Objective of this Report
This Report is produced to inform Peninsula Health’s community, staff, partners and government of its performance for the financial year 1 July 2007 – 30 June 2008 and directions for 2008/09.

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

The Annual Report should be read in conjunction with the Quality of Care Report, which details Peninsula Health’s progress and achievements in many clinical areas and the Peninsula Health Research & Clinical Services Report which details research undertaken by clinicians and other health professionals. These documents are available on our website: www.peninsulahealth.org.au or by calling 03 9788 1501.

The report is prepared in accordance with Victorian Government guidelines, the directions of the Minister for Finance and in line with Australasian Reporting Awards Incorporated Guidelines. Peninsula Health is committed to benchmarking its performance against best practice.

The 2008 Annual Report will be presented to the public at Peninsula Health’s Annual General Meeting on October 31, 2008.

Responsible Bodies Declaration
In accordance with the Financial Management Act 1984, I am pleased to present the Report of Operations for Peninsula Health for the year ending 30 June 2008.

Barry Nicholls
Chairperson
Peninsula Health
Dated 29/09/08

Front cover shows from left to right:
Successful Youth Employment Scheme participant, Luke Melodoch; Red Cross ACE Volunteer, Jenni O’Shuam with two young children at Rosebud Hospital’s Emergency Department; and a former patient of The Mornington Centre, Jean Shand.
Serving Our Community
Peninsula Health serves 300,000 people who live in an 853 sq km area that includes the City of Frankston, the Mornington Peninsula Shire and the Southern part of the City of Kingston.

See the ‘Peninsula Health Profile’ on page 10

Our Future
Peninsula Health will continue to work in partnership with our stakeholders to expand and enhance the range of services in response to community needs.

See Future Outlook in the ‘Peninsula Health Scorecard’ table on pages 5 - 7

Our Integrated Services
A broad range of services are provided to the community through an integrated delivery system with sites across the Peninsula, including Frankston, Rosebud, Mornington, Mt Eliza, Chelsea and Seaford.

See the ‘Services Profiles’ on pages 11 – 13

Connecting with our Community
The Health Service connects with the community on many levels. Effective working partnerships with local organisations and other health service providers, as well as the work of our dedicated volunteers and staff have many benefits for the local community.

See ‘Connecting with the Community’ on pages 14 - 15

2007/08 Operational Highlights
Services and programs were enhanced and expanded during the year. A summary of key milestones in each service is provided in this year’s report.

See the Operational Performance section on pages 14 – 41

EVERY MONTH AT PENINSULA HEALTH

An average of:

- 202 babies are born
- 633 paediatric patients are treated in hospital
- 5,947 patients are treated in the Emergency Departments
- 302 emergency surgical procedures are performed
- 369 elective surgical procedures are performed
- 191 day surgical procedures are performed
- 5,100 x-rays and medical imaging are performed
- 90 mental health patients are treated at Frankston Hospital
- 7,977 community mental health services are provided
- 6,848 community health services are provided
- 84 aged care residents are cared for
- 186 inpatient rehabilitation treatments are provided
- 2,739 people receive same-day admitted care
- 5,153 people are admitted for hospital treatment
- 103 cardiac cases are treated
- 798 cancer services are provided
- 85 patients are admitted to Peninsula Health Hospital in the Home, with an average of 780 home visits

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- 85 patients are admitted to Peninsula Health Hospital in the Home, with an average of 780 home visits
It is with pleasure that we present the 2007/08 Annual Report. The year has been a busy one for the Health Service, as we continue to meet the demands of the growing population in Frankston and on the Mornington Peninsula.

This demand included the following:
- 71,359 people presented to Emergency Departments at both Frankston and Rosebud Hospitals
- 61,843 patients were admitted at both hospitals
- 95,721 community contacts in mental health care
- 38,519 occasions of service were provided within community and continuing care
- 82,175 occasions of service were provided through a number of community health programs.

We have had a solid year of performance delivering quality health care to the community, whilst achieving a small operating surplus of $142,000, which will be used to fund programs and services in the coming year. Please refer to the Financial Commentary on page 9.

Following the approval of the merger of Peninsula Health and Peninsula Community Health Service (PCHS), Health Minister Daniel Andrews appointed a new Board of Directors for the combined organisation.

Seven members of the Peninsula Health Board of Directors were reappointed to the new Board of the combined organisation, including Mr Barry Nicholls, who continues to serve as Chairperson of the new Board of Directors. The other Board Directors who were reappointed include Ms Diana Ward, Mr James Kerrigan, Ms Nancy Hogan, Ms Liza Newby, Mr Michael Tiernan and Ms Dianne Wickham.

Two new members, Professor Helen Keleher and Dr Winston McKean, were appointed for a three-year term to the Board of the combined organisation.

In addition to strong representation from the Peninsula community, the Board members were appointed for their expertise in clinical governance, delivery of high quality services, organisational development and health care financing.

The Peninsula Health Board and staff extend their sincere appreciation to retired Board Directors, Mr Jim Swinden and Associate Professor Ruth Salom, for their valuable contribution.

The amalgamation of Peninsula Health and PCHS

In March 2008, the State Government announced that Peninsula Health and PCHS would merge, on 1 July 2008, to form a new Metropolitan Health Service.

Many people were involved in the amalgamation of Peninsula Health and PCHS, as soon as the initial announcement was made. An Amalgamation Committee was established to manage the wide range of operational issues associated with the merger, including personnel from Human Resources, Finance, Information Systems, Facilities Management and Communications. The work by all those involved enabled the smooth transition of the two organisations to merge into the one new organisation.

People on the Peninsula will now have improved access to community health services following the amalgamation of the two organisations. The new organisation offers enhanced services through a variety of programs offered at sites based at Frankston, Mornington, Hastings and Rosebud.

Clients of these services will benefit from the integrated approach to community health service delivery and the expertise that has been brought together under the new organisation.

The opening of the Mornington Centre

The last financial year opened on a bright note with patients and staff moving to the new Mornington Centre. The facility comprises 60 geriatric evaluation and management beds and provides treatment and care for elderly patients. Sixty patients were successfully transferred on 13 September 2007.
The transfer of patients resulted in the closing of the Mt Eliza Centre as an inpatient facility. A celebration, to reflect on the rich history of the facility, was well attended by past staff and patients.

**The Stage 2A expansion of Frankston Hospital gets underway**

The $45 million Stage 2A expansion of Frankston Hospital will take two more years to complete, but it is off to a great start. The Stage 2A redevelopment of the Hospital will provide 6,000 square metres of new and redeveloped areas of the Hospital, including critical care facilities.

Two additional operating theatres will be developed, and four existing operating theatres will be refurbished, as part of the redevelopment. The new theatres are scheduled to be operational by November 2009. This will assist in meeting the very high demand for elective surgery (see page 19).

**Introduction of a New Patient Management System**

The introduction of a new Patient Management System, i Patient Manager (iPM), has had an impact on nearly everyone in the organisation. The new system was implemented as part of ‘HealthSMART’, which is the State Government’s whole-of-health information and community technology (ICT) Technology.

The iPM system supports the business requirements of the Health Service, and provides better exibility and functionality for staff across the Health Service, compared to the former outdated system (see page 39).

**CHALLENGES**

The Health Service faced a challenging period during the state-wide industrial action by nurses in October 2007. Peninsula Health was required to apply the letter of the law but was also able to show compassion towards staff to minimise the impact of the dispute. Despite their differences, nurses and management found ways to work together to ensure that the quality of care provided to patients was always the first priority.

Waiting times for treatment at Frankston Hospital’s Emergency Department remained an area of focus in 2007/08. Some Department of Human Services’ (DHS) benchmarks for waiting times were not met and some patients waited longer than the recommended time frame for treatment. Whole of organisation strategies were developed and implemented during the year to improve performance in this area (see pages 24 – 25).

The work to reduce waiting times for Category 2 (semi-urgent) and Category 3 (non-urgent) elective surgery patient continues. Several surgical initiatives implemented during the year did assist in treating additional semi-urgent and non-urgent patients waiting for their elective surgery (see page 23).

**ACKNOWLEDGING OUR PEOPLE**

Peninsula Health received the Premier’s Award as Outstanding Metropolitan Health Service of the Year at the 2007 Victorian Healthcare Awards. This award acknowledged the Health Service’s continuing success and the achievements of our dedicated staff. The excellence of our staff is highlighted throughout this report.

Volunteers continue to contribute to Peninsula Health in a very significant manner, enriching a partnership that has helped to improve the provision of services. There are currently 760 volunteers and auxiliary members, all of whom make valuable contributions to Peninsula Health.

**ACCREDITATION – CONTINUING COMPLIANCE**

In November 2007, Peninsula Health prepared an Australian Council on Healthcare Standards (ACHS) Self Assessment Report under the new EQuIP 4 program. For this self assessment, Peninsula Health elected to report against all of the Clinical Function criteria which examined high quality care. Overall Peninsula Health was satisfied with the progress against the 28 Criteria.

**MOVING FORWARD**

We look forward to continuing the close working partnership with DHS and our strategic partners, as the Health Service moves forward and plans to further improve the range of services to the community.

The Peninsula Health 2009 – 2012 Strategic Plan is currently in the process of being finalised. The new Strategic Plan will be aligned with the mission and vision of the Health Service. It has been developed in consultation with key stakeholders and community representatives.

The new Strategic Plan sets our futures directions and priorities for the coming four years, taking into account the needs of our growing and ageing population. It outlines our goals with regard to:

- expanding access to emergency and critical care services
- expanding hospital capacity
- providing the community with greater access to day treatment centres
- identifying priorities in mental health care and community health
- strengthening the workforce, and
- supporting new health and aged care building projects.

**THANKYOU**

The Board and staff at every level are grateful to the thousands of individuals, and many local businesses and organisations, who have donated generously to Peninsula Health.

Special thanks are extended to the staff of Peninsula Health, its volunteers and auxiliary members, and the Executive whose continuing support will enable Peninsula Health to meet future challenges.
Peninsula Health – Overview

Peninsula Health operates 20 public health facilities across 14 sites. Services are provided through two public acute hospitals, Frankston and Rosebud Hospitals, an inpatient palliative care unit, hospital and community-based mental health services, inpatient and day service rehabilitation facilities, residential aged care units (nursing homes and hostels) and community health programs. Many services are also delivered by Peninsula Health staff visiting peoples’ homes, such as the Hospital in the Home Program. See our service profiles, on pages 11-13. Locations and contact details for every site are detailed on the back cover.

The Health Service is active in both clinical education and medical research and is the largest employer on the Peninsula with 4,362 staff. Services are enhanced by the contribution from 760 volunteers.

Significant Events for 2007/08

Victorian Healthcare Awards

The excellence of many of Peninsula Health’s programs were recognised at the 2007 Victorian Public Healthcare Awards, see page 42. At the Awards presentation, Peninsula Health received the Premier’s Award as Outstanding Metropolitan Health Service of the Year and received the Award for the best Quality of Care Report from a metropolitan Health Service.

Announcement of Peninsula Health & PCHS Amalgamation

The State Government announced that Peninsula Community Health Service and Peninsula Health would amalgamate to form a new Metropolitan Health Service.

New Facilities

The Mornington Centre, a recently built facility which provides treatment and care for elderly patients, was officially opened by the Minister for Health. Patients were transferred from the Mt Eliza Centre on 13 September 2007 (see page 31).

Rosebud Hospital’s Renal Dialysis and Chemotherapy Unit, the Rosebud Day Treatment Centre, was officially opened after its redevelopment.

Community Participation

Three major community health forums, and a number of smaller forums, were held during the year (see pages 15 & 18).

Capital Works

The early works stage of the $45m Stage 2A expansion of Frankston Hospital commenced in early 2008 (see page 19).

Funding for Capital & Equipment

In early 2008, Frankston Hospital received $985,000 in State Government funding to update medical equipment in the Hospital’s Emergency and Radiology Departments. Rosebud Hospital received a further $135,000 to update medical equipment in its Emergency Department (see pages 24-25).

$5m in funding was announced by the State Government for the expansion of the Maternity Unit at Frankston Hospital.

Enhancing IT Systems

Significant progress was made to implement Picture Archiving and Communications Systems (PACS), which is technology that allows the digital distribution of scans, X-ray images and reports to the wards and departments of Peninsula Health. The PACS System is scheduled to ‘go live’ in September 2008 (see page 22).

In September 2007, Peninsula Health implemented a new computer based patient management system, iPatient Manager (iPM) (see page 39).

Challenges

The state-wide Nurses’ Industrial Action in October 2007 presented a major challenge to the Health Service. Our nursing staff, executive nursing team and other staff worked together to provide excellent care to all our patients during this period (see page 33).

Waiting times for treatment at Frankston Hospital Emergency Department remain an area of focus. Whole of organisation strategies were developed and implemented to improve performance in this area (see pages 24-25).

Community and Continuing Care Services

Outpatient Services - occasions of service 38,519 41,689 -7.6%

Community Health

Outpatient Services - occasions of service 82,175 69,769 17.8%
We are coming towards the end of the 2005 – 2008 Strategic Plan. The key initiatives established for 2007/08 are detailed below, along with a summary of achievements, its status and future outlook for each initiative.

The next Strategic Plan will outline goals and objectives for the coming four years (2009 – 2012). Next year’s Annual Report will review outcomes against these new goals and objectives.

Initiatives for each of these objectives are outlined in our scorecard below.

### Peninsula Health’s 2005 – 2008 Strategic Plan

Peninsula Health’s 2005 – 2008 Strategic Plan has six objectives which are to:

- Meet demand
- Care and support our workforce
- Build partnerships
- Manage our resources
- Enhance quality
- Manage risk

### PENINSULA HEALTH SCORECARD

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>PROGRESS</th>
<th>STATUS</th>
<th>FUTURE OUTLOOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To provide a quality of care to older people that is in keeping with evidence based practice.</td>
<td>Provide a quality of care to older people that is in keeping with evidence based practice.</td>
<td>Opened The Mornington Centre, a Centre for Promoting Health Independence that enables older people to maintain their optimal independence in the community (Page 31).</td>
<td>Progress planning of further beds and outpatient facilities at The Mornington Centre. Continue to expand community and continuing care services, including hospital in the home services, to more local residential aged care facilities.</td>
</tr>
<tr>
<td>2. To provide high quality, complementary services from Rosebud Hospital that assists Peninsula Health in meeting growing demand.</td>
<td>Review Rosebud Hospital with respect to service profile, emergency demand, workforce issues and primary care availability.</td>
<td>Developed a Southern Peninsula (Peninsula Health) Service Plan to meet health service needs on the Southern Peninsula over the next five to 10 years.</td>
<td>Relocate Peninsula Community Health Service’s (PCHS) Rosebud site, which was destroyed by a fire in March 2008, to a temporary location at Rosebud Hospital.</td>
</tr>
<tr>
<td>3. Work in partnership with other health providers to enhance the health and well being of the community.</td>
<td>In conjunction with local primary and community providers, enhance health promotional activities and chronic disease management.</td>
<td>Hosted the free public health Diabetes Forum in May 2008 (Page 15). Hosted the second Ageing Well Expo in September 2007 (Page 15). The ‘Working Towards Integrated Health Care’ Project has commenced. This partnership project responds to the Department of Human Services’ ‘Care in Your Community’ policy (Page 14).</td>
<td>Continue these community programs. Introduce more health forums and expos. Three ‘Task Force’ groups will continue to implement action plans, focussing on type 2 diabetes, depression and anxiety; and chronic obstructive airways disease.</td>
</tr>
</tbody>
</table>
### INITIATIVE: Provide a flexible range of responses to the increasing level and complexity of demand.

<table>
<thead>
<tr>
<th>PROGRESS</th>
<th>STATUS</th>
<th>FUTURE OUTLOOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successfully merged Peninsula Health and the Peninsula Community Health Service (PCHS) to form one organisation.</td>
<td>✔️</td>
<td>Continue to pursue opportunities to grow the provision of community health services on the Peninsula, with a sharper focus on preventative health and chronic disease management.</td>
</tr>
<tr>
<td>Developed the Mental Health Service Plan.</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Completed service and capital planning for Maternity Services at Frankston Hospital (Page 22).</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Implemented the first stage of the Victorian Elective Surgery Initiative (Page 23).</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Implemented a series of key strategies for meeting emergency demand.</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

### INITIATIVE: Continue and enhance service and capital planning across acute, sub-acute, mental health, community health and aged care and rehabilitation.

5. Participate in the implementation of an integrated cancer service with partners, Bayside Health and Southern Health.

<table>
<thead>
<tr>
<th>PROGRESS</th>
<th>STATUS</th>
<th>FUTURE OUTLOOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peninsula Health continues to contribute to the work of the Southern Melbourne Integrated Cancer Service (SMICS) through Peninsula Health representatives’ involvement on all local collaborating tumour stream groups, management and executive committees.</td>
<td>✔️</td>
<td>SMICS’ ‘Continuum of Care Project’ is well progressed. The aim of the project is to achieve continuity of care and reduce unwanted variation in practice, by enhancing a coordinated, supported, multi-disciplinary approach to cancer care across the SMICS’ catchment area.</td>
</tr>
</tbody>
</table>

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

6. Enhance community involvement in planning and delivery of care across all services.

<table>
<thead>
<tr>
<th>PROGRESS</th>
<th>STATUS</th>
<th>FUTURE OUTLOOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>New members were appointed to the Peninsula Health Community Advisory Committee (Page 14).</td>
<td>✔️</td>
<td>The Westernport, Northern/ Frankston, Youth, Disability, Older People and their Carers CAGs are forming and will be up and running in the near future. The formation of these new CAGs will further enhance participation between the Health Service and the community.</td>
</tr>
<tr>
<td>New Community Advisory Groups (CAGs) were established during the year (Page 14).</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

### INITIATIVE: Build on our strong culture of quality and innovation.


<table>
<thead>
<tr>
<th>PROGRESS</th>
<th>STATUS</th>
<th>FUTURE OUTLOOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain Aged Care Standards and Accreditation Agency (ACSSA) accreditation.</td>
<td>✔️</td>
<td>Preparations are now underway for the ACHS Periodic Review in March 2009.</td>
</tr>
<tr>
<td>In November 2007, Peninsula Health prepared an ACHS Self Assessment Report under the new EQuiP 4 program, with positive feedback.</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>All four of Peninsula Health’s Residential Aged Care facilities maintained full ACSAA accreditation (Page 27).</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INITIATIVE</td>
<td>PROGRESS</td>
<td>STATUS</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>8. Establish and maintain a strong and dynamic research function for clinical, strategic and social research</td>
<td>Develop and implement an annual research plan that includes a mix of clinical, strategic, and social research.</td>
<td>• The Peninsula Health Research Strategy was formalised (Page 38).</td>
</tr>
<tr>
<td>9. Promote the attractiveness of Peninsula Health as an employer of choice</td>
<td>Consult with staff in the development of a comprehensive Human Resources Strategy.</td>
<td>• Implemented a series of ‘Safety Max’ workshops (Pages 34-35).</td>
</tr>
<tr>
<td>10. Maintain financial viability by living within our means</td>
<td>Continue to achieve service and performance targets.</td>
<td>• The full year financial operating surplus of $142,000 meets the target agreed by the Board of Directors and the Minister for Health in the Statement of Priorities.</td>
</tr>
<tr>
<td>11. Plan, manage and enhance physical infrastructure</td>
<td>Progress Frankston Hospital’s Stage 2A Redevelopment. Develop/foster environmentally sustainable development strategies across all services areas.</td>
<td>• Work commenced on the $45m expansion project in early 2008 (Page 19). • The Health Service’s consumption of water and energy was reduced and more waste material was recycled (Pages 40-41).</td>
</tr>
<tr>
<td>12. Provide timely, accurate information to improve efficiency and patient/client outcomes</td>
<td>Lead the development and implementation of Patient Management System. Enhance clinical information systems including the Picture Archiving and Communications System (PACS) for Radiology, which allows x-ray images to be viewed on computer screens anywhere in the Hospitals.</td>
<td>• In September 2007, Peninsula Health implemented a new computer based patient management system, iPatient Manager (iPM) (Page 39). • The Computed Radiography (CR) component of PACS went live in February 2008 (Page 22).</td>
</tr>
<tr>
<td>13. Identify, analyse, treat, evaluate and monitor key risks at all levels.</td>
<td>Build risk assessment/management into governance and operational processes.</td>
<td>• The Peninsula Health Risk Register was reviewed and updated. Peninsula Health’s Management Practices were also reviewed, and faired well when benchmarked against other public Health Services, by the Auditor-General and Victorian Managed Insurance Authority (VMIA).</td>
</tr>
</tbody>
</table>
### Performance Measures

#### Emergency Department Presentations
The number of patients presenting at Frankston Hospital’s Emergency Department reduced slightly by 186 patients, or 0.3 per cent, from 2006/07. Emergency Presentations at Rosebud Hospital increased by 470 patients, or 2.3 per cent, from the previous year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Frankston (000)</th>
<th>Rosebud (000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>50,332</td>
<td></td>
</tr>
<tr>
<td>2006/07</td>
<td>50,518</td>
<td></td>
</tr>
<tr>
<td>2005/06</td>
<td>49,330</td>
<td></td>
</tr>
<tr>
<td>2004/05</td>
<td>46,794</td>
<td></td>
</tr>
<tr>
<td>2003/04</td>
<td>45,154</td>
<td></td>
</tr>
</tbody>
</table>

#### Emergency Patients admitted to a Ward within 8 hours
Although the Department of Human Services target of 80 per cent was not met, whole of organisation strategies are being developed and implemented to improve performance in this area (see pages 24-25).

<table>
<thead>
<tr>
<th>Year</th>
<th>Frankston 2007/08 (%)</th>
<th>Rosebud 2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>49%</td>
<td>113</td>
</tr>
<tr>
<td>2006/07</td>
<td>57%</td>
<td>9</td>
</tr>
<tr>
<td>2005/06</td>
<td>72%</td>
<td>56</td>
</tr>
<tr>
<td>2004/05</td>
<td>69%</td>
<td>306</td>
</tr>
<tr>
<td>2003/04</td>
<td>66%</td>
<td>155</td>
</tr>
</tbody>
</table>

#### Number of patients with an Emergency Department length of stay of greater than 24 hours
The number of patients staying in the Emergency Department for greater than 24 hours increased from nine in 2006/07, to 113 in 2007/08.

<table>
<thead>
<tr>
<th>Year</th>
<th>Frankston 2007/08</th>
<th>Rosebud 2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>169</td>
<td>221</td>
</tr>
<tr>
<td>2006/07</td>
<td>191</td>
<td>182</td>
</tr>
<tr>
<td>2005/06</td>
<td>200</td>
<td>206</td>
</tr>
<tr>
<td>2004/05</td>
<td>208</td>
<td>273</td>
</tr>
<tr>
<td>2003/04</td>
<td>251</td>
<td></td>
</tr>
</tbody>
</table>

#### Hours of Hospital Bypass
The Frankston Emergency Department had 199 one hour episodes of hospital bypass in 2007/08. The DHS target set for the percentage of time on hospital bypass is three per cent. Frankston ED was consistently below this target for the majority of the year, which is a favourable result.

<table>
<thead>
<tr>
<th>Year</th>
<th>Frankston 2007/08 (%)</th>
<th>Rosebud 2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>2006/07</td>
<td>2.4%</td>
<td></td>
</tr>
<tr>
<td>2005/06</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>2004/05</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td>2003/04</td>
<td>3.1%</td>
<td></td>
</tr>
</tbody>
</table>

#### Elective Surgery Patients on Waiting List as at June 30
There was a reduction in the number of patients waiting for elective surgery as at June 30.

<table>
<thead>
<tr>
<th>Year</th>
<th>Frankston 2007/08</th>
<th>Rosebud 2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>2,074</td>
<td></td>
</tr>
<tr>
<td>2006/07</td>
<td>2,322</td>
<td></td>
</tr>
<tr>
<td>2005/06</td>
<td>2,609</td>
<td></td>
</tr>
<tr>
<td>2004/05</td>
<td>2,964</td>
<td></td>
</tr>
<tr>
<td>2003/04</td>
<td>2,948</td>
<td></td>
</tr>
</tbody>
</table>

#### Elective Surgery Waiting Time (in days) by Category
The average waiting time for elective surgery Category 1 (urgent) patients remained the same as 2006/07, and decreased for Category 2 (semi-urgent) patients. The average waiting time for Category 3 (non-urgent) patients increased to 221 days this year. Several surgical initiatives implemented during the year did assist in treating additional semi-urgent and non-urgent patients waiting for their elective surgery (see page 23).

<table>
<thead>
<tr>
<th>Year</th>
<th>Category 1 Patients in days</th>
<th>Category 2 Patients in days</th>
<th>Category 3 Patients in days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>169</td>
<td>221</td>
<td>221</td>
</tr>
<tr>
<td>2006/07</td>
<td>191</td>
<td>182</td>
<td>200</td>
</tr>
<tr>
<td>2005/06</td>
<td>200</td>
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Peninsula Health’s financial performance in 2007/08 was solid, with a small surplus (recorded before capital income and depreciation) of $142,000, which will be used to fund capital expenditure in the 2008/09 financial year.

In 2007/08, in comparison to the previous financial year:

- Total assets rose by $25.7m to $244.5m.
- Liabilities rose by $3.2m to $67.9m.
- Equity, being the difference between assets and liabilities, rose by $22.5m to $176.5m.
- Total revenue increased to $311.4m, from $288.7m.

Peninsula Health achieved the operational target as specified by the 2007/08 Statement of Priorities agreed by the Minister for Health, Chairperson and the Board.

Looking Ahead

Peninsula Health’s financial sustainability is critical to the ongoing provision of quality health services that deliver efficient and effective care and treatment.

Financial sustainability is achieved when Peninsula Health services, capital projects and standards are delivered according to a long term plan. This includes implementing improved purchasing, as well as continuous cost saving strategies. It also includes working towards maintaining the effectiveness of clinical activity and working with our strategic partners to enhance the capital fabric of our service areas.
Peninsula Health is one of 18 metropolitan public health services. Peninsula Health was formally constituted as a public health service in 2000 and carries on the services of the former Peninsula Health Care Network, established in 1995.

Peninsula Health comprises:
- Frankston and Rosebud Acute Hospitals;
- Aged Care, Rehabilitation, Palliative Care and Residential services in Chelsea, Mornington, Seaford, Frankston, Mount Eliza and Rosebud;
- Mental Health services in Frankston and Rosebud; and
- A Community Health Service based in Frankston, with services provided at other sites in Frankston and the Mornington Peninsula.

Peninsula Health services include acute medical, paediatric, surgical and maternity care, critical care, mental health services, aged care, rehabilitation, palliative care, residential care, community health, health education and promotion, outpatient services, aged care and assessment, investigative and medical support services, allied health, clinical training and research.

Population
Peninsula Health serves 300,000 people who live in an 853 sq km area that includes the City of Frankston, the Mornington Peninsula Shire and the southern part of the City of Kingston. See map on back cover of the report.

About 31 per cent of the population is under the age of 25 and 33 per cent over the age of 55. This proportion of older people, the group requiring the most health services, is one of the highest and fastest growing in Victoria.

The estimated resident population of the Peninsula Health catchment area is expected to grow from 261,573 in 2006, to almost 313,000, in 2031.

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

The 2006 census shows there are over 1,500 Indigenous people living in the service area. Peninsula Health provides some services specifically for the Koori community.

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

The major causes of death and disability for this population are cancer, diabetes, stroke, asthma, heart disease, accidents, and emphysema.

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 nearly 83 - men to nearly 77 years of age. Aboriginal life expectancy is between eight and 18 years lower than the Victorian average of 84.3 years for women and 79.6 years for men.

Addressing High Risk Factors
A comprehensive approach is taken to all risk factors and prevalent medical conditions. Recent strategies include:
- The Family Ties Forum was held in October 2007 for the families, friends and workmates of drug and alcohol abusers. The forum gave attendees the chance to find out about support services that are available to them (see page 18).
- Community Kitchens is an initiative of Frankston Community Health Service. It is an innovative approach to promoting healthy eating and the development of personal skills and social support networks within the local community. During 2007, the number of Community Kitchens state-wide increased from 20 to 110, over 12 months (see page 17).
- Peninsula Health partnered with Diabetes Australia - Vic and the Frankston City Council to present a free public health forum in May 2008. Speakers presented information about prevention, early detection and related issues (see page 15).
- In September 2007, more than 1,000 people attended the second Ageing Well Expo with information on a number of different aspects including keeping active and ageing well with chronic health conditions (see page 15).
- As part of the ‘Working Towards Integrated Health Care’ Project, three ‘Task Force’ groups are implementing action plans focussing on type 2 diabetes, depression and anxiety; and chronic obstructive airways disease. This partnership initiative responds to the Department of Human Services’ ‘Care in Your Community’ policy, which was launched in 2006 (see page 14).

Frankston Community Health Service

Main Site: Frankston Integrated Health Centre, Hastings Road with services provided at other sites in Frankston and the Mornington Peninsula.

Key Services and Facilities:
Health promotion (Men’s Shed, Community Kitchens) Children’s Services (School Readiness, Healthy Futures), Primary Health (Counselling, Dietetics, Service Coordination), disease education and health education programs including Cardiac Rehabilitation Program, diabetes education, Youth Support, School Focussed Youth Service, Peninsula Drug and Alcohol Program (PenDAP), Pharmacotherapy, Optometry, Community Dental, Chronic Disease self management, Complex Care, GPs in Community Health project, Gamblers Help.

Fast Facts:

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<td>Equivalent Full Time staff:</td>
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Major Achievements/Highlights:
- A community forum called the Family Ties Forum, organised for the families, friends and workmates of drug and alcohol abusers, was attended by over 100 people (see page 18).
- Waiting lists for general dental treatment (cleaning and check-ups) were reduced by 11 months and there is now only a six week wait for dentures. These reductions in waiting lists were achieved by a number of initiatives introduced by the Frankston Community Dental Services (FCDS) (see page 18).
- The Peninsula Complex Care Program (PCCP) reduced the number of Emergency Department presentations by its clients. In 2007/08, the team reduced the number of bed days for clients readmitted to hospital within 12 months by 10.74 per cent.
- In March 2008 a Koori team leader was appointed to the Aboriginal Health Promotion and Chronic Care (AHPACC) program to help develop a Peninsula Health Koori Strategic Plan and coordinate implementation of Koori programs, staff and policies.

Frankston Hospital

Location: Hastings Road, Frankston.

Key Services and Facilities:
Emergency Department, Outpatients, Medical Imaging, Pathology, Coronary Care, Cardiac and non-cardiac Angiography, Cardiac Investigations, Intensive Care, Chemotherapy, Renal Dialysis, general and specialty medical and surgical services, Hospital in the Home, Maternity and Paediatric Services, including a Special Care Nursery, Operating Theatres, and Endoscopy.

Fast Facts:

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*Includes same day beds

Major Achievements/Highlights:
- Frankston Hospital’s Maternity Ward received $5 million in funding from the State Government in April 2008. Additional birthing and maternity services will open in 2009 (see page 22).
- The $45 million Stage 2A expansion of Frankston Hospital commenced in early 2008 (see page 19).
- Peninsula Health has treated an additional 244 elective surgery patients in 2008, under the Victorian Elective Surgery Initiative (VESI) (see page 23).
- An estimated 3,900 patients annually will have their waiting times for prescriptions reduced following the introduction of the Pharmacist-initiated E-script Transcription Service (PETS) (see page 22).
- In early 2008, Frankston Hospital received $985,000 in State Government funding to update medical equipment in the Hospital’s Emergency and Radiology Departments.
- Significant progress has been made to implement the Picture Archiving and Communications Systems (PACS), which is technology that allows the digital distribution of scans, x-ray images and reports to the wards and departments of Peninsula Health. The system went live in September 2008.
- In September 2007, Peninsula Health implemented a new computer based patient management system, i Patient Manager (iPM) (see page 39).
**Rosebud Hospital**

**Location:** 1527 Point Nepean Road, Rosebud

**Key Services and Facilities:**
Emergency Services, Surgery, Mother/Baby program, feeding and sleeping difficulties clinics, Mental Health outpatients, Hospital in the Home (HITH), Renal Dialysis and Chemotherapy.

**Fast Facts:**

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**Major Achievements/Highlights:**
- The Aged and Adult Psychiatric Service was expanded, with the move of the Port Phillip Community Care team to the Rosebud site.
- Rosebud Hospital's Surgical Services now include ACL knee reconstruction (see page 23).
- Rosebud Hospital received $135,000 in State Government funding to update medical equipment in its Emergency Department.
- A Southern Peninsula (Peninsula Health) Service Plan was developed to meet health service needs on the Southern Peninsula over the next five to 10 years.
- A dedicated surgery wing in the Rosebud Day Treatment Centre was opened.

**Peninsula Mental Health Service**

**Location:** Frankston Hospital and community facilities across Frankston and the Mornington Peninsula.

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

**Major Achievements/Highlights:**
- A new treatment model of care was adopted which focuses on assisting patients in maximising their quality of life in the community (see page 26).
- The rate of seclusion at Frankston Hospital's 2West Acute Adult Inpatient Unit overall has dropped to just 0.6 per cent. This is well below the state-wide target of seclusion of 17 per cent (see page 26).
- Associate Professor Richard Newton was highly commended under the category of Excellence in Consumer Participation at the 2007 Victorian Public Health Awards (see page 42).
- Over 10,000 copies of the educational DVD entitled ‘About Psychosis’ have been distributed nationally and internationally. Following the success of this DVD, the Peninsula Mental Health Service (PMHS) is producing a second DVD on the subject of dementia.
- The PMHS and Peninsula GP Network, and a range of other community services, are working together to develop a centre for young people’s mental health called Peninsula Headspace (see page 26).
- The Mental Health Service Plan was developed.

**Fast Facts:**

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<tr>
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<tr>
<td>(29 Adult, 15 Aged, 20 Community Care unit beds)</td>
<td>64</td>
<td>64</td>
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<td>Community Contacts:</td>
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<td>Equivalent Full Time staff:</td>
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**Community & Continuing Care Services**

**Location:** Across Frankston and Mornington Peninsula

**Key Services and Facilities:**
ACCESS referral service, Aged Care Assessment Service, Geriatric Evaluation and Management, Residential Aged Care facilities, home modification, Personal Assistance Call Service, Residential Outreach Support Service (ROSS), respite and carer support, interim care, inpatient palliative care services, palliative care consultancy service, inpatient and community rehabilitation, falls prevention service, Agestrong, Movement Disorder’s Clinic.

**Major Achievements/Highlights:**
- In September 2007, the $21.8 million Mornington Centre opened (see page 31).
- Peninsula Health was named a finalist in two national awards, the Minister’s Award for Excellence in Aged Care 2007, and the Aged and Community Services 2007 Awards for Excellence (see page 31).
- A DVD and activity guide was developed in conjunction with the Brotherhood of St Laurence which offers practical ways to improve the quality of life for people in residential hostel accommodation (see page 31).
- All four of Peninsula Health’s Residential Aged Care facilities maintained full ACSAA accreditation (see page 27).
- Three patient gardens – mobility, sensory and a visitor’s garden – were created by local Rotary Clubs for elderly patients at The Mornington Centre (see page 15).
- Peninsula Health was named a lead agency for the ‘Prevention of Functional Decline’ project, as part of the Council of Australian Governments Long Stay Older Patient’s initiative (see page 28).
- A celebration was held for the closing of the Mt Eliza Centre as an inpatient facility. The event was attended by staff and past patients. A DVD featuring a collection of old images and personal reflections was developed and distributed to the community.
- The Residential Outreach Support Service’s (ROSS) project, ‘Discovering Dementia’, provides best practice dementia care education for local residential care facilities. During 2007 and 2008, 22 local residential care facilities took part in the monthly training sessions, education programs and seminars (see page 31).
- The Response Assessment Discharge (RAD) team assessed 4,672 patients over the past year. Sixty-six per cent of these patients were able to return to their usual place of residence. This was often achieved through providing necessary equipment and referrals to community services.

**Fast Facts:**

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<td>323</td>
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<td>60 Geriatric Evaluation &amp;</td>
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<td>&amp; Management,</td>
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<td>613</td>
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CONNECTING WITH THE COMMUNITY

PROFILE

A strong culture of community involvement and participation improves service quality, particularly in relation to access of service and service response. It also provides the Health Service with an understanding of local needs and issues.

OBJECTIVES

• Enhance community involvement in planning and delivery of care across all services.
• Develop partnerships that help to build a healthy community.

OPERATIONAL PERFORMANCE

A Strong Culture of Community Participation

During the 2007/08 financial year, a team of thirteen community members, comprising previous experienced members and new members, were appointed to the Peninsula Health Community Advisory Committee (CAC) to provide community input into the delivery of service and future directions of Peninsula Health.

Advisory committees and groups are made up of community members whose interests and activities give them access to public opinion. They help foster two-way communication between the health service and the community.

Three major outcomes of the CAC in 2007/08 include:

• Involvement with the changes in patient menu planning.
• Presentations by CAC members at the ‘Committed to Participation’ Forum hosted by the Health Issues Centre and held in Melbourne in May 2008. The CAC Chair, Winston McKean, presented on the topic of ‘Engaging Communities of Interest’ and Christine Hunt provided reflections on the 2007 Quality and Safety Conference held in Brisbane which she attended as part of her CAC role.

• Input into the development of the Southern Peninsula (Peninsula Health) Service Plan. In March 2008, Health Outcomes International (HOI) conducted an external evaluation of the nineteen CACs operating in Victoria. This included the evaluation of the effectiveness of Peninsula Health’s CAC. The effectiveness of the committee was measured against key Department of Human Services’ (DHS) criteria, which assessed its purpose, as well as its role and representation of its membership.

Peninsula Health’s CAC was reported to enjoy a high degree of compliance with the DHS guidelines, and to have developed over time to become an effective and well functioning committee that is valued by the Board of Directors. Peninsula Health was reported to have a strong culture of community participation that is led by the Board, Chief Executive and Executive Sponsor, with a commitment to improvement.

Peninsula Health’s unique structure for community participation was also recognised. This unique structure involves a number of Community Advisory Groups (CAGs), which acts as a conduit between communities of interest and the CAC, the Board and the Health Service. These CAGs are grouped so as to represent specific geographic areas and special needs groups.

For example, the Southern CAG has been in operation for some time and focuses on those issues that are relevant to the Southern area of the Peninsula. The Mental Health CAG is a newer group that has been set up to focus on those issues that are specific to mental health consumers and carers. Other specific needs CAGs that have been formed and meet regularly include the Culturally and Linguistically Diverse (CALD) group, the Aboriginal and Torres Strait Islander (ATSI) and the Southern Hepatitis Aids Resource Prevention Service (SHARPS) group.

In addition to these, the Westernport, Northern/Frankston, Youth, Disability, Older People and their Carers CAG’s are forming and will be up and running in the near future. The formation of these CAGs will further enhance participation between the Health Service and the community.

Care in Your Community

The ‘Working Towards Integrated Ambulatory Health Care’ Project is a partnership initiative, that responds to the ‘Care in Your Community’ policy, which was launched by the Department of Human Services in 2006. The Primary Care and Population Health Committee (PCP) is responsible for implementing the project. PCP Membership includes senior management from Peninsula Health, the Peninsula General Practice Network, Frankston City Council, the Mornington Peninsula Shire, Frankston Mornington Peninsula Primary Care Partnership, local service providers and community representatives.

Outcomes include:

• Publication of an area based planning report identifying the needs within this community, based on local demographic, burden of disease and hospital usage data.
• Identification of priority areas requiring planning and action over the next two years.
• Commencement of three ‘Task Force’ groups to develop and implement action plans ranging from early intervention and prevention to episodic and more intensive care needs.

The three collaborative priorities identified via this area-based planning approach at this first stage are:

• Type 2 diabetes
• Chronic obstructive airways disease, commonly referred to as lung disease.
• Depression and anxiety.
Building Community Partnerships

The Mornington Centre's Rotary Gardens

Three patient gardens – mobility, sensory and a visitor’s garden - were created in late 2007 by local Rotary Clubs for elderly patients at The Mornington Centre. This project was the first time Rotary Clubs from Frankston, Mt Eliza, Mornington, Rosebud and Sorrento came together to work on a single project by providing financial assistance and hands-on support. Members from several other Rotary Clubs including Langwarrin & Frankston North also offered their support, assisting at working bees.

In the Mobility Garden, patients are able to practice real life skills in an outdoor setting including walking and balance. The Sensory Garden has therapeutic benefits for patients which can result in lowering their blood pressure and reducing muscle tension. Family members and patients are able to spend time together and enjoy the surroundings in the Visitor’s Garden.

Promoting Good Health in the Community

Diabetes Forum

Peninsula Health partnered with Diabetes Australia – Vic and the Frankston City Council, to present a free public health forum in May 2008. The forum explored the issue of type 2 diabetes, a major problem nationally and on the Peninsula. Nearly 200 people attended the forum. Key speakers included Dr Ralph Audehm from Diabetes Australia – Vic and Dr Deepak Dutta, Director of Endocrinology at Peninsula Health. They were joined by former AFL coach and businessman Stan Alves, triple world aerobic champion Sue Stanley, and media commentator and former AFL player Tony Shaw and community representative, Claude D’Angiolollo.

The speakers presented information about prevention, early detection and related issues including obesity, nutrition and the role of exercise.

Aging Well Expo

More than 1,000 people attended the second annual Aging Well Expo in September 2007, presented by Peninsula Health in partnership with the Mornington Peninsula Shire Council and other health service providers. The free Expo gave the community a chance to explore the many different ways in which older people can lead a healthy and active life.

There were 60 displays featuring information about community and health services, local community groups, activities for seniors and environmental tips for the home.

Peninsula Health Employees Contributing to the Community

Many staff members use their experience and expertise to volunteer for important causes. The Health Service encourages staff to contribute to the wider community. Some examples of ways in which staff are ‘giving back’ to the local community include:

- Helen Hutchins, Nurse Unit Manager of Paediatrics at Frankston Hospital, is a member of Soroptimist International of the Mornington Peninsula, which supports women and girls on the Peninsula.
- Ron Hookway, Rosebud Hospital’s Pharmacy Manager has given several talks on medication to clients of Yooralla Society of Victoria at the Casey-Cardinia Community Health Service.
- Lyndelle Barry, Clinical Pharmacist at Frankston Hospital, is the volunteer pharmacist for Melbourne Ice, which is Melbourne’s representative team in the Australian Ice Hockey League’s national competition. She also advises the team on drugs in sport and allowable medications under ASADA, the national drug testing body.
- Jose Arrebola, Rosebud Rehabilitation Unit’s Sub-Acute Ambulatory Care Manager has been a volunteer fire fighter since February 2007, stationed at the Frankston Fire Brigade.
- Frances Caplygin, Emergency Department Pharmacist, is the Tennis Coach for the Southern Region of Special Olympics Australia.
- Dave Kelly, Drug & Alcohol Liaison Nurse and Daniel Kinston, Social Worker, staff from Community Health and Mental Health’s 2 West Ward, took part in the World’s Greatest Shave to help raise funds for the Leukaemia Foundation.
- Nurse Bronwyn West is a mentor with Oz Child, while another nurse, Clara Marsh, is also training to be an Oz Child mentor. Oz Child, an independent children’s welfare organisation runs multidisciplinary and culturally aware programs across a range of areas including foster care, family services, disability, education and outreach services.
- Nine Peninsula Health staff members volunteered for Team Medical Australia (TMA) at the 2007 GMC Australian Motorcycle Grand Prix.

FUTURE DIRECTIONS

- The operation of the additional CAGs will further enhance participation between the Health Service and the community and ensure diverse community representation.
Peninsula resident Brian Kohn doesn’t look like one of Santa’s little helpers, but his work making toys with the Men’s Shed program helps to make sure that disadvantaged families in the Frankston area can celebrate Christmas.

“I only started going this year, but it’s the best thing I’ve ever done,” said Brian.

Established in 2005, The Men’s Shed is a joint initiative of Peninsula Health’s Community Health Service and Mental Health Service. The Men’s Shed program provides a space for men to reconnect with each other and participate in activities including woodwork, gardening and the running of a community kitchen.

Brian has been busy making toys for kids at the Shed since hearing about the program through Peninsula Health and has fitted in straight away.

“You’re in with people your own age, no problems making friends at all,” he said.

Men’s Shed Coordinator John Baarsma said the program came about as a way to keep men connected with health services and other like minded individuals.

“It connects guys in a health promotion initiative, in a blokey environment that is safe for them,” John said.

Community support of the project has been strong, with groups such as the Karingal Bowling Club, the Vietnam Veterans Association and private resident Ken Shelbourne making vital donations of materials and equipment.

For Brian, the benefits of the program are as clear as they are simple.

“It’s the company, and using the hands again,” he said. “It’s all about keeping the hands and the mind busy.”
COMMUNITY HEALTH

PROFILE

Community Health Services are provided at a number of Peninsula Health and other locations. Health promotion, disease prevention and health and other education programs are provided for all ages.

On July 1 2008, Peninsula Health and Peninsula Community Health Services (PCHS) merged and will continue to provide the Mornington Peninsula’s community with the best possible community health services and treatment when and where it is needed. A full report on combined activity will be available in next year’s Annual Report. See Chairperson and Chief Executive’s Report on pages 2 - 3.

OBJECTIVE

• Deliver treatments to clients/patients that produce measurable benefits.

OPERATIONAL PERFORMANCE

Promoting Healthy Eating - Community Kitchens
Peninsula Health’s Community Kitchens Project commenced in 2004 as an initiative of Frankston Community Health Service. It is an innovative approach to promoting healthy eating and the development of personal skills and social support networks within the local community. There are 11 Community Kitchens in Frankston. During 2007, the number of Community Kitchens state-wide increased from approximately 20 to 110.

Evaluation has shown that participants experience improvements in health through healthy eating and social contact.

A state-wide forum held in November 2007 was attended by 70 project coordinators, facilitators and project partners, who shared their experiences and ideas to address common issues. Outcomes for the day included future directions for Community Kitchens in Victoria, including a practitioner network and opportunities for information sharing and support.

In 2008, Peninsula Health received $25,000 from the Department of Human Services (DHS) to coordinate the implementation of Community Kitchens within Neighbourhood Renewal sites across Victoria. An additional $125,000 has been granted by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) for further implementation and expansion of Community Kitchens.

Peninsula Drug & Alcohol Program
The Peninsula Drug & Alcohol Program (PenDAP) offers a range of services to assist people experiencing difficulties related to their alcohol and drug use. A holistic and non-judgemental approach is used in providing services to individuals, families and local communities.

In 2007/08, there were 1,305 clients who received services through PenDAP. This compares to 1,206 in the previous financial year.

The ability to manage clients with mental illness and drug and alcohol problems has been boosted with PenDAP receiving $499,950 of additional federal government funding. The funding has been provided by the Department of Health and Ageing, over two and a half years, and will be utilised to strengthen PenDAP’s services by helping to engage and service clients with mental illness.

PenDAP has received a grant of $548,435 from the Department of Health and Ageing’s National Illicit Drugs Strategy ATS Grants Program.

Three resources will be developed to respond to the rising demand for treatment from ATS users:

• A thirty to forty minute DVD will be produced in conjunction with Peninsula Health’s Mental Health Service and service users. It will outline the dangers of ATS use and;

• A locally developed and piloted awareness campaign that will promote PenDAP as an available service for ATS users whilst also raising awareness of ATS harms.

Complex Care Program
Patients with ongoing (chronic) health problems such as diabetes, heart failure or lung problems need to consistently manage their conditions. The Peninsula Complex Care Program (PCCP) is a DHS funded Hospital Admission Risk Program (HARP) for Peninsula Health. The program was developed to prevent unnecessary hospital admissions and Emergency Department presentations and to provide care, coordination and support to people with chronic diseases.

The PCCP team has close links with community agencies to help people to continue to live independently in their homes where possible.

Data collection and analysis shows that the PCCP reduces the number of Emergency Department presentations by its clients. In 2007/08 the team reduced the number of bed days for clients readmitted to hospital within 12 months by 10.74 per cent. The average reduction in Emergency Department presentations for the same group was 42.8 per cent.

Stay Healthy
Frankston Community Health Service’s Stay Healthy program was developed in 2006 to support people with chronic conditions such as diabetes, cardiovascular, respiratory and musculoskeletal disease.
In 2007/08 there were 1,370 clients who received over 16,500 hours of service booked into the Stay Healthy program. This year the Stay Healthy program launched a number of innovative programs to enhance the delivery of chronic disease self management services on the Peninsula including:

- DAFNE - dose adjustment for normal eating program for people with Type 1 diabetes.
- A community rehabilitation program for people with chronic obstructive pulmonary disease; and
- A GP Engagement Project that works with Peninsula GP Network to link GPs and their patients to effective chronic disease self management programs.

The Stay Healthy Program continues to work in partnership with a number of organisations to enhance care for clients, including:

- Developing an active service-model partnership program with the Frankston City Council to support clients using home and continuing care services.
- A Diabetes Education exercise partnership program with Monash University.
- Working with the Centre for Rheumatic Disease to enhance physiotherapy services for clients with osteoarthritis; and
- A community gym partnership project with the Chisholm Fitness Centre.

Dental Services

This year the Frankston Community Dental Service (FCDS) helped meet local service needs by providing 50,926 treatments, compared to 40,644 for the previous year.

Oral health is fundamental to overall health, wellbeing and quality of life and the service is providing the community with high quality, accessible and affordable dental care. Dental services remain both a priority and a challenge for publicly funded dental services, such as FCDS at Peninsula Health. Key outcomes for the FCDS during the year included:

- The Waiting List for general services was reduced by 11 months and people now only have a six week wait for dentures.
- Consolidation of the Oral Medicine Specialist Service. This service encompasses all aspects of oral medicine including the diagnosis and treatment of gum disease, lesions and in amuations including oral cancers, infections, ulcerative conditions caused by trauma from sharp or broken teeth, fillings or sharp food fragments and therapy to correct jaw pain.
- Establishment of the oral surgery program. This service provides surgical procedures and follow-up care locally to our community.
- Continued work in partnership with Frankston City Council to promote the ‘Smiles 4 Miles’ (Eat Well/ Drink Well) oral health education project in six local pre-schools and early learning centres for children.
- Continued promotion of dental hygiene through 18 visits as part of the pre-school dental visits program and participation in the Frankston Family and Children’s Expo.
- Full integration of both the pre-school and school dental services to create a Community Health Dental program for people of all ages.

Family Ties Forum

A community forum called the Family Ties Forum, organised for the families, friends and workmates of drug and alcohol abusers, was attended by over 100 people.

The forum was organised by Peninsula Health’s Community Health Program in October 2007.
Work towards the Stage 2A expansion of Frankston Hospital commenced in early 2008.

The expansion of Frankston Hospital will provide over 6,000m² of new and refurbished areas, including the development of two new surgical theatres and refurbishment of the four existing theatres. It will provide a new centralised 33 bed and seven chair recovery unit, and new areas for Endoscopy, Day Surgery theatres and Cardiac Angiography.

The new operating theatres will be ready for use in November 2009. When the total expansion is complete, Peninsula Health will have surgical and critical care facilities that compare with the best in Victoria.

The redevelopment project will be delivered in three main stages, which include early works, decant works and main works. The project is scheduled to be completed in 2010.

There were a number of Stage 2A project milestones in the 2007/08 financial year.

- More than 100 staff members were relocated from Frankston Hospital to new office areas at the Mt Eliza Centre. These relocations were necessary to make way for the main works of the redevelopment.
- Construction began in a number of areas, including the permanent new areas for the Pharmacy and Health Information Services departments, and in the Radiology Department.
- Builders also commenced work to refurbish the area of the Hospital which will become the new temporary Intensive Care Unit and Short Stay Surgical Unit. Work to refurbish and expand the Central Sterile Supply Department (CSSD) also commenced.

**Milestones in the 2008/09 financial year**

The Old Midwifery section of the Hospital was decommissioned in August 2008. This paves the way for construction of the new Operating Theatres and Intensive Care Unit.

Significant events will take place in the coming year. These include:

- The relocation of the Intensive Care Unit and the Short Stay Surgical Unit to a new temporary area in the former 3North area of the Hospital.
- The permanent new area for Pharmacy is scheduled to be completed by mid November 2008.
- The permanent new area for Health Information Services is scheduled to be completed by mid November 2008.
- The refurbishment and expansion of CSSD is scheduled to be completed in February 2009.
- Radiology’s Treatment area will be refurbished to create a Fluoroscopy room. Fluoroscopy provides immediate ‘real-time’ visualization of the x-ray images on a screen and provides a permanent record of the procedure.
- From July 2008, works will start to refurbish the Digital Subtraction Angiography (DSA) room to provide a Hybrid DSA/Cardiac Catheter facility in Radiology. This shared facility will support all Cardiac Catheter and peripheral angiographic procedures undertaken at Frankston Hospital. The DSA room is anticipated to function for the next two years providing these services in the shared facility.
- Two additional operating theatres will be developed, and four existing operating theatres will be refurbished, as part of the redevelopment. The new theatres are scheduled to be operational by November 2009.
In December 2003, Claude D’Angiolollo was diagnosed with extremely high blood pressure, high cholesterol and borderline type 2 diabetes.

“A week later on Christmas day, my daughter announced that she was having a baby. I was excited to be a grandfather for the very first time,” said Claude.

The thought of not seeing this child grow up inspired Claude to measure up and take charge of his health. “I immediately decided to get fit and change my eating habits,” said Claude.

“My doctor gave me two weeks. If there was no change in that time, he was going to prescribe me medication to control my blood pressure and cholesterol.” Claude was on a mission.

“I began exercising, using dumbbells in my chair in front of the TV, as well as walking along Frankston beach. I also began eating healthy food,” said Claude.

With the assistance of Peninsula Health’s Diabetes Education program, Claude lost 30 kg and has never felt better.

Claude is a real-life example of how you can make a difference and prevent the onset of type 2 diabetes.

His journey was one of the inspiring stories featured at the free public health Diabetes forum in May 2008, hosted by Peninsula Health, in partnership with Diabetes Australia – Vic and Frankston City Council.
Hospital acute services are provided from Frankston and Rosebud Hospitals. With the demand for acute services growing, Peninsula Health is implementing strategies to expand key medical services.

**OBJECTIVES**

- To provide quality health care services, based on evidenced best practice.
- Expand hospital capacity, including maternity services and other essential services.
- Develop plans to meet emerging demands within available resources and infrastructure, focussing on service gaps and alternative models of care.

**OPERATIONAL PERFORMANCE**

**Our Hospitals**

Frankston Hospital is a 383 bed hospital, and is the major provider of acute secondary and tertiary hospital services on the Mornington Peninsula. In 2007/08, Frankston Hospital treated 49,046 inpatients, an increase of 1.9 per cent from the previous financial year.

**Frankston Hospital - Number of Admissions over the last five years**

<table>
<thead>
<tr>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>2003/04</td>
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<tr>
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<tr>
<td>2005/06</td>
<td>48,190</td>
</tr>
<tr>
<td>2006/07</td>
<td>48,120</td>
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<tr>
<td>2007/08</td>
<td>49,046</td>
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</table>

Rosebud Hospital is an 80-bed hospital providing treatment and care for both admitted patients and outpatients. During the year, Rosebud Hospital treated 12,782 inpatients, an increase of 3.7 per cent from the previous financial year, or an increase of 22 per cent over five years.

**Rosebud Hospital - Number of Admissions over the last five years**

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003/04</td>
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<td>12,322</td>
</tr>
<tr>
<td>2007/08</td>
<td>12,782</td>
</tr>
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</table>

Services and programs were enhanced and expanded at both hospitals during the year. The year’s highlights include the opening of a dedicated Day Surgery Wing in the Rosebud Day Treatment Centre and the expansion of the Aged and Adult Psychiatric Service at Rosebud, with the move of the Port Phillip Community Care Team relocating to the Rosebud site. This has improved access and timeliness of services to patients on the Southern Peninsula.

**Cardiac Angiography Suite**

The Cardiac Angiography Suite has increased its Cardiac Angiography services to include an additional session. Cardiac Angiography is a procedure that uses a special dye (contrast material) and x-rays to see how blood ows through the heart.

**Rosebud Day Treatment Centre**

Local community members, staff and patients gathered in July 2007 to celebrate the opening of the Rosebud Day Treatment Centre. The Day Treatment Centre provides treatment for patients requiring renal dialysis, chemotherapy and other infusional day treatments.

Dialysis treatments have nearly doubled, from 1,772 in 2005/06 to nearly 3,500 in 2007/08.

**Working to enhance Cancer Services – SMICS**

Southern Melbourne Integrated Cancer Services (SMICS) is a joint initiative incorporating Peninsula Health, Bayside Health and Southern Health. SMICS’ success in conducting cancer service improvement activities is a result of the collaborative efforts of the executive, clinicians and staff from the three member health services.

The General Practitioner (GP) Consultation Project undertaken by SMICS during the year, identified significant opportunities for service improvement, particularly regarding the way in which providers of acute cancer services communicate with GPs.

Peninsula Health is working to develop a chemotherapy advice letter and agent-specific information which can be emailed to GPs. This will be provided to other SMICS health services.

**Women’s, Children’s and Adolescent Health**

During the year, 7,600 children under the age of 16 were treated at the Health Service, which is an increase from the 7,160 paediatric patients treated in 2006/07.

A free Women’s Health Clinic also continues to be run at Frankston Hospital. The Clinic is available to women of all ages and staffed exclusively by women.

The clinic provides extensive services in sexual and reproductive health. Services provided include preventative health screening, pregnancy testing, referral and advice, menopausal health issues and sexual and reproductive health issues.

In 2007/08, there were 2,429 births at Frankston Hospital, compared to 2,383 births in the previous financial year. In April 2007, Peninsula Health restructured birthing services to offer the Rosebud low risk ‘Hillview’ Midwife Led Model of Care and both the Frankston Hospital Midwife and Medical
Models of Care, which includes higher risk cases, at Frankston Hospital. Ante-natal and post-natal services continue to be offered at Rosebud Hospital.

Frankston Hospital Maternity Expansion
Frankston Hospital’s Maternity Ward is expanding after receiving $5m in funding from the State Government in April 2007. The expansion will help meet the demand of the growing number of births on the Peninsula. Currently, there are 21 maternity beds and eight birthing suites. When the expansion is completed, there will be a total of 28 maternity beds and nine birthing suites.

The Special Care Nursery, where the sickest babies are cared for, can currently accommodate 13 cots and this will be expanded to 15. Plans are being prepared that will allow the Nursery to expand to 18 cots in the future. The works will be completed by late 2009.

Baby Friendly Health Initiative
During the year, Frankston Hospital became accredited as a ‘baby friendly’ Hospital. The Baby Friendly Health Initiative (BFHI) is an international project that was developed by the World Health Organisation and UNICEF.

The initiative looks at ways to implement a successful breastfeeding campaign through educating parents and staff who are involved in the care of their newborn. The aim is to create an environment where the health and well being of mothers and babies is promoted through breastfeeding.

Pharmacy

Pharmacist-initiated E-Script Transcription Service
An estimated 3,900 patients annually will have their waiting times for prescriptions reduced by up to two hours each, following the introduction of the Pharmacist-initiated E-script Transcription Service (PETS).

PETS is a pilot project that involves an experienced clinical pharmacist generating electronic discharge prescriptions, which uses computer programs to help transcribe discharge medicines.

PETS, which has been expanded to all units of Frankston Hospital, was implemented to ensure patient safety through continuity in medication management and improve patient experiences at the point of hospital discharge.

There was a trend towards a 14 per cent decrease in patient’s average length of stay, once PETS was introduced.

Peninsula Health’s pioneering work in e-Discharge and e-Prescribing, was also awarded the Don Walker Award from the Health Informatics Society of Australia in the category of Effectiveness in Healthcare Delivery in 2007.

Smart Infusion Pumps
A $350,000 grant from the Department of Human Services has helped to fund the purchase of 140 new intravenous (IV) volumetric infusion devices. Known as ‘smart infusion pumps’, they contain safety software that has a range of medication concentrations, dosage units and dosage flow rates. If there is an attempt to administer a medication incorrectly, the pumps have the capacity to alert the user to unsafe dose limits and programming errors. The new pumps replaced IV volumetric devices across all Peninsula Health sites.

Radiology

Picture Archiving and Communications System
Work is underway to implement Picture Archiving and Communications System (PACS) at Peninsula Health. This is scheduled to ‘go live’ in September 2008. PACS is the digital distribution of X-ray images and reports to the wards and departments of Peninsula Health. Benefits of PACS include instant access to patient images, regardless of locations, no lost or misplaced patient films, which further reduces instances of unnecessary multiple x-ray scanning.

The Computed Radiography (CR) component of PACS went live in February 2008. This component was rolled out into the Intensive Care Unit, The Mornington Centre and Rosebud Hospital Departments. This component enables all the imaging sources to be integrated into the new PACS system.

FUTURE DIRECTIONS

• Finalise the Organisational Strategic Plan 2009 – 2012.

• Develop and implement a comprehensive long term plan for Rosebud Hospital, including its role in relation to ambulatory care services.

• Continue to progress the Frankston Hospital Stage 2A expansion project, which is scheduled to be completed in 2010. The redevelopment will boost the hospital’s capacity to meet the demands of the growing population on the Peninsula by enhancing existing facilities and developing more services to cater for future health needs.

• Complete the Frankston Hospital Maternity Unit expansion by late 2009 to help meet demand.
SURGICAL SERVICES

PROFILE
As the population on the Peninsula increases, so does the demand for surgery. Our community’s higher than average population of people over 65 requires more surgical services in areas like Urology and Orthopaedics. New surgical procedures are being developed continuously to treat an ever expanding range of conditions. Surgery is now safer than ever, making it a more acceptable option to more people. All these factors have an effect on how long patients wait, especially for planned elective surgery.

OBJECTIVES
• Implement key strategies to reduce waiting times for elective surgery patients.
• Expand access to critical care services.

OPERATIONAL PERFORMANCE
Each month at Peninsula Health, an average of 1,003 surgical procedures are performed, and 40 per cent of these procedures are elective surgery.

In Victoria’s public hospitals, specialists assess the clinical urgency of their patient’s condition and categorise it as one of three levels:

Category 1 Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.

Category 2 Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.

Category 3 Admission within 365 days acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

During the year, 100 per cent Category 1 patients were admitted within 30 days. The number of semi-urgent (Category 2) and non-urgent (Category 3) patients treated within the recommended waiting time achieved a new high of 51 per cent. This is the highest result in two years.

Several surgical initiatives implemented during the year did assist in treating additional semi-urgent and non-urgent patients waiting for their elective surgery. These include:

Victorian Elective Surgery Initiative
Peninsula Health has treated an additional 244 elective surgery patients in 2008, under the Victorian Elective Surgery Initiative (VESI). Funded by the new Federal Government, the aim of VESI is to help reduce the health service’s waiting list for non-urgent elective surgery.

In total, Peninsula Health received $1.08m in funding to commence work on the project, of which $400,000 was for new equipment and minor works.

Elective Surgery Access Service
The Elective Surgery Access Service (ESAS) assists semi-urgent and non-urgent elective surgery patients with long waiting times to receive more rapid treatment. Surgery is arranged at another hospital, which has the capacity to treat their respective conditions.

This year the procedures targeted were urology procedures, joint replacement surgery, general surgery and ear, nose and throat surgery. A total of 186 patients received surgery through ESAS.

Rosebud Hospital Surgery
The range of surgical services at Rosebud Hospital expanded. The first anterior cruciate ligament (ACL) knee reconstruction took place in February 2008 at Rosebud Hospital. By the end of the 2007/08 financial year, four ACL operations had been performed at Rosebud Hospital.

Day Surgery
A monthly Facio-Maxillary operating session commenced in August 2007. This session is for patients who require a General Anaesthetic for their treatment and have been on the waiting list at the Dental Hospital for an extended period, some up to two years. Up to June 30 2008, 37 patients had been treated at Frankston instead of a city hospital, providing patients with a more convenient local service.

Central Sterilising Supply Department
In May 2008, a new type of low heat Sterrad ‘Plasma’ Sterilizer was purchased to allow the Central Sterilising Supply Department to sterilise wrapped items that are heat sensitive and can be kept on the shelf. It replaces a system that required sterilised articles to be used immediately.

Anaesthetic Services
Frankston Hospital Anaesthetists hosted the Remote Situations, Difficult Circumstances and Developing Country Anaesthesia (RSDCDCA) course from 31 March – 4 April 2008.

The RSDCDCA course teaches and provides specialist anaesthetists with the skills required to work in international disaster zones and developing countries, particularly for situations of civil disaster and military conflict. This was the first time the course was run in Victoria. Sixteen participants from across Australasia and Canada attended the course.

FUTURE DIRECTIONS
• Treat additional patients under the VESI initiative by the end of 2008.
• Progress the development of the two new surgical theatres, as part of the Frankston Stage 2A redevelopment project, to reduce the waiting times for Category 2 and 3 patients waiting for elective surgery. The new theatres are scheduled to be completed by November 2009.
Jenni O’Sullivan, a Red Cross volunteer, organised the RED Cross ACE (Assistance and Care in the Emergency Department) program at Rosebud Hospital.

“It can be especially hard for parents who come to the department with a sick child and are accompanied by their other children. We help mind their children, allowing them to pay full attention to their sick child and speak to the staff in the Emergency Department,” Jenni said.

“Sometimes we simply hold the hand of a worried family member, and keep them updated with the condition of their loved ones. We give people in the Emergency Department, particularly children, trauma teddies that have been knitted by people from the community.”

“We receive many comments from patients and their families thanking us for our kind words and support during their visit. Many of the volunteers finish their shifts knowing that they have made a difference to people’s lives,” added Jenni.

The ACE volunteers at Rosebud Hospital work during the evenings Friday to Monday.

The ACE volunteers commenced at Rosebud Hospital following the successful introduction of the program at Frankston Hospital in 2006.

Patient demand for Emergency Department (ED) care is increasing as a result of an ageing population, a rise in the number of people with chronic disabilities, and new technologies that enable treatment for previously untreatable diseases and conditions.

**OBJECTIVES**

- To provide quality health care services, based on evidenced best practice.
- Treat emergency patients within set timeframes.
- Safely progress clients/patients throughout all parts of the system, avoiding harm and minimising risk in care delivery.

**OPERATIONAL PERFORMANCE**

Frankston Hospital Emergency Department

The ED continued to be busy, with 50,322 presentations in the 2007/08 financial year.

**Frankston Emergency Presentations 2007/08**

<table>
<thead>
<tr>
<th>Month</th>
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<tbody>
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<tr>
<td>Aug - 07</td>
<td>4,731</td>
</tr>
<tr>
<td>July - 07</td>
<td>4,193</td>
</tr>
</tbody>
</table>

Outcomes of the Frankston Emergency Department include:

- The Frankston ED had 199 one-hour episodes of hospital bypass in 2007/08. The Department of Human Services’ (DHS) target set for the
percentage of time on hospital bypass is three per cent. Frankston ED was consistently below this target for the majority of the year, which is a favourable result.

- ED attendances have increased 11 per cent over five years, from 45,154 in 2003/04 to 50,332 in 2007/08.

Waiting times for treatment at Frankston Hospital Emergency Department remain an area of concern. Some DHS benchmarks for waiting times were not met and some patients waited longer than the recommended timeframe for treatment. See page 8 for further detail on Emergency Department waiting times over the last five years.

Initiatives to improve performance within and external to the ED include:

- Opening an additional eight bed ward, called the Demand Management Unit, to speed the movement of patients from the ED.

- The daily management meetings now identify patients appropriate for transfer to Rosebud Hospital. This ensures more beds are available at Frankston for acute patients presenting to the ED.

- A Medical Consultant has been allocated to the Medical and Observation area, providing twice daily, seven days per week consultant rounds.

- A nurse is now rostered to work in the ED waiting room to ensure all patients are reassessed according to their triage category. All patients are reassessed whilst waiting.

- Detailed planning of the redevelopment of the ED to increase treatment areas from 34 to 48 has commenced. This $2m project is scheduled to be completed by December 2008.

- All patients are given an ED fact sheet detailing their triage category and the reason they may experience a delay in seeing a doctor. The fact sheet also advises them to re-present to the triage nurse if they feel they have waited beyond the length of time that was originally advised or if their condition deteriorates.

All of these initiatives will assist in meeting the needs of the increased number of patients who seek care and reduce waiting times in the ED.

Frankston Hospital Intensive Care Unit

More than 600 patients are admitted to Frankston Hospital’s Intensive Care Unit (ICU) every year.

Outcomes include:

- The ICU is now fully staffed for eight ventilated beds.

- An Access Nurse has been introduced to the team, seven days a week, 12 hours a day. The Access Nurse responds to internal hospital codes and acts as an extra resource within the ICU by providing support to junior staff.

- The ICU monitors the Standardised Mortality Rate (SMR), which is the proportion of patients dying in comparison to a predicted mortality rate. When benchmarked against other Australasian Intensive Care Units, the Frankston Hospital ICU has a lower SMR than that of other tertiary and metropolitan units.

FUTURE DIRECTIONS

- Implement strategies to improve Emergency Department performance to meet both internal and DHS targets for the timely treatment of patients in the ED and their discharge or transfer to other wards and programs.

- Relocate ICU to a temporary location at Frankston Hospital, while work continues on the Frankston Stage 2A expansion. This will include a new 13 bed Intensive Care Unit, which is scheduled to be completed by July 2010.
Profile

Peninsula Health Psychiatric Service (PHPS) provides a range of community focused mental health services within Frankston and the Mornington Peninsula. From 1 July 2008, the service was officially renamed the Peninsula Mental Health Service (PMHS).

Objectives

- Deliver treatments to patients that produce measurable benefit.
- Develop and implement a long-term service plan to meet future needs in mental health care.

Operational Performance

New Treatment Model

The PMHS Model of Care focuses on assisting patients to maximise their quality of life in the community. This extends to achieving high quality in all aspects of the patient’s social and work experiences, regardless of their original problem.

During this year a new structure for community services, based on four geographical areas, was developed. The Service has been divided up into four geographical areas. Each of these four areas has a community mental health team that can be accessed through a single triage point. This provides:

- Intensive community care for those who are acutely unwell but can be managed out of a hospital setting
- Ongoing care in the community for those who need some ongoing assistance
- Long term care for those few people in our community with long term illnesses who require some level of ongoing support.

Each team also works with their local GPs and community organisations to assist them and enhance their overall capacity to provide services to people with mental health issues.

Mental Health Service Plan

In 2007, a Mental Health Service Plan for Frankston and the Mornington Peninsula was commissioned by the Department of Human Services (DHS). This was completed in 2008, and had full participation from Peninsula Health and its key stakeholders, including Psychiatric Disability and Rehabilitation Support Service (PDRSS) partners and the Peninsula Community Health Service.

The Mental Health Service Plan identifies the priorities for mental health planning over the next ten to 15 year period and also considers how mental health services can be better positioned functionally and geographically for the catchment area.

One of the recommendations arising from the Mental Health Service Plan related to the establishment of Prevention and Recovery Care (PARC) beds. Funding for 10 such beds has now been allocated to Peninsula Health by DHS and planning for their establishment has commenced. The PARC service will provide skilled recovery support to adults, aged between 16 - 64 years, who are living with a mental illness.

Mental Health Partnerships

The Service has strengthened relationships with community support agencies, through means such as the Psychiatric Disability Rehabilitation Support Service (PDRSS). It is also working with the Peninsula GP Network and a range of other community services to develop a centre for young people’s mental health called Peninsula Headspace.

Peninsula Headspace will create a coordinated and integrated local response to mental health and substance use issues experienced by young people on the Peninsula. Peninsula Headspace will bring together a range of service providers in a number of centrally located sites, and will provide primary health, mental health, drug and alcohol, housing and vocational support and services to young people aged 12 to 25.

Seclusion Rate

Seclusion rates refer to the number of psychiatric inpatients placed in a low-stimulus environment. The rate of seclusion at Frankston Hospital’s 2West Acute Adult Inpatient Unit has dropped to an average of just 0.6 per cent. This is well below the state-wide target for seclusion of 17 per cent.

Peninsula Health is now a national project leader for the Commonwealth Reduction of Seclusion and Restraint Project and has presented its achievements both locally to carer and consumer groups and at a number of national forums.

Future Directions

- Implementation of Peninsula Health’s Mental Health Service Plan. The Plan outlines an optimal mental health service system in terms of bed and community-based adult, child and adolescent and aged care mental health services required to meet the needs of the catchment area’s population.
QUALITY

PROFILE
The Health Service ensures the provision of high quality services by consistently evaluating performance. A variety of methods are used to evaluate service provision, both internally and externally by benchmarking with other health care providers. In this way, the Health Service is able to identify areas of excellence, as well as areas where improvements can be made.

Continually achieving hospital accreditation with the Australian Council of Healthcare Standards (ACHS) ensures Peninsula Health facilities are improving the quality and standard of health care provided.

OBJECTIVES
• To provide safe clinical care of the highest standard for clients/patients throughout care continuum.
• To reduce harm and minimise risk in care delivery.
• To enhance the clinical governance and risk management processes throughout the Health Service.

OPERATIONAL PERFORMANCE

ACHS Accreditation
The independent national body for quality and safety in healthcare in Australia is the Australian Council on Healthcare Standards (ACHS). Peninsula Health is fully accredited by ACHS.

In November 2007, Peninsula Health prepared an ACHS Self Assessment Report under the new EQuIP 4 program. For this self assessment, Peninsula Health reported against all of the Clinical Function criteria which relate to the provision of clinical care.

ACSAA Accreditation
The Aged Care Standards and Accreditation Agency (ACSAA) is the body responsible for managing the accreditation and ongoing supervision of Australian Government funded aged care homes.

All four of Peninsula Health’s Residential Aged Care facilities have maintained full ACSAA accreditation. Positive feedback was also received from unannounced support visits, which aim to monitor facilities on an ongoing basis to ensure residents continue to receive a high level of care and that all standards continue to be met.

Infection Prevention and Control
Start Clean Hand Hygiene Program
Peninsula Health surpassed the Department of Human Services’ Hand Hygiene benchmarks.

A new Victorian state wide program promoting the use of alcoholic chlorhexidine hand rubs with compliance targets and mandatory reporting was introduced in September 2007. Peninsula Health achieved 61.5 per cent compliance in Hand Hygiene, against the DHS target of 55 per cent.

This program aims to reduce the incidence of hospital acquired infections.

Flu Vax Campaign
Two years of successful campaigns have seen Vaccination rates among clinical staff almost double from 32 per cent in 2006 to 63 per cent in June 2008.

Nurse Immunisers have followed on from last year’s successful program to increase Vaccination rates with an extensive 6-week vaccination program. The program focussed on providing greater access by delivering clinic and mobile sessions across Peninsula Health.

Peninsula Health Influenza Clinical Staff Vaccination Rates June 2006 - June 2008

FUTURE DIRECTIONS
• Preparations are now underway for the ACHS Periodic Review in March 2009. Executive Sponsors, or members of the senior management team, have been nominated for each mandatory criteria and working groups are established to ensure that the organisation maintains its excellent accreditation status.

Peninsula Health Hand Hygiene Compliance 2004-2008

Full details of Peninsula Health’s Quality activities in 2007/08 are provided in the 2008 Quality of Care Report. Copies are available from Peninsula Health (Public Relations Department, PO Box 192, Mt Eliza 3930) or from the website – www.peninsulahealth.org.au
Our multidisciplinary Allied Health team provides a diverse range of quality, professional services to clients of all ages throughout the inpatients, outpatients and residential aged care programs. These services include Neuropsychology, Nutrition and Dietetic Services, Occupational Therapy, Physiotherapy, Integrating Care and Speech Pathology Services.

**OBJECTIVE**
- To assess patients, develop care plans, provide appropriate treatment, counselling and referral and to monitor the care provided.

**OPERATIONAL PERFORMANCE**

**DHS Prevention of Functional Decline Project**

Peninsula Health is a lead agency for the ‘Prevention of Functional Decline’ project, as part of the Council of Australian Governments Long Stay Older Patient’s initiative. Functional decline refers to the reduced ability to perform tasks of everyday living, for example, walking or dressing.

In 2007/08, Peninsula Health was also selected as a partner agency, working with Bayside and Melbourne Health in the Nutrition in Functional Decline component of this project.

Outcomes included:
- The development of guidelines for the role of nutrition in minimising functional decline
- The provision of tools that have been evaluated at Peninsula Health to the creation of a Tool Kit to assist other healthcare facilities in Victoria
- Determination of factors that support positive outcomes in relation to communal dining
- A successful trial of ‘protected meal times’ for patients in one sub-acute area.

“All I remember is looking up at the sky from the sea-bed,” says Murray Dart, an award-winning cabinet-maker. His life was turned upside down when he suffered a life-threatening stroke whilst surfing during a family holiday in New South Wales last October.

“As a self-employed cabinet-maker for over 25 years, I made a living off being mobile and active,” says Murray. “Now, I am back to learning the basics; walking, reading and writing.”

As a family man from Main Ridge with two teenage children, Murray’s rehabilitation is all about getting mobile again.

“I started doing Aquatic Therapy at Golf Links Road six months ago,” says Murray, whose health rapidly deteriorated after the stroke. “Since then, with my therapist Helen Whitelock, I have been able to stop using a four-wheel walker.”

“I miss the creative aspect of work,” says Murray, who cannot return to his life-long passion. “But I am optimistic and am not looking back. I am too young to sit around and do nothing for the rest of my life, and aqua therapy is giving me back something most people take for granted, independence,” says Murray.

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Protected Meal Times

‘Protected Meal Times’ are periods on a hospital ward when all non-urgent clinical activity stops. During these times patients are able to eat without being interrupted and staff can offer assistance.

The concept was first introduced in the UK in 2004, with significant results. Similar hospitals who trialed the project found 45 per cent of patients had increased satisfaction with the service provided, with food related complaints dropping by 70 per cent.

Gunnamatta Ward at The Mornington Centre has been trialling the initiative since April 2008, with great support from all involved. It is envisaged that the ‘Protected Meal Times’ project will continue to be rolled out across all Peninsula Health community and continuing care and acute hospital facilities.

Regular Taste Panels to Monitor Quality

The Menu Review Group of the Food Services Committee (Food Services, Speech Pathology and Nutrition & Dietetics) developed an audit tool to effectively evaluate the quality of the meals, ensuring that they are consistent, appropriate and appealing, in line with Peninsula Health’s Nutritional Standards.

The evaluation panel has representation from the Food Services Committee, as well as a consumer representative. The taste panel conducts monthly audits across all Peninsula Health sites, providing feedback to the Production Kitchens, assisting them in better meeting our client’s needs.

The consumer representative, having been a patient on several occasions at Frankston Hospital, has been able to offer invaluable feedback and encouragement.

Integrated Podiatry Service

Peninsula Health has developed a new integrated Podiatry Department to provide services to all acute, as well as to community and continuing care sites.

Before the department became integrated, Podiatry services were provided from the Frankston Integrated Health Centre. At the Rosebud Community Rehabilitation Centre and Golf Links Road facility, a private podiatrist from outside the service would see clients each week.

On average, 11 new clients are accepted into the Community Rehabilitation Program every month.

The new department will enhance the continuity of care for clients, including a focus on the best model of care and follow-up service for its clients. The new integrated service also means that it is much easier for staff to contact the Service.

Community Rehabilitation Program

The Community Rehabilitation Program (CRP) provides treatment for people who have reduced physical abilities as a result of disease or injury impairment. In 2007/08, the CRP provided 34,496 occasions of service, which was 8.3 per cent above the target for the year.

The CRP has improved its service for clients by combining its centre and home based services. This model ensures clients receive follow-up care by the same clinicians and reduces the need to re-assess the client.

Peninsula Health’s CRP continues to demonstrate excellent outcomes. The DHS benchmark requires clients to be contacted within three working days of referral. In 2007/08 Peninsula Health contacted 99 per cent of clients in less than one day. In 2006/07 this figure was 96 per cent with an average wait of 1.1 days.

People and the Community

In addition to providing high quality health care, Peninsula Health works closely with individuals to improve their quality of life and wellbeing.

A number of services offer some patients medical care outside the acute hospital setting. Examples of home-based services include:

- Hospital In The Home (HITH) is a service available from both Frankston and Rosebud Hospitals, where the patients are treated at home.
- The Response, Assessment and Discharge (RAD) Team provides a service to assess patients whose needs could be more appropriately met through non-hospital services such as Peninsula Post Acute Care, referral to the Complex Care Program, community supports or respite care in a supported residential facility.
- The Residential Outreach Support Service (ROSS) is a dynamic multidisciplinary service that aims to support residents of high and low level care facilities. ROSS provides clinical support, education and resources to privately-operated residential care facilities, as well as promoting communication between GPs, Peninsula Health and the Residential Care sector.
- Home-based rehabilitation services provide short-term rehabilitation to people recovering from an illness, injury, surgery or hospitalisation within their homes.

Please refer to the Quality of Care Report for further information.

FUTURE DIRECTIONS

- The first step towards the development of an Allied Health specific workforce plan has been taken. The plan aims to facilitate recruitment and retention strategies for a sustainable Allied Health workforce for Peninsula Health, in the context of a global shortage of Allied Health staff.
AGED CARE

Green-thumbed, Lotus Lodge resident Bill Veldehuisen has taken relaxation and socialising to a new level.

“Bill is quite a character,” says Natalie Mew, Associate Nurse Unit Manager at Lotus Lodge, “He is such a livewire here that he has become part of the treasured family-environment.”

Situated in Rosebud, Lotus Lodge provides constant care for low and high-risk patients, promoting independence, activity and good-health in a caring, warm environment.

“The nurses here really involve themselves in the lives of the patients,” says Natalie.

“They run errands and activities, ultimately sharing their lives with the residents.”

Besides running regular outings and celebrating important special days for the residents, Lotus Lodge holds other activities: golfing, painting, arts and crafts, bingo, card-games, exercises, film-nights and arm-chair travelling.

“Even though I am confined to a wheelchair I am not going to sit around and wait to be fed,” laughs Bill. “The nurses do so many nice things for me and the other residents that I want to give something back to them.”

PROFILE

The Health Service continually strives to deliver quality aged care services for the 40,000 elderly people living on the Peninsula - a number which is on the rise. A range of aged care services are offered, including centre & home based services, respite & carer assistance services. Services are also provided in accommodation settings, including high care and residential care settings.

OBJECTIVES

- Actively work with other community providers so that older people experience an integrated and effective transition from our care settings to the broader community.
- Establish The Mornington Centre as a Centre for Promoting Health Independence that enables older people to maintain their optimal independence in the community.

OPERATIONAL PERFORMANCE

Agestrong

Agestrong is a strengthening and balance group program designed for older people.

Agestrong has a current capacity for 700 community participants per week across 12 venues, compared with a capacity for 35 participants in 2002. Preliminary research results of the Agestrong program show a significant improvement in lower limb strength, dynamic single-leg balance and social connectedness among participants.

During the year, Ageing Well and the Residential Outreach and Support Service (ROSS) team developed an Agestrong training program for staff from the 18 local residential care facilities.

Participants in the training were provided with extensive resource material. Feedback from those participants has been overwhelming. In the coming year, ROSS plans to conduct training with other local facilities.
The Mornington Centre
From its opening in September 2007, until June 2008, 664 patients were discharged from The Mornington Centre, which is a 60-bed facility providing treatment and care for elderly patients. The $21.8 million centre is an initiative of Peninsula Health, Peninsula Community Health Service and the State Government and is part of Peninsula Health’s strategic plan to improve and enhance care and facilities for older people. The centre was officially opened by the Minister for Health in November 2007.

Residential Aged Care Services
Peninsula Health was named a finalist in two national awards, the Minister’s Award for Excellence in Aged Care 2007 (Training and Staff Development) and the Aged and Community Services – 2007 Awards for Excellence. Peninsula Health’s residential care facilities in Carinya and Seafoad, as well as the Jean Turner and Lotus Lodge facilities in Rosebud, were involved with these Awards.

The clinical staff at Rosebud Residential Aged Care Service (RRACS) have engaged in research with Monash University in the implementation of the Commonwealth Department of Health & Ageing Guidelines for a Palliative Approach in Residential Aged Care.

“The People, the Places & the Pleasures” – Activity Guide and DVD
A newly developed activity location guide and DVD named “The People, the Places & the Pleasures” offers practical ways to maintain the quality of life of people who have moved from independent living to residential hostel accommodation. It is provided free of charge at Jean Turner Community Nursing Home and Lotus Lodge Hostel.

The activity and location guide offers support to families and friends of residents by providing a ‘going out’ checklist, and a local venue guide, to refer to when taking a relative or friend on an outing.

The activity guide and DVD were developed by Peninsula Health staff and residents of the Rosebud based residential care services, in collaboration with the Brotherhood of St Laurence.

Funding for the project was provided following a successful submission by Peninsula Health and the Brotherhood of St Laurence to the Department of Human Services’ “Count Us In!” project.

Community Falls Prevention Service
The Community Falls Prevention Service has provided Falls Prevention education to all four teams of Home Care workers at Frankston City Council and one team at Mornington Peninsula Shire Council. The aim of this education is to ensure early recognition of older community members who are at increased risk of falls. Case Managers and Assessment Officers have been educated on identifying and referring at risk clients to the Falls Prevention Service for a comprehensive falls prevention assessment. In the last financial year, referrals from Home Care staff at the two Councils have increased from 14 to 21 referrals.

The Falls Prevention Service has partnered with Inner East Primary Care Partnership and Greater Monash GP Network to provide them with a two and a half day ‘Falls Facilitator Training Education Package’ to be delivered to external aged residential care facilities.

Discovering Dementia Project
People with dementia are more likely to enter residential care. They account for 60 per cent of all nursing home residents and 30 per cent of all hostel residents in Australia.

The Residential Outreach Support Service’s ‘Discovering Dementia’ project is providing local organisations with research and education activities to improve the provision of care and support to people with dementia in residential care facilities.

The ROSS team has developed a program which provides best practice dementia care education for local residential care facilities. Local residential care facilities have taken part in the education program which features monthly training sessions and seminars.

Mt Eliza Personal Assistance Call Service
Peninsula Health, through the Mt Eliza Personal Assistance Call Service (MEPACS), provides personal alarms and monitoring services for over 13,000 people throughout the Eastern part of Victoria. These alarms enable users to contact MEPACS in a medical emergency and this assists them to live independently in their homes for longer.

The service is based at Mt Eliza and uses telephone systems, trained monitoring staff, and knowledge of aged care services to maintain contact with clients. This is supported by advanced software and back up facilities.

During the year, MEPACS responded to 13,930 medical emergencies with over 98 per cent of the calls answered within two minutes. MEPACS also undertook a daily monitoring call for each client funded by the DHS Personal Alert program.

Department of Human Services is retendering the service. Peninsula Health has submitted a response to the tender and is awaiting the outcome of this process.

FUTURE DIRECTIONS
• Continue planning for future stages of The Mornington Centre. Develop submissions to government to enable the remaining stages of the project to be funded.
Jane Bowman travels the globe braving great murky oceans without hesitation, but one little insect bite left this diving instructor and enthusiast high and dry.

After diving off the coast of Papua New Guinea in May of this year, Jane returned to Melbourne with a nasty infection on her foot. “I was on the flight home with the diving group when my left foot ballooned up,” says Jane.

After being discharged from Frankston Hospital’s Emergency Department, Jane was eligible for the Hospital in the Home program, a service that has nurses go to the homes of patients recovering from low-risk ailments.

“The Hospital in the Home program has been just marvellous,” says Jane. “The staff are so efficient and friendly. They make me feel comfortable and welcome, even when I visit the hospital and as I cannot drive, they arrange taxis for my journey home.”

“The nurses redress my foot and change my antibiotics within a matter of minutes, all whilst monitoring my progress,” says Jane.

“The best part is that I can stay home, and not lay in hospital taking up a perfectly good bed,” says Jane.

“I have not suffered any other injury during my travels, so it perhaps fitting that something as insignificant as an insect-bite has forced me back onto my land-legs.”

“Jane has been a stellar patient,” says Sue Knight, Nurse Unit Manager. “She is always engaging and so motivated. It has been a pleasure.”

“Hospital in the Home is an initiative from the State Government to make beds more available, reduce costs, and to keep the patient in their most comforting place, their home,” says Sue. “Frankston Hospital is one of 43 public health providers that offer such a service.”
PROFILE
Peninsula Health supports its 1,850 nurses and recognises their value by encouraging professional development. The Health Service offers a variety of work opportunities from aged care to paediatric nursing, community to acute, midwifery, mental health and palliative nursing. Also included are the areas of Emergency, Coronary Care and Intensive Care.

OBJECTIVE
- Build a brighter future for nursing through performance, partnerships and participation.

OPERATIONAL PERFORMANCE

Nursing Workforce Plan
During the year, many Nurse Managers and senior nursing staff met to discuss and define the key issues facing the nursing workforce. A major issue facing our workforce is recruiting enough appropriately skilled nurses to meet ever-increasing patient demand. This is a challenge in an environment where more nurses are leaving the workforce than are entering it, a challenge faced by many health services.

The 2007-2010 Nursing Workforce Plan that was developed provides an overview of the nursing workforce, outlines a range of challenges and proposes a multifaceted strategic approach to respond to these challenges.

It has four central strategies and 24 individual projects. The four strategies are: (1) Developing Our Leaders, (2) Next Generation Professional Development, (3) Reforming How We Work; and (4) Flexible and Balanced Workforce.

Some of the projects that have been introduced include:
- The Nursing Research strategic plan that has been developed to align education, practice development and clinical governance principles. Initiatives include use of forums such as Nursing Research Workshops to promote use of Research in Nursing, production of a series of newsletters to be built into a resource promoting research activity, and the development of a new Intranet link for Nursing Research.
- The introduction of Medication Endorsed Division 2 Registered Nurses as part of a new model of care to better meet the needs of patients and the Peninsula Health workforce. As an extension of their current roles, Medication Endorsed Division 2 Registered Nurses may administer medications within their scope of practice and their endorsement. In April 2008, there were 49 of 57 eligible Division 2 Nurses practising as medication endorsed nurses within the Peninsula Health workforce.
- The ‘Nurse Practitioner Candidacy Project’ is now a stand alone project. The clear focus is for Peninsula Health to promote, nurture and maintain Nurse Practitioner roles in key clinical areas across the organisation. It is championed by Nurse Practitioner, Cayte Hoppner.
- The ‘Monash at Peninsula Health (MAP) Program is in place for 2008 with 48 undergraduate nursing students gaining their clinical experience at Peninsula Health.

Nurses’ Industrial Action
The Nurses’ Industrial Action was successfully managed through the teamwork of the nursing staff, the executive nursing team and other staff. Due to the collaborative relationship within the Peninsula Health team, the bans placed during the industrial negotiations did not impact on the ability of nurses to continue to deliver a safe and professional level of patient care.

FUTURE DIRECTIONS
- Continue to implement the strategies of the Nursing Workforce Plan. A reporting and evaluation framework has been developed that will provide both ongoing and endpoint feedback. A dedicated Program Manager will oversee the program of work to ensure that key milestones are achieved.
A motivated and skilled workforce is fundamental to providing excellent health care services. The Health Service focuses on caring and supporting its workforce, by providing a safe working environment for staff and ensuring all staff members have access to ongoing professional development opportunities to maximise their skills.

OBJECTIVES

- Promote the attractiveness of Peninsula Health as an employer of choice.
- Consult with staff in the development of a comprehensive human resources strategy, incorporating reward and recognition, improved staff support and facilities and education and training opportunities.
- Research and implement methods to improve the ‘staff safety culture’ at Peninsula Health.

OPERATIONAL PERFORMANCE

Improving the Staff Safety Culture – Safety Max

In 2007, the Occupational Health & Safety (OH&S) Unit conducted an internal audit of Peninsula Health’s OH&S management system and also commissioned an independent external audit by an OH&S consultancy firm. This continuous improvement program has been christened ‘Safety Max - Maximising Staff Safety at Peninsula Health’.

One of the outcomes from the internal audit was the running of a mock OH&S Court for executives and senior managers. The session was designed to promote an awareness of management’s responsibilities under the OH&S Act, and the importance of maintaining a safety management
system. Fifty senior managers took part in a simulated court case involving the mock prosecution of a health service due to a manual handling accident. Taking this practical approach to OH&S training captured both the hearts and minds of the participants as they could readily see the consequences to the service and the personal accountability of not taking OH&S seriously.

In addition, a series of three ‘SafetyMax’ workshops were conducted to develop a plan for how best to improve OH&S within Peninsula Health. More than 50 staff, including Executive Directors, Operations Directors, Department Managers, Nurse Unit Managers and OH&S representatives attended the three workshops.

Some of the ideas generated from the workshops included:

- Providing greater management feedback to staff who report incidents.
- Developing simple hazard reporting systems in each local area.
- Establishing safety alert procedures for incidents that could have relevance in other departments.
- Implementing simple methods to recognise and reward staff for positive actions and outcomes. This will encourage local initiative in identifying and rectifying OH&S hazards.
- Introducing an online incident reporting system.

A 25 point strategy plan has been developed as a result of the recent workshops and the internal/external audits. These strategies will be rolled out over a three year period commencing in July 2008.

### WorkCover

Further support is provided to injured/ill employees and managers through the redeployment of a part time Division 1 Registered Nurse to the WorkCover Unit. Utilising nursing experience and a working knowledge of Ward environments further assists in the return to work process through discussion with injured employees, managers and treating doctors, and work to retain staff on Wards through the recovery process.

The number of WorkCover claims increased by approximately 25 per cent in the 2007/08 financial year. Despite the increased number of claims the number of lost shifts attributable to workplace injury dropped below 2006/07 levels, indicating an improved return to work performance.

### Claims Breakdown

<table>
<thead>
<tr>
<th>Month</th>
<th>Total No. of Claims</th>
<th>No. of Time Lost Claims</th>
<th>&gt; 10 lost shifts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>101</td>
<td>66</td>
<td>33</td>
</tr>
<tr>
<td>July 07</td>
<td>5</td>
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<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Jun 08</td>
<td>16</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>2007/08</td>
<td>132</td>
<td>105</td>
<td>36</td>
</tr>
</tbody>
</table>

- Total claim numbers increased from 101 to 132 for the financial year
- Claims with more than 10 lost shifts up from 33 to 36
- Despite the increase in claim numbers, total hours lost to premium sensitive claims showed a reduction compared to the previous year

### Equal Employment and Opportunity

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

### Industrial Relations

The Employee Relations Unit continues to develop, coordinate and manage Peninsula Health’s employee/industrial relations strategy and functions with the provision of accurate and timely advice to Peninsula Health executive staff and line managers. This advice is facilitated across multiple work sites and with a wide range of employee groups, including management, health professionals and support staff to engender a positive employee/industrial relations climate. As a result, Peninsula Health continues to have a professional relationship with relevant industrial organisations.

### Internal Emergency Preparedness Documentation

Critical Health Operating Contingencies (CHOC) documents were updated to reflect the ward/departamental moves and to make them site specific. Two new sections were added to reflect the requirements to maintain critical operations during an industrial workforce incident and a brief section on recovery was also included. Incident Controller training and refresher education sessions are continuing.
Respond Brown – External Emergency Preparedness Training

A Respond Brown exercise (Emergo) was conducted in June 2008, in conjunction with DHS. Fifty staff were directly involved, including Executives, Senior Management, staff working in the Emergency Departments at both Frankston and Rosebud, Intensive Care Unit, Operating Theatres and Radiology. The training scenario was a building collapse at the Mornington Racecourse. The main focus of this exercise was to fine tune the newly introduced Incident Control System, to ensure appropriate communication and capacity building strategies were in place.

Employee Development Courses

Peninsula Health staff had access to in-service courses led by Human Resources trainers and specialists from within the Health Service. Eight hundred and three staff members participated in 55 sessions conducted during 2007/08 on topics ranging from Minute Taking to Presentation Techniques.

Developing Future Leaders at Peninsula Health

Sixteen frontline managers and supervisors from different service areas of Peninsula Health commenced the first ‘Management Essentials’ Program in February 2008. The program’s participants undertook one day of development training per month, over 11 months. The program focused on developing participants’ managerial skills in areas such as communication, finance & planning, occupational health & safety, quality improvement, developing a positive team environment and managing and supporting staff. Feedback from both participants and their colleagues has been extremely positive. The second intake of the program commences in September 2008.

Performance Review Management and Development Program

All Peninsula Health employees are required to complete a formal performance discussion with their manager on an annual basis. This review is designed to recognise achievements, provide feedback on employee performance and focus on goals for the future.

During 2007/08, the Performance Review process was reviewed and updated. The revised process includes a new Performance Review form for both manager and employee to complete. This revised process encourages further input from the staff member about their performance and encourages the staff member to consider opportunities for their ongoing professional development. Training sessions have also commenced and are available to both employees and managers.

Building Positive Attendance

Health, as an industry, has one of the highest absence rates in the public sector. Australian studies show that a considerable portion of workplace absence is considered discretionary and therefore avoidable.

A Management toolkit and enhanced reporting were developed. One hundred and thirty-five managers completed the specially designed training program which is now delivered in-house. Four Departments completed a pilot staff-engagement and team building program. In each instance a staff survey and team workshop was conducted to facilitate staff to develop an action plan. The plans are currently being implemented.

An evaluation found that attendance rates in all four pilot areas had improved in the two months following the intervention, when compared with the two months proceeding it. The extent of improvement ranged from three per cent to 38 per cent.

FUTURE DIRECTIONS

- Implementation of future stages of the Peninsula Health’s Leadership & Management Development Programs - Stage 2, Stage 3 & Stage 4.

<table>
<thead>
<tr>
<th>Labour Category</th>
<th>EFT - as at June 30 2008</th>
<th>EFT - Yearly average</th>
<th>Total Head Count - as at June 30 2008</th>
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<td>Nursing</td>
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<tr>
<td>Administration and Clerical</td>
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<td>Medical Support</td>
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<tr>
<td>Hotel and Allied Services</td>
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<tr>
<td>Hospital Medical Officers</td>
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<td>Sessional Clinicians</td>
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<td>Ancillary Staff (Allied Health)</td>
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<td>391</td>
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<td><strong>Total</strong></td>
<td><strong>2,800.35</strong></td>
<td><strong>2,676.53</strong></td>
<td><strong>4,362</strong></td>
</tr>
</tbody>
</table>
EDUCATION

PROFILE
The Health Service has developed strong ties with learning and teaching institutions. 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.

OBJECTIVE
- Maintain and improve teaching of undergraduates.

OPERATIONAL PERFORMANCE

Nurse Education
Peninsula Health has 2,055 nurses employed in its services. Forty-six nurses from overseas commenced employment at Peninsula Health during the year.

During 2007/08 approximately 650 individual Clinical Placements for student nurses, from five Universities and TAFE Colleges, enabled both Division 1 and 2 nursing students to participate in clinical experience at Peninsula Health.

In 2007, 26 first year graduate nurses completed the Graduate Nurse Program. Of these, 23 have remained at Peninsula Health. In 2008, 40 new graduates commenced the Graduate Year Program, 37 in general acute and three in sub-acute.

In 2007, 16 students completed post graduate diplomas/certificates in their area of specialty including critical care (9), intensive care (2) emergency nursing (1), midwifery (1), and perioperative nursing (3).

A two day Nursing Orientation Program is conducted for all new nurses employed by Peninsula Health and was attended by 211 nurses during 2007.

In 2007, 13 Division 1 nurses regained their registration or were registered in Victoria for the first time, as a result of completing one of three Supervised Practice Programs conducted by the Nurse Education Department.

Peninsula Health provides an extensive staff development program which allowed a total of 5,153 nursing staff attendances during 2007. Additional education was also provided in specialty areas on a regular basis.

Short courses and study days, offering in-depth training on specialist topics, were provided on 78 occasions during 2007 with 964 nursing staff attendances recorded.

Medical Education
Undergraduate education is provided for medical students through Peninsula Health’s affiliation with Monash University. During 2007/08, over 140 medical students participated in rotations that included emergency medicine, paediatrics, obstetrics and gynaecology, psychiatry, surgery, medicine, geriatrics and intensive care. Peninsula Health trained 11 year three students, 77 year four students (who completed paediatric, obstetric and gynaecology rotations) and 52 students in their fifth and final year of undergraduate study. There were also two elective overseas medical students completing a four-week rotation at Peninsula Health during 2007/08.

Post graduate medical training is provided through Peninsula Health for its 193 interns, residents and registrars.

In 2008, Peninsula Health recruited 31 interns. In addition, of the 28 interns recruited in the 2007 calendar training year, 14 continued their employment at Peninsula Health in 2008.

A support program for junior International Medical Graduate (IMG) staff is well established. The program includes English language assistance and communication training (offered on a one-to-one basis) where appropriate, small group clinical skills and simulation training. Regular weekly medical education sessions, five ‘on call’ clinical mentors located throughout the Peninsula and regular Australian Medical Council examination preparation sessions are also provided. All programs are tailored specifically to the needs of the individual graduate.

This program has resulted in a high pass rate in the Australian Medical Council exams, favourable end of rotation appraisals of IMG House Medical Officers and positive feedback by IMGs of their work experience at Peninsula Health.

Education Advisory Group
The Peninsula Health Education Advisory Group provides a forum for senior staff with responsibilities for education and teaching to share information and develop overall strategies relating to the organisation’s learning and education initiatives, with a view to ensuring an integrated and consistent approach.

Clinical Placement Steering Committee
The Clinical Placement Steering Committee acts as a key point of reference within the Health Service for strategic issues relating to Clinical Placements. It oversees the development of appropriate Relationship Agreements with relevant tertiary institutions in respect of clinical placements.

FUTURE DIRECTIONS
- Discussions will continue with Monash University, and the Gippsland Medical School, relating to a proposal to improve academic facilities at Frankston Hospital from 2009. The scope of the project is being further explored following a $1.8m funding grant for the project from Monash University, Gippsland Campus. A further $200,000 has been received for staff appointments, including a Director of Clinical Training (Undergraduate) and secretarial support.
RESEARCH

PROFILE
Research conducted at Peninsula Health embraces clinical, laboratory and public health. The integration between research and clinical care, as well as the collaboration across specialties and disciplines, results in enhanced research and better health care for our extended community.

OBJECTIVE
- Maintain a strong and dynamic research function for clinical, strategic and social research.

OPERATIONAL PERFORMANCE
Establishment of the Research Council
The Health Service’s commitment to the development of Research was formalised with the implementation of the Peninsula Health Research Strategy. The Research Strategy recommended the establishment of a Research Council. The objectives of the Council are to:
- Foster excellence in research and innovation to improve health outcomes for the community;
- Build research capacity through the development of relationships with our partner institutions and the community; and
- Further encourage a research culture.

Peninsula Health Human Research and Ethics Committee
The Peninsula Health Human Research and Ethics Committee (HREC) meets monthly to consider research applications submitted by medical, nursing, allied health professionals and other researchers to ensure that research at Peninsula Health is carried out in accordance with the highest ethical and scientific standards.

During the 2007/08 year, the HREC considered 34 new in-depth projects relating to research at Peninsula Health. A further 13 applications (negligible risk projects or quality activities) were assessed by the Committee.

Research Development Committee
The Research Development Committee organised the third Research Week and Jeremy Anderson Oration, and saw the establishment of a research fellowship
Six Small Grants for Medical Research were funded from the Research Development Fund, which is administered by the Research Development Committee.
The small grants of up to $5,000 support and encourage research projects designed by Peninsula Health staff. In the last three years, the Research Development Committee has provided $62,000 to fund 15 projects.

Research Week 2007
Research Week, an annual initiative of the Research Development Committee, was held in November 2007.
Dr Jayantha Rupasinghe was awarded the 2007 Registrar Research Prize during Research Week.
Dr Rupasinghe, an Advanced Neurology Trainee, presented his research: A Systemic Evaluation of emergency management of suspected transient ischaemic attacks (TIA) in an Australian outer metropolitan hospital.
The trial aimed to assess the characteristics, management and outcome of transient ischaemic attacks/minor ischaemic strokes in patients and compare this management with published stroke guidelines.

Jan de Clifford and Frances Caplygin of the Pharmacy Department were awarded the Allied Health award for their research project: Early Medication Reconciliation – The Early Bird Catches the Worm!
David Lewis of the Intensive Care Unit was awarded the Nursing Research Prize for his research project: A Comparison of High Flow Nasal Oxygen to High Flow Face Mask Oxygen in Extubated Patients.

2007 Research Dinner and Jeremy Anderson Oration
Professor Patrick McGorry, a world-leading researcher in early psychosis, was the Orator at the 2007 Research Dinner and Jeremy Anderson Oration. Professor McGorry delivered his oration on ‘Early Intervention for Emerging Mental Disorders in Young People: A Best Buy Mental Health Reform’.

FUTURE DIRECTIONS
- Establishment of a sessional position for a Director of Research by July 2008.

Full details of Peninsula Health’s Research activities in 2007/08 are provided in the 2008 Research & Clinical Services Report. Copies are available from Peninsula Health (Public Relations Department, PO Box 192, Mt Eliza 3930) or from the website www.peninsulahealth.org.au
CORPORATE SERVICES

PROFILE
Facilities Management, Support Services and Management Information Services are responsible for providing a range of services that enable Peninsula Health to deliver quality health services.

OBJECTIVES
- Develop plans to meet emerging demands with available resources and infrastructure.
- Provide timely, accurate information to improve efficiency and patient/client outcomes.

OPERATIONAL PERFORMANCE

Facilities Management

Car Parking
A TravelSmart Car Parking Strategy for the Health Service was established in November 2007. The aim of the strategy is to reduce car parking demand, starting with Frankston Hospital. TravelSmart programs encourage people to make voluntary changes in their travel choices, encouraging people to use other ways of getting about rather than driving alone in a car. For example - using buses, trains, carpooling or by cycling or walking.

The following outcomes have been achieved in 2007/08:
- A Steering Committee has been established, with representation from various staff representing walkers, cyclists, car poolers, public transport users and single vehicle drivers.
- A plan has been completed for improved bicycle storage facilities and change facilities at Frankston Hospital, which will be constructed by the end of the year.

Support Services

Maintaining Food Safety Standards
All Peninsula Health sites have been subject to external audits annually, and all sites have passed Food Safety audits and have received re-registration.

Victorian Hospital Cleaning Standards
An external cleaning audit conducted in December 2007 resulted in an overall score of 92 per cent. This exceeds the Department of Human Services’ (DHS) Agreed Quality Level target of 85 per cent, and the 90 per cent benchmark for very high risk areas. These include Operating Theatres, the Intensive Care Unit and the Central Sterilising Supply Department.

Internal cleaning audits are conducted on a weekly basis for the very high-risk areas, and on a monthly basis for high-moderate areas, such as the general ward areas in the Hospital. Community and Continuing Care sites, including sites such as Residential Aged Care facilities, are also audited on a monthly basis.

Management Information

Patient and Client Management System – i Patient Manager
In September 2007, Peninsula Health implemented a new computer based Patient and Client Management System (P&CMS), i Patient Manager (iPM), as part of ‘HealthSMART’, which is the State Government’s whole-of-health information and community technology (ICT) strategy.

The iPM system is used to support all functions associated with the administration and management of patients and clients. It replaced the Hospro/Vital patient administration system which had been in place since 1989.

The new ‘Windows’ based system has may features that the old green screen system lacked. This includes multiple search options and personalised screen displays to enable staff to find the information they need quickly.

Functionality is constantly being reviewed and enhanced to assist staff to maximise iPM capabilities and to improve their work flows.

Phase two of the iPM roll out program is scheduled for the first quarter of 2009. This includes the replacement of a further two patient management systems, SWITCH and PJB, which are currently used in the Community Health and Sub-Acute areas of the Health Service.

Online 3 Reporting System
An enhanced reporting system known as “Online 3”, has been implemented. The new system provides management with information to support decisions, including reporting in relation to our key performance measures.

The new reporting system has been enhanced to update data on a daily basis, rather than on a weekly basis.

FUTURE DIRECTIONS
- Implementation of TravelSmart initiatives across all facilities. Planning will take into account items such as increased walking, bicycle access and car pooling initiatives.
- Implementation of the Car Parking Strategy across the Health Service.

External cleaning audits for Peninsula Health sites

<table>
<thead>
<tr>
<th>Peninsula Health Sites</th>
<th>DHS target</th>
<th>2005/06</th>
<th>2006/07</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frankston Hospital</td>
<td>85%</td>
<td>93.6%</td>
<td>97.1%</td>
<td>92.10%</td>
</tr>
<tr>
<td>Rosebud Hospital</td>
<td>85%</td>
<td>95.9%</td>
<td>97.8%</td>
<td>98.30%</td>
</tr>
<tr>
<td>Community and Continuing Care</td>
<td>85%</td>
<td>92.78%</td>
<td>96.18%</td>
<td>96.16%</td>
</tr>
</tbody>
</table>
OBJECTIVES

• Build a healthy community, in partnership with local health service providers
• Maintain financial viability by living within our means
• Identify, analyse, treat, evaluate and monitor risks at all levels
• Care for and support our staff
• Develop environmentally sustainable development strategies across all services areas

PROFILE

Peninsula Health is more than a major health service and the largest employer on the Mornington Peninsula. It helps to build a healthy community by:

• Developing programs that enable people to take charge of their own health
• Participating in a large number of community and health related organisations
• Encouraging staff to volunteer and give back to the community
• Providing specific training and job opportunities for young people
• Managing skill development programs for staff

Social Performance

Patients are well advised of their rights and responsibilities during their time as a patient within our services. These are communicated regularly through on-one-one interactions between staff and patients, by posting information in brochures, posters, publications and other communications materials, as well as via the Peninsula Health website www.peninsulahealth.org.au

The Health Service also works closely with a number of local health care providers to ensure that members of the Indigenous community, and those with special needs, have access to the quality of care required to meet their needs.

The Health Service continually strives to provide staff with a culture of safety (see pages 34-35). Staff are also provided with ongoing opportunities for training and development (see page 37).

Peninsula Health staff and their immediate families continue to benefit from the Employee Assistance program. It provides independent, confidential and professional assistance to individuals who are experiencing personal or work-related difficulties. The program is funded by Peninsula Health at no cost to the individual employee. In the 2007/08, 149 employees and family members accessed the service.

Peninsula Health’s Youth Employment Scheme (YES) program continues to offer young people job and training opportunities. A total of 61 trainees have successfully completed the program, with nine more trainees expected to complete their traineeships in the 2008/09 financial year. The story of one of these YES trainees is highlighted on page 34.

Eighty-five students also undertook work placements in 2007/08, in areas of the Health Service including administration and allied health.

Financial Performance

With 4,362 staff members, Peninsula Health is a major employer on the Mornington Peninsula and staff wages exceeding $230m.

The Health Service’s financial performance is strong, having achieved a balanced financial result every year for the past five years (see page 9). Peninsula Health receives strong support from the Department of Human Services (DHS). The Department funds core acute, sub-acute, community and aged care services, while also funding innovative services based on submissions.

Capital planning projects are developed into Service Plans, which have long-term benefits for our community.

The Health Service also continues to identify opportunities for new ways of working and more efficient practices to improve our business performance. We identify these opportunities through regular reviews, benchmarking and audits. We look for potential improvement measures that can help us in our drive for continuous improvement and to introduce sustainability into every aspect of our business (see the Quality of Care Report).

Sustainability

Programs have also been introduced to reduce the Health Service’s consumption of water and energy and to recycle and reuse waste materials, as part of a comprehensive environmental management plan.

Water Consumption

Overall water consumption reduced to 95,500 kilolitres (kL) this year. This compares to the 2005/06 annual consumption of 119,631 kL, a saving of 24,131 kL, which is roughly equivalent to nine Olympic sized swimming pools.

Some of the Frankston Hospital water saving initiatives includes the following:

• Dedicated back washing carbon filters have been fitted to the Haemodialysis Unit, saving of 2,000 kL per annum at Frankston Hospital.
• The replacement of cooling towers leading to a total annual consumption saving of 6,500 kL.
• Water Restrictor devices were installed in patient wards to save a total of 11,400 kL per year.
• Preventative maintenance was undertaken to reduce leakage or over ow.
Electricity Usage
Electricity consumption, specifically from the usage of lighting, has reduced by 26.8 per cent after Smart Lighting controllers were installed at various locations at Frankston Hospital, including Pathology, Emergency Department, Psychiatry, Kitchen and Ward areas.

Fleet Management
Fifty per cent of our fleet cars are four-cylinder vehicles, compared with 19 per cent in 2005/06. Through the sponsorship with Green eet, 17 trees will be planted for every car in the Peninsula Health eet. Approximately 3,145 trees will be planted each year to offset the carbon emissions produced by our eet.

Waste Management
Peninsula Health generates 20 per cent less waste per occupied bed day than the Victorian public hospital average (4.75kg of waste compared to the average of 5.45kg). Peninsula Health is a leader in Victorian waste management, with a comprehensive Waste Management System in place at all sites. All waste streams are colour coded for early identification. A waste management booklet and information cards (that are attached to staff ID cards) have been developed as a resource to assist staff understanding of waste management. Waste information bulletins are distributed and include such topics as commingling and paper recycling.

Peninsula Health was the first Health Service in Australia to introduce polypropylene (Kimguard) recycling. The polypropylene is made into outdoor signage for parks and recreational areas.

The waste management systems are evaluated via external audits. The audits show new recycling systems have improved waste segregation.

In addition, Food Services general waste has reduced in volume by 30 per cent over the past two years.

Waste Report by Weight Landfill 2007 - 2008


FUTURE DIRECTIONS
- Actively pursue opportunities to grow the provision of community health services on the Peninsula, with a sharper focus on preventative health and early disease management.
- Continue to expand community and continuing care services, including hospital in the home services, to more local residential aged care facilities.
- Introduce more public health forums and expos.
- Energy and water conversation programs will be extended and built into the expansion of Frankston Hospital.
2007 Victorian Public Health Care Awards

In September 2007, Peninsula Health received the Premier’s Award as Outstanding Metropolitan Health Service of the Year at the Victorian Public Health Care Awards. This Award recognised Peninsula Health’s continuing success, as well as the achievements of its many dedicated staff who deliver quality health care services to the community. Peninsula Health also received the Award for the best Quality of Care Report from a metropolitan Health Service.

Minister’s Award for Outstanding Individual Achievement

Associate Professor David Langton was highly commended for the Minister’s Award for Outstanding Individual Achievement for his 20 year contribution in the field of acute medicine.

Associate Professor Langton is the Director of Thoracic Medicine. His long period of dedication and achievement at Peninsula Health commenced at Frankston Hospital in 1988 as Director of Intensive Care. His evidence based medical approach has resulted in the development of clinical pathways, and Registrar and Specialist evidence based medicine training.

Excellence in Consumer and Carer Participation Award

Associate Professor Richard Newton, Director of Clinical Services in Psychiatry, and his team at the Peninsula Mental Health Service were highly commended under the Category of Excellence and Consumer Participation for developing a groundbreaking educational DVD called ‘About Psychosis’.

Associate Professor Newton and his team worked closely with families, patients, community carers and consumer representatives to develop the DVD which provides information on the subject of schizophrenia and related illnesses. More than 10,000 copies of the DVD have been requested from national and international organisations.

Victorian Travelling Fellowship - Drug and Alcohol Treatment for Older People

In August 2007, Simon Ruth, Program Manager for Drug Treatment, Koori and Youth Services with our Community Health Service, was awarded a Victorian Travelling Fellowship from the Department of Human Services and Victorian Quality Council.

Each $30,000 fellowship provides a health professional with the opportunity to conduct and develop an international research program that will benefit the Victorian health system. The main objective of the fellowship is to increase innovation and improve patient care.

Simon travelled to Canada and the USA and will prepare a report on services that provide drug and alcohol treatment for older people. He will be presenting on his Fellowship at upcoming conferences and to the Department of Human Services and the Department of Health and Ageing that have both indicated an interest in his findings. Simon will also be implementing a pilot project based on his findings looking at community based alcohol treatment for older adults.

Excellence in Skin Care


Assisting remote communities in the Northern Territory

A team of experienced Community Health drug and alcohol workers from Peninsula Health joined a specialist program assisting remote Northern Territory communities affected by the withdrawal of alcohol.

The team were part of the program which provided hospital based services such as specialist drug and alcohol support to emergency departments and hospital inpatients centred on medical diagnosis and management of withdrawal. They also provided training to hospital staff on drug and alcohol interventions.

The team included: Dave Kelly, Drug and Alcohol Liaison Nurse, Susie McPherson, Drug and Alcohol Withdrawal Nurse, Phil Griffiths, SHARPS Nurse and Dr Andrew Taylor, Pharmacotherapy GP took part in a six week Alcohol and Drug Emergency Response Team (ADERT) program. Leif Marshall, PenDAP Withdrawal Team Leader, also took part for the second three week block of the program and was based in Katherine.

Leading the Way in Medication Safety

Skip Lam, Director of Pharmacy, and his team continue to lead the way in medication safety. Pharmacy’s achievements in 2007/08 include:

- The implementation of Pharmacist-initiated E-script Transcription Service (PETS) - a service that is speeding up patient discharge and improving transcribing quality (see page 22).
- The ‘Don’t Clown Around When It’s Time to Step Down’ campaign was developed by Pharmacy’s Clinical Microbiology and Infectious Diseases Units. It encourages early switching of Intravenous (IV) to oral antibiotic medication for patients.
- The use of barcode scanning by pharmacy staff continues. Barcode scanning confirms that the right drug has been selected and labelled.
- The ‘Academic Detailing’ project was launched to improve the accuracy and timeliness of medication information in hospital discharge summaries with the use of academic detailing for junior medical staff.
Volunteers

There were 760 volunteer and auxiliary members supporting Peninsula Health at 1 July 2008. They readily gave their time to support patients and staff and to raise funds. Their efforts made an enormous difference to both the quality and effectiveness of the Health Service.

Volunteers’ enthusiasm and dedication is reflected in their support to patients and staff. They provide hand and foot massages to chemotherapy patients, assist in activities for rehabilitation and aged care residents and support patients and their families in the Psychiatric and Emergency Department.

We said goodbye to two of our Auxiliares, the Blairgowrie Auxiliary and the Rye Auxiliary, which together had provided 58 years of service.

The opening of The Mornington Centre meant that many of the volunteers from the Mt Eliza Centre are now enjoying the new premises at Mornington.

Major milestones were reached by three of our volunteer groups.

- Instead of serving tea or coffee the Frankston Hospital Pink Ladies Auxiliary were invited to attend a morning tea at Frankston Hospital celebrating 40 years of service.
- The Patient Free Library Service, previously known as the Red Cross Library Service, has provided reading material to the patients at Frankston Hospital since 1968. Members gathered together for lunch in the Frankston Café K to celebrate their 40 years of service with staff.
- The Rosebud Hospital Pink Lady Group, turned 20 this year and enjoyed a barbecue lunch at the Rosebud Hospital.

The Board hosted a Volunteer Appreciation Luncheon, which was attended by 470 volunteers. As news of the merger between Peninsula Health and the Peninsula Health Service (PCHS) had been formally announced just prior to the event, 40 volunteers from PCHS were also invited to attend the Appreciation Luncheon.

Auxiliaries and Volunteer Groups

Serving multiple sites –
- Pastoral Care Volunteers (est. 1994)

Frankston Hospital

- K.I.D.S Auxiliary (est. 2003)
- Operation Small Change barrels (launched in 1978)
- Frankston Hospital Men’s Auxiliary (est. 1992)
- Frankston Hospital Pink Ladies Auxiliary (est. 1968)
- Mental Health Service Volunteers (est. 2006)
- Carrum Auxiliary (est. 1916 – redirected support to Frankston Hospital in 1996)
- Patient Free Library Service (est. 1995)
- Ward 5GN Volunteers (est. 2006)
- Red Cross ACE program – Assistance and Care in Emergency (est. 2006)

Rosebud Hospital

- Rosebud Hospital Garden Group (est. 1992)
- Rosebud Hospital Pink Lady Group (est. 1988)
- Rosebud Hospital Kiosk Auxiliary (est. 1991)
- Rosebud Auxiliary (est. prior to 1950)
- West Rosebud/Tootgarook Auxiliary (est. 1960)
- Sorrento/Portsea Auxiliary (est. 1960)
- Rosebud Hospital Rehabilitation and Aged Care Opportunity Shop Group (est. 1997)
- Red Cross ACE program – Assistance and Care in Emergency (est. 2006)

Community & Continuing Care

- Frankston Community Health Volunteers (est. 1990)
- Chelsea Community Rehabilitation Service Volunteers (est. 1984)
- Frankston Community Rehabilitation Service Volunteers (est. 1992)
- Rosebud Community Rehabilitation Service Volunteers (est. 1982)
- Rosebud Rehabilitation Unit Volunteers (est. 2004)
- Jean Turner Nursing Home Volunteers (est. 1991)
- Lotus Lodge Hostel Volunteers (est. 1987)
- Frankston Rehabilitation Volunteers (est. 1992)
- Friends of Carinya Auxiliary (est. 1992)
- Michael Court Volunteers (est. 1995)
- Mornington Centre Volunteers (est. 2007)
- Mt Eliza Centre Volunteers (est. 1961)
- Rosewood House Volunteers (est. 1994)
- Carinya Volunteers (est. 1994)
- Palliative Care/Hospice Volunteers (est. 2001)
  - Carinya Residential Unit Volunteers
  - The Walking Group Volunteers

Fundraising and Donations

Throughout the year, Peninsula Health received $1.32m in donations and bequests. These donations are used to purchase medical equipment and help to fund programs.

These community donations add to the significant gifts that Peninsula Health’s Auxiliaries contribute every year.
Mr Barry Nicholls
(Chairperson)
MIEc BEc
(Hons 1) TPTC
Appointed:
1 July 2003
Former Senior Victorian public servant, including roles within DHS and numerous public authorities;
Fellow, Australian Institute of Company Directors;
Fellow, Institute of Public Administration Australia (Vic);
Past President, Economic Society of Australia (Vic);
President, Rotary Club of Sorrento Inc.

Ms Diana Ward
(Deputy Chairperson)
MSocSc (Pol & Hum Serv) BA (Soc) & (Anthrop) DipArts (Prof Writ & Ed)
Appointed:
1 July 2000
Licensed Estate Agent;
Director, Victorian Healthcare Association

Mr James Kerrigan OAM
JP BHA (NSW) FACHSE (Honorary Life Member)
Appointed:
1 July 2002
Retired:
1 July 2008
Former co-ordinating Surveyor and Preceptor for Australian Council on Healthcare Standards;
Former State President and Councillor ACHSE;
Former State President and Federal Councillor Australian Hospitals Association;
Former CEO three major teaching hospitals, PANCH, RVEEH and Mater Hospital Newcastle.

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

Ms Nancy Hogan
BA (Hons) Poli Sci, Grad Dip Rehab Studies, MBA, FACHSE, AAICD
Appointed:
1 July 2007
Executive Director, Health and Aged Care Services with Galante Business Solutions; Former Board Director, Hesta;
Former Board Director, Industry Funds Management Advisory Board.

Ms Liza Newby
LL.B (Hons) MA FAIM
Appointed:
1 July 2004
Consultant in health law and policy;
Member of the Victorian Quality Council;
Community Member of Victorian Mental Health Review Board;
Former Victorian Health Services Commissioner.
## Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
<th>Date Retired</th>
<th>Experience and Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Jim Swinden</td>
<td>1 July 2006</td>
<td>1 July 2008</td>
<td>Consultant in Health Services management; Director of Australian Red Cross Blood Service; Health management experience in a range of settings including specialist, teaching and rural hospitals as well as policy development and advocacy; Former Victorian Branch President, ACHSE.</td>
</tr>
<tr>
<td>Mr Michael Tiernan</td>
<td>1 July 2004</td>
<td></td>
<td>Consultant in Legal Management and OHS, Rehabilitation and Risk Management; Member Law Institute of Victoria; WorkCover Committee, Accident Compensation Committee.</td>
</tr>
<tr>
<td>Ms Dianne Wickham</td>
<td>1 July 2001</td>
<td></td>
<td>Partner, Morey Wickham Chartered Accountants and Advisers.</td>
</tr>
<tr>
<td>Dr Winston McKean</td>
<td>1 July 2008</td>
<td></td>
<td>A retired medical practitioner, specialising in Public Health Medicine; formerly worked in Senior appointments in the New Zealand public health sector, including the Regional Health Authority and National Clinical Training Agency; Former Chairman of a Provincial Primary Health Organisation (NZ), Former Chairman of the National Taskforce on the Primary Health Care Strategy (NZ); Chairman of the current Peninsula Health Community Advisory Committee and a Peninsula resident.</td>
</tr>
<tr>
<td>Professor Helen Keleher</td>
<td>1 July 2008</td>
<td></td>
<td>Head of the Department of Health Science, School of Primary Health Care, Monash University; Member of the DHS Public Health Research Expert Advisory Panel; Member of the Board, Public Health Association of Australia (PHAA); President of the Victorian Branch, PHAA; and a Peninsula resident.</td>
</tr>
</tbody>
</table>
CORPORATE GOVERNANCE

Board Governance

The nine-member Board of Directors is appointed by the Governor in Council upon the recommendation of the Minister for Health. Directors are usually appointed for a term of three years with members eligible to apply for reappointment. The Minister for Health requires the Board to develop a Strategic Plan for the Health Service and to ensure accountable and efficient provision of health services.

Role of the Board

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

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

The Board held 11 meetings in the financial year 1 July 2007 to 30 June 2008. At these meetings, members of the Peninsula Health Executive regularly present reports on their areas of responsibility.

Retirements

Peninsula Health Board and Staff extend their sincere appreciation to former Board Directors, Mr Jim Swindon and Associate Professor Ruth Salom, who resigned from the Board (as at 30 June 2007), for their valuable contribution.

New Appointments

The appointment to the Board of Professor Helen Keleher and Dr Winston McKean, was announced on 1 July 2007.

Professor Helen Keleher is the Head of the Department of Health Science, School of Primary Health Care, Monash University. She is a Member of the DHS Public Health Research Expert Advisory Panel; a Member of the Board, Public Health Association of Australia (PHAA); and President of the Victorian Branch, PHAA.

Dr Winston McKean is a retired medical practitioner, specialising in Public Health Medicine. He has formerly worked in senior appointments in the New Zealand public health sector, including the Regional Health Authority and National Clinical Training Agency; Former Chairman of a Provincial Primary Health Organisation (NZ), Former Chairman of the National Taskforce on the Primary Health Care Strategy (NZ); Chairman of the current Peninsula Health Community Advisory Committee.

Audit Committee

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

Members:

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

Quality & Clinical Governance Committee

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

Members:

- Jim Kerrigan OAM (Chair)
- Barry Nicholls
- Associate Professor Ruth Salom
- Michael Tiernan

Finance & Resources Committee

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

Members:

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

Members:
- Michael Tiernan (Chair)
- Associate Professor Ruth Salom

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

Members:
- Barry Nicholls (Chair)
- Diana Ward

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

Members:
- Liza Newby (Chair)
- Diana Ward

Community Advisory Committee
The Community Advisory Committee provides advice on needs, demands, and service development from a community perspective whilst also harnessing community support for Peninsula Health and its services. It is supported by two Community Advisory Groups, including the Culturally and Linguistically Diverse (CALD) Community Advisory Group and the Koori Community Advisory Group.

Members:
- Jim Swinden (Chair)
- Liza Newby

Primary Care & Population Health Committee
The Primary Care & Population Health Committee assists in creating effective linkages between Metropolitan Health Services and Primary Care Partnerships.

Members:
- Jim Swinden (Chair)
- Nancy Hogan

Remuneration Committee
The Remuneration Committee meets as required to review performance and determine remuneration of executive management.

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

Meeting Attendances

<table>
<thead>
<tr>
<th>Board Meetings</th>
<th>Finance &amp; Resources</th>
<th>Audit</th>
<th>Quality &amp; Clinical Governance</th>
<th>Planning &amp; Future Development</th>
<th>MSA/Board Executive</th>
<th>Research &amp; Ethics</th>
<th>Community Advisory Committee</th>
<th>Primary Care &amp; Population Health</th>
<th>Remuneration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barry Nicholls</td>
<td>10 of 11</td>
<td>3 of 4</td>
<td>4 of 6</td>
<td>3 of 3</td>
<td>1 of 1</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Diana Ward</td>
<td>11 of 11</td>
<td>4 of 4</td>
<td></td>
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</tr>
<tr>
<td>James Kerrigan OAM</td>
<td>10 of 11</td>
<td>10 of 11</td>
<td>6 of 6</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Liza Newby</td>
<td>9 of 11</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ruth Salom</td>
<td>8 of 11</td>
<td>5 of 6</td>
<td>5 of 6</td>
<td>5 of 6</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim Swinden</td>
<td>10 of 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 of 5</td>
<td>2 of 3</td>
</tr>
<tr>
<td>Michael Tiernan</td>
<td>11 of 11</td>
<td>7 of 11</td>
<td>4 of 5</td>
<td>5 of 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dianne Wickham</td>
<td>10 of 11</td>
<td>11 of 11</td>
<td>4 of 4</td>
<td>5 of 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nancy Hogan</td>
<td>11 of 11</td>
<td>10 of 11</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>3 of 3</td>
</tr>
</tbody>
</table>

* Committee member for only part of the year.
EXECUTIVE STAFF PROFILE

As at 30 June 2008

Dr Sherene Devanesen
Chief Executive
MB BS Dip Obst
RACOG FRCMA
FCHSE FAIM
FKCCM

Appointed:
October 2000

Sherene has 12 years experience in clinical work followed by 27 years in Health Service management. She is a member of the DHS Board of Health Information Systems; a Member of the Victorian Quality Council; a Member of Monash University Faculty of Business and Economics, Peninsula Advisory Board; a Board Director of Wesley Mission Melbourne; a former President of the Royal Australasian College of Medical Administrators and an ACHS Surveyor.

Ms Jan Child
Executive Director
Nursing, Frankston
Emergency & Intensive
Care and Community
Participation
GradDip(Behavioural
Sci) GradDipHlthAdmin

Appointed:
February 2007

Jan is a Division 1 Registered Nurse with over 20 years experience in the public and private sectors. She has held professional and operational roles in a range of public health settings including Community Health and Primary Care and has been a member of Peninsula Health’s Operational and Nursing Executive for more than seven years.

Mr David Anderson
Executive Director
Finance and Information
BCom MCom (Finance)

Appointed:
October 2002

David has had experience in senior management roles in government including the Department of Water Resources, Community Services Victoria and the Department of Human Services. Prior to joining Peninsula Health he was Manager, Financial Analysis and Funding, in the Department of Human Services.

Mr Chris England
Executive Director
Human Resources and Rosebud
Acute Care
AHA(UK) CMAHRI

Appointed:
August 2005

Chris’s career in health administration includes leading the Human Resources functions at Bayside Health, Peninsula Health Care Network, The Royal Melbourne Hospital, The Austin Hospital and The Alfred Hospital.

As at 30 June 2008
Executive Staff Profile

Dr Sara Watson
Executive Director
Frankston Acute Care and Outpatients
MBChB FRACMA
MHA (NSW) BSc (Hons)
Appointed: March 2006

Dr Susan Sdrinis
Acting Executive Director Medical Services & Quality and Clinical Governance
MBBS FRACMA
MPH MHSM
Appointed: May 2008

Mr Brendon Gardner
Executive Director Planning, Infrastructure and Management Information
B App Sc (HIM) MHA UNSW AFCHSE
Appointed: May 2007

Dr Peter Bradford
MB BS MPH FRACMA
FCHSE
1 Jan 2001-1 May 2008

As at 30 June 2008

Sara has held a number of senior executive and management positions in health care. Sara is a Fellow of the Australasian College of Medical Administrators and an Associate Fellow of the Australian College of Health Service Executives.

Brendon first joined Peninsula Health in 1997 as Network Manager, Health Information Services, and has held several project management, operational and Acting Executive positions within the Health Service.

He has been a member of various DHS committees on Coding and Casemix, and more recently a member of the Steering Committee responsible for selecting and implementing the new Patient and Client Management Systems within the HealthSmart program.

Susan has held senior management positions in health services and in government.

Susan is a Fellow of the Royal Australasian College of Medical Administrators and an Associate Fellow of the Australian College of Health Service Executives.

Peter worked at Peninsula Health for nine years. In that time, he oversaw the expansion of key medical services at Frankston Hospital, and the implementation of quality programs across the whole of the Health Service.

The Board, Executive team and staff would like to thank Peter for his commitment and dedication during his time with Peninsula Health.

Dr Peter Bradford was Executive Director for Medical, Frankston Acute Care and Quality up until his departure in May 2008. Peter has now taken on the role as Executive Director for Clinical Governance and Medical Services at Melbourne Health.
ORGANISATIONAL STRUCTURE

As at 18 August 2008

BOARD

CHIEF EXECUTIVE
Dr Sherene Devanesen

EXECUTIVE DIRECTORS

Mr David Anderson
Executive Director
Frankston Hospital

Ms Jan Child
Executive Director
Mental Health, Allied Health, Nursing, Community & Continuing Care and Consumer Participation

Mr Brendon Gardner
Executive Director
Planning, Infrastructure and Frankston Emergency Department

Mr Darren O’Connor-Price
Acting Chief Finance Officer

Dr Susan Sdrinis
Executive Director
Medical Services & Quality and Clinical Governance

Dr Peter Trye
from 29/9/08
Executive Director
Acute Clinical Services and Rosebud Hospital

Ms Chiara Socco
Acting Executive Director, Human Resources

PROFESSIONAL ISSUES

MEDICAL
Dr Susan Sdrinis

NURSING
Ms Jan Child

ALLIED HEALTH
Ms Jan Child

LEGAL
Ms Vicky Hammond

PUBLIC RELATIONS
Mr John Jukes

ICU
Medicine
Surgery
WCAH (including Core of Life)
Cancer/Palliative Care
Outpatients
MEPACS

Mental Health
GEM
Rehabilitation
Residential
Community Health
Allied Health
Social Work/Integrated Care
Pastoral Care
Ambulatory Care
Nursing Services

ED Frankston
Planning
Infrastructure
Capital Works
Facilities Management
Supply
Support Services
iPM implementation
Health
Information Services
Management Information Services
Library

Finance
Payroll
Printing

Quality/
Patient Safety
Infection Control
Customer Services/Complaints
Medicolegal
Transport
GP Liaison
Medical Education
Junior Medical Staff
Research

Rosebud Hospital
Acute Clinical Services
Investigative Services
Pharmacy
Information Technology and Communications

Employment Services
Organisational Development
Occupational Health & Safety
WorkCover
Employee Relations
## DISCLOSURE INDEX

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Requirement</th>
<th>Page Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ministerial Directions</strong></td>
<td>Manner of establishment and the relevant Ministers</td>
<td>10, 46</td>
</tr>
<tr>
<td><strong>Charter and purpose</strong></td>
<td>Objectives, functions, powers and duties</td>
<td>Inside front cover</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Nature and range of services provided</td>
<td>4, 10, 11, 12, 13</td>
</tr>
<tr>
<td><strong>Management and structure</strong></td>
<td>Organisational structure</td>
<td>50</td>
</tr>
<tr>
<td><strong>Financial and other information</strong></td>
<td>Accountable officer, signed of report of operations</td>
<td>Inside front cover</td>
</tr>
<tr>
<td><strong>SD 4.2(j)</strong></td>
<td>Risk Management Compliance</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Operational and budgetary objectives and performance against objectives</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Statement of merit and equity</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Workforce Data Disclosures</td>
<td>36</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Occupational health and safety</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Summary of the financial results for the year</td>
<td>4, 9, Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Significant changes in financial position during the year</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Major changes or factors affecting performance</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Subsequent events</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Application and operation of Freedom of Information Act 1982</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Compliance with building and maintenance provisions of Building Act 1993</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 25</strong></td>
<td>Victorian Industry Participation Policy disclosures</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Statement on National Competition Policy</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Application and operation of the Whistleblowers Protection Act 2001</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Details of consultancies over $100,000</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Details of consultancies under $100,000</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 22B</strong></td>
<td>Statement of availability of other information</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 10</strong></td>
<td>Disclosure index</td>
<td>55</td>
</tr>
<tr>
<td><strong>FRD 11</strong></td>
<td>Disclosure of ex gratia payments</td>
<td>Financial Statements</td>
</tr>
<tr>
<td><strong>FRD 21A</strong></td>
<td>Responsible person and executive officer disclosures</td>
<td>Financial Statements</td>
</tr>
</tbody>
</table>

### Financial Statements – FRD Guidance

<table>
<thead>
<tr>
<th>Financial statements required under Part 7 of the FMA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SD 4.2(b)</strong></td>
</tr>
<tr>
<td><strong>SD 4.2(b)</strong></td>
</tr>
<tr>
<td><strong>SD 4.2(b)</strong></td>
</tr>
<tr>
<td><strong>SD 4.2(b)</strong></td>
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<tr>
<td><strong>SD 4.2(c)</strong></td>
</tr>
<tr>
<td><strong>SD 4.2(c)</strong></td>
</tr>
<tr>
<td><strong>SD 4.2(c)</strong></td>
</tr>
<tr>
<td><strong>SD 4.2(d)</strong></td>
</tr>
</tbody>
</table>

### Legislation

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Financial Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom of Information Act 1982</td>
<td>Financial Statements</td>
</tr>
<tr>
<td>Victorian Industry Protection Act 2003</td>
<td>Financial Statements</td>
</tr>
<tr>
<td>Building Act 1993</td>
<td>Financial Statements</td>
</tr>
<tr>
<td>Financial Management Act 1994</td>
<td>Financial Statements</td>
</tr>
<tr>
<td>Audit Act 1994</td>
<td>Financial Statements</td>
</tr>
</tbody>
</table>
### Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE</td>
<td>Assistance Care in Emergency</td>
</tr>
<tr>
<td>ACHS</td>
<td>Australian Council on Healthcare Standards (Rankings include: MA – moderate achievement, EA – extensive achievement, OA – outstanding achievement)</td>
</tr>
<tr>
<td>ACSAA</td>
<td>Aged Care Standards and Accreditation Agency</td>
</tr>
<tr>
<td>Acute care</td>
<td>Acute care refers to necessary treatment of a disease for only a short period of time in which a patient is treated for a brief but severe episode of illness.</td>
</tr>
<tr>
<td>Benchmarking</td>
<td>Benchmarking is used to evaluate various aspects of processes within the Health Service, in relation to best practice in the health sector.</td>
</tr>
<tr>
<td>BFHI</td>
<td>Baby Friendly Health Initiative</td>
</tr>
<tr>
<td>BPAV</td>
<td>Building Positive Attendance Victoria</td>
</tr>
<tr>
<td>CAC</td>
<td>Community Advisory Committee</td>
</tr>
<tr>
<td>CAG</td>
<td>Community Advisory Group</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>Clinical governance</td>
<td>The term used to describe a systematic approach to maintaining and improving the quality of patient care within a health system.</td>
</tr>
<tr>
<td>CR</td>
<td>Computed Radiography</td>
</tr>
<tr>
<td>CSSD</td>
<td>Central Sterile Supply Department</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services - administers the State Government’s health and welfare programs</td>
</tr>
<tr>
<td>EAP</td>
<td>Employee Assistance Program</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EFT</td>
<td>Equivalent Full Time – used in relation to number of staff employed</td>
</tr>
<tr>
<td>EQuiP</td>
<td>Evaluation &amp; Quality Improvement Authority</td>
</tr>
<tr>
<td>ESAS</td>
<td>Elective Surgery Access System</td>
</tr>
<tr>
<td>FCDS</td>
<td>Frankston Community Dental Service</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HITH</td>
<td>Hospital in the Home</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>iPM</td>
<td>i Patient Manager</td>
</tr>
<tr>
<td>K.I.D.S Auxiliary</td>
<td>Knowledge Investigation Development and Study Auxiliary</td>
</tr>
<tr>
<td>Inpatient care</td>
<td>Inpatient care is the care of patients whose condition requires hospitalisation.</td>
</tr>
<tr>
<td>LOS</td>
<td>Length Of Stay</td>
</tr>
<tr>
<td>MAPU</td>
<td>Medical Assessment and Planning Unit</td>
</tr>
<tr>
<td>OH&amp;S</td>
<td>Occupational Health &amp; Safety</td>
</tr>
<tr>
<td>PACS</td>
<td>Picture Archiving and Communications System</td>
</tr>
<tr>
<td>PCHS</td>
<td>Peninsula Community Health Service</td>
</tr>
<tr>
<td>PenDAP</td>
<td>Peninsula Drug and Alcohol Program</td>
</tr>
<tr>
<td>PETS</td>
<td>Pharmacist-initiated E-script Transcription Service</td>
</tr>
<tr>
<td>PHPS</td>
<td>Peninsula Health Psychiatric Service</td>
</tr>
<tr>
<td>PMHS</td>
<td>Peninsula Mental Health Service</td>
</tr>
<tr>
<td>RAD</td>
<td>Response, Assessment and Discharge Team</td>
</tr>
<tr>
<td>ROSS</td>
<td>Residential Outreach Support Service</td>
</tr>
<tr>
<td>SHARPS</td>
<td>Southern HIV/HEP Resource and Prevention Service</td>
</tr>
<tr>
<td>SMICS</td>
<td>Southern Metropolitan Integrated Cancer Service</td>
</tr>
<tr>
<td>Separations</td>
<td>The total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death), or portions of hospital stays beginning or ending in a change of type of care.</td>
</tr>
<tr>
<td>Sub-acute care</td>
<td>Sub-acute care is care that does not meet the definition of acute care or Nursing Home/Non-acute. All patients with episodes in the following care types are considered to be Sub-Acute:</td>
</tr>
<tr>
<td>Sub-acute care</td>
<td>- Designated Rehabilitation Program</td>
</tr>
<tr>
<td>Sub-acute care</td>
<td>- Geriatric Evaluation and Management Program</td>
</tr>
<tr>
<td>Sub-acute care</td>
<td>- Interim Care</td>
</tr>
<tr>
<td>Sub-acute care</td>
<td>- Palliative Care Program</td>
</tr>
<tr>
<td>TAFE</td>
<td>Technical and Further Education (Institute)</td>
</tr>
<tr>
<td>VESI</td>
<td>Victorian Elective Surgery Initiative</td>
</tr>
<tr>
<td>WEIS</td>
<td>Weighted Inlier Equivalent Separations. Each patient is assigned a resource weight which is dependent on the primary reason for admission. The resource weight determines the amount of funding received for providing care.</td>
</tr>
<tr>
<td>YES</td>
<td>Youth Employment Scheme</td>
</tr>
</tbody>
</table>
Objective of this Report

This Report is produced to inform Peninsula Health’s community, staff, partners and government of its performance for the financial year 1 July 2007 – 30 June 2008 and directions for 2008/09.

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

The Annual Report should be read in conjunction with the Quality of Care Report, which details Peninsula Health’s progress and achievements in many clinical areas and the Peninsula Health Research & Clinical Services Report which details research undertaken by clinicians and other health professionals. These documents are available on our website: www.peninsulahealth.org.au or by calling 03 9788 1501.

The report is prepared in accordance with Victorian Government guidelines, the directions of the Minister for Finance and in line with Australasian Reporting Awards Incorporated Guidelines. Peninsula Health is committed to benchmarking its performance against best practice.

The 2008 Annual Report will be presented to the public at Peninsula Health’s Annual General Meeting on October 31, 2008.

Responsible Bodies Declaration

In accordance with the Financial Management Act 1984, I am pleased to present the Report of Operations for Peninsula Health for the year ending 30 June 2008.

Chairperson

Barry Nicholls

Chairperson

Peninsula Health

Dated 29/09/08

Front cover shows from left to right:
Successful Youth Employment Scheme participant, Luke Melabch: Red Cross ACE Volunteer, Jenni O’Sullivan with two young children at Rosebud Hospital’s Emergency Department; and a former patient of The Mornington Centre, Jean Shaw.