Peninsula Health proudly supports and encourages organ donation.

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

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

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

Pledge the gift of life.

organ donor
To register, please call:

Australian Red Cross Blood Service
Victorian Organ Donation Service - LifeGift
538 Swanston Street
Carlton VIC 3053
Ph: 1300 133 050
www.organdonor.com.au

Australians Donate
Suite 2 Level 3
20-22 Albert Road
South Melbourne
03 9696 0651
www.organdonation.org.au

Kidney Health Australia
Victoria
Ph: 1800 682 531
www.kidney.org.au
In our fourth annual Quality of Care Report we want to acknowledge the partnerships that contribute to Peninsula Health’s scope of service. We value these alliances, both within our organisation and with individuals and agencies throughout the community, because we know they promote productivity and excellence.

With this focus, we will again use the Quality of Care Report to give an account of our performance over the last year. We’ll explain – through text, tables, patient stories and statistics – how we solved problems, improved standards, compared ourselves with other health agencies, progressed with our stated goals and met the needs of our community. We will note both our achievements and our shortcomings, and we will outline strategies we have developed to improve.

With feedback from our partners, we are reporting on issues that are most important to the community, such as waiting times for services. We have also focused on outcomes – it is not enough to simply say we have done something; we need to make clear what the effort achieved.

We invite you to become an active partner in Peninsula Health’s quest for quality by sharing your viewpoints and ideas about our services, our performance and this report. Details of ways in which you can participate are listed on page 39.

We are pleased to present our 2004 Peninsula Health Quality of Care Report to the Community. We hope you will find the report interesting and informative and that it will be helpful if you need to use our services.
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Peninsula Health

Serves
Over 300,000 people living in the Frankston/Mornington Peninsula region, as well as holiday makers from Victoria, other parts of Australia and overseas.

Administers
21 public health facilities located on 10 sites including hospitals, rehabilitation, aged and palliative care units, nursing homes, hostels, a community health centre and mental health facilities.

Offers
Acute medical, paediatric, surgical and maternity care, critical care, psychiatric services, rehabilitation, palliative care, community health and health education, outpatient services, aged care and assessment, investigative and medical support services, allied health and clinical training.

Treats
60,969 inpatients and 293,604 outpatient occasions of service (69,089 of which were delivered by Community Health Services)
Emergency patients: 62,513
(2003/04 statistics)

Employs
3,400 people made up of full time, part time and casual positions.
These include administrative, support, allied health, managerial, medical and nursing staff and tradespeople.
Peninsula Health and the community also benefit from the work of 700 volunteers.

Educates
Medical students, nursing students, allied health students, hospital medical officers, graduate nurses and students in health administration.

Manages
A budget of more than $231 million (2003/2004).

Contents

The 2004 Peninsula Health Quality of Care Report is written for our partners - the people who use our services, their families and carers, the government agencies that fund us, the health care and education providers we work with, our volunteers and the wider community.

We want our partners to know how we monitor and measure what we do so that we can expand on what we do well and make improvements in other areas. We want to show our partners how we emphasise safety and create a culture that values and continuously improves quality.

To provide that information, we have organised our report to reflect how we measure, manage and maximise the safety and high quality of our services.

Our quest for quality - Pages 5-10
This section describes the systems we have established to keep a constant check on how we perform against accepted standards, the community's expectations and our own targets.

Incorporating quality - Pages 11-28
Here we show how we apply the elements of quality, as defined by the Victorian Quality Council, to our service - using these standards as goals. From reducing risks to managing resources responsibly, we review activities undertaken this year in pursuit of excellence.

Putting quality to work - Pages 29-38
Finally, we combine the information from Sections One and Two to focus on two of our core services - Rehabilitation, Aged and Palliative Care Services (RAPCS) and our Emergency Services - to demonstrate how our quality control systems and our goals merge to help build a healthy community.

Contacts - Pages 39-42
We provide a profile and contact details for our partners, and outline how you can have your say about our services and our communications.

And please detach our handy list of useful health service numbers and put the magnetised card on your fridge for quick reference.

Special note: People who use our services do so under a variety of conditions. Some are very ill and need hospitalisation, and we usually call them patients. Those who use our clinics and other day only services are usually referred to as clients. The ladies and gentlemen living in our assisted accommodation (nursing homes, hostels and community care facilities) are known as residents. Everyone using our services is a health care consumer. We'll be using the term that best describes the consumer in each of our articles throughout this report.
Retrospective

Quality improvement is for keeps.
The strategies we use to achieve high standards may change and this is an ongoing process. In last year’s Quality of Care Report we featured numerous projects we had set up, to address specific issues and improve our services. Some are still going strong, while others have been modified to work better.

A year later...

IT’S A HIT
Our new Peninsula Health Website, www.phcn.vic.gov.au, offering news, contacts, services and job opportunities, was launched in October 2003. The site currently records an average of 6000 hits (on-line visits to the web page) every month, with traffic (hits on the site) coming from around the world. If you have a compliment, comment or concern about any of our services, you’ll find a direct email link to our Customer Relations Manager on the website.

PUBLIC HEALTH
During the last year our Health Forum Program conducted sessions on Drugs in Sport, Road Safety, Type 1 Diabetes, Osteoporosis, Medication Safety and Surviving the Workplace. A Men’s Health & Wellbeing Forum for the general public is scheduled for October 2004.

SAFE CROSSING
Crossing the road in front of Frankston Hospital is now a lot safer with the installation of a $171,000 pedestrian crossing on busy Hastings Road. The project features technology that gauges the foot speed of pedestrians and adjusts the timing of the lights accordingly. Our Community Advisory Committee joined with local clinicians and Members of Parliament to improve safety on a roadway that has seen 20 pedestrian injuries and 4 deaths over the last five years.

STILL READY
The World Health Organisation declared a second SARS (Severe Acute Respiratory Syndrome) alert in April this year. Peninsula Health immediately re-activated the SARS working party and reviewed prevention strategies and preparedness. Fortunately the alert was stood down in May, but the exercise reconfirmed our readiness to deal with infectious disease outbreaks.

ICU II
The ICU Breakthrough Collaborative we featured last year involved our Intensive Care Unit working with ICUs around Victoria and South Australia to determine standards and improve ICU care. The collaborative is now complete and of the four goals set out in the project we:

• achieved two – providing all elements of ventilation care and a reduction in waiting time for patients to be transferred to a general ward
• made progress in one – reducing pressure ulcers (we completely eliminated the two most serious stages of pressure ulcer)
• but had no change in the fourth goal – to reduce the incidence of Methicillin Resistant Staphylococcus aureus (MRSA). However, our rates have consistently been below benchmark ‘alert’ levels.

FOCUSING ON VISION CARE
Our new Optometry Service for health cardholders is now open five days a week with two optometrists on duty three of those days. Marketing activities since the launch have been very successful with the average number of clients seen per month rising from 56 to 170.

You’ll find updates on other activities and performance indicators from last year’s report on the following pages:

Accreditation 6
Complaints Management 7
Pressure Ulcer Prevention 15
Electronic Prescribing 16
Hospital Initiated Postponements 19
Elective Surgery Waiting Lists 19
Overseas Nurses 21
Financial Viability 27
Dental Services 28
Falls Statistics 38
At Peninsula Health, we demonstrate our commitment to Quality and Safety through a well-established framework of processes and partnerships. The Board of Directors, senior managers and staff join with community advisors, government agencies, accrediting bodies and other health agencies to measure, monitor and manage Quality and Safety. This process is continuous and thorough, providing the checks and balances necessary to ensure Quality and Safety in our services.

This framework and the strategies we use to promote excellence is called Clinical Governance. An important element of Clinical Governance is the accountability of our organisation for the quality and safety of the work we do. We have a Board sub committee for this purpose as discussed on the next page.

Excellence... is not an act but a habit.

ARISTOTLE
Accreditation is to a health service what passing a grade is to a student - confirmation that recognised standards have been met.

Peninsula Health is regularly assessed by several accrediting agencies:

- The Australian Council on Health Care Standards (ACHS) evaluates our work throughout the health service against standards accepted across Australia.

- Our residential aged care services are also surveyed by the Aged Care Standards Agency (ACSA).

- Our medical training programs undertake accreditation through the Post Graduate Medical Council of Victoria (PMCV).

This Year:

- Lotus Lodge Hostel was surveyed by ACSA in July 2004, successfully achieving all 44 mandatory standards in the survey. We have now received confirmation of full three-year accreditation.

- The PMCV reviewed intern and hospital medical officer (HMO) positions in September 2003 and fully accredited Peninsula Health.

- An in-depth audit of psychiatric services for the six months September 2003 to March 2004 notes numerous initiatives such as a successful health promotion group for older women with depression.

- In March 2003 Peninsula Health was surveyed by the ACHS under the new Evaluation and Quality Improvement Program (EQUiP3) framework. Like 67% of health services nationwide, Peninsula Health received accreditation for a two year period and after the survey promptly drew up a Quality Action Plan to address specific recommendations made by the ACHS surveyors. Examples of these recommendations and the actions were:

  R: Improvement to internal and external signage for Psychiatric Services at Frankston Hospital to facilitate access
  A: Enlargement and updating of directional street and internal signage.

  R: Replacement of the patient chairs in the dialysis unit to ensure patient safety
  A: Purchase and installation of chairs December 2003

  R: Relocation of equipment storage in the Palliative Care Unit away from patient care and access areas
  A: Building of a storage shed outside the Palliative Care facility

To date, actions on all recommendations have either been completed or are in progress. An updated Quality Action Plan was submitted to ACHS in June 2004.

R = Recommendation  A = Action
Clinical Governance

AT PENINSULA HEALTH

What is Clinical Governance?

It's most commonly defined as “a framework through which health care organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”. Peninsula Health takes this very seriously and in this section outlines the way in which we carry out these responsibilities.


QUALITY AND CLINICAL GOVERNANCE COMMITTEE:

This committee is chaired by a Board Director and is attended by three Board Directors (including the Board Chair) plus the Chief Executive and the Senior Management Team as well as community representation. The Committee also includes department managers responsible for various aspects of quality such as infection control and falls prevention. It meets every eight weeks to review reports that provide information on Peninsula Health’s performance. Using this data the Committee can identify trends, gauge the value of strategies, evaluate progress and make recommendations.

The Quality and Clinical Governance Committee considers:

COMPLAINTS, COMPLIMENTS AND CONCERNS

Complaints assist us in identifying and solving problems within our services. Every complaint is thoroughly investigated and all are acknowledged in writing within 24 hours unless received directly by telephone. Complaints vary in complexity and may involve a number of issues that need to be investigated – or it might only be one. All are taken seriously. Last year the Customer Relations Manager assisted patients and clients throughout Peninsula Health with 524 complaints containing 750 issues. It took an average of 30 days to resolve these complaints. Access, communication and treatment remain the key areas of concern as shown in the following chart:

The Customer Relations Manager is available for anyone wishing to express concerns, but we have learned from consumer surveys that many patients and clients are not aware of the formal complaint process. So we are focusing on this issue through written information, admission procedures and our web page. In addition, a video is currently in production clarifying the issue of patients’ rights and responsibilities, including the process for making complaints. The video will be shown in the Emergency Departments and at other locations across the health service.

The contact number for our Customer Relations Manager is 9784 7298.

BENCHMARKING

‘Benchmarking’ is the process of measuring performance against established standards and often involves comparisons with similar organisations. Benchmarking is used in our 28 Quality Key Performance Indicators (KPIs). For example, we benchmark the cleanliness of our facilities against Department of Human Services expected targets. The chart below illustrates that we continue to perform above the DHS target for the cleanliness of our facilities.

We continue to achieve high levels of cleanliness in clinical areas of our service.
QUALITY KEY PERFORMANCE INDICATORS (KPIs)

KPIs are the targets set by the Department of Human Services and Peninsula Health to monitor areas of risk and to measure our performance. Our 28 quality focused KPIs provide data on a whole range of issues such as the incidence of pressure ulcers and the rate of induced births (see page 24).

CLINICAL RISK MANAGEMENT

‘Adverse events’ are incidents in which people are unintentionally injured or otherwise harmed. At Peninsula Health we don’t believe that people come to work to do a bad job or to make an error, but given the right set of circumstances any of us can make a mistake. That’s why our culture of patient safety focuses on prevention, not punishment. Adverse events are opportunities to learn and examine and improve our work processes.

In order to maximise this opportunity, we encourage all staff to report not only adverse events, but also ‘near misses’ or ‘close calls’ in a cooperative way.

Peninsula Health’s Clinical Risk Management Unit works with staff to investigate incidents and use what is learned to minimise the risk of future adverse events. In this process staff are encouraged to make reports. During the last year 3057 incidents were reported throughout Peninsula Health. Of these 94% did not involve any or only minor injury or harm but did contribute to the learning process. Peninsula Health’s emphasis on safety and risk reduction was evident in the increased 2003/04 incident reporting rate - this was a third higher in 2003/04 compared with 2002/03 (2143 reported incidents with 93% involving no or only minor injury or harm).

More serious incidents are known as Sentinel Events and are reported to the Department of Human Services. Last year Peninsula Health had four sentinel events involving falls. As a result, a Peninsula Health Falls Steering Committee was established to monitor falls across the health service.

One of the outcomes of this has been the resurfacing of bathroom floors in older wards to reduce the risk of falls, especially for elderly and frail patients.

Some of the improvements made by Peninsula Health as a result of its Clinical Risk Management Program included:

- new forms developed to ensure that when patients are discharged they are scheduled for a follow-up appointment
- development of guidelines for staff, based on the latest and best evidence, outlining the treatment of epiglottitis (an infection of the epiglottis, the flap of cartilage that protects the windpipe when swallowing food or fluids. The condition can swell the epiglottis so that it blocks the airway, diminishing or even preventing breathing. This is a potentially fatal, emergency condition.)
Clinical Governance
AT PENINSULA HEALTH

CLINICAL PATHWAYS
Sort of a combination of a road map and a rule book, Clinical Pathways set out the procedures for treating certain conditions. Since these are formulated using the most up-to-date and carefully researched evidence, the pathways represent ‘best practice’. Staff are required to follow pathways exactly and any variance from these is reported. During 2003/04 new pathways were established for: Fractured Forearm, Gastritis and Bronchitis, in children and the existing pathways in Diabetic Ketosis, Breast Surgery, Maternal and Newborn pathways were reviewed. At 30th June 2004 Peninsula Health had 28 active pathways.

MORTALITY REVIEWS
The Mortality Review Committee considered all unexpected deaths that occurred at any of our sites to ensure that we had acted appropriately and to learn lessons for the future.

COMMUNITY ADVICE AND PATIENT SATISFACTION SURVEYS
Peninsula Health invites members of the public to serve on various bodies, including the Quality and Clinical Governance Committee, three Community Advisory Committees, Research and Ethics Committee special project groups and focus groups. In addition, Peninsula Health has consumer and carer consultants. These community representatives provide us with direct feedback on how well we are meeting community expectations and make recommendations to our planning and service development. Peninsula Health also continues to participate in the Victorian Patient Satisfaction Monitor which independently surveys samples of people who have used our inpatient services. The results of these surveys are illustrated in the table below and are reported to the Quality and Clinical Governance Committee as are the actions taken to address issues.

Other initiatives supporting our approach to Clinical Governance are:

LEGAL COMPLIANCE
To help safeguard the public, the delivery of health services is a highly regulated industry. There are regulations, legislation, guidelines and codes of conduct for most aspects of health care, such as controlling infections, maintaining security, writing in medical records and servicing equipment. We regularly check to see that we are complying with all relevant laws. Through our Legal Compliance Program, managers across the health service report every two months whether their areas are fulfilling all legal requirements. If they identify any areas that are not fully compliant, they must detail what action is being taken. We were instrumental in liaising with other health services to explore the idea of a common compliance system to aid comparison and ensure best practice.

CREDENTIALLING
A crucial step in ensuring patient safety is credentialling - the process whereby we make sure that all senior medical staff who treat patients at our facilities are qualified to do so. It is such a high priority that the process must go through several administrative levels. When a Specialist or General Practitioner applies to be allowed to treat patients at Peninsula Health, the process includes:

- the doctor’s credentials (qualifications, registration, specialty training, experience and referees) are exhaustively checked by the Executive Director of Medical Services and the relevant Clinical Director
- the two recommend a level of ‘privileges’ for the candidate. These might be the privilege to work within a certain specialty (such as surgery) or subspecialty (such as orthopaedics) or could be restricted to only certain procedures
- next this recommendation is considered by the Senior Medical Staff Appointments Committee, a subcommittee of the Board of Directors chaired by the Chief Executive
- which then sends its recommendation to the Board of Directors - the only ones authorised to appoint and allocate privileges to General Practitioners and Specialists

An Australian Standard on Credentialling was issued in July 2004 by the Australian Council for Safety and Quality in Health Care. We will now review our Senior Medical Staff Appointments Policy to make sure it completely complies with ‘best practice’.

Victorian Patient Satisfaction Monitor
Overall satisfaction with hospital stay as expressed by consumers independently surveyed. September 2000 - September 2003

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<th>Sept 00- Mar 01</th>
<th>Apr 01- Sept 01</th>
<th>Oct 01- Mar 02</th>
<th>Apr 02- Sept 02</th>
<th>Oct 02- March 03</th>
<th>Apr 03- Sept 03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frankston Hospital</td>
<td>92%</td>
<td>87%</td>
<td>90%</td>
<td>94%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>A2 hospital category average</td>
<td>94%</td>
<td>94%</td>
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<tr>
<td>Rosebud Hospital</td>
<td>98%</td>
<td>94%</td>
<td>95%</td>
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<td>C hospital category average</td>
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‘A2’ and ‘C’ are the DHS groupings for similar hospitals to aid comparison of performance.
Quality care is defined as “the extent to which a health care service or product produces a desired outcome”. ²

Quality improvement is defined as “the continuous improvement of all processes and the products and services that are the outcomes of those processes”. ¹³

Safety is defined as “a state in which risk (measured in terms of consequences and likelihood) has been reduced to an acceptable level”. ²

Dimensions of Quality


The Council emphasises that quality must be as high a priority for health services as the more traditional financial performance. For the 2004/05 year, the State Government has introduced, for the first time, a Statement of Priorities Agreement for each Health Service. This is to be signed by the Board Chair and the Minister for Health and includes quality objectives.

The VQC identifies four key elements in quality improvement – good clinical governance, community and consumer involvement, competent health care providers and open reporting of accurate performance data. With these elements in place, a health care organisation can work to ensure that its services reflect the six dimensions of quality –

Safety, Access, Effectiveness, Appropriateness,
Acceptability, Efficiency

We have chosen to focus on these six dimensions of quality in our 2004 Quality of Care Report, highlighting activities undertaken this year to achieve these goals.

“The dedication of nursing staff at Frankston Hospital is well known throughout our local community.”  

EMERGENCY PATIENT*

“During times of blood transfusions two nurses attended, each checking procedures for the type of blood being transfused.”  

ELECTIVE SURGERY PATIENT*

“The focus was completely about us being together as a family.”  

MATERNITY PATIENT*

“The dedication of nursing staff at Frankston Hospital is well known throughout our local community.”  

ICU PATIENT*

EMERGENCY PATIENT*

Ensuring Safety

FIRST, DO NO HARM.
This saying is attributed to the great Greek physician, Hippocrates. It captures perhaps the most crucial element of good health care.

When people are in our care, their safety is our responsibility. We must keep them safe from injury, mistakes with medication, transmitted infections, pressure ulcers, errors with transfusions, contaminated food, smoke-filled air . . . . the list is long and requires constant monitoring.

Ensuring safety is the first of the Victorian Quality Council’s Dimensions of Quality. In this section we feature some of the initiatives undertaken this year to improve safety for the people we serve.

PATIENT SAFETY - WE ARE ALL RESPONSIBLE

Focusing on the valuable partnership between health providers and patients, the inaugural annual Patient Safety Week was held in May. Displays, poster competitions, quizzes, video showings and a public forum highlighted how providers and consumers can work together for safe, quality health care. Guest speakers included the Manager of the Victorian Quality Council and Peninsula Health’s Deputy CEO as well as a Senior Pharmacist who discussed medication safety.

Although the events were advertised in the local press, interest from the public was sparse with very few members of the community attending forums. Organisers are already planning strategies to encourage more consumer participation in next year’s Patient Safety Week.

We want to put the word out into the community because the first step in patient safety is that the patients themselves are aware of risks.

NO BUTTS ABOUT IT
When Kathleen Maund was waiting for a taxi to pick her up in front of Frankston Hospital, she was dismayed to find there was no bench to sit on. She realised though, by noting all the cigarette butts being swept up in the area, that any benches provided would no doubt quickly fill with smokers.

(All indoor spaces throughout Peninsula Health are designated ‘Non-Smoking’.)

Kathleen decided she’d donate $100 to Peninsula Health for a bench specifically for non-smokers – a great idea but hard to enforce. Luckily her idea and donation fit right into work in progress on a new smoking policy that is limiting smoking to designated smoking areas.

Smoking Shelters have been installed at Frankston and Rosebud Hospitals and designated areas are being established at all other Peninsula Health sites.

Those who smoke close to the entrances of our buildings will be asked to move to a nearby designated Smoking Shelter to ensure the comfort and safety of others.

Non-smokers can now sit comfortably outside Frankston Hospital in a smoke-free zone – on Mrs Maund’s brand new bench!

A PREMIUM RED
Every Christmas the Red Cross makes a special appeal – for blood.

With so many people on holiday or busily preparing for festivities, blood bank supplies invariably shrink at this time of year. A plea goes out and good citizens answer the call – but not many. In fact, only 3% of the Australian population ever donates blood at all.
With so little supply and a constant demand, it’s very important that precious blood donations are not wasted – through incorrect storage, mis-ordering, punctured bags, mis-labelling and so on.

At Peninsula Health, a Transfusion Committee promotes the careful use of blood products. Along with the Transfusion Nurse Consultant, the committee also has the crucial job of overseeing safe transfusion procedures.

The Committee was formed as part of Peninsula Health’s participation in the state-wide ‘Blood Matters’ Collaborative, which was featured in last year’s Quality of Care Report.

Other goals achieved through the collaborative were transfusion education courses for staff, the development of self learning packages which enable the Health Service to identify issues to target in training, more efficient record keeping procedures, transfusion protocol badges for each staff member and a transfusion site on the health service intranet.

Planning is currently underway to make it possible for staff to ask questions on line.

**Blood Tube Mis-Labelling Errors**

*Before and after the zero-tolerance education campaign*

With the introduction of ‘Zero Tolerance’, any sample with an error on the labelling has to be retaken.
Ensuring Safety

INFECTION PREVENTION AND CONTROL

DOING BATTLE WITH THOSE BUGS
We have developed a short course on Infection Control to help our staff to monitor infection control risks throughout Peninsula Health. The Infection Control Liaison program started in 2000 with 13 enrolments. That number rose to 38 in 2003 and as of July 2004 we have 84 Infection Control Liaison Personnel, including registered nurses, allied health workers, patient services assistants and support staff. These staff are helping keep Peninsula Health safe.

SAY, WHAT !!!
Vancomycin Resistant Enterococci and Clostridium difficile are not exactly household names – and hearing that you actually have one of these infections can be a bit bewildering. So our Infection Prevention and Control Unit has prepared pamphlets explaining what the germs are and what special infection control measures we use to prevent them from spreading. Our Community Advisory Committees, patients and their families have helped us to refine the information so that it is easy to read and understand. We appreciate this feedback. There are now six consumer information pamphlets available in all inpatient care areas and available for downloading from the Infection Control site on Peninsula Health’s website (www.phcn.vic.gov.au).

EXTRA SPECIAL CARE
In March 2004 the Neo-natal Intensive Care Units at several major Melbourne hospitals experienced an outbreak of the bacteria Serratia. When some babies from these hospitals were transferred to Special Care Nurseries in their own communities, extra precautions were needed. At Frankston Hospital, all babies coming from affected hospitals were tested for the bacteria on arrival and kept segregated from other infants until the test results were available. A few infants tested positive for the bacteria, but were not actually infected. These babies were treated in a separate area at one end of the Special Care Nursery. Staff wore gowns and gloves and used dedicated equipment. The strategies worked well as there was no cross infection of Serratia in Frankston’s Special Care Nursery at any time during the outbreak.

PARTNERSHIPS PROMOTE PERFORMANCE
We continue to work closely with the Department of Human Services, other hospitals and professional groups to monitor the effectiveness of our infection prevention and control program at Peninsula Health. We have been part of the Victorian Hospital Acquired Infection Surveillance Program (known as VCNISS) since May 2003 and continue to perform well within the established benchmarks. We monitor surgical site infections and this year we are collecting additional data on infection control at Rosebud Hospital. We have also joined a group established by the Victorian Infection Control Professionals Association to share ideas for monitoring infection control practice in long term care facilities such as nursing homes. “The VCNISS Coordinating Centre provides reports on state aggregate data. Hospital-level risk adjusted data will not be publicly released until at least 2005. This timeline will allow for refinement of the system definitions and methods, and ensure that data released to the public are accurate and reliable.”

MEDICATION SAFETY

THINK PINK
The mineral potassium helps regulate our heartbeat and blood pressure, builds muscle cells, and controls the water balance in our tissues. It is in lots of food and most of us get what we need in our diet.

If we are a little low, our skin gets dry and we become tired, depressed and slow to move. If we are very low our blood pressure can go up and we can develop congestive heart failure.

1 VCNISS Hospital Acquired Infection Project Year 2 Report - March 2004.
Some conditions such as diabetes and kidney disease can lead to potassium deficiency, as can taking diuretics and laxatives.

When patients need extra potassium, it is absolutely critical that it is administered with care. While it is almost impossible to take too much potassium orally, injections of concentrated potassium can be fatal.

To avoid the accidental administration of concentrated potassium, Peninsula Health has initiated special protocols and conducted a service-wide staff awareness campaign.

First, concentrated potassium was removed from most patient care areas and replaced with safer, pre-mixed infusions. New clinical guidelines were drawn up that minimised the use of potassium injection, and all potassium products were packaged or labelled in bright pink to make them more visible. These strategies were then communicated to all staff through a publicity campaign with the slogan ‘Save Lives, Think Pink’.

The changes were made in December 2003 and by February 2004 figures showed nearly a 300% increase in the administration of potassium by tablet rather than through less safe but sometimes necessary routes, such as rapid injection, that bypass the digestive tract. This is illustrated below.

**BEE ALERT**

What do eggs, peanuts, penicillin and cockroach droppings have in common?

They can all cause allergic reactions in some people – reactions that vary from mild to fatal. There is a long list of allergens, and many of the substances are medicines.

To reduce the risk of patients receiving medications they are allergic to, Peninsula Health is running a ‘Bee Alert’ campaign. Posters (with a little bee), education sessions and publicity in staff newsletters are reminding acute health and aged care staff of the importance of documenting all allergies in patients’ medical records and of avoiding the administration of any drugs that have previously produced an allergic reaction.

Other posters target patients, encouraging them to become active partners in ensuring that all their allergies are noted and recorded. Patient alertness to what medications they are being given and the willingness to ask questions whenever they are concerned is a vital part of reducing allergic risks.

Since the campaign began, medication incidents due to allergic reactions have been reduced by 30%.

**SIMPLER SCRIPTS**

When patients go home from hospital and have several medications they need to take without help from a nurse, it can get pretty confusing. And the prescription names can add to the confusion.

But a recent initiative may help solve that problem. Peninsula Health is currently working alongside health services right across Australia to improve medication safety. Called the National Medication Safety Breakthrough Collaborative, this project aims to reduce the harm that can result from medication errors.

One initiative of the collaborative (which includes a Consumer Advisory Committee member), was to introduce the addition of simple words onto medication labels in May which describe the reason for the medication. The label might say ‘PAIN’ so that once home, patients can remember which medication is for pain. By July 2004, 53% of the medications issued by our pharmacy had the new labelling.

The consumer representative helped ensure the patient perspective was considered and is helping us to evaluate the success of the initiative.
Ensuring Safety

MANAGEMENT AND PREVENTION OF PRESSURE ULCERS

A SORE SUBJECT

You would expect it to be relaxing, but lying around in bed can actually give you ulcers – specifically, pressure ulcers.

Bedridden patients are vulnerable to the development of what used to be called bed sores. That is because when a patient’s bones press down on skin tissue for extended periods, it restricts blood flow. If that pressure is not relieved, the tissue can begin to die and a wound develops. This is particularly true for elderly people and people who are unable or too unwell to move themselves in bed.

Not everyone is at risk of getting pressure ulcers, but nursing staff regularly assess most patients’ risk of developing ulcers (exceptions are maternity, paediatrics and young adult psychiatric patients). This is done using a Pressure Ulcer Risk Assessment Tool (PRAT) that was introduced at Peninsula Health early in 2003. Nursing staff complete the PRAT for all patients when they are admitted and then weekly while they are in our care. Overall across Peninsula Health, the completion rate of the PRAT increased from 81.2% to 88.7% during the last year as illustrated below.

Patients are sometimes admitted to Peninsula Health with existing pressure ulcers (as shown in the chart above), and staff are educated by the Skin Integrity Nurse on the best methods to manage these wounds. This occurs on the wards as well as at dedicated study days when dieticians, physiotherapists, surgeons and specialist nurses contribute to the education.

Peninsula Health has been collecting information on pressure ulcers through its incident reporting system since January 2002. This enables us to better target our efforts for the future management and prevention of pressure ulcers.

Pressure ulcers are of great concern in the health industry. In 2003 the Victorian Quality Council invited all public health care services across Victoria to join in a survey of pressure ulcers (PUPPS). Forty-eight services took part, and results showed that Peninsula Health’s prevalence of pressure ulcers is 5.5% lower than the state average.

The prevalence of pressure ulcers is regularly reported to and monitored by the Quality and Clinical Governance Committee.
ELECTRONIC EFFICIENCY PROMOTES BETTER PATIENT CARE

SHOWING LEADERSHIP - INPATIENT E-PRESCRIBING

In our 2002 and 2003 Quality of Care Reports we talked about our efforts to use the electronic medium for more activities that have traditionally been paper based. We outlined our work with preparing prescriptions on computer, called ‘E-prescribing’. The system is quicker, the scripts are always legible and the software provides numerous benefits including instant prompts for potential problems such as drug interactions.

Peninsula Health has probably the most advanced electronic prescribing and discharge system in Australia. We are one of only five hospitals nationwide to use E-prescribing, and since our last report we have extended this process to some of our inpatient areas at Frankston Hospital. We continue, as well, to use E-prescribing with our Rehabilitation, Aged and Palliative Care Services. Our Health Information Services and Information Technology Department provide strategic and technical information on electronic prescribing to other hospitals throughout Australia.

DISCHARGE DOT COM

We are also changing over to the electronic medium for discharge summaries. These are the reports that doctors prepare to summarise a patient’s diagnosis, treatment, test results, medications and so on. The ‘point and click’ computer software helps doctors access more information quicker, prompting entries for a comprehensive report.

The Electronic Discharge Summary (EDS) is kept in the patient’s medical record for reference and a copy is sent to the patient. Another copy is sent to the patient’s GP soon after discharge (over the last five months, on average, 78% of Electronic Discharge Summaries have been dispatched within 24 hours). This is important because the family doctor needs to know about post-hospital medication regimens, recuperation therapies and other issues that affect how s/he treats the patient from that point. Electronic discharge summaries are sent for patients at Frankston Hospital and over this last year, electronic discharge summaries have been rolled out across all wards in RAPCS.

In March, RAPCS staff conducted a phone survey of GPs to gauge the value of the new format. Responses included ‘excellent quality’, ‘information provided is extremely useful, especially for patients with complex medical problems’ and ‘allied health contributions are useful’. Overall, doctors are pleased with electronic discharge summaries.

A separate survey of our GPs by our Health Information Services and Information Technology staff indicated that of the 114 responding –

99% found the Electronic Discharge Summary (EDS) a useful clinical tool;
82% said the quality of the summaries was better than traditional hand written summaries;
97% found the information in the EDS was clinically relevant.

At Peninsula Health we are committed to the electronic upgrading of health care procedures.

The road to excellence is always under construction.

ANONYMOUS
Improving Access

In Australian healthcare all consumers are created equal.

If a person is in need it doesn’t matter how old they are, how much money they have, where they live, where they were born or what language they speak.

Every Australian citizen and permanent resident is guaranteed access to healthcare services. Whether it’s the Royal Flying Doctor Service responding to an emergency on an outback station or a metropolitan health service translating patient information into other languages, it’s the responsibility of governments and health providers to ensure people get the help they need.

Access to Services is another of the Victorian Quality Council’s six Dimensions of Quality. Here we review the strategies we are using to improve access for our consumers.

BEEACH BONUS
Every summer the Rosebud foreshore fills to capacity with happy holidaymakers. They are some of the more than 100,000 annual visitors to the Mornington Peninsula.

For people with serious kidney disorders, a bayside beach holiday would be impossible without Rosebud Hospital’s renal dialysis service. Each year between Christmas and mid-February, holidaymakers who need dialysis can book in for their thrice-weekly sessions at Rosebud Hospital.

Last summer the service took on 24 extra patients in addition to their regular 12. To accommodate the 64% increase in treatments provided, the hospital added an extra daily nursing shift in the clinic.

CURRENT CARE
Trying to say ‘electroencephalogram’ makes it clear why the test is almost always called an EEG.

With this test, electrodes are placed painlessly on the patient’s scalp to record the brain’s electrical activity. Along with x-rays, the EEG helps doctors to diagnose and manage neurological diseases such as epilepsy and assess the cause of unconsciousness for patients receiving intensive care.

Peninsula Health started an EEG service at Frankston Hospital in December 2003, testing 129 patients in the first six months. As the service becomes better known, the referrals are increasing with 31 tests performed in June.

MAKING AN ENTRANCE
Although we have two entrances adapted for people who are disabled at our Rosebud Hospital Bayview House, a complaint from a client of the Lung Function Service alerted us to the fact that clients are often unaware these entrances are available. So we have put up permanent notices directing clients to these special entrances.

A COMFORTABLE FIT
People who are very large face barriers in many places – airplane and theatre seating, clothing stores, recreational facilities. But they should NOT have to endure the discomfort and embarrassment of ill-sized facilities in hospital. Peninsula Health has this year purchased purpose-built beds and other equipment to help care for these patients and is developing strategies to adapt care to their special needs. ‘Bariatric care’, as it’s called, seeks to minimise the special problems faced by large people.
A GENERAL PRACTITIONER SINCE 1988,

Dr Frank Imeneo currently operates Peninsula Health's very busy methadone clinic at the Frankston Integrated Health Centre. Here he works with between 60 and 80 clients every week.

Dr Imeneo entered the field of drug and alcohol treatment tentatively when he applied for his licence to prescribe methadone in order to help one of his patients who'd developed an opiate dependence. He then began to see opportunities to offer such patients “more than bandaid treatment”.

It still took several years before he felt comfortable in the field, and he recalls his initial misconceptions. “I held the common belief that a drug user was ‘living it up’ with drug use,” he says, “not being aware at that time how damaged and scarred the individual sitting in front of me was.”

He learned from his patients and other providers in the field that society has already taught drug users about their ‘lack of worth, incapacity to make proper decisions and inability to cope with normal life’. Dr Imeneo fervently believes that having another person interested in their welfare encourages drug users to develop their sense of self worth and make changes in their treatment of others and themselves.

This emphasis on showing respect for the inherent worth of others extends to entire health systems, according to Dr Imeneo. He notes that a breakdown of communication between GPs, other health providers and hospitals can not only risk patients’ health. “It also,” he says, “expresses a level of disinterest in their welfare, communicating to them that their worth is unimportant.”

Dr Imeneo, who settled his family locally after training at Frankston Hospital, would like to see drug and alcohol services increased throughout the Peninsula region. He believes that Peninsula Health’s methadone clinic and a very successful new program that admits patients to hospital for alcohol withdrawal are helping fill the service gaps. He also hopes that other clinicians take the opportunity to visit the clinic, possibly dispelling misconceptions about this patient group, their worth and their prognosis.

“My philosophy for treating people with substance abuse problems,” says Dr Imeneo, “can be summed up by the motto ‘Dare to Care.’”
Improving Access

IT’S A DATE

Last year we talked about a new initiative to reduce our HIPS – those frustrating Hospital Initiated Postponements. Having to tell people scheduled for elective (planned) surgery that we must cancel their operation and re-book is a trial for us and a burden for our patients.

The initiative was to ensure that no patient was rescheduled more than 3 times. This along with other strategies helped Peninsula Health to achieve a better result than that which was required by the Department of Human Services (DHS) as illustrated above.

SEEING THE LIGHT

Cataracts can make it seem as if you are looking through milky plastic, a condition that is both irritating and restrictive. So it’s a real disappointment to discover you might have to wait a year and a half for a permanent cure.

In 2003 Peninsula Health began to participate in the Elective Surgery Access Service (ESAS) initiative through which patients were given the option of having their surgery performed at a major regional eye centre in Cranbourne which offered shorter waiting times. Most patients were happy to take up this option.

Early 2004 data showed that most of our cataract surgery was being done at the Cranbourne Regional Eye Centre and that many local GPs were referring their patients directly to the Centre, which is administered by Southern Health. So in partnership with Southern Health, we transferred all our cataract surgery to Cranbourne. Now patients can access their surgery in about two months instead of 18.

GROWING PAINS

As the population on the Peninsula increases so does the demand for planned (elective) surgery.

Except for the most critical operations, which we always do within 30 days (see graphs below), we continue to be challenged by our planned surgery waiting lists.

Besides population growth, there are several reasons why this is so. The number of emergency patients, many of whom need admission, increases every year. Our community’s higher than average population of people over 65 requires more surgical services in areas like Urology and Orthopaedics. The schedules of surgeons practicing in our region are almost always at capacity. New surgical procedures are being developed all the time 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 impact on how long our consumers wait for planned surgery. For our consumers and for us it’s sometimes longer than we would wish.

So we continue to attack the problem on all fronts –

• using hospital beds and operating theatres more efficiently

Category One involves conditions that could easily deteriorate quickly to the point of emergency. Recommended admission time – 30 days.
• offering surgical options at partner hospitals through the Elective Surgery Access Service (ESAS) featured last year
• ensuring patients are fit and ready for surgery through pre-admission clinics, thus reducing last minute cancellations
• making pre-surgery reminder calls
• adding extra interim care beds to help reduce the use of scheduled elective surgery ward beds for emergency patients
• and many other strategies including the expansion of our Admission/Discharge Lounge.

We are currently working closely with the Department of Human Services (DHS) to assist those patients who are waiting a particularly long time for joint replacements. DHS is funding the appointment of our own Elective Surgery Access Coordinator. This clinically trained person will:
• help us develop and implement strategies to reduce waiting times for elective surgery and endoscopy
• assist with identifying and referring eligible patients to our ESAS program
• liaise with patients and
• explore options for pre-surgical support.

This will introduce an element of ‘case management’ into the scheduling process, providing patients with extra support as they wait for their surgery.

KOORI CARE

Family is one of the most important elements of Koori culture. Changing communities or even moving interstate to connect with family is common. Although common place, this transience can sometimes make it harder for Koori people to access regular health care services and manage conditions such as diabetes, Employment, housing, education and other social issues also impact on health services for Kooris.

As the Peninsula region has a significant Koori population, Peninsula Health continues to develop its links with the Koori community. Through the Indigenous Access Program, we are working to connect members of the community with primary health care services. Our two Koori Access Workers provide information about health issues and help arrange appointments, transport and other supports. As well, they offer staff training, helping increase awareness and understanding of Koori issues.

Peninsula Health Psychiatric Services are also active in Koori outreach, sitting on both the Koori Mental Health Reference Group and the Regional Indigenous Action Group. Staff have recently made a submission to Beyond Blue for funding of two indigenous mental health liaison workers.

*Koori is a term that refers to people of Aboriginal descent. The word is used mainly in Victoria. Aboriginal populations in other states use different terms.

SIGNING UP

In 1941, Frankston Hospital had 34 beds and only two cots for children. There were three honorary medical officers. As well as nursing, the matron’s duties included boiler repair and cooking the patients’ Sunday roast dinner.

Sixty-three years later Frankston Hospital is a five-story, 380-bed metropolitan teaching hospital with over 2,000 employees. It offers literally hundreds of services, some of which – like angiography (studying blockages in coronary arteries) and lithotripsy (non-surgical method of removing kidney stones) – didn’t even exist in 1941.

Nobody had trouble finding their way around the place in the 40s, but in today’s huge facility finding a service or a ward can be a real challenge. So this year Peninsula Health allocated funds to upgrade internal signage at Frankston Hospital. Staff have been updating directional signage from the main entry, at lift lobbies and then to wards and units. At the same time, redundant signage is being removed. More funds are being targeted at upgrading external hospital signage next year.

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Delivering Effectiveness

The third Dimension of Quality is Effectiveness - ensuring that treatments will produce measurable benefits and achieve the outcomes we want.

The following activities demonstrate our emphasis on effectiveness.

**CLINICAL AUDIT - AN EFFECTIVE EVALUATION**

All relevant birthing statistics are reviewed and presented at the Significant Clinical Event meeting, a clinical forum designed to present pertinent cases for review and discussion by all medical and nursing staff.

This meeting provides important data for comparison and review enabling staff to recognise the areas of achievement and to identify areas needing improvement.

Some of the particular areas which have been focused on in the 2003/2004 year are:

- 3rd and 4th degree tears. Cases were reviewed and the management protocol was reviewed and updated, providing:
  - improved process for referral post discharge from the hospital, promoting better long term management
  - streamlined documentation and more accurate classification of tears, allowing for consistency of data entry
  - increased information provided for clients and GPs both during the pregnancy and post delivery.

- Post partum Haemorrhage:
  - Management of the third stage of labour has been altered to reflect best practice guidelines.
  - The management protocol for the third stage of labour has been reviewed and education updates have been held. Whilst it is too early to detect a trend for this area, some early results are positive, and this area will remain a focus for the months to come.

- Term babies admitted to Special Care Nursery

- All cases of term infants admitted to Special Care Nursery have been reviewed, to detect trends, improve processes and to monitor protocols. Reviewing six months worth of data has revealed appropriate admission processes, therefore the review process has been narrowed to three particular issues for future months.

**CLINICAL AUDIT – IMPROVING DETECTION OF THYROID CANCER**

Small rounded lumps are commonly felt in the thyroid gland. In order to determine the cause of the lump, 253 patients underwent a procedure whereby a fine needle was put into the lump to retrieve material that was examined under a microscope.

This process proved to be invaluable in diagnosing cancer of the thyroid and has resulted in the refinement of this technique.

**PERSONNEL PROMOTE PERFORMANCE**

Achieving the desired outcome from a treatment or service can only be achieved if we have adequate numbers of appropriately skilled personnel.

During 2003/04 we put in place a number of initiatives to promote effective service delivery. These include:

**GETTING BACK IN THE GAME**

To help ensure we have adequate numbers of nurses, our Nurse Educators have developed a Supervised Practice Program. Experienced preceptors and nurse educators work with nurses who have spent several years out of the profession and with overseas nurses seeking registration in Victoria. Using the Australian Nursing Council National Competencies, instructors help these nurses regain knowledge, competence and confidence prior to re-registration. The first three participants have completed the inaugural program.

**INTERNATIONAL NURSING**

In 2001 we travelled overseas to recruit qualified nurses to Peninsula Health. We were successful in attracting 57 nurses, particularly from the UK and South Africa. The first recruits arrived in April 2002 and the last in September 2003.

The recruitment program has been very successful, with 36 of the 57 still working at Peninsula Health. Seventeen completed their contracts before resigning, staying an average of 17.5 months. Only four stayed less than 12 months.

**MAXIMISING THE MENTAL HEALTH WORKFORCE**

Nurses in Peninsula Health’s Psychiatric Service (PHPS) have been applying some innovative strategies to attract personnel to mental health nursing.

A comprehensive Recruitment and Retention Campaign, under the direction of Chief Nursing Officer Barbara Keeble-Devlin, has significantly increased interest in Peninsula Health and its mental health services.

Among the activities Barbara and her team employ to spread the word about PHPS and highlight the professional attractions of core programs are:

- Lectures delivered by PHPS staff to first year nursing students at universities, explaining the PHPS service profile and the opportunities in mental health nursing
- A program of rotations through psychiatric services for first year nursing graduates, incorporating a Graduate Diploma in Psychiatric Nursing
- Shared training initiatives with Latrobe Regional Hospital
- A newsletter on psychiatric services made available to Monash University and local schools

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PENINSULA HEALTH QUALITY OF CARE REPORT 2004
Manning stalls at public venues during Mental Health Week.

Representation at career exhibitions to promote mental health nursing to the general public and high school students. The group has also developed an Introduction to Mental Health course for staff who have been out of nursing for some time, come from overseas or have little mental health nursing experience.

When the campaign first started, PHPS staff found it hard to fill even two places in the Graduate Nurse Program. This year there were 15 applicants for the program. The campaign has been so successful that Barbara was awarded a $10,000 scholarship to expand her workplace recruitment and retention program.

HELP FROM HARP

Diabetes and heart failure are chronic conditions – that is, once you have them they can be with you for life. Both can be very serious, requiring repeated admissions to hospital. But by managing their disease carefully, people with diabetes or heart failure can stay well, lead basically normal lives and only come to hospital to visit sick friends.

Helping people with a range of chronic conditions to better manage their illness is the aim of the Department of Human Services Hospitals Admission Risk Program (HARP). HARP projects are designed to invest health resources in monitoring, managing and maintaining health rather than having to use far more expensive hospital treatment for a condition that has deteriorated.

The latest HARP project at Peninsula Health is the Complex Care Program designed to improve the ongoing care of people with heart failure, diabetes and drug and alcohol problems – all of whom have complex needs.

For example, instead of having to locate and make appointments for the numerous different services they require to stay well, many clients simply attend special clinics or classes. There, they get a convenient package of care from physiotherapists, nutritionists, doctors, counsellors, social workers and other health professionals. By utilising these ‘one stop shop’ resources, the consumers are greatly reducing their risk of hospitalisation. (According to our recent community survey on consumer expectations, being able to access several services as part of a single program is emerging as an important expectation of service users.)

To date HARP initiatives for patients with complex conditions have –

- Reduced Length Of Stay (LOS) in hospital by 37%
- Reduced hospitalisation for heart failure from the 18th highest cause of admission to the 24th highest
- Reduced admissions to hospital for people with diabetes by 28%
- Decreased the LOS in the Emergency Department for patients with psychiatric problems by 38%

EMERGENCY EFFECTIVENESS

We have focused on the effectiveness of our Emergency Department in our feature story “Responding to Emergencies” commencing on page 29.
Determining Appropriateness

Health care will never be a ‘one size fits all’ process.

Literally dozens of variables must be considered in caring for every patient and the treatment and care individualised to each person’s specific needs.

The third Dimension of Quality is ensuring that care is appropriate to each individual - the right treatment at the right time for the right patient.

Our efforts to provide appropriate care this year included:

WE’RE DOING BETTER
Last year we talked about the efforts of psychiatric services staff to include patients and carers in planning for discharge from hospital. In 2002 a consumer survey indicated only 40% of the consumers polled felt positive about the discharge process. After discharge planning groups were formed last year, that figure rose to 66%.

A SHED FOR MEN
Mateship is an integral part of Australian culture. Peninsula Health, with its partners, has built on this concept to improve the mental health and well-being of men in the local community.

We are building a Men’s Shed on Frankston Hospital grounds that will provide a safe, drug and alcohol free environment for men in the community. Programs, under a paid coordinator, will include support groups, mentoring and physical activity.

PROFESSORIAL INPUT
Last year Peninsula Health recruited its first Professor Director. This position was in the Women’s, Children’s and Adolescent Health Service: Professor Burrows and his team then set about reviewing all systems and processes to provide appropriate care for individual patient needs. Some of the outcomes of the reviews were: the introduction of Information Resource Manuals beside each maternity bed, more customer focussed antenatal clinics, updated clinical practice guidelines, a new medical staff orientation handbook, an increased number of midwifery clinic appointment times including after-hours and weekend appointments.

CT AND MRI SCAN GUIDELINES
Growth in Computer Tomography (CT) scan ordering has been phenomenal at Peninsula Health. Between 1998/99 and 2002/03, orders for CT have grown 90% (from 3,735 to 7,109 p.a.). The greatest growth has been in after-hours orders, with a 142% growth in orders between 5pm and midnight and 222% growth in orders between midnight and 7.30am.

New guidelines were developed for after-hours CT scan ordering and were implemented in January 2004. The guidelines were trialled over a period of 6 months and, following feedback, they were revised in August 04. Patients requiring non-urgent CT who present overnight have their procedure expedited first thing in the morning with rostering of additional staff at that time.

The impact has been that the growth in CT orders has slowed from 15% pa to only 2.7% pa, and that recall of staff has decreased.

Guidelines are now in place for the ordering of Magnetic Resonance Imaging (MRI) scans. These include a list of relevant indications.

ALL IN THE FAMILY
Families who want to play a more active role in the birth of a baby can now opt for Family Birthing Care at Frankston Hospital.

Launched in June 2004 the program is tailored for:
- families who want lots of involvement in pregnancy, birth and post natal care with plenty of education from midwives
- women and their families who want midwife care and minimal intervention
- women who want to leave hospital within 24 hours of birth with ongoing midwifery support at home
- women whose health and pregnancy fit strict low risk profiles.

In two months since the program began, four families have chosen Family Birthing Care.

The hospital's Maternity Service encourages women to be active partners in their care. With this approach, birthing options and new, spacious facilities, the number of women choosing to give birth at Frankston Hospital has risen by 18% over the last year.
Megan Robertson, who is planning to use the new Family Birthing Service for the birth of her first child, looks over amenities in the delivery room. She plans to have her partner, her parents and her sister involved. Megan is a nurse in Peninsula Health’s Maternity Unit, as was the first mother to give birth in the new Family Birthing Service.

SAFE BIRTHING

The rate of obstetric inductions is rising worldwide. Natural labour which has not been artificially induced, is far more preferable and minimises the risk of complications. Peninsula Health aims to achieve a balance between safety for mother and baby and letting nature take its course.

Maternity staff at Peninsula Health have initiated several policies in an attempt to closely monitor and reduce the number of inductions. These include:

- Bookings for inductions can now only be made in the obstetric clinic or from a consultant obstetrician
- Induction bookings will only be accepted from the midwife in charge of the ward
- If an induction does not meet the accepted guidelines, the patient is sent to the obstetric clinic for consultation with the Professor Director of Women’s, Children’s and Adolescent Health Services
- Each case is reviewed on the day of the procedure at a team meeting and is cancelled or delayed if required
- Inductions done each month are all reviewed against criteria established by the Australian Council for Health Care Standards.

Induction rates at Frankston Hospital are currently 7% lower than the State target threshold (see graph below) and at Rosebud Hospital are 18% lower.

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<th>Induction Rate Frankston 2003/2004</th>
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<tr>
<td><strong>Actual</strong></td>
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Achieving Acceptability

At Peninsula Health, we are funded by governments, but we work for the community.

We design programs to meet community needs; we tailor services to our community’s demographics and transport and activities; and we try to meet the expectations of the consumers we serve.

The following articles show how we are achieving the fourth Dimension of Quality, Acceptability.

REQUEST LINE
When the community speaks, Peninsula Health listens:
- countless clients have asked for a public phone or taxi phone. Both are now installed in the Frankston Integrated Health Centre (FIHC) foyer;
- a client noted how helpful it would be to have a TV in the waiting area for health education or just to pass the time before appointments, and a set is now available for viewing;
- Women’s Health in the Southeast support group emailed to say they found a recent FIHC diabetes education workshop for Afghani women “brilliant”. Staff at both agencies are currently organising further workshops on cardiovascular health for this target group.
- many requests from clients for access to an Automated Teller Machine to pay for services has resulted in the installation of an ATM in the foyer of Frankston Hospital;

TRENDY
In preparation for our Strategic Planning Day, a Customer Expectation Survey was conducted over three months this year. We worked with the JW Group who collected similar community data for us in 1995 and again in 1999. Research involved patients, potential patients, referring doctors, specialists, community agencies and staff.

We now have three measures of the community’s views on what they expect from their health providers, how Peninsula Health has performed in meeting their needs and expectations and what gaps exist in their health services.

Although the feedback is still being analysed, it is clear that overall consumers’ perceptions of Peninsula Health’s performance and reputation have improved since 1999 with 87% of past users indicating they would use Peninsula Health again.

Results show that both consumers and health providers would like to have more services located on the southern end of the Peninsula; that radiotherapy is high on ‘most wanted’ lists; (as illustrated on the next page) waiting times in Emergency are still a problem for many people and that younger people 18 to 24 are most critical of Peninsula Health.

All results of the survey will be considered and addressed during strategic planning.

‘Capacity Building’ means helping individuals or the community develop the skills they need to deal with ongoing issues themselves. This was the aim of a year-long project that finished in December 2003 called the Frankston City Outreach Project.

The project, a joint effort of Peninsula Health, Frankston City Council and the Gandel Corporation, targeted traders, shoppers, security personnel, people with substance abuse problems and others who use the central business district of Frankston.

A Community Development Officer was given the task of helping smooth interactions among the stakeholders. The program is serving as a model for other municipalities and the Community Development Officer is now conducting a similar program in Clayton.
CARING ABOUT CULTURE

Wearing a turban, or ‘Dastar’, is a requirement for a man of the Sikh religion. It is also an article of his faith that he not remove any hair from his body. These are not familiar customs in westernised Australian culture, but are essential to the well-being of Kahlsa (faithful) Sikhs.

Respect for patients’ traditions and beliefs must be part of their health care. As long as safe medical care is not compromised, staff sometimes need to modify procedures and practices to accommodate cultural differences.

But they can’t do that if they don’t know about or understand the customs and how important they are to the patient. So Peninsula Health developed a Language Services Strategy Project 18 months ago to improve services for people from diverse cultures and those who speak little or no English.

Training was provided for staff throughout Peninsula Health to increase awareness of and sensitivity to patients’ cultural needs. The sessions also taught staff how to contact interpreter services around the clock and how to work with an interpreter effectively.

Since the project began, staff have recorded a 300% increase in interpreter bookings from 16 bookings a month before the project to 50 a month.

Over the last year interpreters were requested most often for Italian, Greek, Croatian, Cantonese and Mandarin languages. Staff have noted growth in the local Afghan population through increased requests for Dari interpreters.

Last year all cultural and linguistic information from the training sessions was entered on the Peninsula Health Intranet site for reference by staff.

VERY SPECIAL NEEDS

For most of us the term ‘disability’ conjures up images of wheelchairs and guide dogs. Mobility and vision problems present many challenges in daily life and there are numerous supports in the community for people suffering from these disabilities. There are just as many challenges facing people with intellectual disabilities but, because of the public’s general lack of knowledge about these conditions, society is not usually as supportive of these people.

We discovered during the year that this lack of knowledge even extended to some of our own health services. A complaint was received from the family of a patient with an intellectual disability. As long as safe medical care is not compromised, staff sometimes need to modify procedures and practices to accommodate cultural differences.

But they can’t do that if they don’t know about or understand the customs and how important they are to the patient. So Peninsula Health developed a Language Services Strategy Project 18 months ago to improve services for people from diverse cultures and those who speak little or no English.
Enhancing Efficiency

Nobody likes paying tax, but it's less of a burden when we get a good return on our money through first rate public services. Using resources responsibly and getting as much benefit as possible from each funding dollar is the Victorian Quality Council's fifth Dimension of Quality.

SUCCESS IN SURPLUS
Peninsula Health ended last year with an operating surplus of $1.685M which was an excellent result. During last year, Peninsula Health undertook a number of initiatives which contributed to this result.

Managers across the health service exercised close control over their budgets and the Health Service implemented some specific strategies to maximise use of every dollar it received. Some of these are described below:

FINDING SAVINGS IN FOOD SERVICES
Our food services department evaluated how each dollar in its budget was being spent. Some of the changes they then implemented were: more effective tendering and purchasing processes, changes to levels of stock held (down from one month's worth to two weeks), reduction in the number of spare meals being sent to the wards, thereby reducing wastage, reduction in wastage from the staff dining room and reduction in the number of disposable containers used across Peninsula Health. Overall their strategies enabled the food services budget to be reduced by $400,000 in 2003-04.

SAVINGS THROUGH STAFF SAFETY
In 2003/04 Peninsula Health addressed Workcover issues by firstly, recovering $400,000 due to be paid to the health service for past Workcover claims and secondly, managing its approach to Workcover and Return to Work practices far better. Peninsula Health did this by:
- Ensuring that cases were reported promptly to Workcover.
- Promptly and actively managing Workcover cases thereby reducing stress on the worker. This also helped reduce costs where the worker returned to the workplace in a shorter time.
- Implementing injury prevention strategies such as 'no lift' training because we were able to identify back and shoulder injuries as key risks.
- Implementing Occupational Health and Safety reviews of potential risks such as inappropriate storage areas, workstations or desks.

Peninsula Health's significant improvement in Workcover administration has resulted in the premium for the year 2004 - 2005 being $587,000 below that of 2003-2004.

The chart on this page illustrates that we have reduced the number of New Workcover claims from 85 in 2002 - 2003 to 56 in 2003 - 2004.

In addition last year our average cost per claim had reduced to $22,720 (from $42,475 in 2002-2003). This compared favourably to the unweighted average cost of claims in the 13 Metropolitan Health Services which was $34,899 last year.

TRIMMING TRANSPORT COSTS
Last year we reviewed the efficiency and effectiveness of our patient transport and were able to save over $100,000. This was achieved through better coordination of transport ordering between sites and between departments, as well as the use of a private contractor, for our non urgent transport rather than the Metropolitan Ambulance Service.
ECONOMICAL ADVERTISING

Last year Peninsula Health continued its review of the way in which it advertises for new staff, to find a more cost effective approach. Advertising costs in 2001-2002 totalled over $500K. The outcomes of our deliberations were:-

• to continue to restrict external advertising to only one publication and to tighten up approval and the length of advertisements.
• to take advantage of e-recruitment options on the internet,
• to change the advertising format and style to reflect our Employer of Choice strategy - Peninsula Health’s employment brand is “Great place to work - great place to live.”

Our success in this area has reduced expenditure by 50% and contributed to achievement of our goals to have the right number of appropriately skilled professionals at Peninsula Health.

PACING OURSELVES

Last year Peninsula Health reviewed the type of pacemakers used with a view to using a standard type where clinically appropriate with the potential for saving $100,000 per annum.

STILL DRILLING AWAY AT THOSE LISTS

Last year we called them ‘staggering’ – the lists of people waiting for publicly funded dental services. The huge numbers stretched waiting times for health card holders anywhere up to three years.

We've good news to report on part of the list – with a $60,000 grant from Dental Health Victoria we have reduced the number of people waiting for dentures.

Also, in partnership with Dental Health Victoria, we added a service that treats elderly residents in their nursing homes or hostels. (see “Brushing Up on Dental Health” pg 37)

We continue to respond quickly to people in pain and have one of the highest emergency treatment rates in the state.

However, the number of people waiting for basic examinations or routine procedures has increased from 5,697 to 6,950 with waiting times up to more than three years.

Although waiting lists and times for publicly-funded dental care are high everywhere, demand for Peninsula Health’s dental services is higher than the Victorian average.

Keeping up with this demand is definitely a challenge, but we’ll keep working as efficiently as possible to make dents in those dental lists.

Waiting Time For Prosthetics (Dentures) - Most Urgent
Responding to Emergencies

Staff who work in Emergency Departments need to be ready for almost anything. From snakebites to sunstroke and shootings to shattered bones, there are countless ways people can be hurt.

Peninsula Health is ready at its two 24-hour Emergency Departments (EDs). One of these is located at Rosebud Hospital and two years ago was expanded and redesigned. This year saw the completion of new triage and waiting room facilities. Many patients from the Southern Peninsula are treated here, and some are stabilised prior to being sent on to the larger facility at Frankston Hospital.

The Frankston Hospital ED was also upgraded two years ago. The facility has three resuscitation bays, 30 other beds, a paediatric section, consultation rooms and a dedicated x-ray room. Adjacent to the ED is an Observation Ward that can serve as interim care between the Emergency Department and the wards.

Our EDs at Frankston and Rosebud Hospitals saw 62,518 patients last year, 2325 more than the previous year.

The EDs are often the hub of hospital operations, with demand for emergency services impacting on all other services.

The following articles and storyboard highlight activity in this core service.

LOTS TO LEARN
You have to know a lot to be prepared for anything.

Take emergency nursing, for example. One minute you are checking a child’s temperature, the next you are helping stabilise an elderly woman’s heart rhythm. In a single day you could deal with a dislocated shoulder, two asthma attacks, several cases of gastro, a serious road accident, a rash, a diabetic coma and a burn. If yours is a night shift, that list could easily include a knife wound, injuries from a brawl and two or three psychiatric emergencies.

Emergency Department nurses need to have a broad scope of clinical knowledge to handle all the different types of illness and injury they see.

To ensure they have got that knowledge and have mastered the necessary skills, Peninsula Health has developed a comprehensive program of ongoing education and accreditation for emergency nursing.
Treating injuries from chemical, biological or radiation (CBR) hazards takes special preparation, especially since these incidents often occur to many people at once, as in gas leaks or industrial accidents.

Staff responding to multi-casualty Chemical, Biological and Radiation (CBR) or Hazardous Materials (HAZMAT) incidents like these have been given special training by the Department of Human Services. At Frankston Hospital 16 senior nursing and medical staff have completed CBR training and Emergency Department staff regularly undergo in-service education in CBR preparedness.

CBR/HAZMAT emergencies also require a number of specific protocols, involving protective gear, outdoor areas equipped for initial triage and access to outside decontamination facilities such as showers. As part of the CBR preparations at Frankston Hospital’s Emergency Department, two Geiger Counters (radiation detection devices) and fifteen complete sets of Personal Protective Equipment are now permanently stored in the unit. Additional external lighting has been installed in the ambulance parking bay for night time response.

CBR incidents over the last year included exposure to organic phosphates, a toxic spill and 20 paint factory workers overcome by fumes.

The other vital element in CBR response is a close partnership with firefighters, ambulance staff, police and other members of an incident response team.

This includes:

- weekly education sessions with one-on-one clinical supervision
- 2-day rotations in the Emergency Department for ward staff to familiarise them with emergency procedures
- ongoing accreditation for Advanced Cardiac Life Support, Paediatric Life Support and IV cannulation (insertion of intravenous lines, commonly known as ‘drips’, used for giving medications, fluids, etc)
- a wide range of in-service courses such as Electrocardiogram (ECG) interpretation (an ECG is a test that measures heart rhythm)
- provision of learning packages in the management of burns, difficult intubation (insertion of breathing assistance apparatus), spinal trauma management and other emergency medicine issues
- ongoing education in the use of equipment such as defibrillators (equipment used to shock the heart into normal rhythm)
- education and accreditation to enable nurses to manage pain while patients are waiting to be seen by a doctor.
STAYING WELL

. . . AWAY FROM A CRISIS
For some people with chronic diseases, the Emergency Department becomes a home away from home. Breathing problems, chest pain, blood sugar disturbances and many other symptoms of chronic illness can bring people into EDs – repeatedly.

It’s far better to help people successfully manage these chronic conditions so they don’t become emergencies.

This goal is the basis for a new partnership between Rosebud Hospital and Peninsula Community Health Service (PCHS). The two agencies began collaborating in February 2004 with the hospital referring many ED ‘regulars’ to ‘Live Well’, which is part of the Mornington Peninsula Chronic Illness Management and Support Program at PCHS. ‘Live Well’ aims to enhance client self-management skills and build partnerships across the community. An integral part of this is the Better Health Self-Management Course and ongoing support for clients to improve lifestyle habits, manage illness and stay well.

THE FAST LANE
From Friday night to Monday evening is the busiest time at the Frankston Emergency Department up until now. People triaged as Category Four or Five (see chart) could expect to spend a very long time in the waiting room. The Streamline Service identifies patients who have a single simple, easily identifiable condition – such as a minor laceration – and guides them through a speedier process staffed by doctors including general practitioners. Strategies such as nurses prescribing pain relief and nurse initiated x-ray is helping staff treat 30% of Category Four and Five within 80 minutes. This, in turn, reduces waiting times for Emergency patients overall.

STRAIGHT STRATEGY GETS THE GREEN LIGHT
‘Traffic Lights’ is a new system that has been used in the Emergency Department since January. It requires junior medical officers to consult with senior medical staff before ordering certain pathology tests and x-rays. This is achieving two positive outcomes:

1) by discussing which test are most appropriate junior medical officers have increased opportunities to learn from senior doctors
2) patients have to undergo only tests that target their specific symptoms

These graphs illustrate Peninsula Health’s performance against Department of Human Services targets for the year 2003 - 2004 and show that we met our Emergency Department targets for last year with the exception of the month of August 2003 in Category 4.

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### Emergency Department Triage

(Initial review of patient to determine the seriousness of the condition and the urgency of treatment)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
<th>Time to be Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Life Threatening</td>
<td>Cardiac Arrest, Respiratory Arrest, Ongoing seizure</td>
<td>Immediately</td>
</tr>
<tr>
<td>2</td>
<td>Emergency</td>
<td>Chest Pain, Acid Splash to eye, Major fracture</td>
<td>Within 10 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Urgent</td>
<td>Persistent vomiting, Moderate shortness of breath, Moderate limb injury</td>
<td>Within 30 minutes</td>
</tr>
<tr>
<td>4</td>
<td>Semi-Urgent</td>
<td>Mild bleeding, Swollen hot joint, Sprained ankle</td>
<td>Within one hour</td>
</tr>
<tr>
<td>5</td>
<td>Non-Urgent</td>
<td>Small abrasions, Change wound dressings, Immunisation</td>
<td>Within two hours</td>
</tr>
</tbody>
</table>

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Category 1 - % of Patients Seen Immediately

- Actual
- Previous Year
- DHS Threshold

Category 2 - % of Patients Seen in 10 Minutes

- Actual
- Previous Year
- DHS Threshold
IN THE PIPELINE
Peninsula Health is preparing to install a pneumatic tube system that will connect the Frankston Hospital Emergency Department with the Pharmacy and the Pathology Laboratory. Staff will be able to transport specimens and medications in less time, with greater security, using fewer staff.

HAVE WE GOT YOUR NUMBER?
Emergency ambulance response is a fast-paced, high-tech process that can be undermined by something very simple — if your house number can’t be seen it can be difficult to find you. So our Peninsula Health Southern Community Advisory Committee, working with ambulance, emergency and public relations staff, handed out flyers on Open Day and put notices in shop windows advising people to make their house numbers clear. The group even walked the streets, dropping leaflets in mail boxes of houses not visibly numbered. A sample of these houses will be monitored to see if homeowners respond to the alerts.
On Monday March 22nd Mrs Winters trips over a rug at home and is unable to walk or bear weight because of intense pain in her hip and leg.

She presses the button on the pendant she wears around her neck, and the monitor at the Mount Eliza Personal Alarm Call Service contacts the ambulance service for her. Metropolitan Ambulance Service responds and while attending to her, the officers ring Frankston Hospital’s Response Assessment Discharge (RAD) team. As the ambulance takes Mrs Winters to the hospital’s Emergency Department, a RAD team member arrives at the home to assist Mr Winters.

During her stay in the Orthopaedic Ward, Mrs Winters is assessed by the Aged Care Liaison Nurse and the Rehabilitation Consultant to see what services she might need when she’s discharged. It’s during this time on the ward that she is diagnosed with Parkinson’s Disease. She receives a referral to the Movement Disorders Clinic at Rosebud Rehabilitation Unit to help her manage the symptoms of her illness.

Meanwhile, Mr Winters is referred by ACAS to Domiciliary Care who will see what aids he needs to function at home. He settles into Lotus Lodge Hostel, where he receives care and support from the staff.

The RAD team refers Mr Winters to the ACCESS service in Aged Care, who arrange for the Aged Care Assessment Service (ACAS) to visit Mr Winters at home. They judge he’ll need Low Level Care. Emergency Respite Care is arranged for him through the Carer Respite Centre and he’s taken to Lotus Lodge Hostel to stay until Mrs Winters returns home.

Partnerships within Peninsula Health are very flexible, forming and reforming to meet the unique needs of each patient.

Every day hundreds of professional partnerships within Peninsula Health help deliver quality care to everyone using our services.

When these alliances progress so smoothly that the consumer has whatever care s/he needs when s/he needs it without a maze of red tape and closed doors, we call it seamless care.

To illustrate this seamless continuity of care and to highlight the partnerships that support it, we are creating a typical case study. Showing the affiliations between our two feature services – Emergency and Rehabilitation, Aged & Palliative Care – we present ‘Jim and Anna Winters’. This storyboard is posed (our special thanks to auxiliary members Syd Wayling and Thelma Thomas), but it represents what would probably take place if an elderly woman broke her hip. In this scenario the woman’s husband has physical disability and memory loss following a stroke. The couple resides at home in Dromana where Mrs Winters, with extensive community supports, is the primary carer for her husband.

Five days after her surgery Mrs Winters is transferred to the Rosebud Rehabilitation Unit (RBU) where she receives intensive rehabilitation to prevent further falls. She recovers at the RBU for three weeks. Post Acute Care staff organise some home help who will assist Mrs Winters with showering three times a week at home.
On arrival at Frankston Emergency Department, Mrs Winters is assessed by the Triage Nurse and prioritised as Category 2 – needing to be seen within ten minutes. While she is waiting to be seen by a doctor, a nurse monitors her pulse and blood pressure and performs an electrocardiogram to check for heart disturbances. She also inserts a small tube into Mrs Winters’ vein so she can be given pain medication ordered by a senior emergency nurse. The senior nurse also orders x-rays. (Our 2003 Quality of Care Report featured our new Nurse Initiated X-ray and Analgesia programs).

Mrs Winters is examined by an Emergency Department doctor. The doctor reviews test results to confirm the fracture and then refers Mrs Winters to the Orthopaedic Registrar.

Both the Emergency nurse and the doctor continue to monitor Mrs Winters, ensuring that she is pain free. As she is not allowed to eat before surgery, she is given fluids through the tube in her arm. Foam wedges are used to make her more comfortable and relieve pressure.

The orthopaedic registrar discusses the management of her fracture with Mrs Winters. Then he organises a time with the operating suite for her operation. Mrs Winters is sent to Theatre for surgery. Meanwhile the Bed Coordinator arranges admission for Mrs Winters to the Orthopaedic Ward, where she will be cared for by specialist nurses, doctors and allied health staff.

An interim care plan is arranged for Mr and Mrs Winters by the ACAS. A Carer Support Group and Carer Respite services will help support Mrs Winters in caring for her husband.

Mrs Winters also receives a referral to the Rosebud Community Rehabilitation Centre for ongoing rehabilitation in conjunction with the Movement Disorders Program. This will help her manage her Parkinson’s Disease.

When Mr and Mrs Winters are brought home they have home care aids such as a shower chair and walking frame available. Mrs Winters receives carer support and has continuing help with managing her Parkinson’s Disease. Their interim care package provides numerous supports so they can stay in their own home for as long as possible.
Promoting Positive Ageing

Getting older has its advantages.

Our senior years can provide the leisure time to pursue interests and activities that were ‘on hold’ during our working years. Decades of life experiences focus our priorities, helping us make fulfilling choices. Established friendships and networks can offer both support and opportunity. Age can often be the most contented time of our lives.

But, as we all know, ageing also has its downside.

- Our bodies become more vulnerable to illness and disability.
- Even with foresight and planning, finances are usually leaner and more limiting.
- The passing of family and friends becomes more frequent.
- We cease to worry so much about our lifestyles and begin to worry more about simply being able to stay in our own homes.
- The busy world seems to be racing ahead of us and we sometimes feel as if we have become invisible.

Our 2004 Annual Report contains a full list of Rehabilitation, Aged and Palliative Care Service (RAPCS) programs and services. In this Quality of Care Report, we’d like to show some of the ways we are working with our partners to help people stay healthy and active at any age.

Enter modern health care!

Today, the range of programs, advice, support, treatment and activities for seniors is vast – and growing. People who specialise in aged care and rehabilitation can help us stay strong, keep illness in check, maintain our independence and expand our horizons.

Despite the challenges that getting older can present, with the right support our senior years can be full and satisfying.

The right support is what Peninsula Health’s Rehabilitation, Aged and Palliative Care Service (RAPCS) offers our community. From exercise classes to memory assessment clinics to continence services to residential support – RAPCS programs promote positive ageing.
ON THE MOVE

There are plenty of hurdles for people living with Parkinson’s Disease. Muscles are often rigid, weak and slow to respond. Walking, talking and swallowing can be difficult, and sufferers can be embarrassed by tremors, drooling or the inability to show facial expressions.

The condition is more prevalent as we age and, with a higher than average proportion of older people on the Peninsula, a local program for people with movement disorders was needed. For years these consumers have had to travel to Cheltenham or Brighton to find a program that specialised in the full range of services their conditions require, so in November 2003 Peninsula Health established a Movement Disorders Program.

Currently the program offers four inpatient beds and an assessment-only outpatient clinic. Treatment and ongoing support is focused on medication management, rehabilitation and education for clients and carers. A doctor specialising in geriatrics (aged care medicine) and rehabilitation medicine, along with a speech pathologist, occupational therapist, physiotherapist, nurse and social worker provide therapy and support. Staff from the Rehabilitation in the Home, Community Rehabilitation, Domiciliary and Residential Outreach Support services also assist clients. Soon the partnership is expected to include the “Staying Well” program at Peninsula Community Health Service.

In the first six months the clinic treated 43 patients and currently about 70 patients are receiving care.
ROSS TO THE RESCUE
For some older people, a residential care facility (RCF) is home. Most of these in our region are bright, active, comfortable places where residents feel secure in the care provided and grateful for the companionship of people their age. So it’s distressing for residents to have to leave ‘home’ to go into hospital.

A new program at Peninsula Health, the Residential Outreach Support Service (ROSS), has been set up to help manage residents health in the residential environment. In partnership with RCFs, residents’ families and GPs, the ROSS team responds to situations that can be resolved without admission of the resident to hospital.

Figures show the program definitely works. Of the referrals to ROSS in the first six months of 2004:

• 48% were managed where they live and did not require a hospital visit
• 14% were identified as at risk of future hospital admissions and with ROSS help have not re-presented to the Emergency Department
• 4% were assessed by ROSS as needing admission to hospital.

One recent case involved a 91 year old woman with mild dementia who was living in a hostel. The lady had a change in behaviour and became resistant to care, so her GP ordered blood tests to rule out an acute illness. In her aggressive state, the RCF staff felt they might have to transfer her to the Emergency Department for the tests. Instead, two ROSS team members visited the lady and took the blood samples for analysis, so the client didn’t have to endure a distressing trip to hospital.

Whenever it’s possible to provide community-based services, the ROSS team helps elderly residents in care facilities avoid hospitalisation, at the same time reducing the demand on public emergency services.

RESIDENTIAL SATISFACTION
A 2004 survey of residents in our aged care facilities and their families registered a 98.3% positive response to “Overall, I am pleased with the treatment and care I/my relative receives”. Asked if they understood their rights and responsibilities, 91% said they did.

A satisfaction survey in 2003 showed 69% of respondents felt that staff had included them in residential care planning. A continued emphasis on partnership with our consumers pushed that figure up to 79% in the 2004 survey.

AT ‘HOME’ WITH E.R.I.C
There are lots of devices to make daily life easier for people with physical disabilities. From shower chairs to tap turners, equipment has been designed to meet nearly every special need.

Now a large range of these supports are available to view, try and buy at Peninsula Health’s new Equipment Resource and Information Centre (ERIC). Opened in May at our Mount Eliza site, the centre is set up as a home environment so clients can trial equipment in a realistic setting. ERIC is staffed by experienced Occupational Therapists who will help clients find what suits them best – with no commercial pressure.

In ERIC’s first six weeks, 78 people visited and the numbers continue to rise. So far ERIC has received requests for tours from community care organisations, local government homecare workers, the Department of Veterans’ Affairs, nursing homes and hostels, the Royal District Nursing Service, General Practitioners and TAFE colleges, demonstrating its innovative approach.

SENIORS STAYING BUSY
Residents in our aged care facilities have trouble finding a free space in their social calendars these days. To help our resident seniors stay fit and active, we have introduced a number of new services during the year.

Along with therapies targeting exercise, fitness, mobility and strength training, our RAPCS hostels and nursing homes have put special emphasis on leisure activities this year. The schedule now includes theatre nights, bowls, a hair and beauty salon, aromatherapy, pet therapy, horticultural therapy and a computer ‘pen pals’ program.

PRESRIPTION PREPARATIONS
Rehabilitation is designed to get hospitalised people ready to function well at home. Naturally this includes walking and personal care routines, home safety arrangements, home help and other supports.

Now a new element is being added to rehabilitation services. In May RAPCS began a trial of ‘self medication’ at the Golf Links Road rehabilitation unit. The program helps selected patients gradually take on responsibility for managing their medications.

Patients assessed as appropriate for the program start out with nursing supervision of each medication. As they demonstrate they are able to manage, supervision is decreased to the point patients are confidently handling their own medications – just as they’ll have to do when they go home.

So far, all three participating patients have successfully achieved ‘self medication’.
One of the greatest threats to the health of older people is falls. Unfortunately, falls and ageing have traditionally gone together. Frailty, osteoporosis, dizziness, slower reflexes and failing eyesight have all contributed to increased risk of falling and sustaining a serious injury. If the fall itself is not fatal, the subsequent surgery, hospitalisation and weeks of recuperation can often precipitate a decline from which many don’t recover.

Obviously, falls prevention is one of the highest priorities at Peninsula Health, especially in Aged Care. In fact, our staff are leaders in the field, having developed a range of falls prevention tools, manuals and programs now in use around Australia. The material is included in the Victorian Quality Council guidelines issued in August 2004.

Peninsula Health recently established a Falls Steering Committee to monitor falls and falls prevention initiatives across the whole health service.

During this last year a number of Peninsula Health initiatives targeted improved aged care through falls prevention. Among these was the development of an Inpatient Falls Program across all aged care services and strategies to improve the reporting of falls.

Others include:

RAVE REVIEWS

Statistics clearly show that screening patients for falls risk on admission reduces falls in hospital. In 2004 our Falls Prevention Service (FPS) has worked with staff in the units to increase the number of patients and residents screened for falls on admission. The effort has been extremely successful in a short time as illustrated above.

In addition, by June 2004 only the recommended Falls Risk Assessment Tool (FRAT) was being used, standardising the falls assessments across the aged care service.

### RAPCS Residents Screened and Reviewed for Falls Risk on Admission

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage of RAPCS Residents Screened and Reviewed for Falls Risk on Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 04</td>
<td>30%</td>
</tr>
<tr>
<td>June 04</td>
<td>100%</td>
</tr>
</tbody>
</table>

To date:

- 23 local health service providers are using the booklet with their clients
- 1900 older people received the booklets last year through local health services
- 27 health services outside our region are utilising the booklet.

Other community activities promoting falls prevention include:

- a regular Falls Prevention hour on local community radio – 3RPP
- a directory of physical activity opportunities throughout the community
- talks to community groups on how to prevent falls
- Falls Prevention talks to local health professionals.

### CLINICS FOR THE COMMUNITY

The Falls Prevention Service offers a Falls Specialist Clinical Service to assess and assist people at risk of falls in the community. The service was evaluated by the National Ageing Research Institute and showed a significant reduction in clients falling and suffering injuries. After six months, the review showed that there was a 62% reduction in falls rates among clients participating in the clinics and a 79% reduction in falls that caused injury. The study reviewed falls clinics around Victoria and showed what Peninsula Health has always believed – falls clinics prevent falls.

#### TRAINING FALLS TRAINERS

To ensure that falls prevention expertise was readily available in all RAPCS units, The Falls Clinical Nurse Consultant conducted a training course for selected staff. The specialised training has qualified these students to train other staff. Now every unit in RAPCS has a dedicated Falls Prevention ‘Portfolio Holder’ and a comprehensive falls quality plan. A Falls Newsletter and displays in all areas maintain a high profile for this important health care issue.

#### READ ALL ABOUT IT

Falls can happen anywhere. To disseminate falls prevention information as widely as possible throughout the community, the Falls Prevention Service developed a booklet called ‘A Guide to Preventing Falls’. The booklet includes a quick falls risk self assessment, a listing of local services and a pull out medical referral for easy access to the comprehensive Falls Prevention Program.

### Falls Clinic Impact on Client Falls

- Before Falls Clinic Attendance: 62% Reduction
- After Falls Clinic Attendance: 79% Reduction

National Ageing Research Institute
Evaluation of a Minimum Data Set for Victorian Falls Clinics
Clinic Report: Peninsula Health, September 2004
You are Invited

...TO BECOME A PARTNER WITH PENINSULA HEALTH IN BUILDING A HEALTHY COMMUNITY

The fact that you are reading this report indicates that you are interested in health care services for the Frankston/Mornington Peninsula community. If you would like to pursue those interests, we would be delighted for you to contribute in one of the following ways:

- receive our publications, including our Pulse and Peninsula Perspectives newsletters, our Annual Report, Quality of Care Report, Patients’ Rights and Responsibilities brochure and more
- share your opinions, suggestions or concerns with us
- join one of our auxiliary or volunteer groups
- apply to serve on one of our Community Advisory Committees. Applications are considered as vacancies arise
- tell us about your concerns. You can make a complaint, register a compliment or raise a concern by contacting our Customer Relations Manager on 9784 7298
- register your interest in participating in one of many focus groups we establish each year.

Please contact our Quality and Customer Services Department on 9784 7051 or our Public Relations Department on 9784 7821.

But wait, there’s more.

Please help us improve our Quality Reporting

We try to produce a Quality of Care Report that is ‘user friendly’ because we write it primarily for the community. We try to keep technical medical terminology to a minimum and to address issues that interest those we serve. We want all our readers to find the report interesting and informative, whether they know what a sphygmomanometer is, or not.*

A 15 member Quality of Care Report Working Group helped us select issues, generate stories and review the drafts of our 2004 Report. The group, which included three members of our Peninsula Health Community Advisory Committees as well as staff from numerous departments, began meeting in May. Their input produced this report.

Has the 2004 report addressed issues you care about? Has it answered your questions in a straightforward manner? Do you feel as if we have been as open as possible about our performance – the positive and the negative? Were clinical issues presented in a way that was easy to understand?

You can help us evaluate how successful we were in achieving these goals by joining a focus group on the Quality of Care Report. You can be assured you will be listened to. For example, feedback from last year told us our report was easy to read but was too busy with too much material. So this year we have attempted to tone the presentation down a notch so it’s more inviting and to focus even tighter on measurable outcomes.

Your feedback this year can help produce a better report next year. If you’d like to help us with this, please contact our Quality and Customer Service Unit on 9784 7051.

* It’s the device doctors and nurses use to take your blood pressure.
“(our daughter) was initially terrified at the prospect of staying in hospital, but with the wonderful care of the staff she has had no hesitation when we have had to return”. MOTHER OF PAEDIATRIC WARD PATIENT*

“Admitted for a day procedure. Very long boring wait with fasting”. ELECTIVE SURGERY PATIENT*

“Take televisions out of the wards”. EMERGENCY PATIENT*

“I had to have a few tests - scan, ultrasound, x-rays, and each test took a wait for a whole day. I felt that if these tests had been done quicker I could have been discharged earlier”. EMERGENCY PATIENT*

“Those warm smiles each morning make one’s day”. REHABILITATION PATIENT*

“The food was great, please thank the cooks”. PATIENT*

“Give the nurses more time to spend one on one time with each patient. Time seems to be a big problem. They all seem so rushed off their feet”. EMERGENCY PATIENT*

“ Took about five hours to check out - I thought this was a little too long”. ELECTIVE SURGERY PATIENT*

“I was quite impressed with the improvement since I was here last”. ELECTIVE SURGERY PATIENT*

* Victorian Patient Satisfaction Monitor. Period ending September 2003 (Wave 6)
The odds are you and your family will need to use health services at some time, possibly even in an emergency.

When you do, you will find it much easier if you have an idea how to get the help you need.

Understanding more about health services will make it easier for you to work productively with your health team and be better able to ask the right questions regarding your care.

Knowing your rights and responsibilities will help you make decisions about your care.

Having more knowledge about health issues helps you make the best choices for your own good health.

Confidence in your health providers can reduce stress, promoting well being and contributing to better recovery.

All in all, there are plenty of good reasons to learn more about your community’s health resources. That’s why Peninsula Health has put together this Quality of Care Report and is making it –

- free upon request
- available at the Annual General Meeting in October
- part of its Web Page at www.phcn.vic.gov.au
- the basis of a four page insert in local press
- a feature on local community radio 3RPP
- part of packages sent to GPs surgeries
- available at local libraries, shopping centres, retirement villages, RSLs and crèches
- handy for members of local ethnic groups through clubs and events.
- available as a spoken version by telephoning 9784 7821.

So please keep these important health care numbers close at hand and put our Contacts Card on your fridge.

We are here FOR YOUR GOOD HEALTH

IN PARTNERSHIP,
Building a Healthy Community
Peninsula Health proudly supports and encourages organ donation.

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

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

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

Pledge the gift of life.

As a member of the Board’s Community Advisory Committee, Shannon Anastasio liaises with people throughout the community. She gathers information, opinions, concerns and suggestions which she shares with Peninsula Health’s Board and Staff. Shannon, mother of four, is an active fundraiser for children’s charities.