthen ties with the dedicated groups of Volunteers and Auxiliaries was introduced at every site.

The Board

The Board of Directors comprises nine people with varied skills, experiences and backgrounds. They have made a significant contribution to the ongoing development of Peninsula Health. In this regard, it is important to recognise the service and contributions of Dr Virginia Mansour and Mr Jim Young both of whom resigned from the Board during the year. Two new Board Directors, Associate Professor Ruth Salom and Mr Ian Allen OAM, were appointed from 1 July 2005. The ongoing Board Directors are Diana Ward (Deputy Chairman), Jim Kerrigan, Diana Macmillan, Liza Newby, Michael Tieman and Dianne Wickham. Each has made a valuable contribution in the past year.

Throughout the year, staff and management at every site developed programs, systems and processes that provided comprehensive and expanded services within allocated resources. Extraordinary efforts at every level made it possible to finish the financial year with an operating surplus of $1.75 million. These funds will be directed towards the purchase of equipment for Peninsula Health.

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 2004/05.

Barry Nicholls
Chairman

Dr Sherene Devanesen
Chief Executive
What is Peninsula Health?

Peninsula Health is one of 13 public metropolitan health services in Melbourne.

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

Some services such as the Mount Eliza Personal Assistance Call Service (MEPACS) assist clients from adjacent areas and other sections of Victoria.

Who Does Peninsula Health Serve?

Population

The 310,000 people served by Peninsula Health live in a 900 sq km area that includes the City of Frankston, the Mornington Peninsula Shire and the southern part of the City of Kingston.

This population has a higher than average proportion of people over 65, statistically the group requiring the most health services.

Peninsula Health also provides emergency and other services for the more than 100,000 summer visitors to the Peninsula.

At the last census, there were 1,200 indigenous people living in the service area and Peninsula Health provides some services specifically for the Koori community.

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. The most frequently used languages other than English are Croatian, Greek and Italian.

In 2004/05 important patient information was translated into these languages and added to the website.

Growth

Between 2001 and 2012, the Peninsula Health catchment area population is expected to grow by 7.2 per cent, from 292,190 to 313,343. The highest growth rate is predicted for older people, with an expected 25 per cent increase in the number of people over 70 compared with an increase of 12 per cent, on average, for Victoria.

What are the Special Needs of this Community?

The distance to tertiary health centres in Melbourne coupled with the lack of adequate public transport arrangements make it necessary for Peninsula Health to provide a comprehensive range of services for the communities in Frankston and the Mornington Peninsula.
The five most prevalent medical conditions affecting residents of the region are cardiovascular disease, cancer, chronic respiratory conditions, endocrine disorders including diabetes and mental disorders including dementia.

Tobacco continues to be the biggest disease risk factor for both men and women, with physical inactivity, high blood pressure and obesity next on the list. In addition, alcohol, poor diet, high cholesterol, illicit drugs, unsafe sex and work injuries make up the top ten risk factors.

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 almost 82 – men to nearly 76 years of age. Sadly, Aboriginal life expectancy is between eight and 18 years lower than the Victorian average.

How does Peninsula Health address these high risk factors?

A comprehensive approach is taken to all risk factors. Some recent strategies include:

- Appointment of two additional Interventional Specialist Cardiologists. This doubled the number of days available to perform angioplasty procedures from two days to four days a week, (see page 15)
- The Southern Metropolitan Integrated Cancer Service (SMICS) has been established to support improvements in the integration and coordination of cancer services provided by three major health services, (see page 17)
- Provision of cardiac (heart) and pulmonary (lung) rehabilitation programs both in hospital and in outpatient settings
- Extensive drug and alcohol related programs. These include the operation of a Needle Syringe Exchange Program (see page 26), a methadone clinic and counselling services to assist people with addictions and to protect the community.

Who are Peninsula Health’s Partners?

“In Partnership, Building a Healthy Community”, our mission for Peninsula Health, requires close and productive partnerships with a wide range of individuals and organisations. These relationships assist the health service to plan, monitor, develop and improve its services. Partners in meeting the needs of the community include:

- Health care consumers, patients, clients, residents, their families and carers
- Health care providers including Peninsula Health staff, General Practitioners, Specialists and other public and private health organisations and agencies
- Learning, teaching and research organisations
- Government and Government agencies at Local, State and Federal levels, particularly the Department of Human Services
- The Community including individuals, businesses and community organisations
- Supporters including volunteers, donors, corporate sponsors and philanthropic organisations.
The total number of inpatients treated for the year increased by 2.7 per cent at Frankston Hospital and 4.5 per cent at Rosebud Hospital.

Presentations to Hospital Emergency Departments grew by 3.6 per cent at Frankston Hospital and 6.2 per cent at Rosebud Hospital in 2004/05.

Frankston Hospital had 153 episodes of bypass in 2004/05. This increase of 17 was wholly due to industrial action during 2004/05.

There was a slight increase in the number of patients waiting for elective surgery as at 30 June.

Average waiting times for elective surgery decreased for Category 1 and 2 patients. However, average waiting times for Category 2 patients still exceeded the 90 day target set by DHS. Average waiting times increased marginally for Category 3 (non-urgent) patients.
A small and improved operating surplus was again achieved in 2004/05 assisting with the funding of capital equipment and programs.

Expenditure continued to rise to $250m. Wage increases and increased services were the major factors which contributed to the increase.

The value of assets remained steady at $191m in 2004/05 following a significant increase in 2003/04. Liabilities, mainly staff entitlements, continued to rise and were $52m in 2004/05.

Staff numbers (measured by full time equivalents) have grown steadily as services have increased.

Government contributions remain the major source of revenue, but other sources such as patient fees and donations remain important.
BOARD OF DIRECTORS

Front row left to right
Mr Barry Nicholls (Chair)
MEc BEc (Hons) 1 TPTC
Former Senior Victorian public servant, including roles within DHS.
Director, Port of Melbourne Corporation; 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.
Meetings attended: 10 of 11.

Associate Professor
Ruth Salom
(from 1 July 2005)
MB BS, MD, BMedSci (Hons), FRCPA, MIAC, MBA
Senior Pathologist, Royal Women’s Hospital; 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 Diana Macmillan
DipPE (Melb)
Frankston Resident; Company Director; Member, Menzies Inc Scholarship Selection Committee.
Meetings attended: 10 of 11.

Ms Diana Ward
(Deputy Chair)
BA (Sociology & Anthropology) Dip Arts (Professional Writing & Editing). Licensed Estate Agent. Company Director; Member, Peninsula Hospice Service.
Meetings attended: 9 of 11.

Back row left to right
Ms Liza Newby
LL.B (Hons), MA FAIM
Consultant with Resolution Resource Network; Member Victorian Mental Health Review Board; Former Victorian Health Services Commissioner.
Meetings attended: 10 of 11.

Mr Michael Tiernan
LL.B
Consultant in Legal Management and OHS, Rehabilitation and Risk Management;
Member Law Institute of Victoria; WorkCover Committee; Accident Compensation Committee.
Meetings attended: 10 of 11.

Ms Dianne Wickham
BBus CA MIACD
Partner, Morey Wickham Chartered Accountants and Advisers; Director, Job Futures Ltd.
Meetings attended: 11 of 11.

Mr Ian Allen OAM
(from 1 July 2005)
BEc, Master of Administration. Fellow of the Australian Institute of Management; Trustee of The Pratt Foundation and Visy Cares Member; Peter MacCallum Cancer Centre Community Advisory Committee. Consumer of public and private health services.
Board Governance

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

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 or chairmanship of, the various committees of the Board. Directors also give their time to attend significant Peninsula Health functions and events relating to Peninsula Health.

The Board meets monthly, with 11 meetings held in the financial year 1 July 2004 to 30 June 2005. There was no meeting in January 2005.

At these meetings, respective members of the Peninsula Health Executive formally report to the Board on their areas of responsibility.

Retiring Board Directors

Peninsula Health Board and Staff extend sincere appreciation to retiring Board Directors, Jim Young and Dr Virginia Mansour, for their respective and valuable contributions.

Board Committees during 2004/05

Finance & Resources Committee
- Dianne Wickham (Chair)
- Jim Kerrigan
- Barry Nicholls
- Diana Ward
Meetings held: 11

Audit Committee
- Dianne Wickham (Chair)
- Jim Kerrigan
- Barry Nicholls
- Diana Ward
Meetings held: 5

Quality & Clinical Governance Committee
- Jim Kerrigan (Chair)
- Barry Nicholls
- Liza Newby
- Michael Tiernan
- Virginia Mansour (part year)
Meetings held: 6

Planning & Future Development Committee
- Michael Tiernan (Chair)
- Diana Ward
- Barry Nicholls
- Jim Young (part year)
Meetings held: 5

Remuneration Committee
- Barry Nicholls (Chair)
- Diana Ward
- Dianne Wickham
- Jim Young (part year)
Meetings held: 2

MSA/Board Executive
- Barry Nicholls (Chair)
- Diana Ward
Meetings held: 3

Research & Ethics Committee
- Liza Newby (Chair)
- Jim Young (part year)
Meetings held: 10

Community Advisory Committee
- Diana Macmillan (Chair)
- Michael Tiernan (part year)
Meetings held: 6

Primary Care & Population Health Committee
- Diana Ward (Chair)
- Diana Macmillan
- Virginia Mansour (part year)
Meetings held: 4
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 experience in clinical work followed by 24 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; and an ACHS Surveyor.

Dr Peter Bradford
Executive Director
Frankston Hospital and Medical Services; and Deputy Chief Executive
MB BS MPH FRACMA FCHSE
Peter has worked in senior health care management roles for 23 years in Victoria and the Northern Territory. He is a Fellow and Honorary Treasurer of the Royal Australasian College of Medical Administrators and a Fellow of the Australian College of Health Service Executives.

Mr Simon Brewin
Executive Director
Psychiatry, Community Health and Infrastructure
B Bus (C&HM) Grad Dip HSM, Grad Cert HE, MBL, FCHSE, CHE
Appointed: May 2003.
Over 23 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. He is a Fellow of the Australian College of Health Service Executives.

Mr Siva Sivarajah
Executive Director
Rehabilitation, Aged and Palliative Care Services and Allied Health Services
BCom ASA ACMA
Siva joined Peninsula Health in November 2000 as the Executive Director of Finance and Information Management. He has also managed Surgical Services, Corporate Services, Engineering, RAPCS, Allied Health Services and Rosebud Hospital.

Ms Elizabeth Wilson
Executive Director Nursing Services and Community Participation
RN CTCert CCCert DipHNUM BaAppSci(N Admin) MHA FRCA
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 is a Fellow of the College of Nursing Australia and is currently a member on the Victorian Taskforce on Nurses Preparation for Mental Health Work.

Mr Michael Dawson-Smith
Executive Director Human Resources
BA (Politics), Grad Dip Labour/Mgmt Relations, CMAHRI
Mike has held senior HR roles with BP Australia, National Australia Bank and Monash Medical Centre.

Mr David Anderson
Executive Director Finance
BCom MCom (Finance)
Appointed: October 2002.
David has experience in senior management roles in several government departments. 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.

Ms Vicky Hammond
Corporate Counsel
LLB (Hons) LLM (Hons)
Appointed: October 2002.
Vicky has worked with the health sector as a lawyer for 15 years. She came to Peninsula Health from an Australian private hospital group and has worked as a barrister. She also worked on the Bristol Royal Infirmary Inquiry in the United Kingdom.

NEW APPOINTMENTS
(as at September 2005)

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

Mr Brendon Gardner
Acting Executive Director Rehabilitation, Aged and Palliative Care and Allied Health Services
BAppSci(MRA) MHA(UNSW)
Appointed: August 2005.
Brendon joined Peninsula Health Care Network in 1997. He has held several positions including Project Manager for the Portsea Safe Haven and as the Director of Information Management for Peninsula Health.
Frankston Hospital is the major provider of acute secondary and tertiary hospital services on the Mornington Peninsula. With 321 beds, it provides general and specialty emergency services, medical and surgical services, mental health, maternity, and paediatric services.

In its role as a major teaching centre, the hospital has affiliations with Monash University and Deakin University and links with other universities in post graduate studies.

Achievements

- Work has commenced on a $3.4 million upgrade and renovation of the Frankston Hospital Medical Imaging Department.
- Appointed an Elective Surgery Access Coordinator (ESAC) in January 2005 to assist patients waiting for elective surgery.
- In December 2004, Peninsula Health became the first public hospital in Victoria to establish its own Medical Officer Bank (MOB).
- A new electronic information system has been implemented to monitor the progress of a patient in the Frankston and Rosebud Emergency Departments.
- In 2004/05, two additional Interventional Specialist Cardiologists were appointed.
- The Family Birthing option of care, which enables families to have a more active role in the birth of their new baby, was implemented at Frankston Hospital in August 2004.
- Peninsula Health, with the support of the Department of Human Services, invested $837,000 in specialised equipment for the Intensive Care Unit.
- Frankston Hospital Redevelopment, Stage Two, is in the master planning phase. It will include an upgrade in Operating Theatre facilities with the inclusion of a Day Theatre in the new complex. As part of the development, it is also expected the Intensive Care Unit will be enhanced.

Radiology Department Expands

Radiology Services are provided by Peninsula Health in partnership with MIA Australia.

Radiology’s year in 2004/05 has been highlighted by service development and facilities planning at Frankston. A $3.4 million redevelopment has commenced. Once completed, it will improve clinician and patient access to advanced medical imaging technology in addition to expanding and modernising the work environment.

The enhanced facilities will include:
- An additional X-ray room (completed)
- An additional ultrasound room and equipment
- Siting of the newly purchased DSA/Digital Fluoroscopy equipment into a purposely designed interventional suite
- Improved reporting and staff facilities
- Siting of a new Multi-slice (16 slice) CT adjacent to the Emergency Department (completed)
- Improved patient facilities
- Improved workflow in facilities better designed to meet expanding demand.

The department has undertaken reviews of its CT, Ultrasound and MRI services to ensure patients receive the most appropriate test to make their diagnosis in the most accurate and timely manner.

Surgery

In 2004/05 the Surgery and Operating Service performed 10,650 operative procedures at the Frankston and Rosebud campuses. The Surgery and Operating Service has three General Surgery Units (Upper Gastrointestinal Surgery, Colorectal Surgery, and Breast, Endocrine Surgery and Surgical Oncology). Other units include ENT, Plastic and Faciomaxillary Surgery, Paediatric Surgery, Orthopaedic Surgery, Thoracic Surgery, Urological and Vascular Surgery Units.

Associate Professor Colin Russell is the overall Director of Surgery and Professor Jonathan Serpell is the Professor and Director of General Surgery. Professor Serpell was appointed to this post in April 2005.
Associate Professor Colin Russell was recently appointed as Honorary Associate Professor in Monash University Department of Epidemiology and Preventive Medicine in addition to his appointment to the Monash Department of Surgery.

**Elective Surgery**
Increased emergency demand for surgery has meant that some elective waiting times have increased during the year. To assist patients waiting for elective surgery Peninsula Health appointed an Elective Surgery Access Coordinator (ESAC) for the Elective Surgery Access Service (ESAS) in January 2005. The role of the ESAC is to help facilitate better outcomes for long waiting patients through case management and to promote the benefits of ESAS.

The ESAS service, developed by the Department of Human Services, funds hospitals with extra theatre capacity, such as St Vincent’s, to take on patients from other health services. The service was developed to reduce waiting times for elective surgery.

This year, 206 orthopaedic patients waiting for joint replacement surgery at Frankston Hospital took up the offer to have their surgery earlier at another health service.

For more information on ESAS and the elective surgery process, refer to pages 31-33 of the 2005 Quality of Care Report.

**Operating Theatre**
This year, with a DHS grant, an Operating Room Breakthrough Project was undertaken. A Project Team collated and analysed data looking for practices or systems that could be made more efficient. Recommendations from the project are being implemented and gains will be monitored.

For more information on Theatre performance, refer to page 33 of the 2005 Quality of Care Report.

**Additional Surgeons**
Peninsula Health now offers a wide range of procedures using the laparoscopic (keyhole) approach including surgery for removal of kidney stones, for reflux disease (heartburn) and some cancers of the bowel. The appointment of additional surgeons has also increased the range of services available.

Peninsula Health offers advanced training for the Royal Australasian College of Surgeons across a wide range of specialties enabling the health service to keep up-to-date with trends in treatment and as a teaching hospital, pass on this knowledge to Medical Undergraduates from Monash University.

**Medicine**
This year Peninsula Health’s Medicine and Critical Care Service treated 19,955 inpatients at Frankston.

**Cardiology**
In 2004/05, two additional Interventional Specialist Cardiologists were appointed. This doubles the number of days available to perform angioplasty procedures from two days to four days a week. Angioplasty is a procedure where the arteries are unblocked from within the vessel using a balloon to expand the arteries and then insert a stent, a small wire mesh cylinder, to keep the vessels open.

Numbers for this service have increased by 25 per cent from 256 in 2003/04 to 345 in 2004/05.

The number of patients having pacemaker replacements has increased by from 36 in 2003/04 to 48 in 2004/05.

Direct Cardio Reversion (DCR) sessions, which involve the application of electric current, under patient anaesthesia, to ‘shock’ the heart into normal rhythm, are performed once a month. The number of patients has increased from an average of 4.5 to 6 per session compared to last year. This has reduced the waiting time for DCR from 8-12 weeks to 0-4 weeks.

**EEG Service**
The Electroencephalogram (EEG) Service continues to grow. (An EEG is a test that scans a person’s brain activity to detect irregularities including neurological disorders such as epilepsy).

The Service began in December 2003 with 12 referrals in the month, and quickly doubled its activity to 286 referrals over the next 12 months (24 per month). In 2005, tests have been performed on 27 clients per month.
Medical Officer Bank

In December 2004, Peninsula Health became the first public hospital in Victoria to establish its own Medical Officer Bank (MOB). MOB aims to maintain a high level of patient care by utilising experienced medical officers known to Peninsula Health; and through keeping MOB casual staff informed on issues relating to training and policy requirements.

For more information on the Medical Officer Bank, refer to page 60 of the 2005 Quality of Care Report.

Emergency Services

Frankston Hospital’s Emergency Department is one of the busiest in the state. In 2004/05 it saw 46,794 patients, an increase of 1,640 patients (3.6 per cent) compared with the previous year. Approximately 30 per cent of these patients were admitted to hospital.

In 1996, Frankston Hospital was among the first in the state to establish a privately operated GP Clinic (Medicentre) next to the Emergency Department. The Medicentre saw almost 11,000 patients during the last financial year. Many of these patients would otherwise have presented to the Emergency Department. If these numbers were added to emergency presentations, Frankston Hospital would have the busiest emergency department in Victoria.

The Emergency Department at Frankston is designated as a Metropolitan Trauma Service.

Key achievements of the Frankston Hospital Emergency Department this year include:

ED Tracker System
A new electronic information system has been implemented to monitor the progress of patients in the Frankston and Rosebud Emergency Departments. The system, which is updated every minute, enables staff in the Emergency Departments and elsewhere to monitor the progress of patients and identify the reasons for a delay in discharge or transfer to a ward.

Aged Care Medical Assessments
From January 2005, early morning Aged Care Medical Assessments commenced in the Frankston Emergency Department. These are conducted by senior medical staff from Peninsula Health’s Aged Care Services. This has resulted in an increase in direct admissions from the Emergency Department to Peninsula Health’s Rehabilitation and Aged Care Services.

Response, Assessment and Discharge (RAD) Team
The RAD Team in the Emergency Department has continued to develop, increasing the number of patients seen to over 300 per month in the Emergency Department and a further 70-80 in the adjacent Observation Ward, avoiding admission to hospital in 20 per cent of cases seen.

The partnership between the RAD Team and the Metropolitan Ambulance Service (MAS) was further developed in 2004 with the introduction of a new MAS referral system. Patients are triaged at the point of the call to MAS and where appropriate, referred to RAD instead of dispatching an ambulance. A home visit is then undertaken.

Training Accreditation
In 2004/05, the Emergency Department was reviewed by the Australasian College for Emergency Medicine. The Department received two years accreditation for advanced specialist training in Emergency Medicine. In addition, accreditation was also given for the compulsory Paediatrics and Research component of the training program.

A trainee in Emergency Medicine is now able to complete their total training in Emergency Medicine, except for the six months of compulsory Emergency Department training in a tertiary referred centre of which there are only five in the State.
Women’s, Children’s and Adolescent Health

The Family Birthing option of care, which enables families to have a more active role in the birth of their new baby, was implemented at Frankston Hospital in August 2004.

The Family Birthing option involves:
- Family participation in providing support for birth
- Midwife care with specialist back up
- Specially tailored education and preparation for the whole family
- Focus on natural, active and intervention free birth
- Going home within 24 hours of giving birth.

From August 2004 to June 2005, 32 women had their babies using family birthing care. Another 22 women originally chose Family Birthing but later decided on another birthing option or developed medical or obstetric complications that required a different method of care.

Whilst only a small number of women have given birth using this option of care to date, evaluation of this model demonstrated that 80 per cent of clients were satisfied or very satisfied with this model of care.

A multidisciplinary team has revised all the Obstetric guidelines to ensure consistency with evidence based practice, including the “Three Centres Guidelines for Antenatal Care” and the DHS “Future Directions for Victoria’s Maternity Services 2004”. This has resulted in outcomes that compare favourably with the Australia-wide outcomes published by the Perinatal Society of Australia and New Zealand.

For more information on the Women’s, Children’s and Adolescent Health Service, refer to pages 69-78 of the 2005 Quality of Care Report.

Oncology

A multidisciplinary Breast Clinic is led by Professor Jonathan Serpell and Dr Vinod Ganju. During the year there has been a multidisciplinary team management discussion for all breast cancer patients.

The Southern Metropolitan Integrated Cancer Service (SMICS) has been established to support improvements in the integration and coordination of cancer services provided by the three health services which support the southern suburbs of Melbourne. The three major health services, Peninsula Health, Bayside Health and Southern Health, have joined forces to improve the coordination and delivery of cancer services to patients across the Mornington Peninsula and the south eastern suburbs of Melbourne.

Intensive Care

In 2004/05, Peninsula Health’s Intensive Care Unit (ICU) treated 567 patients.

Last year Peninsula Health, with support from DHS and an $83,000 donation from Frankston Hospital’s Pink Ladies, invested $800,000 in cardiac monitors, defibrillators and other lifesaving equipment for the Intensive Care Unit. In addition four specially designed intensive care beds and a new dialysis unit were purchased.

The Medical Emergency Team (MET) at Frankston Hospital responded to 220 MET calls during 2004/05. The Team includes a doctor and nurse from the ICU who respond immediately to any MET call. Nurses on the wards will call the MET if one of their patients begins to deteriorate to a serious level where a cardiac arrest or other life threatening event is possible. MET clinicians quickly evaluate the situation and begin the necessary steps to prevent further decline.

In 2004/05, six Intensive Care nurses from Peninsula Health graduated with a Post Graduate Diploma in Critical Care Nursing from Deakin and Monash Universities.
The 68 bed Rosebud Hospital provides a broad range of acute diagnosis, treatment and care for both admitted patients and outpatients of the southern Mornington Peninsula.

Achievements

It has been a year of rapid growth for Rosebud Hospital. New services were introduced and others were expanded and enhanced.

- Total patient numbers grew by 5.8 per cent during 2004/05 to 31,133, compared to 29,411 during the previous year.
- Inpatient activity grew by 4 per cent to 10,998 and outpatient activity also grew by 10 per cent to 1,684.
- Presentations to the Emergency Department continued an upward trend and grew by 6.2 per cent from 17,364 in 2003/04 to 18,451 in 2004/05.

The population of the southern end of the Mornington Peninsula swells dramatically in holiday periods, with the peak summer period attracting in excess of 100,000 holiday-makers who also rely on the services of Rosebud Hospital.

Rosebud Emergency

The number of people presenting at Rosebud Emergency Department has grown by 156 per cent during the last five years. More than 18,000 people were seen in 2004/05, about 11,000 more than in 2000/01 and patient numbers continue to grow.

Presentations to the Emergency Department grew by 6.2 per cent compared to 2003/04. A range of initiatives were introduced that have reduced the time people spend waiting and the number of hospital bypasses.

The introduction of Emergency Physicians, Emergency Registrars, expanding Senior Medical Staff and Hospital Medical Officer coverage to seven days per week, and a 24 hour ward clerk commenced in February 2005 to effectively service this growth. A dedicated Nurse Manager and Clinical Nurse Educator were also introduced to expand nursing expertise to cater for patients with increased complexity. Radiology hours of operation were expanded in April 2005.

Physiotherapy Service in Emergency

In February 2005 a Physiotherapy Service was introduced within the Rosebud Hospital Emergency Department, to address the high number of patients presenting with soft tissue injuries. Having an experienced musculoskeletal physiotherapist available to provide specialised treatment has reduced the demand on other medical and nursing staff who are then able to care for other emergency patients.

The service is offered four days a week and has seen 300 patients from its commencement to end June 2005.

RAD Team expands to Rosebud

In response to the significant increase in presentations to the Emergency Department, the Response, Assessment and Discharge (RAD) Team expanded to Rosebud Hospital in January 2005, with a RAD team member now available five days per week.

The multi-disciplinary team made up of physiotherapists, occupational therapists and social workers aims to prevent unnecessary admissions to hospital.

During the first six months of operation from January to June 2005, RAD saw 323 patients in the Rosebud Hospital Emergency Department. Admission was avoided in 13 per cent of patients seen.

General Medical Unit & Aged Care Medicine Introduced

With the introduction of a new General Medical Unit in November 2004 Rosebud Hospital now treats more patients with complex medical conditions.

During the first eight months of operation, Rosebud Hospital provided care to 500 more patients than the previous year.

Two specialist physicians, one general medicine and one aged care specialist, complete regular ward rounds and hold multi-disciplinary case meetings with allied health staff to facilitate efficient discharge planning.
Medical Observation Beds

A three bed Monitoring and Observation area within the Southern Wing was developed in May 2005 and will be dedicated to low level cardiac and medically unstable patients who require closer observation.

Mother / Baby Services

Hillview Maternity Unit developed a proactive approach to clinical risk issues by reviewing services and developing clinical guidelines that ensure mothers and babies receive the best possible care in a safe environment.

Hillview Maternity Unit supported 262 women to give birth during the 2004/05 year.

Over 440 mothers and babies stayed overnight at the Mother/Baby Unit during 2004/05 to learn the skills of successfully settling a wakeful baby.

A Mothers Supporting Mothers service commenced in August 2004, offering mothers the opportunity to meet and talk with each other on a monthly basis. In partnership with the Mornington Peninsula Shire Council, this program has been made available to all mothers in the community.

Complex Care

The Complex Care Program which enhances the management of patients with chronic illnesses including heart disease, diabetes and drug and alcohol issues, now has a permanent presence at Rosebud Hospital.

This has reduced by 49 per cent the number of times Rosebud clients of the Complex Care Program presented to the emergency department. This has led to a 60 per cent reduction in admissions to hospital by these clients and reduced the total number of bed days of these clients by 70 per cent.

For more information on the Complex Care Program, refer to pages 61-68 of the 2005 Quality of Care Report.

Executive appointments

In November 2004, Executive Director Ms Elizabeth Wilson took up a new role of Executive Director Community Participation, in addition to her role as Executive Director of Nursing Services.

Mr Siva Sivarajah became the Executive Director of Rosebud Hospital in addition to his responsibility for the Rehabilitation, Aged and Palliative Care Services and Allied Health Services. Mr Eddie Dunn was appointed Operations Director Rosebud Hospital in January 2005.

In August 2005 Mr Sivarajah resigned from Peninsula Health and responsibility for Rosebud Acute Health Services will be undertaken by Mr Chris England, along with his responsibilities as Executive Director Human Resources.
Peninsula Health’s Rehabilitation, Aged and Palliative Care Services (RAPCS) offer a range of inpatient, interim care and domiciliary aged care, rehabilitation and palliative care services in Edithvale, Seaford, Frankston, Mount Eliza and Rosebud.

Services are offered across six sites, including two specialist psychogeriatric residential aged care units in Frankston and Seaford, inpatient, interim and domiciliary aged care at Mount Eliza, residential aged care services in Rosebud, an inpatient Palliative Care Unit in Frankston and community rehabilitation services at three sites in Chelsea, Frankston (Golf Links Road) and Rosebud.

Peninsula Health provides Allied Health professional services in the following disciplines - physiotherapy, occupational therapy, speech pathology, social work, neuropsychology, podiatry, prosthetics and orthotics, and dietetics.

In 2004/05 patients waiting for residential care facilities within Peninsula Health decreased by an average of 35 per cent across the health service, despite a 10 per cent increase in referrals for this group of patients. Current average length of stay for patients waiting for residential care within Peninsula Health is 11-12 days. This is well below the State Average Length of Stay for comparable health services.

**Achievements**

- The number of patients waiting for sub-acute beds in Frankston Hospital has reduced from an average of 38 per month (2002) to an average of five (2005).
- The number of patients assessed within 24 hours in Frankston and Rosebud Hospitals for sub-acute services has increased from 75 per cent (2002) to 94 per cent (2005).
- The number of patients transferred to sub-acute within three days has increased from 60 per cent (2003) to 75 per cent (2004) to 80 per cent (2005).
- The average Geriatric Evaluation and Management (GEM) length of stay (LOS) has reduced from 43.04 days (2001/02) to 23.47 (2004/05).
- The average Rehabilitation LOS has reduced from 29.26 (2001/02) to 20 days (2004/05).
- The average improvement in Barthel scores increased from 23.9 per cent (2003) to 30 per cent (2005). This was against the benchmark of a DHS Victorian State Average of 21.2 per cent (March 2005).

**Mornington Centre Promoting Health Independence**

The new Mornington Centre Promoting Health Independence (CPHI) development planning is now in progress. The 2005/06 State Budget allocated $20 million for the construction of the first stage of the building which will house the centre’s first 60 geriatric evaluation and management beds. Construction on Stage 1A is due to commence in October 2005. When completed, the total development will have:

- Ninety geriatric evaluation and management beds
- Sixty beds for aged persons’ mental health residential care
- Thirty residential aged care beds for clients with complex needs
- A community rehabilitation centre and hydrotherapy pool
- Community health services managed by Peninsula Community Health Service, working with Peninsula Health.

**Ageing Well Centre**

RAPCS is consolidating current, and developing more, health and well being programs for the elderly to promote health independence under a new service called the Ageing Well Centre. The Centre will offer alternative models of care that support health independence for older people. It will act as a resource for physical activity programs for the elderly and offer a range of in-reach and out-reach programs in the community. There will be a strong focus on community education including regular forums for the elderly and their families to learn ways to optimise health independence. Strong partnerships with community groups and organisations are a key component of the Centre.
Enhancing Research
The Department of Aged Care Medicine is developing research programs into healthy ageing and into clinical practice in aged care medicine. The specific areas of work that will be highlighted include safety and quality of patient care in aged care medicine in the acute, sub acute and residential aged care sectors. Research will also be conducted to develop a program exploring interdisciplinary care, in particular how teams work together in providing care for patients and how risk is assessed by different health professions in determining a patient’s ability to return home.

International Recognition of the FRAT
A research based Falls Risk Assessment Tool (FRAT), developed by the Falls Prevention Service, has for some time been used extensively by other hospitals and in residential settings around Australia. Over 500 FRAT packs have been distributed nationally since 2000, and it has now received interest internationally. Of the 50 requests for falls prevention information received last year, five were from overseas. Health services in Singapore, Ireland, Lithuania, the USA, and the UK are some of the first international health services to request the FRAT to use clinically or for further research.

Peninsula Health’s FRAT and practices were internally and externally reviewed in January 2004. The review resulted in the inclusion of FRAT and guidelines within the Victorian Quality Council and Australian Quality Council Best Practice Guidelines 2004.

Falls Prevention
As a result of a strategic focus to reduce inpatient falls, an Inpatient Falls Program has been successfully piloted in RAPCS and is being implemented across inpatient areas of Peninsula Health.

As at June 2005 RAPCS had an 86.5 per cent completion rate of falls risk assessments within 24 hours of admission compared with 27 per cent prior to the commencement of an Inpatient Falls Program.

For further information on Peninsula Health’s Falls Prevention Service, refer to pages 48-50 of the 2005 Quality of Care Report.

Interdisciplinary Care Program
In 2004/05 an Interdisciplinary Care Program was implemented in RAPCS. The program was introduced to identify patient needs and potential adverse outcomes with the completion of a comprehensive risk screen and assessment to enhance the coordination of care throughout the health service.

As part of the program a Key Liaison Person is appointed to every patient when admitted. The role of the Key Liaison Person has been expanded to include comprehensive risk screening within 24 hours of admission, admission and discharge meetings for patients/families/carers with their Key Liaison Person and Senior Medical Officer and follow up for all patients within seven days of discharge. Clinical Leaders at each site assist the Key Liaison Person with education, support and evaluation where needed.

Audits indicate high compliance rates (96 per cent) and improved patient/carer involvement in discharge planning (81 per cent).

Portfolio Holders
The clinical portfolio model of care has been introduced across all inpatient areas as a method of reducing clinical risk and optimising patient outcomes. The portfolios include skin integrity, falls, continence, diabetes, pain management and behaviour management, ensuring that every inpatient area has the resources and local expertise to facilitate improved care based on evidence.

Competencies have been developed and training delivered to Clinical Portfolio Holders.

Clinical Portfolio Holders are supported by a Clinical Nurse Consultant Specialist and a Medical Specialist. Ward rounds have been trialed at Mount Eliza Centre and are being rolled out at other sites.
Interim Care in the Home Program
The Interim Care in the Home Program commenced in July 2004 and has managed an average of 12 patients per month. At the end of the financial year the Program was supporting 16 people in the community at any one time.

The program has been working closely with both residential care facilities and community service providers to support patients who have complex care needs with a range of options upon discharge. Case Management of these patients has been very positive in ensuring that appropriate follow up occurs post hospitalisation.

Over 50 patients have moved from hospital care to permanent care utilising this program.

The Residential Outreach and Support Service (ROSS)
The Residential Outreach and Support Service was set up in November 2003 in response to the high number of patients from residential care facilities presenting in Emergency Departments and requiring inpatient admission. ROSS now sees 25-30 patients per month, preventing a presentation to hospital in 40 per cent of those patients seen.

Rehabilitation in the Home (RITH)
Rehabilitation In The Home (RITH) was reviewed in June 2004 and a number of key components of the program were revised. A resource folder was developed for all wards on how, and who, to refer to RITH. Education sessions were held in all RAPCS inpatient wards and ACCESS. Each client has been assigned a Key Liaison Person. Subsequently, the number of referrals increased from 162 (February 2003 to January 2004) to 305 (February 2004 to January 2005).

RITH increased its capacity from six active client places in 2002/03 to 30 client places in 2004/05. Length of stay decreased from 36.5 days in February 2004 to 20.8 days in February 2005. Waiting list reduced from seven days to one day in the last nine months of 2004/05.

Movement Disorders Program expands
The Movement Disorders Program for people with Parkinson’s Disease proved so successful at the Rosebud Rehabilitation Unit that it was expanded to the Golf Links Road site at Frankston during the 2004/05 year.

Agestrong
The Agestrong program, which gives older people proper guidance and easy access to regular exercise, has continued to grow. Currently 20 groups operate from seven community based sites in Frankston and the Mornington Peninsula region for 275 participants per week, compared with 35 in April 2003. Recently, Agestrong was introduced in to sub-acute inpatient settings, offering 30 places per week.

For more information on Agestrong, refer to page 49 of the 2005 Quality of Care Report.

New mobile X-Ray machine
During July 2004 a new mobile X-Ray machine was installed at the Mount Eliza Centre. The purchase of the machine was made possible through a $30,000 grant received from The Lord Mayor’s Fund.

Lotus Lodge Accreditation
In 2004/05 accreditation was maintained at all sites across RAPCS. Throughout the year, the Aged Care Standards and Accreditation Agency (ACSA) made multiple support visits and all facilities continued to meet all 44 standards.

A full accreditation survey was conducted at Lotus Lodge Hostel in November 2004. It was accredited for the maximum three years by Aged Care Standards and Accreditation Agency Ltd (ACSA) from November 2004.

Interpreter Booking Service
Staff Awareness Training in Cultural and Linguistic Diversity has continued in 2004/05 leading to the highest level of interpreter use since the central interpreter booking service commenced five years ago.
Patient Satisfaction
Subacute inpatients are regularly surveyed to provide ongoing feedback on care and services. Most respondents felt that communication was excellent. The majority of respondents rated meal quality, quantity and variety as satisfactory to excellent (85 per cent). Most respondents felt their overall care was excellent. The appearance, cleanliness and comfort of rooms were also highly commended. Some improvements suggested related to room noise and waiting times for therapy and treatments.

Palliative Care
Peninsula Health was accepted as a host site for a pilot project - the Program of Experience in the Palliative Approach. The program commenced in January 2005 and is funded by DHS. The Inpatient Palliative Care Unit, The Peninsula Health Acute Palliative Care Consultancy Service and the Peninsula Hospice Service were all accepted as host sites. The three services have developed an integrated program. The second part of the program will target General Practitioners and other medical staff who may be interested. It is aimed at providing insight into the Palliative Approach to care of patients with life limiting illness.

The Southern Metropolitan Region Consortium was formed during the year, including all of the specialist Palliative Care providers in the Southern Metropolitan Region. It was established to develop and implement service development initiatives guided by the document “Strengthening Palliative Care - A Policy for Health and Community Care Providers”, which was launched by DHS in October 2004.

The consortium consists of participants from Bayside Health, Calvary Health Care, Southern Health, Peninsula Health, Peninsula Hospice Service, South East Palliative Care, RDNS and the Divisions of GPs. It has been given the task of planning for Palliative Care Service provision in the region for the period between 2005 and 2009. A draft plan has been developed in consultation with specialist services and local communities and will be implemented over a five year period.

Allied Health
Peninsula Health has established strong links with Monash University and will become a Monash University Physiotherapy Clinical School in 2007. These links will enhance recruitment and staff development. An Associate Professor position will be part funded and linked to the clinical school to enhance research at Peninsula Health.

The health service is currently investigating Allied Health opportunities for an academic role as part of the development of the Monash University Health Sciences Program at Peninsula Campus and other universities. Discussions have been held with Monash, Deakin and Charles Sturt universities. Two senior clinicians have been accepted as tutors to Monash University and one has been appointed as lecturer at LaTrobe University.

A Diabetes Educator, dedicated to RAPCS, was appointed during the year.
Peninsula Health Psychiatric Service provides a range of community focused mental health services within Frankston, Chelsea and the Mornington Peninsula.

Services are provided in two continuums of care, Adult and Aged, across four 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 multidisciplinary teams.

There has been excellent recruitment of Specialist Psychiatrists in the last 12 months, as part of a continuing effort to ensure the retention of senior medical staff who carry significant responsibilities for high quality assessment, diagnosis and treatment. Recruitment and retention of Registrars is now enhanced and work is being done within the wider hospital to assist in recruitment of HMOs experienced and interested in psychiatry.

The enhancement of discharge planning has been a focus area after readmission rates increased over the last year. A review of case files suggests that ensuring follow up on discharge for clients in need of complex care will reduce readmissions. Discharge planning is therefore being targeted across the service as an area for clinical improvement.

Dr Richard Newton was appointed Director of Clinical Services (Authorised Psychiatrist) in April 2005. Dr Newton had previously filled this position on a part time basis since the resignation of Dr John Reilly.

Triage
Triage was introduced to ensure there is a clear point of entry and access to mental health services. The introduction of a service wide toll free number - 1300 792 977 supports this triage service. The first 15 minutes of each call is free of charge to the caller, and this number provides contact with an appropriately experience mental health clinician who will assist in determining the need for assessment and treatment.

Dietetic Support
In July 2004 dietetic support was increased by one session per week, making five sessions in total. This assists in the lifestyle and weight management of patients and more importantly recognises that some new medications are associated with weight gain. Not all mental health services employ this expertise.

Suicide prevention
Applied Suicide Intervention Skills Training (ASIST) was provided to 36 participants and has resulted in a 58 per cent increase in participants’ preparedness to apply suicide first aid to a person at risk.

Psychiatric Consultation Liaison Nurse
Following a successful pilot program a Consultation Liaison Nurse for the Acute Service commenced full-time in December 2004.

The Consultation Liaison Nurse provides psychiatric nursing consultation to nurses and other health care professionals working in non-psychiatric, general hospital settings in order to achieve integrated and holistic care to patients with mental health problems. Each consultation is aimed at facilitating the staff to intervene effectively when a patient presents with a mental health problem. Direct psychiatric nursing care is provided to patients.
Peninsula Carer Council
Peninsula Health Psychiatric Service has continued to support the Peninsula Carer Council, which is a unique model of consultancy and advocacy for both consumers and carers. It consists of an incorporated body of carers representing their views on mental health on the Peninsula.

ADULT SERVICES

The Early Psychosis Service was commenced in partnership with Southern Health. This new service provides timely and expert assessment and intensive case management for young people, aged 16-25 years, experiencing psychosis.

In collaboration with Anglicare, the Psychiatric Service has developed a peer support and psychoeducation program for children aged 8-13 years who have a parent with a mental illness.

Primary Mental Health Service (PMHS)
A Primary Mental Health Service was established to enhance the capacity of local General Practitioners to respond to persons with high prevalence psychiatric disorders, predominantly anxiety and mood disorders, but also including others such as eating disorders and personality disorders.

The PMHS has worked with over 115 General Practitioners on the Peninsula assisting them by providing comprehensive psychiatric assessment and treatment plans for patients who are difficult to treat.

This service is running seven ongoing secondary consultation groups providing ideas about treating people with psychiatric disorders.

Adult Psychiatry Acute Inpatient Unit (2 West)
The Adult Acute Inpatient Unit performed exceptionally well during the past 12 months. The number of separations during this time was 122 more than the previous year, an increase of 16.8 per cent. To achieve this, the average length of stay was 13.7 days compared to the state average of 17 days.

Patients are only discharged when their needs have been met and transfer to community based support can occur.

Feedback from the Community Visitors program has highlighted the need to ensure the environment is clean and well maintained but the standard of care provided has always been excellent.

AGED SERVICES
Several improvements to the ward environment have been achieved, most notably the redevelopment of the Acute Management Area, making it much more user friendly by providing a low stimulus and more calming area. A combined activity involving patients and staff has been undertaken to enhance courtyard garden aesthetics.

Development of a reliable and skilled group of casual bank staff has greatly assisted in adequate coverage of the ward during unplanned absence of regular staff.

An increase in admissions of around 25 per cent over the past 12 months has been managed well.
Community Health Services are provided centrally at the Frankston Integrated Health Centre, situated on the Frankston Hospital site, and at other Peninsula locations. Health promotion, disease prevention and health education programs for all ages are provided.

Achievements

- Total client numbers seen at Community Health Services was 9,698, with an increase in new clients seen from 2,000 in 2003/04 to 2,257 in 2004/05.
- Patients treated for Dental services increased from 4,323 in 2003/04 to 4,958 in 2004/05 and for Optometry services from 996 to 2,501.
- Expansion of Peninsula Drug and Alcohol Program (PenDAP) to Rosebud, see p 27.

SHARPS

SHARPS (Southern HIV/HEP Resource & Prevention Service) needle return rate for 2004 was 94 per cent, the highest in the state for a primary Needle Syringe Exchange Program, with the state average being only 50 per cent. During 2004/05, over 390,500 needles and syringes were distributed.

As part of the 2004 National Overdose Awareness Week in August, SHARPS initiated a procession and ceremony through Frankston attended by over 80 people, to raise awareness in the community about overdose issues.

A monthly Hepatitis C support group has been established to provide useful information to clients, including prevention and treatment. The school awareness project was delivered to four secondary schools in 2004/05 with plans to reach ten schools next year.

Frankston Men’s Shed

Construction began in July 2004 and the shed, in Dundas Street, officially opened in June 2005.

The project involved Community Health and Psychiatry, and many community partners. There are over 35 community businesses and groups sponsoring the shed and its activities.

The workgroups run three days a week and include an average of eight participants and four volunteers.

Community Kitchens

In September 2004 the first Community Kitchen in Australia opened in Frankston.

Since then a further eight Community Kitchens have commenced and one more is currently in development. The kitchens provide an opportunity for people to increase their knowledge of preparing nutritious meals and healthy living habits.

From September to end of June 2005, 2,220 meals were produced from 103 different cooking sessions. There have been 580 occasions of clients using the kitchens.

Men Behaving Positively

Community Health collaborated with the Psychiatric Service to hold two successful health forums for men. The first forum attracted 400 people and the second nearly 600. The forums were well supported by Frankston Rotary and other community organisations.

Diabetes Expo

Over 100 people attended the Diabetes Expo held in November 2004, where people with diabetes and their families were given a chance to improve their knowledge of diabetes management, treatment options, healthy lifestyle opportunities and services available to them.
PenDAP Progress

A grant of over $380,000 was received in July 2004 from the Department of Health and Ageing. This allowed for the expansion of PenDAP services and a decrease in pressure on PenDAP’s Frankston based services by establishing a full time base in Rosebud and offering drug and alcohol counselling services in Mornington.

The Rosebud offices, based at the Southern Peninsula Community Support and Information Centre, commenced operation in November 2004.

In June 2005 a successful partnership was established with Mornington Peninsula Shire to produce two youth based films through the National Community Crime Prevention Program.

Boost for children’s services

In February 2005, $20,000 in funding was received to evaluate children’s services and further develop best practice models in services such as counselling, speech pathology, physiotherapy and occupational therapy. This evaluation is being co-ordinated by DHS.

The School Transition program targets children attending preschool who have mild developmental concerns. Demand for the Program increased from 71 in 2003, to 117 in 2004 with demand for 2005 heading towards 200.

Volunteers

Volunteers increased by 50 per cent in 2004/05 and 70 volunteers now assist in many areas of Community Health such as strength training programs, help desk, hydrotherapy, Men’s Shed, Community Kitchens, Karingal Hub Walkers and Complex Care.

Peninsula Complex Care Program

The Peninsula Complex Care program was officially launched in November 2004. It was established to identify and support patients who have chronic diseases and/or complex needs who present regularly to the Emergency Departments.

Once identified the program works with the clients by providing care coordination, developing care plans and enhancing the capacity of clients to self manage their conditions in the community, thereby reducing their need to access inpatient care. The specialist services are provided for the following chronic conditions:

- Diabetes
- Drug and Alcohol
- Chronic Respiratory
- Chronic Heart Failure
- Generic care coordination for clients presenting six or more times to Emergency within 12 months.

The Program has been funded through the DHS Hospital Admission Risk Program (HARP). These services are now being mainstreamed under the Victorian Chronic and Complex Care Program ensuring ongoing support for clients with chronic conditions and complex needs.

For more information on the Complex Care Program refer to pages 61-68 of the 2005 Quality of Care Report.
Australian Council on Healthcare Standards (ACHS) – Periodic Review May 24-27, 2005

In May 2005, 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.

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 the Legal Compliance program. The report is one of the best achievements received by any health service in a Periodic Review.

The EA ratings were achieved by Discharge/Transfer, Quality Improvement, Recruitment, Occupational Health and Safety, Manual Handling, Security and Radiation Safety programs.

For a summation of observations by the ACHS evaluators please refer to the 2005 Quality of Care Report.

Quality

- The key performance indicators reported to the Board Quality and Clinical Governance Committee were presented as ‘best practice’ by another health service at the 2004 International Society for Quality in Healthcare conference. Peninsula Health was acknowledged as the source of the indicator set.
- The Quality and Clinical Governance policy was reviewed and enhanced.
- Peninsula Health has participated in three collaboratives this year, where health services work together to find solutions to clinical quality improvement issues. They were: Patient Flow Collaborative, Operating Theatre Efficiency Collaborative, and the National Medication Safety Collaborative that involved 100 health services across Australia.
- The health service has used the Six Sigma quality improvement methodology approach adopted by other industries in its work on operating efficiency, theatre and medication safety.
- In 2004, the Peninsula Health Quality of Care Report received a commendation from the Minister for Health in the annual Quality of Care Reporting Awards.
- All wards and departments now have an Operational, Quality and Risk Management Plan that links to the organisation’s Strategic Plan and service cluster priorities.
- The second annual Patient Safety Week was held in May 2005. A public information forum was held at Monash University, Frankston on the topic ‘Take Charge of Your Own Health’ outlining the Ten Tips for Safer Health Care as issued by the Australian Council for Safety and Quality in Health Care. The forum was attended by nearly 100 people.

Consumers’ Rights and Responsibilities

Peninsula Health implemented an awareness campaign to help consumers become more familiar with their rights and responsibilities. The campaign included information leaflets and posters in several languages and a video which is regularly shown in Emergency Departments and ward visiting areas.

A survey showed that the percentage of patients who said they understood their rights and responsibilities increased from 19 per cent to 88 per cent after the awareness campaign.

Infection Prevention and Control

Hand Hygiene Project
Peninsula Health has joined with five other Victorian Hospitals in the Hand Hygiene Project. The project is promoting the latest in hand hygiene – the use of Alcoholic Chlorhexidine Hand Rubs. Bottles of hand rub are positioned at the end of each bed in the wards.

The project aims to reduce the chance of staff spreading infection and significantly decreases the time spent in hand washing. Early results demonstrate a reduction in cross infection in the wards involved in the project.
Medical Governance and Patient Safety

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

In November 2004, Dr Susan Sdrinis was appointed Director Medical Governance and Patient Safety.

The Medical Governance function incorporates review of Senior Medical Staff credentialing and appointment, including the introduction of new technology, in accordance with the new Australian Council for Quality and Safety in Health Care National Standard on Credentialing and Defining the Scope of Clinical Practice.

Achievements

In 2005, the Unit reviewed and revised Peninsula Health’s Incident Reporting Policy and Procedures to ensure that staff were encouraged to report incidents in a timely manner and to promote the concept of viewing incidents from a systems improvement perspective. These new processes meant that the response to patient safety issues was even faster.

Reported incidents involving patients totalled 3,708 in 2004/05 which was almost 700 more than the previous year. No adverse events were reported in 89 per cent of these incidents and 93 per cent involved either minor injury or no injury at all. There were 407 incidents involving harm/injury which is a decrease of 6 per cent from the previous year.

The Blood Matters Collaborative increased staff awareness of best practice in transfusion medicine and storage of blood and increased patient awareness of transfusion benefits and risks. As a result of this project, Peninsula Health developed a new Blood Products Administration Form and a Blood Products Ordering Form which was adopted by the private pathology provider for use elsewhere.

The Skin Integrity Program has comprised staff education, regular auditing of pressure risk assessment and pressure ulcer prevalence and improved wound management practice by staff. Peninsula Health’s poster was awarded the best scientific poster at the Australian Wound Management Association of Australia National Conference and our Skin Integrity Nurse gave a presentation at the 2nd World Union of Wound Health Societies Conference in Paris. With the assistance of DHS funding, Peninsula Health has purchased pressure reducing mattresses for use throughout the service.

For more information on the work of the Patient Safety Unit, refer to pages 45-46 and 53-54 of the 2005 Quality of Care Report.

Above: Skin Integrity Nurse, Fiona Butler (left), gave a presentation at the 2nd World Union of World Health Societies conference in Paris.
The Pharmacy Service provides a comprehensive range of clinical, supply and information services to all sites within Peninsula Health.

Four Pharmacy Departments are located at Frankston Hospital, Mount Eliza Centre, Golf Links Road and Rosebud Hospital. In addition, there are three satellite pharmacies at Frankston Hospital on the 4th and 5th floors and the Psychiatry Department.

**Achievements**

- Success of “Bee Alert” Campaign in improving Medication Safety in relation to allergies.
- Increase in electronic discharge prescriptions.
- Involvement in National Medication Safety Collaborative.
- Consumer friendly labelling.
- “Be Aware” campaign in relation to anticoagulation.

**Electronic Discharge**

The number of electronic discharge prescriptions completed has increased 90 per cent in the last year. Approximately 95 per cent of discharge prescriptions (5,000 items per month) are now electronic where the system is in use; and close to 100 per cent of inpatient prescriptions in RAPCS (3,000 items per month) are electronic. Approximately 85 per cent of electronic discharge prescriptions are sent within 24 hours.

**Medication Safety Breakthrough Collaborative**

Peninsula Health’s involvement in the National Medication Safety Breakthrough Collaborative has led to the implementation of a number of initiatives. For example, Peninsula Health Pharmacy now adds user friendly terms such as PAIN/FEVER or BLOOD PRESSURE to prescription medication labels to assist patients and avoid confusion when managing several medications at home.

**Bee Alert**

The “Bee Alert” campaign in improving medication safety proved extremely successful. The campaign encouraged patients to alert staff to any allergies and to ask about the medications they were being given.

The first audit following the campaign showed a 30 per cent improvement in the number of prescriptions written with an allergy error, from 10.5 per cent of prescriptions (in a sample group of 133 patients) to 7.4 per cent (in a sample of 135 patients). The most recent audit of 111 patients in April this year showed a further improvement with only 5.4 per cent of prescriptions containing an allergy-related error.

**Be Aware**

The “Be Aware” campaign focusing on treatment of patients who are taking warfarin to reduce clotting, with a tendency to bleed, and was launched at the end of 2004. This quality improvement activity has continued and HMOs and interns received specific training in this program. An audit was completed recently which showed 100 per cent compliance with protocol.
A culture of research and innovation is firmly established at Peninsula Health.

Peninsula Health is well positioned to engage in epidemiological research because of its unique geographical situation, and also because of the increase in specialisation of units, and a fertile ground is also provided in opportunities in clinical 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 bounds of Victoria’s 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.

By working in close collaboration with Monash University, and other partner organisations from the education, health, government and industry sectors, Peninsula Health is committed to guiding, encouraging and fostering research.

The Peninsula Health Research and Ethics Committee meets monthly to consider proposed clinical trials, studies and projects and monitor progress.

The Research Development Committee was established last year to promote and encourage this culture of research. It is headed by Professor Jonathan Serpell, who was appointed as the inaugural Professor Director of General Surgery at Peninsula Health in April 2005. Professor Serpell is also Peninsula Health’s Director of Surgical Research and Education.

The Research Development Committee introduced the inaugural Research Week in November 2004. This event saw staff members from across all disciplines and campuses of Peninsula Health becoming involved in a Poster Display and Competition. The Registrar Research Prize was strongly contested with ten Registrars competing for the award which was eventually won by Surgical Registrar Dr Tilan Beneragama.

This year, the activities of Research Week will be expanded to include the Inaugural Peninsula Health Research Dinner and Jeremy Anderson Oration which will feature Professor Alan Trounson speaking on the Clinical Implications of Stem Cell Research.

A Research Development Fund, to be administered by the Research Development Committee, has been established to encourage ‘home-grown’ research at Peninsula Health by providing small seeding grants up to $5,000. Since its establishment, five Peninsula Health staff members have shared in more than $20,000 of funding from the Research Development Committee’s Small Grants in Medical Research program.

The Grant recipients were: Mr Eric Torey, Surgeon for “Colorectal Cancer Database”; Dr Shirley Elkassaby, Advanced Trainee in Endocrinology for “Insulin Infusions in Diabetic Patients with Acute Myocardial Infarction”; Ms Naomi Kubina, Dietitian for “Initiating Chronic Disease Management in a Hospital Diabetes Outpatient Setting”; Professor Joseph Ibrahim, Director of Aged Care Medicine for “A Survey of Staff Views on Patient Safety and the Reporting of Adverse Events at the Mt Eliza Centre, Carinya Residential Aged Care Unit and Frankston Hospital”; and Ms Vicki Davies, Occupational Therapist for “Evaluating the use of a Falls Risk Assessment Tool by the Novice Clinician to Identify Modifiable Risk Factors in Community Dwelling Older People”.

Further information on research conducted at Peninsula Health is included in the Research Report for 2004/05.
**Medical**

Undergraduate education continues to be provided for medical students through Peninsula Health’s affiliation with Monash University. The year saw 95 medical students receive instruction through medical rotations that included emergency medicine, psychological medicine, paediatrics, obstetrics and gynaecology, surgery, medicine and intensive care. Peninsula Health trained seven third year students, 57 fourth and fifth year students and 31 students in their sixth and final year of undergraduate study.

Post graduate medical training is provided through Peninsula Health for its 170 interns, residents and registrars.

This year Peninsula Health recruited 24 interns, four more than in 2004.

Three additional HMO Mentors were appointed in 2004, making six in total. One of the HMO mentors, Dr Darsim Haji (pictured above), was recently promoted to Director of Clinical Training incorporating the role of Supervisor of Intern Training.

Peninsula Health has joined with The Alfred Hospital to form a consortium from 2006 for basic (registrar) training positions in Medicine.

Three physicians attended a two day training workshop in Evidence Based Medicine (EBM) in November 2004. EBM Courses will now be conducted for Junior Medical Staff in 2005. Two physicians are involved in evidence based medicine teaching to medical students from Monash University.

**Nursing**

**Nursing Recruitment**

At the end of 2004/05 Peninsula Health had 1,901 nurses employed in its services. This is an increase of 300 nurses in the three year period since June 2002. Some of this (19 per cent) growth was the result of increased demand in new services, but the majority was due to successful local and overseas recruitment strategies. There was a pleasing increase of 7 per cent in the proportion of nurses employed in permanent full and part-time positions.

Successful recruitment strategies included: increasing the number of 1st Year Graduate positions including the opportunity to specialise in Psychiatric Nursing; a conversion course for Division 2 nurses in conjunction with Monash University; introduction of Supervised Practice Programs for general nurses who are required to complete further education prior to gaining or re-gaining registration in Victoria and overseas recruitment of nurses who wish to permanently settle in Australia.

**Student Nurses**

During 2004/05 approximately 650 Division 1 and 2 student nurses from nine Universities and TAFEs undertook clinical experience at Peninsula Health.
Graduate Nurses

In 2004, 29 first year graduate nurses completed the general program and four the Psychiatric program. Of these, 25 were successful in gaining permanent positions at Peninsula Health. In February 2005, 39 new graduates commenced the Graduate Year Program—33 in general acute and six in psychiatric services.

Core rotations for the general area graduates are provided in medical and surgical wards at both Frankston and Rosebud Hospitals. Specialty rotations available include Child and Adolescent Health, Coronary Care, Emergency, Operating Theatre, Palliative Care, Rehabilitation and Aged Care Evaluation and Management. Nurse Graduates in the psychiatric areas have the opportunity to experience nursing in the range of services provided including inpatient and community based services.

Post Graduate Education

In 2004, 11 Deakin and Monash University students completed the post graduate certificates in their area of specialty in Critical Care (3), Peri-operative (3), Mental Health (4) and Emergency Nursing (1).

In February 2005, a further 16 students commenced postgraduate study in Critical Care (7), Emergency Nursing (1), Midwifery (4) and Perioperative nursing (4).

In-service and Continuing Education

Nurse Educators conducted a total of 428 staff development sessions throughout Peninsula Health recording 3,780 nursing staff attendances. Additional education is provided in the specialty areas as required.

Short courses and study days providing in-depth training on specialist topics were provided on 77 occasions and were attended by 1,249 nurses.

State Recognition for our Staff

In September 2004, Elizabeth Wilson won a Victorian Government Travelling Fellowship to study nursing workforce planning and changing education models in the UK.

In November 2004, Core of Life Managers Deb Pattrick and Tracy Smith were awarded the VHA Leadership and Innovations Award.

In December 2004, Monique Cook, Jakqui Barnfield, Rosie Cantle-Smith and Russell Bakey were recognised at the Department of Human Services State Nursing Excellence and Commitment Awards (see picture below).

Above: (Left to right) Rosie Cantle-Smith, Russell Bakey and Jakqui Barnfield.
Achievements

A customer survey was undertaken in April this year and was sent to 128 Department Heads throughout Peninsula Health. The survey sought feedback in relation to Human Resource’s level of customer service, timeliness of response, quality and accuracy of advice/service and professionalism displayed. The response rate for the survey was extremely good. Overall, respondents stated that there has been a consistent and significant improvement in the level of service provided by all units within Human Resources. The improvement is across the board in relation to the areas surveyed – quality, timeliness, pro-activity and professionalism.

Another pleasing feature is that the recent ACHS Periodic Review rated Human Resources extremely well and Peninsula Health has been highly commended on its recruitment practices, manual handling and Occupational Health and Safety performance.

Orientation

All new employees, and now all new volunteers, attend a one-day Peninsula Health Orientation session. In 2004/05 425 participants attended one of the 11 orientation sessions on offer.

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 1,100 places were filled in 100 sessions conducted during the year on topics ranging from Time Management to Boundaries in the Workplace.

Absence Management Program training has reached approximately 150 managers with people management responsibilities. This program discusses ways of addressing stress in the workplace and aims to reduce the rise in uncertificated absence.

Currently 21 new up and coming managers from RAPCS and Support Services are participating in the Diploma of Frontline Management in partnership with Chisholm Institute of TAFE. The course is being conducted onsite across a range of sites.

There are 15 staff currently completing their Certificate IV in Workplace Training and Assessment in partnership with Chisholm Institute. Once they have completed their training they will be qualified to prepare and deliver training programs in the workplace and assess staff.

Occupational Health and Safety

Peninsula Health’s Occupational Health and Safety and Workcover Unit was awarded an Extensive Achievement (EA) rating in two areas during the ACHS Surveyors Periodic Review in May 2005. The EA ratings were achieved for the wide range of activities undertaken to streamline or improve health and safety risks and the No Lift Program.

Workcover

Workplace injury issues within Peninsula Health continue to be managed in a proactive manner. There were 156 claims lodged in the 2004/05 period with 44 per cent of claims exceeding ten days off work or $506 in medical treatment.

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.

Future initiatives will assist in early return to work, early identification of workplace hazards and in-house medical servicing for injured employees.

No Lift Policy

The Manual Handling/No Lift policy has been refined and expanded to all areas of the health service. Recent audits by WorkSafe at Frankston Hospital stated the program was the benchmark for Victorian Health Services.
Recruitment

Peninsula Health vacancies are advertised on the Peninsula Health website with a direct link to a commercial employment search engine. World-wide exposure has resulted in an increase in the number of applications received from 1,271 in 2003/04 to a total of 2,311 in 2004/05 (an 82 per cent increase).

The new advertising format has resulted in a 10 per cent reduction in cost per advertisement.

In order to improve recruitment and retention of staff in identified difficult to recruit areas, a number of workforce planning initiatives were developed and implemented:
- Review of Allied Health Plan in late 2004 (12 months after it was developed)
- Pharmacy Workforce Plan
- Nursing Workforce Plan
- Overseas nurse recruitment initiative (in 2005, 20 overseas nurses will commence in specialty areas).

Youth Employment Scheme (YES) Traineeships

This year 28 trainees undertook YES traineeship placements at Peninsula Health in the areas of allied health, community service and clerical administration.

80 per cent of past YES trainees now have ongoing employment or have progressed to further study, four with Peninsula Health.

The traineeship placements increased awareness within the local community that Peninsula Health is a career option for young people.

The YES traineeships provide young people (in particular, those who have previously had difficulty obtaining employment), the opportunity to receive a nationally recognised qualification.

A Wur-cum barra: State Public Sector Indigenous Employment Program Policy was created in line with the State Government’s Public Sector Indigenous Employment Program strategy. The policy sets out strategies to increase the representation of indigenous people within all levels of the organisation.

Library Services

This year Library Services created its own page on the internal web site and a wide range of journals are now available for staff on-line. Library staff conduct one-on-one and group training for clinical staff on how to conduct effective literature searches as well as a regular scheduled course on use of the Internet.

Above: On a recent visit, WorkSafe stated Peninsula Health’s No Lift program was the benchmark for Victorian Health Services.
INFRASTRUCTURE

Engineering & Facilities Management

Project Management

Capital Planning
Capital planning for the new Mornington Centre Promoting Health Independence (CPHI) is in progress with construction due to commence late this year. Other capital planning is well advanced with major capital projects underway for Frankston Hospital’s Redevelopment Stage 2 and Frankston Hospital’s radiology redevelopment.

Energy Audit
In 2004, a comprehensive energy audit was undertaken in conjunction with the Department of Human Services and Sustainable Energy Authority Victoria. Strategies to more effectively manage overall energy consumption are being developed. This will result in reduced energy usage as new initiatives are implemented. These include new generators at Frankston Hospital to allow for energy efficient lighting to be progressively installed. Results will be measured by the ongoing tracking of consumption and costs via an Energy Database.

Signage
Throughout the year, Peninsula Health has improved signage at the Frankston Hospital (acute) site, Psychiatric Services at Frankston Hospital and Rosebud Residential Aged Care Services.

Support Services

Food Services

Peninsula Health’s Food Services Department provides meals for all sites across Peninsula Health. In 2004/05 the Department prepared over 900,000 meals for patients.

The Victorian Patient Satisfaction Monitor, which records patients’ satisfaction with Victorian hospitals and then compares the data with like hospitals, rated meals at Frankston Hospital to be significantly higher than the average for all hospitals across Victoria.

Food Safety Audits
All Peninsula Health sites are third party audited for food safety annually to ensure compliance with the Food Act is maintained. Full compliance has been achieved for the last five years and has resulted in re-registration to December 2005.

The Frankston Hospital Pink Ladies’ Kiosk also underwent a third party audit, and although not a requirement, this facility has met all standards and has been issued with a Compliance Certificate – the first such volunteer facility to achieve this in Victoria.

All Food Services and Patient Services Assistants undertake annual refresher Food Safety Training.
Cleaning Services

Cleaning audits are conducted internally throughout the health service every eight weeks. An annual external cleaning audit is also undertaken to validate internal audit results. The audits assess Peninsula Health’s cleaning against the Victorian Hospital Cleaning Standards outcome benchmark of 80 per cent which was recently increased to 85 per cent. Latest overall results were 91 per cent, ranking Peninsula Health third highest of benchmarked health services.

Two sites received outstanding results with both Chelsea Community Rehabilitation Centre and Rosebud Hospital Operating Theatre achieving a top score of 100 per cent. Rosebud Hospital had an impressive overall score of 96 per cent.

Linen and Waste Management

Following an audit, linen stock levels have been reduced, minimising linen waste and costs. This was conducted over three waves to ensure reduction in linen supply did not compromise patient comfort or standards.

Waste Audit

Peninsula Health’s Waste Management System was evaluated in November 2004 by an external waste audit conducted at the Frankston Hospital site. The audit indicated good overall compliance with waste segregation and identified opportunities to further improve waste minimisation.

Security Management Policy

The Security Risk Management Policy was revised to reflect a broader approach to security including areas such as Security of Information and Pharmaceuticals Security.

Measures undertaken throughout the year to increase Security Risk Management include:

- Installation of closed circuit television (CCTV) cameras at the main entrances and Emergency Departments at both Frankston and Rosebud Hospitals. These cameras assist in a timely response to potential aggressive incidents as well as security investigation.
- Increased number of security guards at Frankston and Rosebud Hospitals, following risk assessment. An overnight guard has been introduced at Rosebud Hospital and a senior guard has been appointed at Frankston Hospital to coordinate security across all sites as necessary and improve communication between sites.

Security has been enhanced within the car parks at Frankston Hospital with improved lighting, layout of the car parking areas to remove blind spots and increased communication to staff and visitors about vehicle security.
Financial Performance 2004/05

The full year financial result of an operating surplus of $1.75m was a pleasing result and meets the target agreed with the Minister for Health in the Statement of Priorities for an operating surplus of $1.5m.

The financial result for the year improved the operating surplus achieved in 2004/05 of $1.67m. The achievement is due to the ability of management across the organisation to manage to expenditure budgets, maintain clinical efficiency, and achieve a growth in revenue from increasing existing activity targets as well as generating growth from new activities.

Savings strategies which commenced in previous years have been maintained with continued good workcover performance, linen utilisation, and food services costs. Improved purchasing practices allowed savings to be found in some prosthetics, particularly pacemakers, with no clinical impact, while a Peninsula Health Medical Officer Bank was established as a means of replacing doctors for casual shifts with doctors of a higher quality than that obtained through an outside agency. Sick leave across the year did not increase (4.7 per cent of productive hours) as some strategies adopted as part of the sick leave strategy took effect, however attention to this area will continue. Costs for agency staff increased by 3 per cent (to an estimated $5.3m) over the year and remained higher than for comparable hospitals but is being addressed through improved recruitment, including further recruitment from overseas.

Across the health service, the variance of actual expenditure to budget was 2.6 per cent which compares favourably to the variation in the previous two years. The lower variation is seen as an improvement across the board relating to budgeting and attention to expenditure management. This indicator is partial, as additional expenditure may be covered by revenue above the budgeted level.

Higher levels of private patient revenue have continued in both the acute and sub acute areas, with the number of veterans treated also increasing in both areas. This enabled additional revenue to be earned. Revenue from participating in the PBS initiative also remained strong.

Clinical effectiveness also contributed to the financial result with attention to maintaining the flow of patients through the Emergency Department, maintaining relationships with other health providers on the Peninsula, particularly nursing homes, and achieving lengths of stay which are comparable or better than peer hospitals. Reviews have also been undertaken to maintain high levels of efficiency in the operating theatre and associated areas.

Information Management

Information Management encompasses Health Information Services, Computer Services, Management Information Services, Telecommunications and Clinical Informatics. The area provides staff from both clinical and administrative areas with information support.

Achievements

- Achievement of Accreditation Status for the Information Management mandatory criteria incorporating:
  - Improved documentation audit practices across the health service
  - Revised documentation policy
  - Establishment of an Alerts Policy
  - Linkage of Community Health under the health service wide patient numbering system
- Improved patient record notification practices.
- Increased management information available to managers via the On-Line 2 development including improved financial drill down capability, sick leave details, leave liability and associated staffing information.
- Establishment of a dedicated Information Technology training facility.
- Use of new technology to support clinical services including the development of electronic prescribing for pharmaceuticals.
Information Technology

New Information Technology Strategy

Peninsula Health updated its Information Technology Strategy and was an active participant in the Department of Human Services HealthSmart initiatives. Peninsula Health plays a significant role in this statewide approach having chosen to be a lead agency for the Financial and Patient and Client Management Systems Project. We are also participating in the Picture Archive Communication System (PACS - Radiology) Project and have been able to assist with the Clinical Information Project based on experience with this technology.

A new Financial Management Information System was implemented at the end of 2004/05 comprising a new integrated finance and supply system. Implementation was undertaken over a twelve month period but a changeover to the new system was successfully achieved on 5 July 2005. Peninsula Health was the second health service to implement this system, which was sponsored under the Department of Human Services HealthSmart program.

Clinical System Support

Leading edge developments have progressed during the year, including electronic discharge summaries, results reporting and electronic prescribing. Other technology has also been developed to support clinical services.

One such development has staff in the Complex Care area being notified of patient attendances though a new mobile device. When a patient presents to one of the Emergency Departments, the patient’s details are run through a separate program to determine if the patient qualifies for services provided by this team. If this is the case the system automatically sends and e-mail to a pre-defined staff member’s e-mail box. The staff member can then retrieve this e-mail via the handheld device and know immediately that there is a patient in the Emergency Department awaiting further complex clinical assessment.

Another development is “EDTracker”. This software monitors how long a patient stays within the Emergency Department to assist staff to ensure that patients stay for as short a period as possible and, in particular, do not stay longer than 24 hours in the Department (see page 16).

Health Information Services

Medical Record Audit

A baseline medical record audit was undertaken in July 2004 and results showed very good compliance. Following the results of this audit, it was determined that the existing documentation policy needed to be reviewed to ensure a comprehensive policy across all Peninsula Health services along with a standardised documentation audit process.

The policy was benchmarked against that of other health services and discussed with professional user groups (Medical, Nursing, Allied Health) within the health service.

The updated policy was distributed throughout the health service in early 2005 with staff education being undertaken.

An audit conducted at Frankston Hospital in March 2005 showed dramatic improvement in areas such as nursing designation (10 per cent to 100 per cent) and medical designation (35 per cent to 100 per cent).

Printing

Volumes within the printing department increased by over 15 per cent as it undertook large volume print runs for Peninsula Health and assisted all areas with reports, presentations and posters for accreditation. The Department’s design service was also expanded.
In 2004 Elizabeth Wilson, Executive Director of Nursing, had her role expanded to include Community Participation. This recognised that improvement in health service quality and individual care will result from increased consumer/community participation.

Ms Wilson is working with staff from all services to increase consumer involvement in planning and evaluating care; in information gathering through surveys and focus groups; in providing advice on development or patient information; in sharing experiences from individual care episodes and in active involvement on committees.

**Kitchen Garden Project**

One of the Peninsula Health Community Advisory Committee members, Ms Shannon Anastasio, is working with Peninsula Health staff and the staff of Mount Eliza Primary School and local businesses on a project for students in grades two and three. The aim of the project is to increase the awareness of the students of healthy eating habits. The Kitchen Garden Project, which was launched in May 2005, gives children the opportunity to plant and tend a vegetable garden on the school grounds. The project includes information sessions provided by dieticians for children and parents and the inclusion of relevant information into the curriculum for the students.

**Red Cross Volunteers in Emergency Departments**

In collaboration with Red Cross, volunteers will be introduced into the Emergency Department at Frankston Hospital. The purpose of the program is for the volunteers to offer emotional and practical support to patients, their families and carers whilst they are waiting to be seen. Following a six month review of this program, consideration will be given to introducing a similar program at Rosebud Hospital.

**Groups With Special Needs**

Another component of Ms Wilson’s new portfolio is to assess our care of consumers who have special needs including consumers who are deaf or hard of hearing, blind or vision impaired, physically or mentally disabled or impaired.

**Community Advisory Committees (CACs)**

The Community Advisory Committees have been enhanced during the past year. Additional members have been appointed and now 25 people from the community contribute ideas, feedback and new perspectives. The three committees cover Peninsula Health’s geographical area with members coming from 11 different suburbs in the service area. The committee members help to evaluate current projects and often suggest new projects.

**Aboriginal Liaison Officer**

Sara Frederiksen was appointed this year as Peninsula Health’s first full time Aboriginal Liaison Officer. She will focus on health promotion and access for the Indigenous community. She will also work with Peninsula Health staff to increase awareness of Aboriginal cultural traditions and explain how these can be accommodated in the health care setting.

Above: The aim of the Kitchen Garden project is to increase students’ awareness of healthy eating habits.
A review of all Volunteer processes and documentation relating to the appointment and orientation of volunteers was undertaken throughout the year. As a result, a Volunteer Handbook, Volunteer Agreement and Task Descriptions have been developed to assist in effective recruitment.

Peninsula Health is supported by 33 Auxiliary and Volunteer groups with 832 members who give up their own time to raise money and provide support for patients and staff.

Volunteers help to make patients more comfortable in many ways, such as arranging flowers, tidying garden beds and circulating books and magazines.

Each year Peninsula Health recognises Auxiliaries and Volunteers at an Appreciation Event. This year volunteers were treated to a performance by the Australian Ballet School.

For more information, refer to page 81 of the 2005 Quality of Care Report.

**Auxiliaries and Volunteer Groups**

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

**Serving Frankston Hospital:**
- Carrum Auxiliary
- K.I.D.S. Auxiliary
- Frankston Hospital Men’s Auxiliary
- Patient Free Library Service
- Pink Ladies Auxiliary of Frankston Hospital
- Pink Ladies Music Group

**Serving 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

**Serving Community Health:**
- Frankston Community Health Volunteers

**Serving Rehabilitation, Aged and Palliative Care Services / Psychiatric Services:**
- Carinya Volunteers
- Chelsea Community Rehabilitation Service Volunteers
- Frankston Rehabilitation Service Volunteers
- Frankston Community Rehabilitation Service Volunteers
- Friends of Carinya
- Jean Turner Nursing Home Volunteers
- Lotus Lodge Hostel Volunteers
- Michael Court Hostel Volunteers
- Mt Eliza Centre Volunteers
- Palliative Care Volunteers
- Friends of Rosebud
- Rosebud Rehabilitation Service Volunteers
- Rosebud Community Rehabilitation Centre
- Rosebud Community Rehabilitation Unit Inpatient Volunteers
- Rosewood House Volunteers

**Fundraising**

Over $300,000 was raised throughout the year through various fundraising activities and donations and will go towards enhancing many programs and services at Peninsula Health. There was a substantial increase of over $20,000 in donations to Palliative Care in 2004/05 compared to 2003/04.
Senior Staff

**General Pathology**
- Dr J Pollard MBBS FRCPA MIAC PhC

**Anatomical Pathology**
- Ms M Verlin RN Grad Cert Path & Lab Tech

**Medical Staff Oncology & Medical Staff Neurology**
- Dr S Arora MD FRCP FRACP FJFICM (to 01/05)
- Dr V Ganju MB BS FRACP (Head of Unit)
- Dr J Thomson MB BS FRACP
- Dr N Potasz MB BS FRACP

**Medical Staff General Practice**
- Dr A Smith MB BS DiplOpe
- Dr I Ware MB BS DRANZCOG

**Medical Staff Intensive Care Unit**
- Dr J Farrell MB BS FRACP

**Medical Staff Neurology**
- Dr J Ross MB BS DipRACOG

**Medical Staff Obstetrics & Gynaecology**
- Dr M Jackson MB BS BMedSci

**Medical Staff Radiology**
- Dr M Cocks MB BS BMedSci DRACOG
- Dr G Cato MB BS

**Medical Staff Respiratory Medicine**
- Dr B McDonald MB ChB FChPM MSc
- Dr J Thomson MB BS FRACP
- Dr N Potasz MB BS FRACP
- Dr V Ganju MB BS FRACP (Head of Unit)
- Dr N Potasz MB BS FRACP
- Dr L Olszewski MB BS FRACP

**Medical Staff Surgery**
- Dr J Pollard MBBS FRCPA MIAC PhC
- Dr M Nauwyn MB BS FRACP

**Primary Care & General Practice**
- Dr J Rodrigues MB BS DipOpe
- Dr S Goh MB BS DipOpe

**Senior Staff - 2004/2005**

**CHIEF EXECUTIVE**
- Dr Darsim Haji MB ChB FACEM

**Director of Surgery**
- Dr P Nayagam MB BS FRACP

**Director of Women’s, Children’s & Adolescent Health**
- Dr S Devanesen MB BS Dip Obst

**Director of Medicine**
- Dr G Macauley MB BS

**Director of Clinical Services**
- Dr P Francis MB BS FRACP (from 01/04)

**Executive Director Medical Services**
- Dr J Pollard MBBS FRCPA MIAC PhC

**Executive Director Medical Education**
- Dr P Nayagam MB BS FRACP

**Executive Director Medical Governance and Patient Safety**
- Dr P Francis MB BS FRACP

**Executive Director Medical Imaging**
- Dr G Macauley MB BS

**Executive Director Medical Staff**
- Dr Darsim Haji MB ChB FACEM

**Executive Director Medical Staff and Council**
- Dr Darsim Haji MB ChB FACEM

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**Executive Director Medical Staff and Council**
- Dr Darsim Haji MB ChB FACEM
Mount Eliza Personal Assistance Call Service (MEPACS) has approximately 13,000 clients in the eastern half of Victoria.
SERVICES

ACUTE HEALTH SERVICES

Cardiac Services
- Coronary Care
- Angiography
- Cardiology
- Chronic Heart Failure Program

Critical Care and Emergency Services
- Intensive Care
- Emergency
- Observation Ward

Home-based Services
- Hospital in the Home
- Domiciliary and Midwifery

Medical Specialties
- Dermatology
- Gastroenterology
- General Medicine
- Aged Care Medicine
- Endocrinology
- Haematology
- Renal Medicine and Haemodialysis
- Infectious Diseases

Neurology
- Rheumatology
- Stroke Unit

Oncology Services
- Breast Cancer Support Service
- Chemotherapy
- Medical Oncology
- Surgical services
- Radiotherapy and Oncology Outpatients

Respiratory Services
- Thoracic Medicine
- Investigative services

Surgical Services
- ENT Surgery
- Gastrointestinal Surgery
- General Surgery
- Orthopaedic Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Thoracic Surgery
- Urology
- Vascular Surgery

Short Stay Surgery
- Short Stay Unit
- Day Surgery Unit
- Lithotripsy

Surgical Support Services
- Admission/Discharge Lounge
- Anaesthetic/Pain Services
- Central Sterile Supply
- Stomal Therapy
- Pre-admission Clinics
- Wound Therapy

WOMEN’S, CHILDREN’S AND ADOLESCENT HEALTH

Obstetrics and Gynaecology Services
- Antenatal Education
- Birthing Unit
- Chemically Dependent Women’s Services
- Domiciliary Post Natal Services
- Family Birthing
- Feeding Services
- Grandparenting Groups
- Lactation Services

Mother/Baby Unit
- Core of Life Program
- Mother/Baby Follow Up Support Group
- Post Natal Units
- Pregnancy Resourcing Agencies Monitoring Service
- Sleep Disorders Clinics
- Young Women’s Pregnancy and Support

Paediatric Services
- Paediatric Unit
- Special Care Nursery

REHABILITATION AGED AND PALLIATIVE CARE SERVICES

Aged care services
- Access Service
- Aged Care Assessment Service
- Geriatric Evaluation and Management
- Dental Services for residential clients
- Hostel Facilities
- Aged Residential Care for elderly people with some degree of dementia
- Inpatient Evaluation and Management
- Home Modification
- Nursing Home Facilities
- Personal Assistance Call Service
- Residential Outreach Support Service
- Respite and Carer Support
Rehabilitation Services
- Amputee Program
- Cognitive, Dementia and Memory Service
- Community Rehabilitation
- Continence Clinics
- Domiciliary Care
- Equipment Resource and Information Service
- Falls Prevention Service/Clinics
- Agedstrong
- Inpatient Rehabilitation
- Movement Disorders Clinic
- Program of Aids for Disabled People
- Rehabilitation in the Home
- Palliative Care Consultancy
- Palliative Care Unit

PSYCHIATRIC SERVICES
COMMUNITY-BASED AND OUTPATIENT SERVICES
- Duty and triage service
- Crisis Assessment and Treatment Service
- Consultation and Liaison Service
- Continuing Care Service
- Mobile Support and Treatment Service
- Primary Mental Health Service
- Family Services
- Living Skills Program
- Ethnic Mental Health Consultancy
- Consumer Consultancy
- Carer Participation Program and Carer Consultancy
- Psychiatry Orientation Rotation Program
- Dual Diagnosis Consultancy
- Aged Psychiatric Assessment and Treatment

INPATIENT AND RESIDENTIAL SERVICES
- Adult Acute Inpatient Unit
- Community Care Unit
- Aged Acute Inpatient Unit

COMMUNITY HEALTH SERVICES

Alcohol and Drug Services
- Peninsula Drug and Alcohol Program (PenDAP)
- Southern HIV/HEP Resource & Prevention Service (SHARPS)
- Methadone Clinic

Dental services
- Emergency Care
- Prosthodontics
- Gerodontic Services
- Restorative Services
- School Dental Service

Primary Health and Community Care
- Optometry Services
- Adult Services Program
- Cardiac Rehabilitation
- Counselling Services
- Diabetes Education
- Food Skills
- Lifestyle Exercise Groups
- Health Promotion and Disease Prevention Education
- Koori Access and Support
- Volunteer Coordination

Child, Youth and Family Services
- Audiology, Podiatry, Dietetics, Physiotherapy, Family Counselling, Youth Counselling, Occupational Therapy, Speech Therapy
- School Focused Youth Services

Early Childhood Behaviour and Development
- Family Planning
- Youth Health

INVESTIGATIVE AND MEDICAL SUPPORT SERVICES
- Care Coordination Team
- Endoscopy
- Electroencephalogram Service
- Electronic Prescribing and Electronic Discharge
- Infection Prevention and Control
- Integrating Health Unit
- Medical Imaging
- Outpatient Clinics
- Pathology
- Pharmacy
- Post Acute Care
- Response Assessment Discharge Unit
- Transfusion Consultation and Safety

Allied Health Services
- Audiology
- Chaplaincy
- Diabetes Education
- Hydrotherapy
- Nutrition and Dietetics
- Occupational Therapy
- Paediatric Occupational Therapy
- Physiotherapy
- Podiatry
- Prosthetics
- Speech Pathology

CORPORATE SERVICES
- Admission Services
- Engineering Services
- Financial Administration
- Health Information Services
- Human Resources
- Printing
- Information Technology
- Planning and Development
- Public Relations and Marketing
- Quality and Customer Relations
- Supply and Materials
- Support Services

EDUCATION AND RESEARCH
- Allied Health Education
- Community Education
- In-service Education
- Management Training Program
- Medical Education
- Nursing Education
- Seminars and Grand Rounds
- Research and Ethics Committees
- Research Method Panel
- Research Development Committee
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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 7749 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.
Peninsula Health proudly supports and encourages organ donation.

Right now there are nearly 2,000 seriously ill Australians waiting for an organ donation.

So the more people there are who choose to become organ donors, the more chance these very ill people have to live.

Please consider joining the ranks of Australians on the Organ Donor Register. If you decide you want your organs to save lives, register your intentions and tell your family about your wishes.

Pledge the gift of life.