Consumers, volunteers and carers provided feedback on the 2007 Quality of Care Report and assisted in the development of this report.

Feedback 2008

We received responses to our request for feedback when we released the Quality of Care Report last year and actively sought additional feedback by distributing the report to patients, volunteers and carers.

Readers requested more information on mental health and aged care services, diabetes programs and waiting times for surgery. We have included articles relating to these services in this report.

The feedback showed us that most readers were happy with the information included in the Quality of Care Report and its presentation, but 20 per cent of feedback indicated the report was too long and 18 per cent felt it was too detailed.

This year we have endeavored to reduce the size of the publication.

Distribution of this Report

The 2008 Quality of Care Report will be distributed at the Annual General Meeting and to patients, clients, residents in aged care facilities, visitors, partners in health care, local doctors and community leaders. A copy of the Quality of Care Report will also be available on the Peninsula Health website.

The distribution of the report continues through the year as Peninsula Health responds to requests made by telephone, email or, ordinary mail. The report is also available in the reception areas of all Peninsula Health facilities and in visitors and patients' rooms.

In every case recipients are invited to provide Peninsula Health with feedback on its services and programs.

If there are areas you would like to see included in the 2009 Quality of Care Report please fill out the feedback form and post it back to Peninsula Health. This is one way that you can help Peninsula Health to meet the needs of the community.

FeeDBaCk

If you would like more information about any Peninsula Health service or program, or if you would like to pass on a compliment or express a concern, there are a number of ways to reach the right person quickly.

You can contact the:

- Customer Relations Department 9784 7298 - to make a complaint or register a compliment.
- Public Relations Department 9788 1501 - for information on Peninsula Health services or programs.

You can also access more information about services on the Peninsula Health website: www.peninsulahealth.org.au or use the “Contact Us” button to send an email. Other contact numbers are listed on the back page of this report.

Information is also available in the Annual Report and the Research Report. If you would like a copy of both reports you can send back the feedback form or telephone 9788 1501 and request a copy be posted to you.

In addition to this Quality of Care Report, information on Peninsula Health and its activities can be found in the 2008 Annual Report and 2008 Research Report, which are published separately. The Annual Report, Financial Statements, Quality of Care Report and Research Report are available on Peninsula Health’s website – www.peninsulahealth.org.au

Front Cover: (From left) Physiotherapists Mani Sundaram and Dean Gresle monitor Jean Lewis during the Pulmonary Rehabilitation Program. Paediatric Physiotherapist Hema Duff with her client, Tex Allen. Prosthetist Richard Fejer checks Ellie Cole’s prosthesis.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement from CEO and Chair</td>
<td>2</td>
</tr>
<tr>
<td>Peninsula Health Outstanding Achievements</td>
<td>3</td>
</tr>
<tr>
<td>Consumer, Carers and Community Participants</td>
<td>5</td>
</tr>
<tr>
<td>Volunteers</td>
<td>6</td>
</tr>
<tr>
<td>Working with Partners</td>
<td></td>
</tr>
<tr>
<td>Cultural and Linguistic Diversity</td>
<td>9</td>
</tr>
<tr>
<td>Improving Care for the Indigenous Community</td>
<td>10</td>
</tr>
<tr>
<td>Quality and Safety</td>
<td></td>
</tr>
<tr>
<td>Rights and Responsibilities</td>
<td>13</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>14</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>15</td>
</tr>
<tr>
<td>Accreditation and Clinical Pathways</td>
<td>16</td>
</tr>
<tr>
<td>Monitoring Quality and Safety</td>
<td>17</td>
</tr>
<tr>
<td>Skin Integrity and Blood</td>
<td>18</td>
</tr>
<tr>
<td>Infection Prevention</td>
<td>19</td>
</tr>
<tr>
<td>Medication Safety</td>
<td>21</td>
</tr>
<tr>
<td>Community Health</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>22</td>
</tr>
<tr>
<td>Dental Health Services</td>
<td>24</td>
</tr>
<tr>
<td>Paediatric and Maternity Services</td>
<td>25</td>
</tr>
<tr>
<td>Continuity of Care</td>
<td></td>
</tr>
<tr>
<td>The Mornington Centre</td>
<td>26</td>
</tr>
<tr>
<td>Falls Prevention</td>
<td>27</td>
</tr>
<tr>
<td>Community Rehabilitation Program</td>
<td>28</td>
</tr>
<tr>
<td>Cancer Services</td>
<td>29</td>
</tr>
<tr>
<td>Surgical Services</td>
<td>30</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>31</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>32</td>
</tr>
<tr>
<td>Glossary</td>
<td>33</td>
</tr>
<tr>
<td>Feedback</td>
<td></td>
</tr>
<tr>
<td>Inside Back Page</td>
<td></td>
</tr>
</tbody>
</table>
Peninsula Health is committed to providing high quality health care to its consumers. It is the responsibility of the Board and Directors to ensure that systems and processes are in place to achieve the best possible outcomes for consumers and a culture of improving care.

The Peninsula Health Quality of Care Report outlines how quality and safety are monitored, how opportunities are identified and changes are implemented as part of a continuous program of quality improvement. This report focuses on issues that are important to the community, such as waiting times for services. It also focuses on outcomes so the community better understands what Peninsula Health’s efforts have achieved.

Through text, tables, statistics and consumer or users’ comments the report explains how problems are identified and solved, standards improved, and benchmarks established against other health agencies. In addition, the report also identifies shortcomings and improvement strategies.

We have spoken extensively to our consumers and our staff, who have guided us in providing information that is relevant, detailed and of interest. This year we have provided further information about how we strive to meet all the needs of an individual by understanding the care in the community and our bed based service.

Members of the community are encouraged to become active partners in Peninsula Health’s quest for continuous quality improvement by sharing their views and ideas about services, performance and this report. Details on how you can participate are listed on page 40.

We are pleased to present the 2008 Quality of Care Report to the community. We hope that readers will find the report interesting and informative and that it will be helpful when the services provided by Peninsula Health are needed.

Every month at Peninsula Health an average of:

- 202 babies are born
- 633 paediatric patients are treated in hospital
- 5,947 patients are treated in the Emergency Departments
- 302 emergency surgical procedures are performed
- 369 elective surgical procedures are performed
- 191 day surgical procedures are performed
- 5,100 x-rays and medical imaging are performed
- 90 mental health patients are treated at Frankston Hospital
- 7,977 community mental health services are provided
- 6,848 community health services are provided
- 84 aged care residents are cared for
- 186 inpatient rehabilitation treatments are provided
- 2,739 people receive same-day admitted care
- 5,153 people are admitted for hospital treatment
- 103 cardiac cases are treated
- 798 cancer services are provided
- 85 patients are admitted to Peninsula Health Hospital in the Home, with an average of 780 home visits
Throughout 2007/08 many Peninsula Health staff developed innovative programs that improved the delivery of care for consumers. A number of individuals and departments were recognised for their outstanding efforts at state and national level.

Pharmacy Department – Medication Safety

E-discharge and E-prescribing is a process that allows doctors to prepare discharge summaries and prescriptions using computer programs that aid in reducing potential medication errors.

In 2007 the TOPHATS (The Orion, Peninsula Health Active Technology System) program received the Don Walker Award from the Health Informatics Society of Australia for ‘Effectiveness in Healthcare Delivery’. The award recognises efforts to improve patient outcomes through the use of information technology solutions. Peninsula Health’s project was titled “An innovative project to improve continuity of patient care using e-discharge and e-prescribing.”

The project showed E-discharging and E-prescribing both reduced medication errors and improved communication with GPs following the discharge of patients.

The ‘Don’t Clown Around When It’s Time to Step Down’ campaign, developed by Pharmacy, Clinical Microbiology and the Infectious Diseases Unit, encouraged early switching from intravenous (IV) to oral antibiotic medication for patients. There are several advantages to using oral antibiotics, including decreased side effects for patients, easier administration of drugs, earlier discharge of patients and lower costs of drugs and equipment.

This campaign improved patient safety by:
- Reducing the inappropriate use of the IV route of administration by 50 per cent (from 16 per cent to 8 per cent)
- Reducing the inappropriate duration of the IV route of administration by 30 per cent (from 30 per cent to 21 per cent).

The project has a potential cost savings of $16,800 each year due to the 54 per cent reduction in the cost of inappropriate IV therapies. See page 21 for more information about the Pharmacy Department and the Medication Safety Team.

Skip Lam, Director of Pharmacy, using electronic discharge prescribing at a patient’s bedside.
Simon Ruth - Travelling Fellowship

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

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

Research has shown that physiological changes and increased isolation put the elderly at risk of substance abuse and that they are particularly vulnerable to the resultant harmful effects.

Simon’s Fellowship looked at ways to improve the provision of drug and alcohol treatment services for older people. There are currently no services designed specifically to support older people with substance abuse in Victoria.

During April and May 2008 Simon visited 13 centres in Canada and the USA that provided drug and alcohol treatment for older people. Simon is now reviewing Peninsula Health’s alcohol and drug treatment service, PenDAP, to examine how it can better service older people on the Peninsula. The results will be shared with other health services.

See page 22 for more information about Peninsula Health’s Community Health services.

Lucinda Smith – Leading Psychiatrist

Peninsula Health’s Consultant Psychiatrist Dr Lucinda Smith was awarded the coveted Maddison Medallion from the Royal Australian and New Zealand College of Psychiatrists in May 2008.

The prestigious award recognises and encourages excellence in the study of mental health. It is given to the postgraduate trainee who achieves the most outstanding performance in the College Fellowship exams.

Lucinda began her career as an intern with Peninsula Health and is the first Fellow of the College to complete all of her training with the Peninsula Mental Health Service. She now works with a multidisciplinary team including psychiatrists, social workers, occupational therapists and mental health nurses at Frankston Hospital and the Spray Street Community Care Unit.

See page 36 for more information about Peninsula Mental Health Service.
CONSUMER, CARERS AND COMMUNITY PARTICIPANTS

CONSUMER PROFILE
Peninsula Health provides services for 300,000 residents of Frankston, the Mornington Peninsula and part of the City of Kingston.

Peninsula Health also looks after the needs of more than 80,000 holiday-makers during the summer months and the very large number of people who visit the Mornington Peninsula every year.

The top five countries of birth for people living in the Peninsula Health catchment area are Australia, England, New Zealand, Scotland and the Netherlands. Those born overseas make up 20 per cent of the local population.

Approximately 1,500 Indigenous residents live in the area.

In 2007 about 31 per cent of the population were under the age of 25 and 33 per cent were over the age of 55. This proportion of older people is one of the highest in Victoria.

The top 10 health risk factors for the population are tobacco, high blood pressure, obesity, poor diet, physical inactivity, high cholesterol, alcohol, unsafe sex, illicit drugs, and work injuries. The major causes of death and disability are cancer, stroke, asthma, heart disease, accidents, lung disease and diabetes.

Through Peninsula Health’s 14 different sites, consumers have access to 20 public health facilities. These include medical, surgical and maternity care, critical care, mental health services, rehabilitation, palliative care, community health, outpatient services, aged care, allied health and clinical training facilities. Services are also provided in people’s homes through the Hospital in the Home program and other home based services. Peninsula Health also provides services to 14,000 additional Victorians through the Personal Alarm Call Service.

Peninsula Health’s 4,379 employees are supported by 760 volunteers and auxiliary members.


CONSUMER PARTICIPATION
There are many ways in which consumers can participate in health decision-making and contribute to the development and delivery of safe, high quality services.

Peninsula Health works closely with community groups and other service providers including the Koori community and other culturally and linguistically diverse groups, to improve the delivery of healthcare services.

Consumers are represented on the following Board Committees:
- Community Advisory Committee
- Quality and Clinical Governance Committee
- Human Research and Ethics Committee.

The Peninsula Health Community Advisory Committee:
Dr Winston McKean, Chair
Ms Jan Brookes
Mrs Shannon Anastasio (to July 2008)
Rev Alan Collins
Mr Gus De Groot
Mrs Clair Duffus
Mr Wayne Gibbons
Mrs Christine Hunt
Ms Carmel Jackson
Mr Cameron Nottingham
Ms Marilyn Rowe
Mr Rohan Sharp
Mrs Dereen Wallace

A recent evaluation of Peninsula Health’s Community Advisory Committee was conducted by Health Outcomes International. The external evaluators found the Committee to be very active with a strong culture of consumer and community participation that is led by the Board, Chief Executive and the Executive Management team.

Recent activities of the CAC included input into the Southern Peninsula (Peninsula Health) Strategic Plan and consultation on menu plans and changes to food provision.

Seven members of the CAC attended the “Committed to Participation - Consumer Advisory Committees” conference in May 2008 at Victoria University. The conference explored the challenges facing consumers and professionals on advisory committees and suggested ways to develop effective consumer participation. Two representatives from Peninsula Health presented papers at the conference.

Community Advisory Committee:
Working in partnership with consumers and communities enables Peninsula Health to act on direct feedback and improve service delivery.

The Health Service currently has a Board Consumer Advisory Committee (CAC) and five Community Advisory Groups (CAG) that are drawn from the local community. Additional CAGs representing youth, those with a disability, the Northern Peninsula, older persons and the Westernport region will be established in the next 12 months.
Volunteers are essential to Peninsula Health’s delivery of quality health care services. Volunteers assist staff, support patients and clients and raise funds for additional resources. They provide hand and foot massages to chemotherapy patients; assist in activities for rehabilitation and aged care residents and support patients and families in the Emergency Department. They operate a free patient library service, kiosks and support a range of community health services.

Orientation sessions are provided to all volunteers and include fire training, infection control and general orientation to the organisation.

Many of the Mt Eliza Centre volunteers moved to the Mornington Centre when it opened in September 2007. They continue to provide support to patients and staff including activity programs and arranging fresh flowers on the two wards.

Four volunteers work in Frankston Hospital’s Mental Health Units assisting with activities such as ten-pin-bowling, providing hand massages, helping around the ward with office administration and general duties such as packing brochures into information kits for carers. One volunteer also plays the piano for the patients on Ward 1 West.

In the past year, 19 new volunteers joined the Community Health volunteer program to assist in a variety of activities including staffing the information desk at the Frankston Integrated Health Centre, assisting with the cardiac rehabilitation program, helping in the Men’s Shed and with the Centro Karingal Health Walks.

Due to the overwhelming success of the Centro Karingal Health Walks, walks were also introduced at the Rosebud Plaza Shopping Centre for people living on the Southern Peninsula. Three volunteers assist with these sessions which attract up to 40 walkers each week.

In May 2008 the Board hosted a Volunteer Appreciation Luncheon attended by 470 volunteers. Volunteers from the Peninsula Community Health Service (PCHS), which merged with Peninsula Health on July 1, were also invited to attend. At the luncheon 23 volunteers received certificates for their long service.

The Board specifically acknowledged the services of the Blairgowrie and Rye Auxiliaries. Both auxiliaries have provided service and support to staff and patients at Rosebud Hospital in their combined 58 years of service but they are no longer able to operate due to increasing demands on the time of many of the members.
40 years of ‘pink’ service

The Pink Ladies at Frankston and Rosebud Hospitals have provided wonderful support to staff, patients and their families over many years. This year, Frankston Hospital paid special tribute to the 40 years of service of the Frankston Pink Ladies Auxiliary.

Since 1968 the Frankston Pink Ladies have supported virtually every department of the hospital. ‘Pinkies’ are best known for their work in the kiosk and for delivering newspapers, magazines and flowers to patients. During the past 40 years the Pink Ladies have raised $5.2 million for Frankston Hospital. This money has funded many programs and valuable equipment for the hospital.

A special birthday party was held at the hospital to celebrate the group’s achievements. The event also paid tribute to Shirley Wragge who has been with the auxiliary since it first began. Shirley has participated in many activities, from assisting on the wards to delivering morning and afternoon tea and working in the kiosk. She has now found her niche as the Wednesday Duty Officer and oversees all the Pink Ladies. With 40 years of service already behind her Shirley has every intention of continuing in her role.

Shirley was one of the 23 volunteers recently recognised at the annual Volunteers Luncheon.
WORKING WITH PARTNERS

Partnerships are an essential part of the provision of healthcare. Peninsula Health works with other health agencies and has been represented on local, state and federal committees. These partnerships and programs help create opportunities to share successful strategies and contribute to clinical expertise and innovation.

Some of these partnerships include:
- Australian Council on Healthcare Standards
- Chisholm Institute of TAFE
- Department of Human Services: Central Office and Southern Region
- Frankston Community Safety Management Team
- Frankston Mornington Peninsula Primary Care Partnerships
- Frankston Relationships Centre Advisory Committee
- Frankston Working Together Strategy
- Health and Wellbeing Committees of the City of Frankston and the Mornington Peninsula Shire
- Innovative Health Services for Homeless Youth Regional Network
- Melbourne University’s Centre for Psychiatric Nursing Advisory Committee
- Monash University’s Department of Epidemiology and Preventive Medicine
- Monash University Faculty of Medicine, Nursing and Health Sciences
- Mornington Peninsula ‘Communities that Care’
- Peninsula GP Network
- Postgraduate Medical Council of Victoria
- Royal Australasian College of Medical Administrators
- Royal Australia and New Zealand College of Psychiatrists
- Victorian Alcohol & Drug Association
- Victorian Pharmacotherapy Network Committee
- Westerport Latrobe Regional Communication Service.

HUMAN RESEARCH AND ETHICS COMMITTEE

The Peninsula Health Human Research and Ethics Committee is responsible for considering the ethical and scientific aspects of research projects that involve patients, staff or local residents. Committee members decide whether a research project meets the requirements of the National Health and Medical Research Council on Ethical Conduct in Human Research. Its Statement requires that participants are ‘accorded the respect and protection that is due to them’ in fostering research that is of benefit to the community.

The committee includes Peninsula Health staff and members of the community. Committee membership must meet the guidelines issued by the NHMRC. These state that, as far as possible, there should be equal numbers of men and women and at least one third of members should be from outside the institution.

The guidelines also state that committees must have at least two lay persons - members who have no affiliation with Peninsula Health and who do not currently engage in medical, scientific, legal or academic work. Peninsula Health has three lay members on its Human Research and Ethics Committee, two of whom previously worked in the health care system and one in special education. All three are now retired from paid employment.

The guidelines also state that members on the committee must include a pastoral care representative and at least one person with current experience in professional care counselling.
CULTURAL AND LINGUISTIC DIVERSITY
The Cultural and Linguistic Diversity Community Advisory Group (CALD CAG) meets regularly and has representation from diverse cultural groups. It reports to the Peninsula Health Community Advisory Committee. The CALD CAG has reviewed and updated Peninsula Health’s CALD plan and the Peninsula Health policy regarding cultural and linguistic diversity.

Approximately 10 per cent of all people who live in Frankston and on the Mornington Peninsula come from non-English speaking backgrounds. The Interpreter service ensures that patients of all backgrounds have access to trained interpreters to help them communicate with their care givers.

Understanding medical terms and concepts can be difficult at the best of times but is particularly so in times of crisis and ill health. For people who do not speak English, the experience can be even more stressful. In 2007/08 there were 1025 interpreter bookings (both on site and via the phone) across Peninsula Health. This was a 46 per cent increase from 701 in 2006/07.

Auslan (a sign language used by the hearing impaired) is the most frequently requested language. The top five spoken languages requested were Greek, Arabic, Italian and Mandarin and Dari.

Peninsula Health educates and informs staff about the Cultural and Linguistic Diversity Policy, the policy on the Provision of Interpreting Services and the Languages Services Intranet site. Education is provided as part of the corporate orientation program, which all staff are expected to attend within their first three months of employment. Additional training in cultural awareness and working with interpreters is also available. In 2009 cultural awareness training will be part of the annual learning and development calendar at Peninsula Health.

SOCIAL WORK
Social workers are employed across all Peninsula Health sites. As part of the Integrating Care Team, social workers assist with a range of issues that may arise during a patient journey, from hospital admission to discharge into the community or residential care.

All social workers undertake ongoing staff training, regular professional supervision and education. The Social Work Department has developed a local partnership with Monash University and participates in education sessions and provide placement opportunities for Monash social work students.

During 2007/08, more than 12,000 clients attended the Social Work Department. The average waiting time from referral to social work contact was one day. Social workers assisted:
- 4,216 patients with discharge planning
- 3,949 patients with psychological assessments
- 1,437 patients with counselling and debriefing services.

Other reasons for social work intervention include assistance with legal matters, outpatient appointments and follow up post discharge.

A sub-acute assessment service is also provided within Integrating Care and in partnership with Social Work and Aged Care Medicine. The service assists with the smooth transition and care of patients being transferred between our hospitals and ongoing care facilities. 2,043 patients were assessed with 1,331 being transferred for ongoing care. Of these, 139 patients were transferred directly from the Emergency Department or alternative hospitals thereby avoiding unnecessary hospital care.

Social workers place a strong emphasis on ensuring the needs of culturally and linguistically diverse groups are met. A full time Aboriginal Liaison Officer supports the Social Work Department and offers practical assistance to all Aboriginal and Torres Straight Islander patients, families and carers.
IMPROVING CARE FOR THE INDIGENOUS COMMUNITY

Indigenous people experience the greatest level of health inequality of any population group in Australia. They are more likely to develop depression and health conditions such as diabetes, respiratory disease, heart conditions, dehydration and gastroenteritis.

Studies show Indigenous people are often reluctant to use primary and community health services. Peninsula Health has developed strategies to improve the health care of the local Indigenous community.

In March 2008 a Koori team leader was appointed to the Aboriginal Health Promotion and Chronic Care (AHPACC) program to provide leadership to the team, to further develop the AHPACC action plan and to work with the local community and agencies in the planning and development of culturally appropriate activities. The team leader also works closely with Peninsula Health’s Aboriginal Hospital Liaison worker, Aboriginal midwifery staff, Koori Community Alcohol and Drug Service staff and Koori Home and Community Care Health workers.

In the coming year the AHPACC staff will meet with community and mainstream providers to identify and explore the issues surrounding Indigenous health, including:

- Developing strong relationships with local Indigenous individuals and communities
- In-service training and awareness raising activities to enhance cultural awareness amongst Peninsula Health staff towards Indigenous people
- Appropriate discharge planning to ensure Indigenous clients are supported particularly after acute and emergency treatment

- Service coordination processes and protocols that strengthen equity and access principles for Indigenous people utilising Peninsula Health programs and services
- Participation in health promotion planning and activities to ensure the needs of Indigenous communities are addressed with cultural appropriateness
- Increasing utilisation of the mainstream health service by enhancing sensitivity to the needs of Indigenous people.

Boonerwung Elder Chris West performs the smoking ceremony at Frankston Hospital as part of the celebrations for NAIDOC Week.
WORKING WITH PARTNERS

The Australian Council on Healthcare Standards (ACHS) is a national independent body that accredits the quality of health services. The Council’s accreditation process is referred to as EQuIP which stands for Evaluation and Quality Improvement Program standards. (See page 16 for more information on Peninsula Health’s accreditation).

Key result areas under the EQuIP Standard Criterion 1.6.3 ‘the organisation makes provision for consumers and patients from culturally specific and linguistically diverse backgrounds and consumers and patients with special needs’; are:

<table>
<thead>
<tr>
<th>KEY RESULT AREAS</th>
<th>DEMONSTRATION OF ACHIEVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key result area 1:</strong> Establish and maintain relationships with Aboriginal communities and services.</td>
<td>○ Developed partnerships with mainstream providers including Frankston City Council, Mornington Peninsula Shire and Brotherhood of St. Laurence.&lt;br&gt;○ Developed an appropriate care and support action plan for Indigenous people using AHPACC services.&lt;br&gt;○ Established “Stepping Stones” weekly art and craft project with Frankston City Council.&lt;br&gt;○ Organised local community BBQs for the Koori community to profile AHPACC within the Koori community.&lt;br&gt;○ Staff assisted in a mentoring program for 20 Koori children in conjunction with OzChild to develop cultural leadership and engagement.&lt;br&gt;○ Celebration of Reconciliation Week in May 2008.&lt;br&gt;○ Participated in National Aboriginal Indigenous Day of Celebration (NAIDOC) week in July 2007.&lt;br&gt;○ Sponsored the NAIDOC 2008 Community Person Award as part of NAIDOC Week 2008.&lt;br&gt;○ Organisation of a Family Day and Dinner Dance as part of NAIDOC Week 2008.&lt;br&gt;○ Development and implementation of Koori Group Programs – swimming, group exercise and Community Kitchens.</td>
</tr>
<tr>
<td><strong>Key result area 2:</strong> Provide or coordinate cross-cultural training for hospital staff.</td>
<td>○ Aboriginal health staff completed courses on lifestyle issues affecting Indigenous people and culturally appropriate ways to address them.&lt;br&gt;○ Staff participated in a range of workshops conducted by the Victorian Aboriginal Community Controlled Health Organisation and other Koori specific providers.&lt;br&gt;○ A “Bridging Cultures” training program is being offered to staff across Peninsula Health.</td>
</tr>
<tr>
<td><strong>Key result area 3:</strong> Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.</td>
<td>○ Aboriginal and Torres Strait Islander Community Advisory Group (ATSICAG) has a direct role in ensuring that the needs of Aboriginal people are met at all points within Peninsula Health services. ATSICAG meets every six weeks and works on ensuring Peninsula Health services are accessible and appropriate for Indigenous clients.&lt;br&gt;○ A mainstream and community forum took place in July 2008 to identify gaps in working with the Koori community.&lt;br&gt;○ Participated in state-wide and local evaluations as required by DHS and VACCHO.&lt;br&gt;○ Developed a continuum of care process and protocol with screening of lifestyle risk through discharge planning within the Stay Healthy service framework.</td>
</tr>
<tr>
<td><strong>Key result area 4:</strong> Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.</td>
<td>○ Ongoing consultation with Peninsula Health staff on models of care for Indigenous people.&lt;br&gt;○ A culturally specific care plan and generic assessment framework has been developed and is being trialled in community health programs.</td>
</tr>
</tbody>
</table>
In January 2006, the State Government introduced a new consumer participation policy for 2006 – 2009. Health services are required to report on achievements against participation indicators as set out in policy. For the year 2007/08 Peninsula Health met or exceeded all requirements.

**Achievements against the indicators are as follows:**

<table>
<thead>
<tr>
<th>RECOMMENDED STANDARD</th>
<th>INDICATOR</th>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOVERNANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment to consumer, carer and community participation</td>
<td>The Health Service achieves a standard of MA (Moderate Achievement) in the Australian Council on Healthcare Standards (ACHS) EQuIP standards.</td>
<td>In November 2007 Peninsula Health submitted the Self Assessment part of the EQuIP cycle under the new 4th Edition Guidelines and received confirmation of its ratings on relevant standards and criteria, achieving at least MA (Moderate Achievement) for this criteria and EA (Excellent Achievement) for involvement of consumers.</td>
</tr>
<tr>
<td>There is participation in higher level decision making</td>
<td>There are consumers, carers or community members on key governance and clinical governance structures.</td>
<td>Consumers, carers or community members are members of relevant sub-committees such as Human Research and Ethics Committee and the Quality and Clinical Governance Committee. Members of the Community Advisory Committee participated in the Health Service’s Strategic Planning process.</td>
</tr>
<tr>
<td>The Health Service has established a Community Advisory Committee in accordance with the Health Services Act 1988 section 239.</td>
<td>There is a Community Advisory Committee with Board Director representation. There are also Southern Mornington Peninsula, Koori, SHARPS and Cultural &amp; Linguistic Diversity Advisory Groups.</td>
<td></td>
</tr>
<tr>
<td>A Community Advisory Committee has been established in accordance with the non-statutory guidelines.</td>
<td>Achieved.</td>
<td></td>
</tr>
</tbody>
</table>

**ACCOUNTABILITY**

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Quality of Care Report outlines quality and safety performance and systems in the key areas that address the health care needs of the service’s communities, consumers and carer populations.</td>
<td>The report is produced annually and widely distributed to the community. It reports on Quality, Safety and Consumer Participation.</td>
</tr>
<tr>
<td>A Community Participation Plan has been developed.</td>
<td>There was wide community consultation in the development of the Community Participation Plan. Developments were reported to the Department of Human Services in July 2007.</td>
</tr>
</tbody>
</table>

**HEALTH CARE AND TREATMENT**

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer participation in decision making about their care and treatment is assessed on the Victorian Patient Satisfaction Monitor’s (VPSM) Consumer Participation sub index.</td>
<td>Assessed with release of each survey and appropriate action is taken in response to issues identified.</td>
</tr>
<tr>
<td>Appropriate information is available to enable all consumers and carers, where appropriate, to choose to share in decision making about their care.</td>
<td>The Peninsula Health Service Care Charter, “Your Rights and Responsibilities”, is available on all sites. Most documents follow guidelines in the Well Written Health Information Guide (DHS).</td>
</tr>
</tbody>
</table>
QUALITY AND SAFETY

RIGHTS AND RESPONSIBILITIES

Understanding their rights and responsibilities improves patients' experiences when using health services. Knowing what they have a right to expect, and what is expected from them, can enhance their treatment and recovery.

Peninsula Health has initiated a range of strategies designed to raise consumer awareness of rights and responsibilities, including:

- A Rights and Responsibilities brochure that is provided to all patients on admission and is available in all areas
- Posters and postcards that are displayed at all sites explaining the consumer’s Rights and Responsibilities
- All staff and volunteers are being required to sign a confidentiality agreement.

Regular audits verified that the Rights and Responsibilities message was being given routinely to consumers. Consumer feedback to the Victorian Patient Satisfaction Monitor showed that Peninsula Health’s performance in making the message available was above the State average. In the survey, Frankston Hospital achieved a score of 76 while the peer hospital average was 74.

Consumer focus groups conducted by Peninsula Health revealed that many consumers thought the information provided was hard to understand. Consumers wanted the opportunity to ask for further information and expressed a preference to receive the information verbally.

In response to this direct feedback from consumers, staff rewrote the information, simplifying information on the leaflets and posters and improving the illustrations such as symbols with an ear accompanied by the words “You have the right to be heard”. Posters were redesigned and postcards now have a feedback/further information form on the reverse side.

Peninsula Health actively encourages people to suggest improvements to the service and to provide feedback through their complaints and compliments. Peninsula Health compares its ‘Peninsula Health: Your Rights and Responsibilities’ information with the Mental Health Statement of consumer Rights and Responsibilities and also with the information provided by other health services to ensure the appropriateness of our information.

COMPLAINTS AND COMPLIMENTS

Peninsula Health received compliments and complaints from consumers via post, email and telephone. These are sent either directly to Customer Relations or to the staff in the area concerned. This year 464 complaints and 242 compliments were received. This compares to 512 complaints and 256 compliments received in 2006/07.

Complaints

Some complaints related to the time spent waiting to be seen in the Emergency Department of Frankston Hospital. Over the past year the complexity of patients presenting to the Emergency Department at Frankston Hospital has grown and initiatives were introduced to decrease waiting times and improve the service for those waiting to be seen by a doctor. A Support Nurse was allocated to assist the Triage Nurse with observation and review of patients in the waiting area. Patients are now re-prioritised if an extended delay occurs and pro-active follow up occurs for patients leaving the Emergency Department because of delays.

Parking also led to a number of complaints. Long-term parking is being investigated for relatives of patients who are admitted to hospital for an extended length of stay or require frequent admissions.

Compliments

Peninsula Health also receives a number of letters and compliments each year thanking staff for the exceptional care and support.

“I would like to thank all the doctors and nurses who cared for our grandmother during her admission. The care she received was excellent. What was most impressive was the ability of each of the staff to make each interaction personal and human.”

“I am writing to thank the Emergency Department at Rosebud Hospital for such swift and expert attention today. I have been a community volunteer for 50 years now and appreciated the kindness of your volunteer. Please pass on my thanks to the Emergency Department nurse who was under much pressure. I commend your excellent Emergency Department.”

“...to all the surgeons, registrars, nurses and office staff at Frankston Outpatients Department. You always greet us with a smile and have been wonderful. We have never had to wait long and you have managed to see us when we didn’t have an appointment. Thank you to the registrars and surgeons who have popped in to see her progress, even when she hasn’t been on your list, it has made us feel very special.”
PATIENT SATISFACTION

An independent state-wide survey (Victorian Patient Satisfaction Monitor - VPSM) on patient satisfaction is conducted twice each year. Peninsula Health maintained the general confidence level of patients and clients over the past 12 months.

The period surveyed included the commencement of building works as part of the Frankston Hospital Stage 2A expansion project. As a result the overall rating for Frankston Hospital was slightly below average when compared to other similar hospitals.

Rosebud Hospital’s results were better than the average for all indicators when compared to other hospitals in their category and all hospitals overall.

Peninsula Health’s aged care units achieved an above average score for all indicators in their category. The overall care index was higher than previous surveys. The overall care index for Frankston Hospital was 73, the category average being 74.

Demographics from the surveys indicated that Frankston Hospital:
- Treated 14.5 per cent more patients over the age of 65 years than other similar hospitals
- Treated more patients without private health insurance (87 per cent) compared to other similar hospitals (81 per cent)
- Saw a greater number of emergency patients (42 per cent) compared with other similar hospitals which only see 27 per cent of emergency patients.

The graphs below demonstrate Frankston and Rosebud Hospitals results over the last two surveys:

**Frankston Hospital**

Thinking about all the aspects of hospital stay, how satisfied were you?

- Very Satisfied
- Fairly Satisfied
- Not too Satisfied
- Not at all Satisfied

Wave 13 Wave 14

**Rosebud Hospital**

Thinking about all the aspects of hospital stay, how satisfied were you?

- Very Satisfied
- Fairly Satisfied
- Not too Satisfied
- Not at all Satisfied

Wave 13 Wave 14

Examples of how Peninsula Health improved in response to issues identified by the VPSM survey

Noisy overhead paging:

Overhead paging is used at Frankston and Rosebud Hospitals to notify staff of situations occurring on the wards, particularly when extra assistance is required. The patient satisfaction survey indicated that noise levels on the ward caused by overhead paging were particularly high and disruptive for patients. Frankston Hospital found that between 9pm – 7am there were 83 overhead pages. Of these, 71 were overhead paging for Code Greys (security assistance) with the majority being for the Emergency Department and Franklin Hospital’s mental health inpatient units. Now overhead paging for Code Greys are specific to the relevant location to avoid unnecessary noise on the other wards.

Mixed gender wards:

Mixed gender rooms are a common occurrence in all public hospitals. Peninsula Health policy states that a bed can be occupied by a patient of the opposite gender, so that those waiting in the Emergency Department or booked to have surgery obtain a bed as quickly as possible rather than wait until a bed becomes available in a single gender room.

While it is acknowledged that mixed gender rooms are not ideal and patients will be consulted prior to them being placed in a mixed gender room. Every attempt will be made to minimise this occurrence.

**Frankston Hospital**

How much do you think you were actually helped by your stay in hospital?

- A great deal
- Quite a bit
- Somewhat
- A Little
- Not at All

Wave 13 Wave 14

**Rosebud Hospital**

How much do you think you were actually helped by your stay in hospital?

- A great deal
- Quite a bit
- Somewhat
- A Little
- Not at All

Wave 13 Wave 14
CLINICAL GOVERNANCE

“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 has checks and balances in place to monitor performance and to highlight where it has performed well and where there are opportunities for improvement. The Health Service’s long established clinical governance framework ensures delivery of safe, quality health care.

The Board has endorsed four principles of good clinical governance which commit Peninsula Health to:

- Building a culture of trust and honesty where incidents are discussed openly and responded to appropriately
- Fostering commitment to continuous review and improvement at all levels of the organisation
- Establishing rigorous systems to identify, monitor, and respond to incidents to ensure care is timely, safe and appropriate
- Evaluating and responding to key aspects of organisational performance (ensure the right things are done in the right way and the right time for the right person).

Peninsula Health’s Board of Directors closely monitors quality and patient safety performance through the Quality and Clinical Governance Committee, chaired by a Board Director and attended by other Board Directors including the Board Chair, a Consumer Advisory Committee member as well as senior managers.

The Quality and Clinical Governance Committee meets every eight weeks and receives reports from subsidiary committees through the Quality and Clinical Governance Management Committee. The subsidiary committees include Patient Safety, Infection Prevention and Control and Mortality Review. The Board also monitors performance by reviewing 25 Key Performance Indicators (KPIs). External accreditation and satisfaction surveys are also reported to the Board.

Patient safety and continuous improvement in quality is possible because:

- Staff monitor outcomes and are proactive in identifying areas where improvement is required
- Direct consumer feedback in terms of satisfaction surveys and complaints is acted upon
- Staff are willing to report incidents or near misses. This provides the Health Service with the opportunity to reduce the possibility of the same event happening again.

CREDENTIALLING/SCOPE OF PRACTICE

Credentialling is the formal process used at Peninsula Health to confirm that doctors, nurses and allied health staff have the right qualifications to ensure that patients get the highest quality of care and treatment. All senior medical and dental staff are credentialled, their scope of practice is defined and they are appointed by the Board of Directors. The Board takes advice from the Senior Medical and Dental Staff Appointments Committee chaired by the Chief Executive. This process is undertaken in accordance with the national and state standards and guidelines.

Nursing and allied health staff, also undergo strict competency assessments. An example of this is annual assessment for basic life support training for nursing staff. Many nurses work in specialised areas and must complete assessments in advanced life support, paediatric or neo-natal life support depending on their area of speciality.

MENTORS FOR MEDICAL OFFICERS

Starting a new career is both exciting and confronting and presents many new challenges. Peninsula Health offers a Mentor Program to its new doctors to ensure a supportive environment.

The Mentor Program provides junior doctors, including those trained overseas, with support and professional advice. The program, includes six mentors who help junior doctors prepare for exams and provide guidance, on professional and other issues.

As part of a state-wide program, the medical clinical educator supports overseas-trained doctors through the provision of ‘refresher’ training and professional guidance as needed. Overseas-trained doctors can also be assisted with communication training.
ACCREDITATION

Accreditation ensures communities know that their health services are performing well and can be trusted to provide safe, high quality care.

In Australia the accrediting body for health service providers is the Australian Council on Healthcare Standards (ACHS). The main accreditation program for ACHS is the Evaluation and Quality Improvement Program (EQuIP) that guides health services through a four year accreditation cycle to ensure standards remain current and reflect best practice.

The 2007 Quality of Care Report included information regarding the ACHS survey, resulting in full four year accreditation for Peninsula Health. Peninsula Health not only achieved its best accreditation results ever, but the number of high ratings meant that it was amongst the best achieved nationally in the 2006/07 accreditation period, with 21 EAs (Excellent Achievement) and one OA (Outstanding Achievement).

In March 2009 Peninsula Health will undergo the ACHS Periodic Review. The Review is a smaller survey than the Organisational Wide Survey and verifies that the Health Service has continued to improve and that the recommendations made during the Organisational Wide Survey have been actioned. In preparation for the Review, a Self Assessment was submitted in November 2007 and was positively received by ACHS.

RESIDENTIAL CARE ACCREDITATION

The Aged Care Standards and Accreditation Agency (ACSSA) is the independent body responsible for managing the accreditation and ongoing supervision of Australian Government-funded residential aged care facilities (nursing home and hostels).

All four of Peninsula Health’s residential aged care units maintain full ACSAA accreditation. Positive feedback was received from unannounced support visits during 2007/08. These visits monitor facilities on an ongoing basis to ensure that residents continue to receive a high level of care and that all standards continue to be met.

In August 2007 Lotus Lodge Hostel received its three-year Commonwealth Aged Care Accreditation. The unit was assessed against the four standards:
- Managing systems, staffing and organisational development
- Health and personal care
- Residential lifestyle
- Physical environment and safe systems.

Assessors commented that the unit complied exceptionally well against the 44 required outcomes. Peninsula Health’s three other aged care units (Jean Turner Nursing Home, Carinya Residential Unit and Michael Court Hostel) have full accreditation and will be reviewed in 2009.

CLINICAL PATHWAYS

Clinical Pathways guide best practice care for specific diagnoses and conditions. The Clinical Pathway process aims to deliver care by the six rights: care delivered by the right people, doing the right things, in the right order, in the right place, with the right outcomes, all with attention to the right patient experience.

Pathways are flexible, user friendly, multidisciplinary care plans. They provide the consumer and the care giver with information on admission processes, usual daily care and discharge information. Pathways do not replace the clinical judgement of experienced staff but are a guide to the appropriate processes to follow. Peninsula Health has 60 Clinical Pathways, 13 more than last year.

The Clinical Pathway patient information leaflet provides the patient with information in easy-to-understand terms. The leaflets are also assessed by consumers for clarity of information.

Clinical pathways developed in the last year include:
- Seclusion Clinical Pathway and Patient Information Pathway
- Paediatric Group Clinical Pathway and Patient/Parent Information Pathway
- Pacemaker Insertion Clinical Pathway and Patient Information
- Day Case Blood Product Transfusion Clinical Pathway and Patient Information Pathway
- Carotid Endarterectomy Clinical Pathway and Patient Information Pathway.

Clinical Pathways are reviewed at least every two years and audited every 12 months. These audits measure compliance, utilisation, differences (variances) to usual patient care and identify improvements. A repeat audit in the Short Stay Surgical Unit revealed an increase in the use of the Surgical Pathway from 35.5 per cent in January 2007 to 70 per cent in January 2008.

Consumer satisfaction with their hospital experience is also measured. In 2007, 94 per cent of respondents on a Clinical Pathway agreed that they were encouraged to participate in decisions regarding their day-to-day care.

Feedback from reviews and audits are discussed with ward staff to highlight further areas for improvement.
MEDICO-LEGAL

Paperwork can be a problem for patients and their carers. Many patients are not aware that they need to keep certificates and reports on their care. Peninsula Health’s Medico-Legal Service is responsible for co-ordinating consumers requests for legal documents and associated patient reports. These include:
- Medical reports
- Police statements
- Subpoenas/summons/warrants for witnesses and documents
- Certificates for WorkCover, Centrelink, TAC
- Letters of attendance
- Blood Alcohol/Breath test result
- Department of Human Services requests/Child Protection
- Insurance forms.

Posters in the Outpatients Clinics and the Frankston and Rosebud Hospital Emergency Departments advise patients to ask for all certificates and reports at the time of service. This has reduced the number of patients seeking certificates after they have left the hospital from 65 in 2006/07 to 30 in 2007/08.

MONITORING QUALITY AND SAFETY

Many different measures are in place to monitor and measure quality and safety at Peninsula Health. These tools assist in the identification of problem areas, help with the introduction and maintenance of improvements and drive future developments. Quality and safety measures include:
- Reviewing of medical records
- Reviewing compliance with hospital policies
- Collecting data about rates of pressure areas, adverse events, blood transfusion reactions, falls rates, ‘near misses’
- Analysing external reports such as Risk Watch (the DHS patient safety newsletter for Victorian hospitals) and the Coronial Communiqué to assist us in comparing and improving our care.

Mortality Reviews

Sometimes the care patients receive cannot reverse the effects of accidents, injuries or severe illnesses and some people die while in our care. Deaths that are unexpected, or result from an accident or injury, are reported to the Coroner. Of the 1057 deaths that occurred in 2007/08, 125 were reported to the Coroner.

Circumstances leading up to a death are reviewed by a team of professionals. This process reviews clinical practices and suggests improvements where issues are identified. In 2007 a review revealed a potential patient safety hazard regarding the procedure for adult lumbar puncture. This resulted in the development of a new clinical practice guideline for adult lumbar punctures for both doctors and nurses, and a patient information brochure. This information is now incorporated into the lumbar puncture insertion kit to ensure that the instructions are read and used at the time of the procedure.

Adverse Events

The Patient Safety Committee analyses clinical information to identify actual and potential ‘near misses’ and serious clinical incidents and recommends strategies to minimise the risk of their re-occurrence.

One activity was the standardisation of resuscitation trolleys across all Peninsula Health sites. An audit showed that resuscitation trolleys used on wards and at the different sites were not ‘set up’ in a standard way and this affected staff response times during an emergency resuscitation. The 70 new trolleys are identical in their set-up which helps minimise the delay taken to commence resuscitation of patients.

Because ‘near miss’ events occurred that involved incorrect identification of patients, two new actions were introduced:
- A new patient identification bracelet was introduced to the Frankston campus at the beginning of the year and a review in June 2008 found that the details of all patients surveyed were correct. The new bracelets have been introduced to all Peninsula Health sites.
- Magnetic resonance imaging (MRI) can pose a risk to patients who have a pacemaker or other devices that are susceptible to magnet resonance. A new medical order form was developed to prompt patients to identify any devices in their bodies which may put them at risk during an MRI.
SKIN INTEGRITY
A skin wound that doesn’t heal, heals slowly or heals but tends to recur is known as a chronic wound. Some of the many causes of ongoing skin wounds can include trauma, burns, skin cancers, infection or medical conditions such as diabetes. Wounds that take a long time to heal need special care.

Pressure ulcers
Pressure wounds, also known as ulcers and bed sores, are caused by pressure and rubbing which damages the skin and tissues. As they are often difficult to treat, pressure ulcers can be a serious problem for patients. Pressure ulcer prevention and management remains a priority for staff.

During the year Peninsula Health purchased six alternating air mattresses for patients with deep wounds caused by pressure injuries. Five negative pressure wound therapy machines were also purchased to help complicated wounds heal at a faster rate by stimulating new tissue growth.

One of Peninsula Health’s rehabilitation units trialled a protective dressing for patients’ heels. Nursing staff developed a ‘Friction/Pressure Ulcer Protection’ chart to ensure that the patient’s dressing is in place every day.

These dressings protect the skin over bony areas such as heels, hips and spine. A survey indicated that staff found the chart easy to use and that dressings remained in place. Peninsula Health plans to introduce this practice across all sites in an effort to prevent pressure ulcers from developing.

Wound charts
It is important to find out how wounds develop so they can be managed appropriately. This information must be documented, including the type and size of the wound, so staff assisting in the care of the patient are kept informed.

There are many factors that influence how a wound heals, including diet, age, health and blood circulation, and patients must be assessed on an individual basis. It is important to monitor wounds that are slow to heal or not healing to identify the cause and take corrective action. Each month wound charts are reviewed to ensure they are up to date and include all the relevant information including photos of the wound.

BLOOD
The transfusion of blood and blood products (e.g.; platelets and fresh frozen plasma) can provide life saving treatment to patients. However, fresh blood products can sometimes cause transfusion reactions. These reactions may occur either as soon as the transfusion is started or several days after.

Peninsula Health minimises the risks of blood transfusions by:

- Documenting the indications for transfusion and the product type to be transfused
- Monitoring patients during a transfusion
- Ensuring the identification process for unconscious patients
- Checking that the correct patient, is getting the correct blood
- Documenting transfusion reactions.

As an added safety measure, Peninsula Health has implemented monthly audits to provide increased awareness and feedback to all staff.

Serious Transfusion Incident Reporting System
Peninsula Health participates in the Serious Transfusion Incident Reporting System (STIR), a state-wide system designed to identify and record transfusion incidents in hospitals. Reactions to transfusions such as rashes or fever, bacterial infection related to blood donation and near misses, such as mislabelled blood tubes, are reported.

From the STIR data, recommendations for improvements for better, safer transfusion practice are made by the Peninsula Health Transfusion Committee. The Committee also reviews all serious adverse events associated with transfusion practice to identify ways in which transfusion practice can be improved.

Peninsula Health has implemented the Committee’s recommendations to improve better, safer transfusion practice in the following manner:

- Patient identification labels for blood products or paperwork are not re-used or recycled
- Clear procedural steps are followed when collecting blood from a satellite (blood) fridge
- All paperwork clearly identifies the right patient
- Staff are trained to collect, check and identify the correct blood for the patient.
**Education and Blood Trials**

All patients requiring transfusions are provided with brochures and fact sheets about a transfusion. The transfusion nurse specialist is available to discuss any concerns or issues that the patient or family may have. The transfusion nurse has developed an e-learning program for clinical staff on blood and blood products to promote safe administration.

Two trials are underway to reduce the number of fresh blood products requested from Red Cross. They include:

- Introduction of a post-operative re-infusion system where the patients own blood is filtered and re-infused. The trial aims to decrease transfusion reactions and reduce the need to use blood from a donor
- Prothrombinex-VF (a clotting factor) is being trialled to identify its potential in reversing the side effects of blood thinning medication.

**Start Clean Hand Hygiene Program**

Hand hygiene is the single, most effective means of preventing the spread of HAIs. Correct and appropriate hand hygiene can help to reduce the spread of infection from person to person. Peninsula Health has been an active participant in hand hygiene programs since they began in 2004.

In September 2007 a state-wide mandated hand hygiene program promoting improved hand hygiene compliance amongst health care workers was introduced to all health services (Start Clean Hand Hygiene Program). In 2008 the Department of Human Services set a target for all health services of 55 per cent for clinical staff. Peninsula Health has met the DHS benchmark, achieving a result of 61.5 per cent hand hygiene compliance. (Hand rubs have been promoted since 2004 by the Victorian Quality Council).

**INFECTION PREVENTION**

Hospitals have infection control systems in place to minimise the occurrence of any hospital acquired infections (HAIs) and their impact on patient care. The Infection Prevention and Control Department educates, monitors and supports staff in minimising risks and promoting a safe, clean and germ free environment.

In 2007 the Department of Human Services implemented a new strategic plan for infection prevention titled ‘Start Clean’. The plan has a strong focus on prevention, consumer information and participation and the detection and management of significant infections.

**Preventing infection in Intensive Care**

Patients in an Intensive Care Unit (ICU) are at greater risk of developing an infection due to the severe nature of their illness as their bodies are less likely to fight off an infection. In addition, they often have devices such as central lines, intravenous lines and urinary catheters in their bodies which increases their risk of acquiring infections such as MRSA or ‘Golden Staph’.

In 2007/08 there was a strong focus on improving hand hygiene compliance in ICU. Staff took part in education sessions, role plays and demonstrations of hand hygiene in one-on-one sessions with the clinician at the bedside to improve compliance. Hand hygiene compliance in ICU has improved from 47 per cent in 2006/07 to 61 per cent in 2007/08. During this time the number of MRSA acquisitions and blood stream infections decreased.

**Frankston Hospital MRSA Blood Stream Infections 2004-2008**

Initiatives undertaken in 2007/08 include:

- Introduction of an online hand hygiene education package with compulsory annual education for Peninsula Health clinical staff
- Increased observation and feedback about hand hygiene compliance on the wards

**(IVOC – Victorian Quality Council, DHS– Department of Health Services, MRSA – Methicillin-Resistant Staphylococcus Aureus)**
Influenza Vaccination Campaign

More staff across the Health Service are choosing to have their flu vaccination. The number of staff who received vaccination increased from 49 per cent in 2006/07 to 60 per cent in 2007/08. The DHS target is 60 per cent.

A successful program promoted the benefits of the flu vaccination and debunked many of the myths surrounding vaccination. Daily vaccination sessions were offered during all shifts for all staff working in the Frankston and Rosebud Hospitals Emergency Department.

Gastroenteritis

Patients often bring the gastroenteritis virus in with them when they enter hospital. When “gastro” outbreaks happen in a health care setting, it can become necessary to cease other patient admissions to a ward to prevent the infection from spreading.

In August 2007 gastroenteritis outbreaks were reported across the Mornington Peninsula including outbreaks at four Peninsula Health facilities and outbreaks at three private aged care facilities.

Peninsula Health Infection Control specialists provided support and advice to two of the private aged care facilities with the help of the Residential Outreach Support Service team, Hospital in the Home staff and input from an Infectious Diseases physician.

Residents of these facilities received treatment at their aged care home which helped to reduce presentations to the Frankston Hospital Emergency Department.

Keeping facilities clean

Cleaning schedules and manuals at Peninsula Health are regularly updated to ensure that the environment in all facilities is maintained appropriately. Reviews by both Peninsula Health staff and external reviewers monitor cleaning processes and rate the cleanliness of facilities against standards.

Scores for Peninsula Health continue to be well above the 85 per cent standard set by the Department of Human Services, with a small decrease in score for Frankston Hospital in 2007/08 due to the commencement of hospital’s $45 million building program.

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

A record number of staff received their flu vaccination this year.
MEDICATION SAFETY

Peninsula Health gets SMART

Experience from overseas indicates that more than 60 per cent of medication errors are caused by intravenous (IV) infusions and programming errors. In December 2007 Peninsula Health replaced a number of its infusion pumps with the latest generation “smart” IV pumps. The pumps have the ability to automatically administer intravenous medications and can detect any incorrect dose limits or programming errors.

that there were 83 ‘near miss’ transcribing errors (dosage errors and incorrect information that was picked by the dispensing pharmacist) for every 100 patients. Since the introduction of PETS, the number of ‘near miss’ transcribing errors has decreased to 5.6 in every 100 patients.

Improving discharge summaries

A medication list details all the medications a patient needs to take once they are discharged from hospital. A review of patient discharge summaries sent to GPs revealed that 87.55 per cent of lists were accurate and 12.45 per cent of lists were inaccurate.

To improve the accuracy and timeliness of medication information in hospital discharge summaries, medical staff took part in a process that involve face-to-face education to change prescribing behaviours.

Following the introduction of the project, further reviews revealed that:

- 100 per cent of medication lists were accurate
- 79 per cent of discharge summaries showed major improvements in documenting alterations compared to 23 per cent previously
- 74 per cent of discharge summaries contained all the medication information required compared to the previous 12 per cent.

The project showed the benefits that the type of education referred to ‘academic detailing’ had in influencing the prescribing behaviour of junior medical staff. It also demonstrated that complete and accurate discharge summaries could reduce the risk of medication errors in the transition between hospital and community care.

Speeding up patient discharge

Frankston Hospital’s Pharmacy Department has introduced a service that is speeding up patient discharge and improving transcribing quality. The Pharmacist-initiated E-script Transcription Service (PETS) project is the first of its kind in Australia and has demonstrated significant improvement in patient flow and the number of transcribing errors.

A review of the project has demonstrated a reduction in waiting time for discharge medication from 5 hours and 30 minutes to 3 hours and 38 minutes. Prior to the introduction of PETS, audit results showed
COMMUNITY HEALTH

Peninsula Health and Peninsula Community Health Services (PCHS) merged on July 1 2008. The expanded network will offer community health services from four sites.

Community Kitchens

Community Kitchens are cooking up a storm all over Victoria. Peninsula Health launched the first Community Kitchen in 2004 and now there are 110 Community Kitchens state-wide. In 2007/08 five Kitchens were established in the Frankston area including one for Indigenous people and another for people with disabilities. Research shows that participants experience improvements in health through healthy eating and social inclusion.

Peninsula Health received $25,000 from the Department of Human Services to coordinate the implementation of Community Kitchens within 19 Neighbourhood Renewal sites across Victoria this year. An additional $125,000 was received from the Commonwealth Government to further expand Community Kitchens locally and state-wide.

In November 2007 attendees at a state-wide forum agreed on the future directions for Community Kitchens including a practitioner network and opportunities for information sharing and support.

PenDap - Amphetamine Type Stimulants Grants Program

Amphetamine Type Stimulants (ATS) are the second most commonly used groups of illicit drugs after cannabis. People who use ATS are more likely to develop health problems including increased blood pressure and heart rate. This can affect the body’s organs and contribute to stroke, heart problems and kidney failure.

In June 2008 Peninsula Health received $548,435 from the Department of Health and Ageing’s National Illicit Drugs Strategy ATS Grants Program to help treat users of ATS and reduce the harm users cause to themselves, their families and the community.

Key objectives of the Peninsula Drug and Alcohol Program (PenDAP) are to develop resources, including staffing resources and a community awareness program, to engage users in education and training about the harmful effects of ATS use and to support the broader community in addressing ATS use.

In 2007/08 there were 1,069 clients booked in the Stay Healthy program. During the year the program launched a number of initiatives designed to enhance the delivery of chronic disease management services on the Peninsula including:

- A program for people with Type 1 diabetes that teaches them about insulin adjustment during meal times
- A rehabilitation program for people with chronic obstructive pulmonary disease
- A GP engagement project that links GPs and their patients to effective chronic disease management programs on the Peninsula
- An Aboriginal health program.

Program clients are linked with a health coach to develop an individual self-management care plan. The plan has strong ‘self-determination’ on addressing the physical, social and emotional issues associated with chronic conditions.

Evidence shows that people who adopt a self-management approach are better equipped to maintain optimal health levels and remain in community-based services for a greater period of time.

Stay Healthy

Frankston Community Health Service’s Stay Healthy program helps people with chronic disease such as diabetes, cardiovascular, respiratory and musculoskeletal disease.
Jean Lewis wasn’t able to walk very far in case she lost her breath and had a panic attack. The Frankston resident had emphysema as a result of smoking for more than 50 years. The crippling lung disease robbed her of breath and made it hard for her to do everyday activities. Household chores were becoming increasingly difficult and a simple walk around the block triggered anxiety.

Jean’s doctor referred her to Peninsula Health’s Pulmonary Rehabilitation Program to help her to better manage her illness and to achieve the best possible health outcomes. The program was developed as a result of a new partnership between Frankston Community Health Service’s ‘Stay Healthy’ program and the Frankston Hospital Physiotherapy Department. The six-week community health program was launched in March 2008 to assist people in the community who have respiratory disease, such as emphysema, to manage their illness.

Participants attend weekly group sessions that involve education and exercise classes with a strong focus on self-management. There are 10 to 12 people in each group. During each session Jean and the other participants complete an exercise circuit of walking, cycling, light weight training, sit-ups and step-ups to improve their fitness. Physiotherapists are on hand to monitor and encourage the participants.

Following their exercises the participants take part in a group education session with medical and allied health staff including, dietitians, occupational therapists, psychologists and physiotherapists. During the session participants and staff look at ways to manage shortness of breath to make daily tasks easier and discuss the psychological impacts of chronic disease and strategies to help deal with it.

While there is no cure for her emphysema, Jean says that since completing the program she has more motivation and confidence in her own abilities. She and her husband now take part in weight training three times each week and a walk around the block is no longer a cause for panic.
DIABETES

Diabetes is one of the fastest growing chronic diseases in Australia. It affects more than 800,000 people and is the sixth major cause of death and disability.

There are three types of diabetes:
- Type 1 usually affects people under 30 and requires daily insulin injections to control their blood glucose levels.
- Type 2 is the most common form of diabetes and is attributed to poor physical health and diet. More than 14,000 people are affected by Type 2 diabetes on the Mornington Peninsula.
- Gestational diabetes is a temporary form of diabetes which occurs during pregnancy but usually disappears after giving birth.

In September 2007 the Dose Adjustment for Normal Eating program was launched as part of the Stay Healthy program for people with Type 1 diabetes.

The intensive five day program is designed to help people manage their condition and gain confidence with their insulin adjustment.

The course focuses on educating participants about flexible insulin adjustment, nutrition and self-management. Participants undergo regular reviews to monitor the changes that they are making to their lifestyles. Courses are run on a monthly basis at the Frankston Integrated Health Centre.

Nearly 200 people attended the first Peninsula Health Diabetes Forum in May 2008. Partners in the free public forum included Diabetes Australia Victoria and the Frankston City Council. The forum raised awareness of Type 2 diabetes and provided easy-to-understand information about the prevention, detection and management of the disease.

Peninsula Health’s Head of Endocrinology Dr Deepak Dutta and Dr Ralph Audehm from Diabetes Australia Victoria discussed the importance of a healthy lifestyle. They were joined by guest speakers, former triple world aerobic champion, Sue Stanley, and AFL greats, Tony Shaw and Stan Alves.

Displays from services including Peninsula Health’s Ageing Well and Diabetes Education Units, Frankston City Council, Go For Your Life, Diabetes Australia Vic and the Peninsula Community Health Service offered people information about the different services in the area.

AFL legend Tony Shaw addresses the crowd at the Peninsula Health Diabetes Forum.
DENTAL HEALTH SERVICES

Oral health is important to everyone. Meeting community needs for high quality, accessible and affordable dental care remains both a priority and a challenge for publicly funded dental services such as Frankston Community Dental Service (FCDS) at Peninsula Health. Services include a range of dental care including treatment and restoration of damaged teeth, provision of dentures, root canal treatments, general treatment and emergency care.

This year the FCDS provided 50,926 treatments, compared to 40,644 for 2006/07.

Patients treated by Frankston Community Dental Services

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td></td>
</tr>
<tr>
<td>2006/07</td>
<td></td>
</tr>
</tbody>
</table>

Sometimes people wait too long for their public dental care. Waiting lists for general treatment (cleaning and check-ups) were reduced by 11 months and there is now only a six week wait for dentures. These reductions in waiting lists were achieved by a number of initiatives introduced by the FCDS including:

- An Oral Surgery Program commenced as a trial program in December 2007 to manage the growing number of people requiring dental surgery on the Peninsula. The service is a local alternative to the Royal Dental Hospital in Melbourne and operates once a fortnight at the Frankston Integrated Health Centre. Feedback from the trial was positive and the program is now part of the ongoing service.

- During 2007 an Oral Medicine Specialist joined the dental team to provide more complex dental services for clients. The specialist is one of only six professors in Oral Medicine in Australia.

The School Dental Service, which was previously managed by Dental Health Services – Victoria, was integrated with the FCDS in April 2008. The service for children 5 to 13 years now joins the FCDS pre-school dental service and adult dental service.

- Dental staff promoted dental hygiene in the community through the Frankston Family and Children’s Expo and the ‘Smiles for Miles’ oral health education project in pre-schools and early learning centres. Oral health education for primary school children is part of Community Health’s Children Services’ Food.Kids.Play program.

- The percentage of clients who receive repeated emergency care within 28 days at the FCDS is influenced by:
  - Clients who undergo oral surgery are seen twice (within 28 days) for their treatment procedures and once again, following surgery for post operative care.
  - The FCDS has a greater ability to see more clients requiring immediate or more complex emergency treatment over several visits.
  - Clients who require dentures may need preliminary dental care before the denture is made.

Unplanned return within seven days following extraction

If complications occur following a tooth extraction, it is usually within seven days. Complications can be minimised by the actions of the dental team. Again, FCDS had a low rate of 1.1 per cent compared to 1.4 per cent for the state.

Root canal re-treatment in permanent teeth within six months

Failure of root canal therapy is generally caused by bacterial contamination and can result in symptoms of infection or inflammation. A high rate of extractions or re-treatments following root canal treatment may indicate poor case selection or poor technique. The FCDS had zero re-treatments following root canal procedures against 0.7 per cent for the state.

Denture remakes within 12 months

The need to remake dentures usually occurs when a person is unable to wear the denture due to functional or aesthetic problems. The FCDS was well below the state average 3.6 percent by achieving a rate of 2.9 percent.
BABY FRIENDLY INITIATIVE

During the year Frankston Hospital became accredited as a ‘Baby Friendly’ hospital. The Baby Friendly Health Initiative (BFHI) is an international project that was developed by the World Health Organisation and UNICEF in the early 1990s.

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

The program also goes further to ensure that mothers and infants are able to experience early bonding. Rooms have been set up at Frankston Hospital to facilitate mothers being able to have their babies with them 24 hours a day.

Support groups and breastfeeding videos and booklets are readily available to mothers and staff members.

SPECIAL CARE NURSERY

Premature babies are often slow to develop the strong sucking required for them to receive plenty of milk. Giving unnecessary formula may compromise a baby’s desire to suck at the breast and this will cause a decrease in the mother’s milk supply.

In June 2007 a breastfeeding program, developed by the Royal Women’s Hospital and at Birralee Maternity Unit at Box Hill Hospital, was adapted and introduced to the Special Care Nursery to:

- Give breastfeeding mothers confidence that they could provide an adequate amount of breast milk for their babies
- Provide guidelines for nursing staff to assess a breastfeed and requirements for top-up feeding to improve the consistency of advice given to mothers.

A survey showed that all mothers found the program helpful. Staff also agreed that there was less confusion amongst mothers and staff about the top-up requirements following breast feeds. This practice is now fully implemented in the Special Care Nursery.

KEEPING PENINSULA HEALTH SAFE FOR CHILDREN

Peninsula Heath complies with the Working with Children Act 2005 and has updated its policy concerning ‘Working with Children’. Any new employee or volunteer who has regular, direct and unsupervised contact with children must provide a valid ‘Working with Children Check’. Current staff were required to provide a certificate by July 2008.
CONTINUITY OF CARE

Consumers may need a wide variety of complex health care services over their lives. They may rely on a range of services from health care providers such as GPs, surgeons, pharmacists, medical imaging technologists and physiotherapists.

Many people may begin their care in the Emergency Department, from there they may move on to specialist care and later follow-up care.

For those requiring elective surgery, this journey often starts with their GP, moves through to specialist care and then, perhaps onto a pain relief or physiotherapy program prior to surgery. This care may also involve special testing, pre-admission care to ensure fitness for surgery and a range of follow-up services such as rehabilitation or Hospital-In-The-Home support.

People who present to the Emergency Departments at Frankston or Rosebud Hospital with chronic diseases may be referred by the Response Assessment and Discharge team to the Peninsula Complex Care Team for treatment and care. A specialised care plan is then developed for the client that reflects their health needs and goals and may include referral to a range of community health services dedicated to maximising the quality of their lives.

Coordination and communication is an important aspect of Continuity of Care. It ensures patients receive the most appropriate care they need – whether that is admission to hospital, or referral to chronic disease management programs and rehabilitative services or discharge to GPs.

Other initiatives include:
- The Mornington Centre and protected meal time initiative – see page 28.
- The Falls Prevention Service – see page 29.
- The Community Rehabilitation Program – see page 30.
- Peninsula Health Cancer Services and the Southern Melbourne Integrated Cancer Service – see page 32.
- Surgical Services – see page 34.
- Peninsula Mental Health Service – see page 36.

RAD TEAM

The Response Assessment and Discharge team (RAD) is made up of nursing staff, allied health, including occupational therapists, social workers and physiotherapists who assess patients presenting to the Frankston and Rosebud Emergency Departments. The aim is to provide assessment and discharge planning at the point of entry with care plans developed in collaboration with the patient and their families or carers.

The RAD team assessed 4,672 patients over the past year. Sixty-six per cent of these patients were able to return to their usual place of residence. This was often achieved through providing necessary equipment and referrals to community services.

In August the RAD team commenced services to the Medical and Observation Ward at Frankston Hospital to help patients return safely to their place of residence.

Some patients who presented to the Emergency Department did not require hospital admission but would have benefited from rehabilitation services. Together with the sub-acute assessment service and rehabilitation consultants, the RAD team has assisted in 139 direct transfers to sub-acute care from the Emergency Department. This allowed the patient to receive the most appropriate care in a timely manner.

RAD and Residential Outreach and Support Service (ROSS) teams and the Metropolitan Ambulance Service (MAS) work closely together. MAS are now able to refer some patients in private residential care to the RAD and ROSS teams without first taking them to the Emergency Department. These patients may need a catheter reinserted or may have a blocked feeding tube. RAD has been working with ROSS to provide an outreach service which delivers intervention within the patient’s residential facility. Appropriate treatment such as nursing, medical or allied health assessment is provided.

RESIDENTIAL OUTREACH SUPPORT SERVICES

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

The Residential Outreach Support Service’s (ROSS) project,
‘Discovering Dementia’, provides best practice Dementia care education for local residential care facilities. During 2007 and 2008, 22 local residential care facilities took part in the monthly training sessions, education programs and seminars.

Together with Ageing Well, ROSS developed an Agestrong training program for local residential care facilities’ staff. The ROSS team trained staff from each facility in the program to start their own Agestrong sessions. Positive feedback from participating residential aged care facilities was overwhelming and in the coming year ROSS plans to conduct training with other local facilities.

**COMPLEX CARE PROGRAM**

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

The PCCP team has close links to community agencies to help people to continue to live independently in their homes where possible. Recent improvements to the program included:

- A medical consultant included in multidisciplinary client review meetings
- Care plans including pharmacist review and assistance with medication management
- Development of a GP fact sheet on chronic disease management services that are available on the Mornington Peninsula.

The Complex Care Team has links with outpatient clinics for people with heart failure and respiratory disease. A psychologist has joined the program to help clients work through some of the psychosocial issues that impact upon their health. A Diabetes clinic will be established later in the year to provide services for people on the Southern Peninsula.

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

**THE MORNINGTON CENTRE**

The Mornington Centre opened in September 2007 as an evaluation management facility for older people. As a Centre for promoting health independence, the Mornington Centre provides quality person-centred care in assisting patients to recover and maximise their abilities.

The Centre’s three gardens, which were created by local Rotary Clubs, have clinical benefits for patients including positive psychological effects, an improved sense of wellbeing and encouragement of social engagement.

In the Mobility Garden, patients are able to practise skills in an outdoor setting including walking and maintaining balance. Two raised garden beds provide patients with the opportunity to tend plants and seedlings including vegetables and flowers under the guidance of diversional therapists. The Sensory Garden is a relaxing environment for patients and has many therapeutic benefits, including for those suffering from Dementia. The Visitor’s Garden is for family members, friends and patients to spend time together and enjoying the garden’s tranquil surroundings.

The Mornington Centre provides specialised and person-centred care for patients.
Protected meal times

In 2007 Peninsula Health was selected as a partner agency for the nutrition element of the Council of Australian Governments (COAG) Long Stay Older Patient’s initiative. The initiative aims to improve the care of older people in acute and sub-acute settings.

In busy hospitals, patients’ meals can sometimes be interrupted for treatments. Protected meal times for patients were trialled in April and May 2008 at the Mornington Centre. The initiative provided patients with uninterrupted meal times to ensure that they had the opportunity, time and assistance to eat their meals properly. Patients in Gunnamatta Ward ate, without interruptions, either in the dining area or their rooms.

- 83 per cent of patients agreed they were happy with the initiative and with the meal service
- 72 per cent of patients were satisfied that their special diets were being catered for
- 78 per cent of patients were satisfied that their meal were the right texture
- 72 per cent of patients were satisfied with the level of assistance they received in choosing their meals
- Patients on the ward gained weight with fewer incidences of urinary tract infections, dehydration and pressure ulcers.

The initiative’s outcomes will be used in a DHS resource toolkit to guide other health care workers in minimising functional decline in older people.

FALLS PREVENTION

In Victoria, falls are the leading cause of injury among older people.

One in three people over 65 and one in two over 80 suffer a fall at least once a year. For older people, a fall may cause serious injury and reduce the persons’ ability to remain independent in the community. Falls can affect a person’s quality of life, leading to reduced activity and social isolation.

Peninsula Health is seen as a leader in the field of inpatient and community falls prevention. Since the updated Peninsula Health’s Falls Risk Assessment Tool Pack was launched in July 2006, 157 copies have been sold Australia wide and one copy has been electronically supplied to a health service in Canada.

In October 2007 the Peninsula Health Falls Prevention Service completed a three year ‘Whole of Community’ Falls Prevention project. Outcomes from this project include:

- Implementation of Agestrong strengthening programs to all aged care and rehabilitation units within Peninsula Health, the geriatric mental health inpatient unit at Frankston Hospital and the community rehabilitation units at Chelsea, Frankston and Rosebud
- Hip protector loan programs were established in two aged care wards (60 beds), three rehabilitation units (90 beds), the palliative care unit (15 beds) and the three community rehabilitation programs. (Hip protectors are like pants with pockets for shields/pads that protect the hip region and reduce the incidence of sustaining a hip injury after a fall)
- Production of a community falls prevention manual based on the Peninsula Health Falls Risk Assessment Tool. This manual is provided free of charge to 18 local service providers.

The consultants are supported by ‘Falls Portfolio Holders’ who are based on the different wards and units. The Falls Portfolio Holders provide education to their co-workers, conduct regular reviews of compliance with the Falls Investigation Standard and implement ward-specific quality improvement activities.

In 2007/08 Peninsula Health Falls Prevention Service also provided advice on implementing a falls prevention program and provided consultative support to other services in Victoria and South Australia, including:

- North East Mental Health (implementing a hip protector program in a Psychogeriatric setting)
- Latrobe Regional Health
- Peter James Centre Sub-acute and Transition Care
- Hampstead Rehabilitation Centre, South Australia.

A brochure titled ‘Slips, Trips and Falls During Your Stay’ was developed for patients and carers to help with understanding the strategies Peninsula Health uses to reduce the risk of falls and fall related injuries. Patients, carers and a community representative contributed to this brochure.
CONTINUITY OF CARE

The Community Falls Prevention Program continues to deliver specialised falls assessment and management for people who live at home and are at risk of falls. Referrals to the Community Falls Prevention Service increased by 26 per cent from 325 in 2006 to 410 in 2007. The waiting period was also reduced from two months to six weeks. In the past 12 months, 42 clients have attended clinics for a specialist multidisciplinary assessment and 32 home based falls assessments were completed.

COGNITION

Some patients within Peninsula Health have memory and thinking difficulties. This can affect their ability to cope in the hospital environment. If these patients don’t receive appropriate care, they are more likely to suffer further confusion, functional decline and may put themselves or others at risk of harm.

A specialised Cognitive Care Support Team at Frankston Hospital is providing individualised care to patients affected by cognitive impairment and mental illness. The team was established in June 2008 and provides dedicated care and supervision to patients and support to staff on the wards every day of the week. Team members also provide activities for patients to promote engagement and positive stimulation to improve and maintain their physical and cognitive function.

Together with the nurse unit manager and specialist medical staff, team members develop a behaviour management plan for the patient which outlines the care required. Patients’ carers are also consulted during the development of the plan to ensure that the patient’s individual needs and preference are included. The plans are regularly reviewed to ensure the patient receives the best possible care.

Further information about the Cognitive Care Support Team, including the outcomes of the program, will be available in the 2009 Quality of Care Report.

COMMUNITY REHABILITATION PROGRAM

The Community Rehabilitation Program (CRP) provides treatment for people who have reduced physical abilities as a result of disease or injury impairment.

Most clients complete their rehabilitation program within three to six months. However specific client groups, such as those with progressive conditions or more complex disabilities, require ongoing review in order to manage their conditions and prevent hospital admissions.

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

Integration of centre and home based services is being introduced throughout Victoria and Peninsula Health CRP services have been recognised by the Department of Human Services (DHS) as a leader in the field. Peninsula Health’s integrated model is considered best practice and used for benchmarking by Southern Health, Latrobe Regional and the Peter James Centre.

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

A review of the 2007/08 results revealed the following:

Category 1 clients: (Need for admission within five working days of referral):
- 88.7 per cent of clients in this category waited an average of 3.4 days. This is similar to last year’s waiting time in this category (86.4 per cent waiting an average 3.5 days).

Category 2 clients: (Need for admission within 15 working days of referral):
- There has been a marked improvement in waiting times for clients in this category with 96.9 per cent of clients waiting an average of 6.9 days compared to 79.6 per cent with an average wait of 9.6 days in 2006/2007.

Category 3 clients: (Need for admission within 90 days of referral):
- 100 per cent clients were seen within an average of 6.9 days. In 2006/07, clients had an average wait of 11.2 days.
Ellie goes for Gold

There’s no stopping Ellie Cole. As a three-year-old she had her right leg amputated after being diagnosed with a highly malignant nerve cancer. This year, the inspirational 16-year-old swimmer represented Australia at the 2008 Paralympic Games in Beijing.

Ellie competed in five individual events at the games including the 100m backstroke, 100m butterfly, 200m individual medley and the 100 and 400m freestyle. She finished the games with one silver medal and two bronze medals.

While Ellie attends the Royal Children’s Hospital in Melbourne for ongoing monitoring and assessment, she also visits her prosthetist Richard Fejer at Peninsula Health’s Golf Links Road facility every few months for check-ups and maintenance of her prosthetic leg.

Ellie, who trains with Kings Swimming Club in Frankston, said competing at the Olympic Games was a dream come true.

Peninsula Health’s Prosthetics Department provides immediate and post-operative care for amputees undergoing prosthetic rehabilitation and a community-based review program for people with prostheses.

Patients undergo intensive rehabilitation and support during their stay in hospital to help them get used to their newly acquired prosthesis. A temporary prosthesis is made which is worn for 3 – 12 months depending on the healing process following amputation.

Once they finish this program, patients enter the community program and a definitive prosthesis is made for them. This is regularly reviewed and adjusted depending on their fitness and personal circumstances. As Ellie has grown she has required close to two new prostheses each year.

As the prosthetist for the community program Richard has developed many friendships with his clients who have relied on his expertise and support over the years. The relationship with the prosthetist is a central part of an amputee patient’s life and Richard was one of the many people cheering Ellie on during the Paralympic Games.

Ellie Cole with her prosthetist Richard Fejer.
TRANSMISSION CARE PROGRAM

The Transition Care Program (TCP) is an initiative of the Commonwealth Department of Health and Ageing and Victorian Department of Human Services providing short-term support and assistance to patients in their home or in a residential care setting. The program provides person-specific coordination community services and low level treatment to assist clients to reach their maximum functioning capacity. During the 12 week program, clients are also assessed to determine their long term care arrangements. In 2007/08 the Transition Care Program provided care for 191 patients. The Transition Care Home Program also provided care for 76 residents in aged care facilities.

The Transitional Care Program commenced Agestrong, Walk Tall, Upper Limb Group and Relaxation programs at Regis Grange residential care in Rosebud to help clients regain mobility. A ‘coffee and chat’ session was introduced to assist clients adjust to their new long-term care arrangements.

Transition Care Plus

The Transition Care Plus program was launched in February 2008 as part of a pilot program for DHS. The program helps to manage patients that may have had an injury, disease or an operation and are unable to support their own weight or return to their usual level of mobility. These patients no longer require high level hospital care but are not ready to return to their homes. 37 clients were involved in the pilot program. Peninsula Health utilised two beds at Regis Grange and three beds at Rosebud Hospital for these patients. The program finished in July 2008 and a decision on continuing it will be made by DHS.

ROSEBUD DIALYSIS

The Rosebud Hospital Dialysis Unit now operates at full capacity with all nine chairs in use six days a week. One chair is reserved during each morning and afternoon session for holiday dialysis patients.

The Unit’s internet booking program for patients continues to grow with 30 patients using it to book their treatment in 2007/08.

The Unit also implemented a program to encourage patients to exercise during their treatment. Research has shown that people with end stage renal disease are less likely to be physically active which leads to deterioration in muscle function, reduced exercise tolerance, progressive disability and decreased quality of life.

When people exercise using their lower body, blood flow through the tissues is increased, allowing small blood vessels to expand. This provides a greater surface area for the efficient exchange of toxic substances (such as urea and phosphate) from tissues to blood and enhanced dialysis efficiency. Patients can also expect to see a reduction in episodes of low blood pressure during treatment, improved exercise tolerance and an increased sense of well being.

CANCER

Cancer impacts heavily on Peninsula Health’s population and accounts for 21.6 per cent of the total disease burden in the Frankston and Mornington Peninsula region. This is almost one per cent higher than the Victorian average.

The most frequent cancers are lung cancer, melanoma, colorectal cancer, prostate cancer in men, cancer of the breast and cervix in women, and Non-Hodgkin’s lymphoma.

― Associate Professor David Langton, Director of Thoracic Medicine at Peninsula Health and Director of Southern Melbourne Integrated Cancer Service.

Each patient with cancer has different needs for treatment and support. The patient may experience months of treatment including surgery, chemotherapy and radiotherapy. During these treatments, patients may experience physical and emotional change and receive care through Peninsula Health’s Oncology Services at Frankston and Rosebud Hospitals.
SOUTHERN MELBOURNE INTEGRATED CANCER SERVICE

The Southern Melbourne Integrated Cancer Service (SMICS) is a joint initiative between Peninsula Health, Bayside Health and Southern Health, working within a cancer services framework for Victoria. Partnerships with consumers and carers, hospitals, community and primary care services enable SMICS to improve the delivery of cancer services in southern Melbourne.

In July 2008 Associate Professor David Langton, the Director of Thoracic Medicine at Peninsula Health, was appointed as the Director of SMICS.

Peninsula Health contributes to the work of SMICS through clinician involvement in tumour groups, quality improvement projects and management and executive committees. These projects include:

Enhancing access to home oxygen for lung cancer patients

The Home Oxygen Working Party addressed the issues surrounding the needs of lung cancer patients. It was identified that the current criteria for access to home oxygen could be improved to reflect the changing needs and challenges that lung cancer patients face in accessing and managing home oxygen. The working party streamlined and standardised guidelines and patient information for the safe management of oxygen in the home environment.

Development of a patient held record for neurological cancer patients

A pilot project was undertaken in 2007 to develop a patient held record to improve communication between neurological cancer patients, their GPs and specialist cancer clinicians. Feedback from participants was very positive and the form was endorsed in February 2008. Evaluation of the project will be undertaken through specialist clinician and GP surveys and consumer and carer interviews. Other tumour streams have also shown their interest in a similar patient held record for their patients.

GP Consultation Project

The GP Consultation Project was launched to improve communication between chemotherapy providers and GPs in the southern metropolitan region.

An ‘advice letter’ was developed to advise GPs of the prescribed chemotherapy agent, date commenced, aim of treatment, contact details of the treating unit which is a source of reliable information about cancer and cancer treatments. A trial commenced in January 2008, and the ‘advice letter’ was positively received by GPs and clinical staff.

Peninsula Wig Library

In May 2008 the Peninsula Wig Library was established to provide patients undergoing chemotherapy free hire of a wig. The library is an initiative of Peninsula Health, Peninsula Private Hospital and Beleura Private Hospital and operates at the Peninsula Private Hospital.

National Breast Cancer Day

National Breast Cancer Day on 22 October 2007 was commemorated by Frankston and Rosebud Hospitals with each hosting a Mini-Field of women to pay tribute to women and families affected by breast cancer. A Mini-Field of women consists of 100 pink lady silhouettes that can be placed or arranged in a variety of ways in a garden setting to increase awareness about breast cancer. As well, $1,500 was raised to support breast cancer research.
**Surgical Services**

Peninsula Health has six operating theatres and the demand for operations is growing. There are four theatres in the Main Operating Suite and one in the Day Surgery Unit at Frankston Hospital, and one theatre at Rosebud Hospital.

The total number of elective operations performed at Peninsula Health in 2007/08 was 4,754. The total number of ‘emergency’ operations performed for this period was 3,631.

People needing emergency surgery cannot be deferred. This sometimes results in a patient who is scheduled for planned (elective) surgery having to be ‘cancelled’ on the day of operation. Staff understand how disappointing and frustrating this must be for people who may have waited several weeks or months for their operation. Peninsula Health works very hard to reduce the waiting time for elective surgery patients and the number of patients inconvenienced by last minute cancellations.

On the 30 June 2007 there were 2,073 people still waiting for their elective operation. On 30 September 2007 there were 2,329 people waiting for their operation with 1055 people waiting over the recommended time. On 30 June 2008 there were 2,079 people waiting for their operation with 850 waiting over the recommended time.

**Victorian Elective Surgery Initiative Project**

An extra 244 elective surgery patients from across the Peninsula were treated during 2008, as part of a Federal and State government funding blitz to assist hospitals to perform additional elective surgery. Peninsula Health received $1.08 million in funding for the initiative which forms part of a three-year elective surgery waiting list reduction plan.

Patients eligible for the additional elective surgery lists included all patients who had exceeded the recommended waiting time for elective surgery as of 30 September 2007 and were fit for surgery.

**Elective Surgery Access Service**

The Elective Surgery Access Service was initiated by the State Government six years ago. The service gives people the opportunity to have their procedures performed earlier at other hospitals. This year 21 patients had surgery at St Vincent’s, 147 had surgery at The Alfred and 22 had surgery at the Eye and Ear hospital.

**Increased Services**

Six new and expanded procedures were implemented to increase the surgical services available at Peninsula Health.

- Expanded urology procedures including surgery for the removal of kidney stones
- Caferterm procedure for women suffering from dysfunctional uterine bleeding. A Caferterm procedure is an alternative to a hysterectomy and reduces recovery time
- Facio-Maxillary day surgery for people requiring dental surgery. People needing this type of surgery previously travelled to the Royal Dental Hospital in Melbourne
- Increased vascular surgery including increased endoluminal procedures in Radiology and Surgery
- Opportunity for breast cancer patients undergoing a Mastectomy to also have Breast Reconstruction Surgery at the same time
- Expanded orthopaedic surgery at Rosebud Hospital to include Anterior Cruciate Ligament (ACL) procedures.

**Frankston Hospital Stage 2A Expansion**

When the $45 million Frankston Hospital Stage 2A redevelopment is completed in 2010, Peninsula Health will have surgical and critical care facilities that compare with the best in Victoria.

The expansion will include the development of two new operating theatres, refurbishment of the four existing theatres and an update of the Endoscopy and Day Surgery facilities at Frankston Hospital. The new and refurbished theatres will be in operation by November 2009. This will help to reduce the waiting list for people waiting to have elective surgery.

---

**Peninsula Health Hospital Initiated Postponements (HiPs) July 2007 - June 2008**

<table>
<thead>
<tr>
<th>Month</th>
<th>0%</th>
<th>2%</th>
<th>4%</th>
<th>6%</th>
<th>8%</th>
<th>10%</th>
<th>12%</th>
<th>14%</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HIPs Trend**
Heath’s surgery a first for Rosebud

It can happen to anyone. Heath Hayes was playing basketball one evening with his friends. As the 38-year-old was running down the court he twisted his right knee and heard a crunching sound. The following day his knee was swollen and he had trouble walking.

Heath’s local doctor sent him for an MRI which confirmed that he had torn his anterior cruciate ligament (ACL), one of the major stabilising ligaments in the knee. The injury usually occurs when people suddenly twist their knees, land from a jump or stop rapidly. It is particularly common in sports such as football, soccer, basketball and netball.

Heath was referred to orthopaedic surgeon, Mr Peter Hamilton, and had the two-hour procedure at Rosebud Hospital which was carried out using key-hole surgery.

Heath stayed overnight in the hospital and left the following day on crutches and with his leg in a brace. Two weeks later he met with his physiotherapist, Pat Young, who recommended he start light stretching and strengthening exercises to build up the muscle in his leg. Over the following months, Heath regularly met with Pat for treatment and assessment.

Heath is now back walking and regularly swims and rides his bike to further build up strength in his leg. He won’t be able to run or play basketball for a few more months so his ACL can properly heal but is looking forward to getting back on the court.

There have been four operations performed at Rosebud Hospital and it is anticipated more will be done over the coming year.
CONTINUITY OF CARE

MENTAL HEALTH SERVICES

The Peninsula Mental Health Service (PMHS) provides a treatment and recovery model of care that assists all consumers to improve their quality of life, regardless of the severity of their original mental health problem. Treatment is planned in a respectful and collaborative way according to the individual’s preferences, strengths and social situation.

Over the past year the service has integrated its community services. Instead of providing separate services for each phase of care such as crisis assessment, general practice liaison and the aged service, the service is now divided into four geographical areas.

Each area has a Community Mental Health Team that can be accessed through a single triage point and provides:

- Intensive community care for those who are acutely unwell but who can be managed outside a hospital setting
- Ongoing care in the community for those who need some ongoing assistance
- Long term care for the few people in the community with long term illnesses who require some level of ongoing support
- Liaison with local GPs and community organisations to provide assistance that enhances their capacity to provide services to people with mental health issues
- Liaison with occupational and financial advisors to assist people access community support programs on the Peninsula.

The Peninsula Community Mental Health Service (PCMHS) has an average of 6,500 client contacts each month. The service is a multidisciplinary team that includes doctors, psychologists, nurses, occupational therapists and social workers. The team works across the entire Peninsula and has access to mental health inpatient beds based at Frankston Hospital. A dedicated GP clinic was established at the Davey Street location so that clients, who do not usually visit a GP, have easier access to personal medical care.

Seclusion

Seclusion involves the confinement of a patient in a safe, low-stimulus room. The decision to use seclusion is taken after less restrictive options have been used. While seclusion can provide safety and comfort for the person involved, it can cause distress for family members and friends.

The seclusion rate at Peninsula Health is just 0.6 per cent of people admitted to Frankston Hospital’s mental health inpatient units. This is well below the state-wide key performance indicator rate of seclusion of 17 per cent. Peninsula Health is now a national project leader for the Commonwealth Reduction of Seclusion and Restraint Project and has presented its achievements both locally to carer and consumer groups and at national forums.

Employment

The My Recruitment Program, an employment agency funded by the Mental Illness Fellowship is co-located and integrated with the Peninsula Community Mental Health Service. Two employment consultants work closely with employers and clients to help them to obtain and retain work. My Recruitment at PCMHS is facilitating a pre-vocational group for clients, ‘Working towards work and wellness’, which covers communication skills, stress and symptom management and personal presentation skills.

Education for the Community

In the 2006 Peninsula Mental Health Service, in conjunction with Janssen-Cilag Pharmaceuticals, produced an educational DVD titled “About Psychosis.” The DVD was targeted towards consumers and carers of those who are in the early stages of a psychotic illness. It provides information about services and support agencies that are available through the public mental health system. The DVD was officially launched in April 2007 at the Congress of the Royal Australian and New Zealand College of Psychiatrists. To date 10,000 copies have been distributed nationally.

As a result of the success of this collaboration, a second DVD is in the process of production, this time on the subject of dementia. The DVD will be in two parts, the first providing information for carers (within both domestic and professional settings) on how to manage the behavioural symptoms that are often seen in dementia sufferers. The second part of the DVD targets GPs, and aims to provide information on the appropriate use of medications used to manage the symptoms of dementia.

Getting your head around it

Peninsula Health is working with community support agencies, such as Youth Substance Abuse Service, Peninsula Support Services and the Mental Illness Fellowship Victoria to form a partnership with Headspace, Australia’s National Youth Mental Health Program, to establish a mental health service for young people aged 12 to 25. Funding from the National Youth Mental Health Foundation and the Federal Government has enabled the development of 20 centres in Australia. Peninsula Headspace will create a coordinated and integrated local response to mental health and substance use issues experienced by young people within Frankston and the Mornington Peninsula.
EMERGENCY DEPARTMENT

Frankston Hospital has one of the busiest Emergency Departments in Victoria. In 2007/08 there were 50,336 presentations at the Frankston Hospital Emergency Department and 21,027 presentations at the Rosebud Hospital Emergency Department.

Patients treated at Frankston Hospital and Rosebud Hospital Emergency Departments

Peninsula Health recognises that Emergency Department waiting times for treatment at Frankston Hospital need to be improved. DHS targets for waiting times were not met and some patients waited longer than the recommended time for treatment.

To deal with the increased demand a number of initiatives to improve patient flow have been introduced:

- Daily management meetings now identify patients appropriate for transfer to Rosebud Hospital. This ensures more beds are available at Frankston for patients presenting to the Emergency Department
- A medical consultant was allocated to the Medical and Observation area, providing twice daily, seven day per week consultant rounds, ensuring assessment and management plans are instituted in a timely way
- Two nurses now work in the Emergency Department waiting room to ensure 100 per cent of patients are reassessed according to their triage category. All patients are given an Emergency Department fact sheet detailing their triage category and the reason they may experience a delay in seeing a doctor. The fact sheet also advises them to re-present to the triage nurse if they feel they have waited beyond the length of time that was originally advised or if their condition deteriorates.

Ambulance Victoria

There was concern that ambulances might be waiting too long in the ambulance bay at Frankston Hospital before patients could be triaged. A review was conducted by the Emergency Department in April 2008 to assess the time taken to triage ambulance patients. The review showed that, on average, it took five minutes to complete ambulance patient triage. The average time for the Metropolitan Ambulance Service (MAS) to place a patient to an Emergency Department bed was 13.7 minutes. The review was conducted over five busy days with 132 patients seen on average each day. This result is well within the 20 minute time frame allocated by the DHS benchmark.

Rosebud Hospital

Emergency Department attendances at Rosebud Hospital have grown by over 400 per cent in eight years, from just under 5,000 in 1999/00 to over 21,000 in 2007/08.

The Rosebud Emergency Department has met or surpassed all the standard DHS Key Performance Indicator requirements for access and time to treatment over the past two years. These included a dramatic reduction in the time spent on emergency bypass from nearly 11 per cent in 2003/04 to less than 0.75 per cent in 2007/08.

New equipment at Rosebud Hospital Emergency Department includes a Paediatric Nitrous oxide mixer, an ECG machine and new cardiac monitors. These have increased the number of monitored beds to seven, making it easier and safer to care for patients at Rosebud.

Frankston Hospital Emergency Department refurbishment

In June 2008 Frankston Hospital commenced a $2 million refurbishment of the Emergency Department. The redevelopment will be completed in December 2008 and will increase the number of treatment areas from 33 to 46.
Frankston Hospital’s performance against DHS Emergency Department targets

**Category 1 - % patients seen immediately**

<table>
<thead>
<tr>
<th>Month</th>
<th>06-07</th>
<th>07-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Category 2 - % patients seen in 10 minutes**

<table>
<thead>
<tr>
<th>Month</th>
<th>06-07</th>
<th>07-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Category 3 - % patients seen in 30 minutes**

<table>
<thead>
<tr>
<th>Month</th>
<th>06-07</th>
<th>07-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Category 4 - % patients seen in 60 minutes**

<table>
<thead>
<tr>
<th>Month</th>
<th>06-07</th>
<th>07-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Category 5 - % patients seen in 120 minutes**

<table>
<thead>
<tr>
<th>Month</th>
<th>06-07</th>
<th>07-08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Department Category Definitions:**

**Category 1 - Resuscitation**
Patients who require resuscitation, are unconscious or have life-threatening injuries.

**Category 2 - Emergency**
Patients who are in very severe pain, have severe breathing difficulties or have major fractures.

**Category 3 - Urgent**
Patients with moderate severe blood loss, persistent vomiting, dehydration.

**Category 4 - Semi-urgent**
Patients with less severe injuries, mild bleeding, possible fractures, sprained ankles and abdominal pain.

**Category 5 - Non-urgent**
Patients with minor illnesses, rashes, minor aches and pains.
## Glossary

Initials are used to refer to many terms, programs and organisations. This list of acronyms has been developed to assist you as you read this report.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACe</td>
<td>Assistance Care in Emergency</td>
</tr>
<tr>
<td>ACHS</td>
<td>Australian Council on Healthcare Standards (Rankings include: MA – moderate achievement, EA – extensive achievement, OA – outstanding achievement)</td>
</tr>
<tr>
<td>ACsAA</td>
<td>Aged Care Standards and Accreditation Agency</td>
</tr>
<tr>
<td>Acute care</td>
<td>Acute care refers to necessary treatment of a disease for only a short period of time in which a patient is treated for a brief but severe episode of illness.</td>
</tr>
<tr>
<td>Benchmarking</td>
<td>Benchmarking is used to evaluate various aspects of processes within the Health Service, in relation to best practice in the health sector.</td>
</tr>
<tr>
<td>BFHI</td>
<td>Baby Friendly Health Initiative</td>
</tr>
<tr>
<td>BPAV</td>
<td>Building Positive Attendance Victoria</td>
</tr>
<tr>
<td>CAC</td>
<td>Community Advisory Committee</td>
</tr>
<tr>
<td>CAG</td>
<td>Community Advisory Group</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>Clinical governance</td>
<td>The term used to describe a systematic approach to maintaining and improving the quality of patient care within a health system</td>
</tr>
<tr>
<td>CR</td>
<td>Computed Radiography</td>
</tr>
<tr>
<td>CSSD</td>
<td>Central Sterile Supply Department</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services - administers the State Government’s health and welfare programs</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EFT</td>
<td>Equivalent Full Time – used in relation to number of staff employed</td>
</tr>
<tr>
<td>EQuiP</td>
<td>Evaluation &amp; Quality Improvement Authority</td>
</tr>
<tr>
<td>ESAS</td>
<td>Elective Surgery Access System</td>
</tr>
<tr>
<td>FCDS</td>
<td>Frankston Community Dental Service</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HITH</td>
<td>Hospital in the Home</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>iPM</td>
<td>i Patient Manager</td>
</tr>
<tr>
<td>Inpatient care</td>
<td>Inpatient care is the care of patients whose condition requires hospitalisation</td>
</tr>
<tr>
<td>LOS</td>
<td>Length Of Stay</td>
</tr>
<tr>
<td>MAPU</td>
<td>Medical Assessment and Planning Unit</td>
</tr>
<tr>
<td>OH&amp;S</td>
<td>Occupational Health &amp; Safety</td>
</tr>
<tr>
<td>PACS</td>
<td>Picture Archiving and Communications System</td>
</tr>
<tr>
<td>PCCP</td>
<td>Peninsula Complex care Program</td>
</tr>
<tr>
<td>PCHS</td>
<td>Peninsula Community Health Service</td>
</tr>
<tr>
<td>PenDAP</td>
<td>Peninsula Drug and Alcohol Program</td>
</tr>
<tr>
<td>PETS</td>
<td>Pharmacist-initiated E-script Transcription Service</td>
</tr>
<tr>
<td>PMHS</td>
<td>Peninsula Mental Health Service</td>
</tr>
<tr>
<td>RAD</td>
<td>Response, Assessment and Discharge Team</td>
</tr>
<tr>
<td>ROSS</td>
<td>Residential Outreach Support Service</td>
</tr>
<tr>
<td>SHARPS</td>
<td>Southern HIV/HEP Resource and Prevention Service</td>
</tr>
<tr>
<td>SMICS</td>
<td>Southern Melbourne Integrated Cancer Service</td>
</tr>
<tr>
<td>Separations</td>
<td>The total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death), or portions of hospital stays beginning or ending in a change of type of care.</td>
</tr>
<tr>
<td>Sub-acute care</td>
<td>Sub-acute care is care that does not meet the definition of acute care or Nursing Home/Non-acute. All patients with episodes in the following care types are considered to be Sub-Acute:</td>
</tr>
<tr>
<td></td>
<td>- Designated Rehabilitation Program</td>
</tr>
<tr>
<td></td>
<td>- Geriatric Evaluation and Management Program</td>
</tr>
<tr>
<td></td>
<td>- Interim Care</td>
</tr>
<tr>
<td></td>
<td>- Palliative Care Program</td>
</tr>
<tr>
<td>TAFE</td>
<td>Technical and Further Education (Institute)</td>
</tr>
<tr>
<td>VESI</td>
<td>Victorian Elective Surgery Initiative</td>
</tr>
<tr>
<td>VPSM</td>
<td>Victorian Patient Satisfaction Monitor</td>
</tr>
<tr>
<td>WEIS</td>
<td>Weighted Inlier Equivalent Separations. Each patient is assigned a resource weight which is dependent on the primary reason for admission. The resource weight determines the amount of funding received for providing care</td>
</tr>
<tr>
<td>YES</td>
<td>Youth Employment Scheme</td>
</tr>
</tbody>
</table>
Input into this Report
Consumers, volunteers and carers provided feedback on the 2007 Quality of Care Report and assisted in the development of this report.

Feedback 2008
We received responses to our request for feedback when we released the Quality of Care Report last year and actively sought additional feedback by distributing the report to patients, volunteers and carers.

Readers requested more information on mental health and aged care services, diabetes programs and waiting times for surgery.

We have included articles relating to these services in this report.

The feedback showed us that most readers were happy with the information included in the Quality of Care Report and its presentation, but 20 per cent of feedback indicated the report was too long and 18 per cent felt it was too detailed.

This year we have endeavored to reduce the size of the publication.

Distribution of this Report
The 2008 Quality of Care Report will be distributed at the Annual General Meeting and to patients, clients, residents in aged care facilities, visitors, partners in health care, local doctors and community leaders. A copy of the Quality of Care Report will also be available on the Peninsula Health website.

The distribution of the report continues through the year as Peninsula Health responds to requests made by telephone, email or, ordinary mail. The report is also available in the reception areas of all Peninsula Health facilities and in visitors and patients’ rooms.

In every case recipients are invited to provide Peninsula Health with feedback on its services and programs.

If there are areas you would like to see included in the 2009 Quality of Care Report please fill out the feedback form and post it back to Peninsula Health. This is one way that you can help Peninsula Health to meet the needs of the community.

FEEDBACK

If you would like more information about any Peninsula Health service or program, or if you would like to pass on a compliment or express a concern, there are a number of ways to reach the right person quickly.

You can contact the:
Customer Relations Department
9784 7298 - to make a complaint or register a compliment.
Public Relations Department
9788 1501 - for information on Peninsula Health services or programs.

You can also access more information about services on the Peninsula Health website: www.peninsulahealth.org.au or use the “Contact Us” button to send an email.

Other contact numbers are listed on the back page of this report. Information is also available in the Annual Report and the Research Report. If you would like a copy of both reports you can send back the feedback form or telephone 9788 1501 and request a copy be posted to you.
HASTINGS ROAD (PO BOX 52)
FRANKSTON, VICTORIA 3199
Ph: (03) 9784 7777
For those outside the Melbourne Metropolitan Area Ph: 1800 858 727
www.peninsulahealth.org.au

Frankston
CARINa RESIDENTIAL AGED CARE UNIT
126 Golf Links Road
Frankston Vic 3199
Tel: (03) 9780 7277
Fax: (03) 9780 7278
COMMUNITY CARE UNIT
4 Spry Street
Frankston Vic 3199
Tel: (03) 9780 4208
Fax: (03) 9780 4209
FRANKSTON COMMUNITY REHABILITATION CENTRE
126 Golf Links Road
Frankston Vic 3199
Tel: (03) 9780 7269
Fax: (03) 9780 5493
FRANKSTON HOSPITAL
Hastings Road (PO Box 52)
Frankston Vic 3199
Tel: (03) 9780 7277
FRANKSTON REHABILITATION UNIT
126 Golf Links Road
Frankston Vic 3199
Tel: (03) 9780 8985
Fax: (03) 9780 9562
FRANKSTON INTEGRATED HEALTH CENTRE
12-32 Hastings Road
Frankston Vic 3199
Tel: (03) 9784 8100
Community Health Service
Tel: (03) 9784 8120
Fax: (03) 9784 8140
PENINSULA COMMUNITY MENTAL HEALTH SERVICE
15-17 Daisy Street
Frankston Vic 3199
Tel: (03) 9784 8083
Fax: (03) 9784 8080
S.H.A.R.P.
26-38 Rose Street
Frankston Vic 3199
Tel: (03) 9781 1022
Fax: (03) 9781 0099
TATTERSALLS PENINSULA PALLIATIVE CARE UNIT
126 Golf Links Road
Frankston Vic 3199
Tel: (03) 9784 8663
Fax: (03) 9784 8674

MOUNT ELIZA CENTRE
Jacksons Road (PO Box 192)
Mount Eliza Vic 3930
Tel: (03) 9788 1200
Fax: (03) 9787 9954
MICHAEL COURT
RESIDENTIAL AGED CARE UNIT
32 Michael Court
Seaford Vic 3198
Tel: (03) 9785 3744
Tel: (03) 9785 3739
Fax: (03) 9782 4434

FRANKSTON INTEGRATED HEALTH CENTRE
12-32 Hastings Road
Frankston Vic 3199
Tel: (03) 9784 8100
Community Health Service
Tel: (03) 9784 8120
Fax: (03) 9784 8140
PENINSULA COMMUNITY MENTAL HEALTH SERVICE
15-17 Daisy Street
Frankston Vic 3199
Tel: (03) 9784 8083
Fax: (03) 9784 8080
S.H.A.R.P.
26-38 Rose Street
Frankston Vic 3199
Tel: (03) 9781 1022
Fax: (03) 9781 0099
TATTERSALLS PENINSULA PALLIATIVE CARE UNIT
126 Golf Links Road
Frankston Vic 3199
Tel: (03) 9784 8663
Fax: (03) 9784 8674

PENINSULA DRUG & ALCOHOL PROGRAM
Asphalt Office
c/o Southern Peninsula Support & Information Centre
10 Dawn Road
Rosedale Vic 3918
Ph: (03) 5986 5688
Fax: (03) 5986 5698
PENINSULA COMMUNITY REHABILITATION SERVICE
288 Eastbourne Road
Rosedale Vic 3918
Community Rehabilitation Centre
Tel: (03) 5986 2244
Fax: (03) 5981 2253
Inpatient Unit
Tel: (03) 5981 3118
Fax: (03) 5982 1119

Dromana

Rosebud
ROSEBUD HOSPITAL
1037 Pt. Nepean Road
Rosebud Vic 3939
Tel: (03) 5986 0666
Fax: (03) 5986 7589
ROSEBUD RESIDENTIAL AGED CARE SERVICE
180 Pt. Nepean Road
Rosebud Vic 3939
Jean Turner Community Nursing Home
Tel: (03) 5982 2322
Fax: (03) 5982 2302
Leech Care Home
Tel: (03) 5982 3511
Fax: (03) 5982 3502
PHCS DENTAL SERVICES
8 Third Avenue and Eastbourne Road, Rosebud
Tel: (03) 5984 4397
Fax: (03) 5984 5122

Mt Eliza
MOUNT ELIZA CENTRE
Jacksons Road (PO Box 192)
Mount Eliza Vic 3930
Tel: (03) 9786 9290
Fax: (03) 9785 3744

Mornington
THE MORNINGTON CENTRE
On Tyalla Grove and Separation Street
Mornington 3931
Tel: (03) 5975 8200
Fax: (03) 5975 8210
PHCS MORNINGTON SITE
1 St. Annes, Mornington 3931
Ph: (03) 5975 4269
Fax: (03) 5975 8251

Seaford
MICHAEL COURT
RESIDENTIAL AGED CARE UNIT
32 Michael Court
Seaford Vic 3198
Tel: (03) 9785 3744
Tel: (03) 9785 3739
Fax: (03) 9782 4434

St Arnaud

TATTERSALLS PENINSULA PALLIATIVE CARE UNIT
126 Golf Links Road
Frankston Vic 3199
Tel: (03) 9784 8663
Fax: (03) 9784 8674

Rosebud Hastings

Seaford

Frankston

PENINSULA DRUG & ALCOHOL PROGRAM
Asphalt Office
c/o Southern Peninsula Support & Information Centre
10 Dawn Road
Rosedale Vic 3918
Ph: (03) 5986 5688
Fax: (03) 5986 5698
PENINSULA COMMUNITY REHABILITATION SERVICE
288 Eastbourne Road
Rosedale Vic 3918
Community Rehabilitation Centre
Tel: (03) 5986 2244
Fax: (03) 5981 2253
Inpatient Unit
Tel: (03) 5981 3118
Fax: (03) 5982 1119

Dromana