The production of this report has been supported by the Rosebud Hospital Opportunity Shop and the Frankston Hospital Pink Ladies.
Peninsula Health tallied up the following figures during 2004 – 2005:

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>899</td>
<td>the number of new staff appointed</td>
</tr>
<tr>
<td>58,032</td>
<td>the number of inpatients we treated</td>
</tr>
<tr>
<td>14,296,819</td>
<td>the kilowatt hours of electricity we used at Peninsula Health</td>
</tr>
<tr>
<td>112,038</td>
<td>kilolitres of water used in our facilities</td>
</tr>
<tr>
<td>$997,617.27</td>
<td>what that electricity cost us</td>
</tr>
<tr>
<td>640</td>
<td>the number of medical and health related journals to which our medical libraries subscribe</td>
</tr>
<tr>
<td>548</td>
<td>the number of staff trained in No Lift procedures</td>
</tr>
<tr>
<td>59,000</td>
<td>the approximate number of procedures done in our Medical Imaging services (x-rays, CT scans, ultrasounds, etc)</td>
</tr>
<tr>
<td>16,848</td>
<td>the kilos of general paper (not confidential paper) we recycled from Frankston Hospital</td>
</tr>
<tr>
<td>7,879</td>
<td>the total units of blood and blood products (plasma, etc) used</td>
</tr>
<tr>
<td>914,713</td>
<td>the number of meals served across Peninsula Health</td>
</tr>
</tbody>
</table>

Answers to Quality Quiz:

1. (B) A pressure ulcer is another name for a bed sore. We are vigilant in monitoring and treating pressure ulcers because they can become very serious. (See pg 45)

2. (A) When a health service performs well in the Victorian Quality Council’s Six Dimensions of Quality, it is providing its community with first rate care. (See pg 8)

3. (A) In the health industry, lifting is the most common cause of workplace injuries. Peninsula Health has a NO LIFT policy and provides special training to its staff. (See figures this page)

4. (B) Accurate discharge summaries help patients to continue recovering after leaving hospital. The summaries tell their GPs about the treatment and medications they received in hospital. (See pg 37)

5. (C) Diabetes and Emphysema are examples of chronic conditions – they are long-term health problems that people must learn to manage well in order to stay as healthy as possible. (See pg 61)
IN PARTNERSHIP,

Building a Healthy Community

through

Service

Integrity

Compassion

Respect

Excellence

Professionalism
Peninsula Health provides public health care for 300,000 people, 50,000 of whom are over 70.

The people we serve live in a 900 sq km area that includes the City of Frankston, the Mornington Peninsula Shire and the southern part of the City of Kingston.

Each year 2,000 babies begin their lives in our hospitals. Our Emergency Departments are among the busiest in the state.

One in ten of the people we treat comes from a non-English speaking background (NESB). Our NESB patients most often speak Croatian, Greek or Italian.

Our population, especially people over 65, is growing faster than that of both Metropolitan Melbourne and Victoria.

Heart disease is the biggest cause of death, disability and/or illness in our area. The next highest causes include cancer, stroke, emphysema (breathing disorder often caused by smoking) and asthma, accidents and diabetes.

Gavin Carter, age 4, accompanies his foster mum, Bea Edwards, when she talks to groups in the Indigenous community. Bea, who is from our Community Health staff, helps local Aboriginal families get the health care services they need. She often uses Dreamtime stories to illustrate concepts to her clients, using the clap sticks while Gavin performs traditional dances. (See pages 24 and 28 for more on Indigenous health services)
Young people in our area suffer most from injuries, asthma and mental disorders. Elderly men and women have the highest rates of heart disease, stroke, cancer and breathing disorders compared with the rest of the population. Men in our region are three times more likely to attempt suicide than women.

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

At the last census, there were 1,200 Indigenous people, known in Victoria as Kooris, living in our area.

The rate of death and disability in our service area is slightly lower than the average for Victoria. Women in our population can expect to live to almost 82 years and men to nearly 76. Sadly, Aboriginal life expectancy is between eight and 18 years lower than the Victorian average.

Each holiday season the population grows by over 100,000 with visitors flocking to the Peninsula’s recreational attractions. Every year some of these holidaymakers require hospital care and other services from Peninsula Health.

SOURCES: Australian Bureau of Statistics; Burden of Disease: Victoria 1996-2016; Southern Metropolitan Burden of Disease Study
Services for people who are ill or injured

- Emergency Departments in Frankston and Rosebud
- Hospital in the Home
- Hospital Care

MEDICAL SPECIALTIES
- cancer services
- cardiac (heart) services
- endocrinology (diabetes)
- Intensive Care (critical illness)
- gastroenterology (digestive system) services
- general medical services
- geriatric medicine (aged care) services
- haematology (blood disorders) services
- infectious diseases
- neurology (brain and nervous system) services
- respiratory (breathing) services

Services for people who need surgery

- Operating Theatre Suites at Frankston & Rosebud Hospitals
- Anaesthesia and pain management services
- Pre-admission clinics
- Lithotripsy (for kidney stones)
- Day surgery
- Short stay surgery
- Wound therapy and stomal therapy (for patients with surgically created waste elimination sites)
- Rehabilitation

SURGICAL SPECIALTIES
- ear, nose and throat surgery
- general surgery
- orthopaedic (joint and bone) surgery
- paediatric surgery (for children)
- plastic and reconstructive surgery
- thoracic (lung and respiratory system) surgery
- urology (urinary and male reproductive system) surgery
- vascular (blood vessel) surgery
Services for women and children
- Breast Cancer services
- Birthing services including Family Birthing
- Care for women and infants following birth
- Childbirth education
- Special services for chemically dependent and very young pregnant women
- Clinics for infant feeding and sleeping problems
- Special services for post natal depression
- Special Care Nursery for ill or premature newborns
- Children’s Ward
- Special services for children with diabetes, asthma and eating disorders
- Adolescent health services
- Gynaecology (female reproductive system) services

Services for people with mental illness
- Crisis response
- Continuing care and outreach programs
- Home and community based services
- GP liaison for mental health issues
- Counselling
- Living skills programs
- Consumer and Carer consultancies
- Services for people with both illness and addiction
- Accommodation, care and rehabilitation for people with long term mental illness
- Hospital care for adults
- Hospital care for elderly people with a mental illness

Services for older people
- Assessment
- Bed-based and home care for the elderly
- Residential care
- Personal Alarm Call Service
- Respite and carer support
- Home modification, aids for disabilities and prosthetics
- Rehabilitation
- Falls Prevention
- Continence and Memory clinics

Services for people with mental illness
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- Continuing care and outreach programs
- Home and community based services
- GP liaison for mental health issues
- Counselling
- Living skills programs
- Consumer and Carer consultancies
- Services for people with both illness and addiction
- Accommodation, care and rehabilitation for people with long term mental illness
- Hospital care for adults
- Hospital care for elderly people with a mental illness

Services that support patient care
- Youth services
- Family planning
- Koori access services
- Health promotion
- Alcohol, drug and needle exchange services
- Dental services for all ages
- Programs to reduce the need for hospitalisation
- Pharmacy (medications)
- Chaplaincy

ALLIED HEALTH SERVICES
- physiotherapy
- podiatry (foot care)
- diabetes education
- speech pathology
- audiology (hearing)
- optometry (vision)
- nutrition and dietetics
- occupational therapy
- social work

Investigative Services
- X-ray, computerised axial tomography (CAT scans), magnetic resonance imaging (MRI) and other medical imaging services
- Pathology (testing of blood, tissue, etc)
- Endoscopy (internal visual examination procedures)
- Sleep Laboratory

Josephine Bonnici, 81, gets help from our Complex Care Service for her Chronic Heart Failure, a condition in which the heart does not pump forcefully enough. One of the services arranged for her is a regular, supervised exercise program. Her husband, Frank, sometimes joins in.
If you have a medical emergency or you need surgery, you will most likely be treated by staff at Peninsula Health.

Your elderly relative might currently be living in one of our aged care residences.

Perhaps your neighbour is using our health programs to manage her diabetes or your son has just had his hearing tested in our Audiology lab.

Your children were probably born in one of our hospitals.

One of your friends might have sought our help for a psychiatric problem, and you probably know someone who is on the mend and getting stronger through one of our rehabilitation programs.

Your tax dollars pay for our services. Your needs determine what we offer. You entrust your health to our skill.

You have the right to know as much about Peninsula Health as possible. We have the responsibility to provide you with honest, current, comprehensive information on what we do and how well we do it.

That is what our annual Quality of Care Report is all about!

WIN A HEALTH BONANZA BASKET

We want to report on the things that are important to you. Please fill out the evaluation at the back of this magazine for a chance to win one of THREE GREAT PRIZES.
This is Peninsula Health’s fifth QUALITY OF CARE REPORT.

It includes Peninsula Health’s ‘Report Card’ and contains your comments on the health service’s performance. It also has the opinions of a team of leading health professionals who recently examined our services against national standards.

This report brings you the latest news on some of the topics that have been reported on over the last four years, showing you the trends that have developed over this period.

It provides a clear picture of the methods used to ensure safety and quality.

As always, the report includes performance figures on four crucial safety concerns: medication safety, infection control, wound management and falls prevention.

Peninsula Health’s current status on one of the most high profile issues in health care – waiting lists for elective surgery – is provided, with an explanation on why planned surgery is sometimes cancelled.

This year the Peninsula Health core services in the spotlight are the Division of Medicine and Critical Care, the Complex Care Program and the Women’s, Children’s and Adolescent Health Service.

Peninsula Health recommends that you read this report in conjunction with the 2005 Annual Report, 2005 Research Report and current Financial Statements.

These are available on the Web Page, www.phcn.vic.gov.au

You may also request a printed copy.

We hope you will tell Peninsula Health how it can improve this report. At the end of this document the ways in which you can send in your ideas, concerns and questions are listed.

You will also find a current ‘fridge magnet’ with updated health care telephone numbers. On this year’s magnet the information is also accessible in Braille and is translated into Croatian, Greek and Italian, our three most spoken non-English languages.

This year, Peninsula Health considered the cost of producing this report and confirmed that a good quality report would be useful to the community. The total cost of producing the report, printing 3,000 copies and uploading the document to our Website is $23,000. We are grateful for the support of the Rosebud Hospital Opportunity Shop and the Frankston Pink Ladies who contributed 50% of production costs.

Thank you for your interest in Peninsula Health and we hope you enjoy reading about your health service.

Barry Nicholls
Chairman,
Board of Directors

Dr Sherene Devanesen
Chief Executive
This Health Service needs to improve ... all the time.

Only through a commitment to continuous improvement can Peninsula Health bring you high quality health care.

So we are constantly developing new and better ways of doing our job:

- we keep a close watch on everything we do in order to spot and solve problems quickly
- we carefully study the information we collect to pick up on areas where we can perform more efficiently
- we combine our efforts, consult our partners and keep up with worldwide advancements in order to produce more effective services
- and we respond to our community’s needs by listening to you - our consumers - investigating your concerns, considering your suggestions and using your ideas.

We are totally committed to these processes, and we follow the guidelines used by progressive and professional health providers all over the world.

At Peninsula Health, our quality goals and systems are based specifically on the Quality Framework developed by the Victorian Quality Council.
According to this Framework,
a high quality health system demonstrates -

**SAFETY**
ensuring the safety of its consumers and staff

**ACCESS**
making sure the services people need are available to them

**EFFECTIVENESS**
delivering care that produces measurable, effective outcomes

**APPROPRIATENESS**
providing the right treatment at the right time for the right patient.

**ACCEPTABILITY**
addressing the needs and meeting the expectations of the people it serves

**EFFICIENCY**
using resources efficiently.

These six Dimensions of Quality are not slogans.

They direct the processes by which Peninsula Health continuously strives to improve the safety and quality of its services.

**Take Effectiveness, for example.**

When you are sick, you don’t want the people caring for you to **guess**.

You expect your medical test results to be accurate, your medications to be correctly measured and your treatments to be based on more than conjecture.

In trusting your health to others, you are expecting them to use evidence instead of assumption and to rely on facts rather than supposition.

In health care today, as well as in education and many other fields, there is a world-wide emphasis on the need for ‘evidence-based practice’ and ‘data-driven decision making’.

Buzzwords aside, this focus means that services respond to measurable needs, that treatment is based on carefully tested criteria and that good record keeping is used to spot problems and develop solutions.

Peninsula Health collects and reviews information to better manage care and improve health services.

Carefully analysing facts, figures, observations and statistics helps to set goals, judge progress and overcome challenges.

At Peninsula Health we follow the motto

**Don’t Speculate: INVESTIGATE**

Effectiveness, Safety, Appropriateness, Acceptability, Access and Efficiency are our guiding principles. Throughout this magazine we will feature articles on how we incorporate, use and meet these six Dimensions of Quality.
Our Report Card

13 Your Say Consumers comment on our care

17 Making the Grade Results from our latest Accreditation Survey

19 Kicking Goals…and Hitting Our Targets We spotlight our progress on activities from our last four Quality of Care Reports . . . and show how we respond when things do not go to plan

27 Trendsetters We chart the trends in our performance

29 Quality Culture Our annual accounting of five Key Issues that demonstrate our commitment to Quality and Safety – Hospital Initiated Postponements, Infection Prevention and Control, Reducing Medication Safety, Skin Integrity and Falls Prevention

The Word Doctor will translate the Medical Jargon for you. Look for this person throughout the magazine.
Contents

2005 QUALITY OF CARE REPORT 10

51 Solid Foundations A snapshot of the methods we use to keep improving our services

55 Care Close Up We give some of our core services a thorough examination

Good Medicine The programs, projects and people in our Division of Medicine and Critical Care

Caring Connections Tackling chronic conditions in the Complex Care Program

Family Fare Innovative care in our Women’s, Children’s and Adolescent Health Services

79 Communication . . . COMMUNITY . . . Collaboration Working with our consumers to Build a Healthy Community

Features

Quality of Care Report
Published annually in hard copy and online at www.phcn.vic.gov.au (includes MP3 audio version)

EDITORIAL GROUP
Dr Peter Bradford, Executive Director Medical Services
Ms Shannon Anastasio, Community Advisory Committee
Ms Marilyn Rowe, Community Advisory Committee
Ms Elaine Bennett, Director Quality and Customer Services
Ms Elizabeth Wilson, Executive Director Nursing and Community Participation
Mr John Jukes, Director Public Relations and Marketing

2005 PROJECT GROUP
Dr Gary Braun, Deputy Director, Division of Medicine
Mr Brendon Gardner, Acting Executive Director Rehabilitation, Aged and Palliative Care; Director Health Information Systems
Ms Jan James, Administrative Assistant Quality and Customer Service
Ms Melissa Lowe, Project Officer
Ms Kate MacRae, Director Occupational Therapy
Mr Phillip Murphy, Acting Executive Director Human Resources
Ms Gayle Reid, Project Officer - Quality, Psychiatric Services
Ms Nicole Romney, Project Officer Complex Care
Mr Simon Ruth, Manager Peninsula Drug and Alcohol Program
Ms Fiona Turner, Manager Complex Care

Snippets
A collection of fast facts, health hints and quick quizzes throughout the magazine

EDITORIAL
Editor:
Elizabeth Alexander
Photography:
John Lim Photography
Graphic Design:
Powerhouse Design
Cartoons:
George Haddon
Ashleigh and Thomas Davis have lots to look forward to as they begin their life’s journey. Their future will be filled with wonderful advancements in technology, medicine, science and culture.

Peninsula Health is pleased to have helped them on their way to a healthy future by providing the special care they needed at birth. As they grow, Peninsula Health will continue to plan for and offer the services they need.

Our Strategic Plan for 2005 to 2008 is built on consumer input from surveys, focus groups and other feedback, as well as data on current and future needs. This Plan outlines thirteen goals to achieve by 2008.

In this Quality of Care report we are featuring just a few of the actions called for in the Strategic Plan. A full summary of our 2005 – 2008 Strategic Plan and the projects and developments emerging from it will be available at our facilities during Open Days in March 2006.

When the Davis twins are three years old, Peninsula Health will be working from its 2008 – 2011 Strategic Plan. Through the years our goals will continue to be updated to provide Ashleigh, Thomas and all our consumers with quality health care.
## GOALS

<table>
<thead>
<tr>
<th>GOALS</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a quality of care to older people that is in keeping with evidence-based practice</td>
<td>Read about our Centre for Excellence to be established in Mornington. See page 21.</td>
</tr>
<tr>
<td>Provide high quality complementary services from Rosebud Hospital</td>
<td>We have set up a new General Medicine Unit at Rosebud Hospital. For details see page 59.</td>
</tr>
<tr>
<td>Work in partnership with other health providers to enhance the health and wellbeing of the community</td>
<td>Learn about our new Complex Care program on pages 79-82.</td>
</tr>
<tr>
<td>Provide a flexible range of responses to the increasing level and complexity of demand</td>
<td>Innovative staffing in our Rosebud Hospital Emergency Department has helped us treat a record number of patients. See page 19.</td>
</tr>
<tr>
<td>Continue and enhance service and capital planning</td>
<td>Plans are well under way for a major redevelopment at Frankston Hospital. Details on page 21.</td>
</tr>
<tr>
<td>Develop mutually beneficial partnerships to build a healthier community</td>
<td>Read about our Community Kitchens on pages 27-28.</td>
</tr>
<tr>
<td>Build on our strong culture of quality and innovation</td>
<td>We are collecting ideas to improve patient flow. Please see pages 31 for details.</td>
</tr>
<tr>
<td>Establish and maintain a strong and dynamic research function</td>
<td>We provide a comprehensive review of our research activities in the 2005 Research Report.</td>
</tr>
<tr>
<td>Promote the attractiveness of Peninsula Health as an employer of choice, avoiding staff shortages in key areas</td>
<td>We have established our own Medical Officers Bank. Read about it on page 60.</td>
</tr>
<tr>
<td>Maintain financial viability by living within our means</td>
<td>See page 6 on volunteer support and also refer to our Annual Report &amp; Financial Statements</td>
</tr>
<tr>
<td>Plan, manage and enhance physical infrastructure</td>
<td>Major redevelopment of our Radiology facilities is underway. See page 21.</td>
</tr>
<tr>
<td>Provide timely, accurate information to improve efficiency and patient/client outcomes</td>
<td>We continue to expand our computer-based record keeping, risk alerts and prescribing. See pages 26 &amp; 37 for information about our electronic activities.</td>
</tr>
<tr>
<td>Identify, analyse, treat, evaluate and monitor risks at all levels.</td>
<td>Our procedures for handling risks are among the best in Australia. See pages 52-54 &amp; page 71 for details.</td>
</tr>
</tbody>
</table>
you are sometimes a patient,

Your Say

We need you to help us to meet your needs.

Without your feedback, interest and participation in our work, we could not deliver quality health care.

WE VALUE YOUR VIEWS

We want you to tell us what you think about our services. We need to know if you have a problem with your care. We seek your ideas, suggestions, opinions, perspectives and complaints.

With your input, we can improve what we do and better meet your needs.

And we DO listen!

Last year we heard from hundreds of you through your cards and letters, complaints, survey questionnaires, phone calls and visits.

These are some of the things you had to say –

... WITH YOUR COMPLIMENTS

“... we appreciated the treatment and care given to us by the nurses who work for Hospital in the Home ... It is a wonderful service that made our life so much easier at a very difficult time....”

“I would like to dispel the myth of malfunction of our public hospital system. I have attended Frankston and Rosebud for over 50 years and at no time have I received or observed anything but the most capable and courteous attention....”

“...Although the wait in emergency is sometimes long but unavoidable, all staff have treated our daughter kindly and reassured my husband, myself and our older daughter when we have been very worried. We know how much pressure your staff are under in emergency and people in pain don’t have a lot of patience! We can only say thank you for your help....”

“... to the staff of MEPACS (Mount Eliza Personal Alarm Call Service) – Thank you so much for the birthday card you sent. I was amazed to get it. How vigilant you must be if you send one to all your clients! It is such a wonderful institution. I am very grateful indeed....”
but you are always a partner

... AND YOUR COMPLAINTS

Last year 610 of you filed formal complaints about the issues that concerned you. We were able to identify eight general categories from these issues and are investigating the ways in which we can make improvements in these areas.

Complaints
July 2004 to June 2005  Total Complaints - 610

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>29%</td>
</tr>
<tr>
<td>Administration</td>
<td>18%</td>
</tr>
<tr>
<td>Atmosphere</td>
<td>12%</td>
</tr>
<tr>
<td>Communication</td>
<td>32%</td>
</tr>
<tr>
<td>Cost</td>
<td>3%</td>
</tr>
<tr>
<td>Privacy</td>
<td>3%</td>
</tr>
<tr>
<td>Rights</td>
<td>2%</td>
</tr>
<tr>
<td>Treatment</td>
<td>1%</td>
</tr>
</tbody>
</table>

- **Access**: (getting services in a timely manner)
- **Administration**: (issues such as records, red tape, parking etc)
- **Atmosphere**: (noise, cleanliness, etc)
- **Communication**: (issues such as misunderstandings, lack of clear explanations, rudeness and conflict)
- **Cost**: (TV hire, phone charges, etc)
- **Privacy**: (primarily to do with mixed gender wards)
- **Rights**: (issues including consent, explanations, how to file a complaint, etc)
- **Treatment**: (issues such as complications and medications)

WE LISTENED

Many complaints resulted in our making changes in our services.

**Examples from last year include:**

A patient complained that notification of a radiology procedure booked for him by his doctor did not arrive by post until the day before the test, making it difficult to arrange attendance. Now, if a doctor books a patient for an x-ray or other radiology procedure and it is to be done within 48 hours, the patient is notified by phone rather than mail.

A clinical pathway (See page 23) is being developed for women who experience the death of a foetus under twelve weeks. This was initiated in response to a complaint from an expectant mother who was advised in Radiology that her foetus had died. The woman received no counselling at the time.

A patient who had surgery on her foot complained that she unexpectedly found blood on the cast. A rupture had occurred, the stitches had opened and the foot became numb and swollen when circulation was compromised. The patient’s condition was treated successfully, and surgical staff have revised the instructions they give to patients in plaster casts.
in the September 2004 Victorian Patient Satisfaction Monitor

Each year the Government sends questionnaires to 40,000 people who have been patients in public hospitals. They get around 18,000 returned, with about 600 of those coming from Frankston and Rosebud Hospital patients. Results of the survey are compared to hospitals of similar size and makeup, and percentages indicate the level of patient satisfaction from lowest 0% to highest 100%.

FRANKSTON HOSPITAL

98% Help with Pain
97% Helpfulness of Staff
97% Cleanliness of Room
96% Being treated with respect
96% Courtesy of nurses
89% Willingness to listen to problems
86% Way information about condition was explained
83% Quality of the Food
82% Given written information on how to manage your recovery/condition at home
74% Privacy in Room
73% Restfulness of Hospital
55% Hospital staff encouraged feedback

ROSEBUD HOSPITAL

100% Staff attitudes before admission
98% Courtesy of Nurses
95% Cleanliness of toilets and showers
92% Confidence in doctor in charge of care
90% Convenience of time of day discharged
84% Explanation of hospital routines
83% Informed of what to do if had a problem or needed help
80% Temperature of hot meals
72% Informed of activities should or should not do
69% Restfulness of hospital
57% Hospital staff encouraged feedback
57% Aware could make a formal complaint

AND SOME INDIVIDUAL COMMENTS FROM THE SURVEY

“I could not fault the staff – they were courteous at all times.”

“. . . the longest night of my life; it was not possible to sleep!”

“Everything was very satisfactory in my book!”

“Admission staff good.”

“Please have doctors explain in normal English when telling you what is the matter, instead of talking in initials.”

“I was diagnosed on Sunday, admitted on Monday and sent home on Monday night. Fantastic response.”

“I was upset that, being a young woman having a mastectomy, I had to share a room with an old man.”

“Provide more parking for visitors.”

“I think they have it all – courtesy, nice manners and very caring.”

“Some patients have too many noisy visitors.”

“Excellent kindness from all staff!”

“Doctors should communicate with patients. They should answer questions when asked, as the patient is the one under stress.”

“Toilets are a bit old. I think they could do with more modern cisterns, but they were very clean.”

“Require a bit more privacy in the Emergency Department for a short stay.”

“I was overwhelmed at how well I was treated.”
**WE LISTENED**

- We are holding communication training sessions with our doctors; language training is provided for doctors from a non-English speaking background.
- A Patient Rights and Responsibilities campaign was conducted across the health service, raising consumers' awareness of avenues for feedback and the process for filing a formal complaint.
- We are addressing the issue of the restfulness of the hospital environment by reducing the number of voice pages over the PA system. Individual pagers are provided for the appropriate personnel.
- We are responding to issues involving food by reducing the size of meals (as patients have requested) and investigating methods for heating smaller plates.

**OTHER COMMENTS:**

“The print was too small.”
“Some bits I did not understand”
“Perhaps put a space on the fridge magnet to write our own GP's number.”
“There was too much to read.”
“Covered all areas well.”
“Keep up the good work.”
“The graphs were difficult to read.”
“I did not understand a lot of the medical jargon.”
“I liked the phone numbers at the back.”
“A1 Pass”

**OTHER COMMENTS:**

“Did you find the report easy to read?”

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you find the report easy to read?</td>
<td>35</td>
<td>10</td>
</tr>
<tr>
<td>Did we explain issues clearly?</td>
<td>38</td>
<td>7</td>
</tr>
<tr>
<td>Were our topics interesting to you?</td>
<td>35</td>
<td>10</td>
</tr>
<tr>
<td>Did the report answer any questions or concerns you had about health care? (2 x no answer)</td>
<td>29</td>
<td>14</td>
</tr>
<tr>
<td>Do you now have a better understanding of how we try to keep you safe and provide quality care? (1 x no answer)</td>
<td>38</td>
<td>6</td>
</tr>
</tbody>
</table>

We are using this and other Quality of Care Report feedback to improve this year’s report by –

- enlarging the type size
- making graphs clearer and more straightforward
- keeping articles as short as possible
- adding a Word Doctor to explain the jargon
- making the fridge magnet bigger and including other languages and Braille
- inserting a space on the fridge magnet for phone numbers of GPs or other health care professionals
This 'Report Card' details the results of our recent accreditation surveys by these national agencies.
National agencies, recognised by governments and health providers throughout Australia, regularly conduct reviews of individual Health Services. These reviews are thorough and look at all the functions of a healthcare organisation, including the vitality of the Quality culture.

Peninsula Health is evaluated by the Australian Council on Healthcare Standards (ACHS), which examined our entire Health Service in May. Our aged care residential services are also reviewed by the Aged Care Standards Accreditation Agency.

**SURVEYORS’ COMMENTS:**
Peninsula Health works from a culture of evaluation and innovation.

The program of electronic prescribing and discharge (using computers to write prescriptions and reports when a patient is discharged), is the benchmark for the health industry in Australia.

The health service uses a unique system to ensure it is complying with all legal requirements. That system, developed at Peninsula Health, is being commercially produced and has been recommended by the Department of Human Services. It is now used by other Victorian health services and its use by interstate health services is being explored. The Final Report lists this compliance system as Outstanding, making it a benchmark for Australia.

The Peninsula Health Pharmacy Department has developed numerous best practice procedures for medication safety. (Much more information on this on pages 37-40)

Peninsula Health is also a leader in falls prevention. The service-wide falls prevention program has developed strategies, training aids and evaluation tools that are in use around Australia and internationally. (More about our Falls Prevention Services on page 48)

The Psychiatric Service provided to the community is comprehensive and of a very high quality.

Staff training in emergency procedures is thorough and effective.

The health service does an outstanding job of helping consumers move between acute and sub-acute services smoothly and without delays.

The Medical Officer Bank developed by Peninsula health addresses medical workforce and staffing issues to ensure a safer environment. (More about this on page 60)

**SUGGESTED IMPROVEMENTS:**
Peninsula Health should consider centralising equipment storage for better use of resources. (We have done that with the equipment that is used for people with obesity, see page 20)

Benchmarking (comparing performance against that of other similar organisations) should be enhanced throughout the Health Service.

The Health Service should continue to progress its planning for a possible influenza pandemic. (We have – see page 54)

**RECOMMENDATIONS:**

The Health Service should restructure its storage of hazardous goods at Frankston Hospital. (This was done immediately following the Survey Summation in May)
Kicking Goals

We have made further progress on several topics discussed in our 2004 Quality of Care Report. These include:

**HOSPITAL BYPASS**

**Hospital bypass** refers to times when an Emergency Department is so full that ambulances are asked to go on to other hospitals. This year we reduced bypasses from 22 a month to 4 a month at our Rosebud Hospital Emergency Department (ED). Several strategies contributed to this result. First, we appointed additional senior medical staff and a Physiotherapist to the ED team. The Physiotherapist treats soft tissue injuries (sprains, pulled ligaments, etc), freeing up other staff to treat more patients. We also expanded our ED Streamline service which fast tracks simple cases allowing more people to be seen. And we established a Team at Rosebud that identifies patients who actually need other services such as Respite Care or Allied Health. This team then arranges direct admission to these services. This frees up resources for emergency patients.

With these new strategies, we are responding to increasing demand for emergency services at Rosebud Hospital. By February 2005 the unit treated as many patients as in the entire 2003/04 financial year. Summer visitors further swell the number of patients, which in December and January averaged 2,075 per month compared to monthly averages of 1,350 for the rest of the year. Total emergency presentations to the Rosebud Emergency Department over this past year were 18,451.

**PNEUMATIC TUBE**

A pneumatic tube system now connects Frankston Hospital’s ED to the Pharmacy and Pathology Departments. The ‘pipeline’ increases speed and security in the transfer of pathology specimens and medication.
BLOOD MATTERS

We were one of 16 hospitals to participate in the Blood Matters Collaborative, aimed at reducing blood transfusion errors. The data collected is now the basis of guidelines set out by the Better Safe Transfusions (BeST) Committee. This is a State Government program that works to improve the quality of hospital transfusion care. Two of Peninsula Health’s Executive Directors sit on the BeST Advisory Committee along with other public and private health providers and the Red Cross.

FAST FACT

Although the blood type O-Negative can be given to anyone needing a transfusion, people with blood type O-Negative can only safely receive O-Negative blood.

BARIATRIC HEALTH

Last year we reported on the steps we were taking to make our hospitals more comfortable for people with obesity. This year we are putting all our Bariatric Health (care for conditions relating to obesity) policies and procedures, along with a listing of special bariatric patient equipment, on the Peninsula Health intranet. This will help staff to locate equipment more quickly and to familiarise themselves with methods of safely managing this special patient group.

DENTAL PROGRAM

A $226,767 funding increase from the Department of Human Services has made it possible for our in house Dental program to provide more services by facilitating client referrals to private dentists. This year we also adopted a new system to more efficiently schedule emergency dental patients and we currently have no emergency waiting list in this service. We are increasing capacity by constructing an additional treatment room and recruiting more dentists. We are treating all children referred by the school dental vans. Our Aged Care Dental Services can see clients for routine care and dentures within six months. However: our waiting list for routine adult care, including cleanings and check ups, now stands at 7,623 people. Even though the routine care is less urgent than emergency care, denture work or dentistry for children, the list is too long. Over the next twelve months we will be investigating ways in which we might reduce that number.
**ACCESS PROGRAM**

Our ACCESS PROGRAM helps callers find the right non-hospital services for their problems. This includes many services for older people such as the Personal Alarm Call Service, Memory Clinics and disability aids. Last year 76% of calls were referred to the appropriate services within 24 hours.

**PHARMACOTHERAPY**

Demand for our Pharmacotherapy (Methadone) Clinic is still high. The clinic, staffed by a General Practitioner, provides support and health care to people who are struggling with addictions to illicit drugs. Between 1st April 2004 and 30th April 2005 the Clinic made 4,056 appointments. (The clinic was established in 2002 and served just under 3,000 clients the first year.) In addition, two people a day commonly present without an appointment. Phone calls average 30 per day, and range from script requests to crisis calls.

**SYRINGE EXCHANGE**

Our Syringe Exchange program has the best return rate in Victoria. Current statistics show that for every 100 clean needles we give out, we get 94 used ones back. The state average return rate is only 50%.

The service aims to minimise the harm of intravenous drug abuse. It provides clean needles to drug users, helping to prevent the spread of AIDS and hepatitis and giving our staff an opportunity to address general health needs for this group. By collecting used needles, the program minimises the risk of the needles being discarded on the community’s beaches and streets.

**WEB**

Information on our Peninsula Health Website is now available to more people. Over the year we added MP3 audio versions of our Quality Report and Annual Report for people with vision problems. We also now include patient information in Greek, Italian and Croatian, the three most common non-English languages in our community.

We will keep you updated.

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**FAST FACT** Of the 100,000 Australians who have Parkinson’s disease, 30,000 are Victorians. Every year 500 Victorians are diagnosed with the condition.

**MOVEMENT DISORDERS**

Our Movement Disorders Program for people with Parkinson’s Disease has been so successful at the Rosebud Rehabilitation Service that we expanded it to Frankston. The Frankston service is provided from our Golf Links Road rehabilitation complex. We also conducted a week-long Parkinson’s Awareness Campaign for staff and consumers.

**CAPITAL IDEA - Capital Works on the Go**

All last year we were planning for the development of a new aged care facility in Mornington. The ‘Mornington Centre for Health Independence’ will help meet the demands for aged care treatment and residential care as the 65+ population increases dramatically over the next two decades. The first 60 bed stage, which will take about 18 months to complete, starts at the end of 2005. The State Government has committed $20million to the first stage of the project.

Work began in August 2005 on a $3.4 million upgrade and redevelopment of our Medical Imaging (Radiology) Department at Frankston Hospital. The project, which will take 12 months to complete, is increasing the size of the facility, introducing new equipment and expanding services, such as peripheral angiography. This is a procedure used to diagnose and help clear blood vessel blockages.

The redevelopment of the department was made possible through a grant from the Department of Human Services and a $500,000 donation from the Pink Ladies Auxiliary.

Peninsula Health is in the master planning phase of the Frankston Hospital Redevelopment, Stage Two. Stage One included the construction of a new Women’s Children’s and Adolescent Health facility, a new Coronary Care Unit, additional Medical Ward, a 16-bed Observation Ward and a new Main Entrance and Kiosk. Stage Two will include an upgrade in Operating Theatre facilities with the inclusion of the Day Theatre in the new complex. This will increase the capacity of our Planned Surgery Program. As part of the development, it is also expected our Intensive Care Unit will be enhanced.
Snippets

JUST A FEW OF THE AUSTRALIAN FIRSTS IN MEDICAL RESEARCH AND DEVELOPMENT ARE -

FLYING DOCTOR SERVICE 1928
In 1928 Reverend John Flynn created the world’s first flying medical service. In May that year the first official visit was made by the first flying doctor, Dr Kenyon Welch.

FAST FACT Prior to 1928, Reverend Flynn had already established fifteen hospitals in the outback.

PENICILLIN 1941
Australian scientist Howard Florey and his team extracted and refined penicillin from mould and put the antibiotic in production.

FAST FACT Penicillin was so effective at saving lives, Nobel Prize winner Florey was later accused of helping create the world’s population explosion. Florey, himself a long-time contraceptive researcher and strong advocate of birth control, called overpopulation “the most devastating thing that the world has got to face.”

MICROSURGERY 1970
The first microsurgery was performed by Professor Earl Owen from Sydney who reattached an amputated index finger.

BIONIC EAR 1979
An artificial ear rather than a hearing aid, the Cochlear implant was developed by Professor Graeme Clark of the University of Melbourne and his team.

FAST FACT In 2003 the 50,000th Cochlear implant let a three year old Japanese girl hear for the first time.

DISCOVERY OF HELICOBACTER PYLORI 1980s
Dr Robin Warren and Professor Barry Marshall of the University of Western Australia discovered this bacterium that can cause gastritis and peptic ulcers. Despite international scepticism, they were proved right and doctors can now cure these ulcers.

FAST FACT Marshall and Warren actually swallowed a culture of Helicobacter Pylori as part of their research.

GENE SHEARS 1986
CSIRO scientists Dr Wayne Gerlach and Dr Jim Haseloff discovered molecules that can move and remove genes. The technology is used in genetic research.

ULTRASOUND 1961
The first ultrasound scanner using sound waves to view inside the body was built by George Kossoff and David Robinson at the Commonwealth Department of Health.

RELENZA FLU VACCINE 1996
Building on earlier work done at Melbourne’s Walter and Eliza Hall Institute, Australian researchers Dr Peter Coleman and Dr Jose Varghese created a vaccine that can stop flu viruses spreading from cell to cell.
Like pilots consulting their Flight Manuals or teachers working from curriculum guides, healthcare providers use Clinical Pathways. These pathways outline all the steps that are recommended in caring for patients with certain conditions, such as stroke or gallstones. Senior clinicians develop and update the pathways based on current evidence-based ‘best practice’.

On the eve of 2001 we had established six Clinical Pathways. Now we have 33 and are currently developing four new Pathways.

Since the Pathways are developed from the latest and best evidence, staff are expected to use them. Sometimes, changes need to be made because patients may respond to treatment in unexpected ways. They may develop other problems such as vomiting or they might recover more slowly than most patients with the same condition. This requires that their care plans are altered to meet the new conditions. They might, for example, need different medications or more frequent observations or less fluids than the Pathway recommends.

These changes are called Variances, and staff are asked to record them. By keeping a close watch on these changes we can often detect problems at their earliest stages.

For example, some Variances are caused by problems in the system such as delayed test results or time constraints that prevent staff keeping to Pathway schedules. If these situations cause many Variances, we know that there is an issue we need to address.

We employ a Quality and Clinical Pathways Coordinator and this year she has audited all the Clinical Pathways for Variances and has determined the causes. She found that the Variances recorded from January to May 2005 were for the following reasons:

- **Clinical** (the patient’s condition required different care than was outlined in the Pathway)
- **Medical** (intentional changes made by doctors; pathway not followed or delays in treatment)
- **Nursing** (pathway not followed; nursing delays)
- **Allied Health** (delays in assessments or delivering therapies)
- **Systems** (delays in Pathology, Radiology, Pharmacy, Bed availability or operating theatre)
- **Patient/Family** (patients did not cooperate; families intervened in care)
- **Clinical** (delays in rehabilitation or residential placements, etc)

All the data that has been collected is being fed back to the wards so that staff can address delay or non-compliance issues.

It was found that sometimes Variances were not being recorded, and her investigation showed that the forms for recording the changes were too numerous and cumbersome. So The Quality & Clinical Pathways Coordinator is also redesigning the forms that doctors and nurses fill out on each patient to make it quicker and easier to record Variances.
2002

In our 2002 Quality of Care Report we outlined our goals in helping our local Aboriginal population to more easily access health services.

This year we appointed a new staff member to support our Indigenous health services. Our newest Aboriginal Liaison Officer, Sara Frederiksen, will focus on access to inpatient services as well as health promotion for the Indigenous community. She will work with Peninsula Health staff to increase awareness of Aboriginal cultural traditions — and taboos — and explain how these can be accommodated in the health care setting.

Meanwhile our Drug and Alcohol Service’s Aboriginal Liaison Officer, Bea Edwards, this year presented at an international conference in Belfast, Ireland. Through a grant from the Alcohol Education and Rehabilitation Foundation, she was able to speak to health professionals from many countries about her use of Dreamtime stories to illustrate health issues for our indigenous community. Recently Bea was honoured by the National Aboriginal Islander Day Observance Committee as Elder of the Year for the Mornington Peninsula.

We have also recruited a 23-year old Aboriginal woman, Shyvonne Aiello, who is training for her Certificate in Community Service. She is working with our Peninsula Drug and Alcohol Program learning first hand about our drug treatment programs. Shyvonne was also honoured by the National Aboriginal Islander Day Observance Committee.

2003

Australia benefits from the art, food, fashions, traditions and festivities brought here by immigrants from all over the world. Our studies show that the Mornington Peninsula is a rich melting pot of cultures. (We have more than 45 different languages on our interpreter request lists.)

In our 2003 Quality of Care Report we talked about how these cultural differences would impact on health care and how staff needed to be sensitive to other customs and beliefs. To help staff to learn about differing cultural needs, Peninsula Health provides cross-cultural training as part of nurse education programs, other in-house training for staff and as part of the orientation program for new employees.

We also reported on our campaign to increase the use of interpreters for patients who do not speak English. This included interpreters fluent in Auslan sign language for people with hearing problems. The graph below shows a rising trend in interpreter bookings, demonstrating that staff are becoming more aware of the barriers faced by our non-English speaking consumers.

Peninsula Health is a member of the Victorian Hospital Language and Culture Network.
...and hitting our targets

We are always pleased to tell you about our successes.

But, odd as it may seem, we are also keen for you to know about our shortcomings. We are anxious for you to see that we pick up on them, learn from them and use that information to improve our services.

Here are some examples:

**PROBLEM:**
We surveyed patients to see if they understood their rights and responsibilities while in our care. We found that only 41% of patients had seen the information and that only 19% of those patients had a good understanding of the issue.

**ACTION TAKEN:**
We re-wrote our Rights and Responsibilities leaflet and provided the information in three additional languages. Posters were displayed throughout the organisation. A video was created explaining Patient Rights and Responsibilities – it was screened in our waiting areas. And our ‘on-hold’ telephone message was enhanced to include Rights and Responsibilities information.

**OUTCOME:**
A subsequent survey demonstrated that 76% of patients had seen the information and, of those, 88% reported a good understanding of the content.

**PROBLEM:**
We found that our patient discharges were being delayed when assessments of patients’ homes were not completed on time. Up to 80% of our patients needed our Occupational Therapists to check out what supports might be necessary on returning home. These could include shower chairs, handrails, Meals on Wheels, alarm call services and so on. An examination of our discharge information showed us that some of these home assessments were taking up to 5 days to complete, holding up the discharge process.

**ACTION TAKEN:**
An investigation revealed that the home assessment process was often delayed because hospital vehicles were not available. So we altered our procedures, dedicating a car to our Occupational Therapy Service.

**OUTCOME:**
The Therapists are now able to visit patients’ homes on schedule, avoiding delays in discharge due to the home assessment process. In September 2004, there were 19 delays due to lack of car access for home assessments. There have been no more delays since the new initiative was introduced.
**PROBLEM:**
Writing prescriptions and patient care summaries using computers gives better results. The scripts and reports are always legible, important prompts such as patient allergies can be built into the software and the entire process can be much quicker than handwritten work. But busy doctors do not have time to deal with sometimes confusing elements in a computer program. If nobody is available to explain when to double click or how to move an entry into another field, most doctors will simply revert back to handwritten reports.

**ACTION TAKEN:**
We focused this year on providing more Information Technology (IT) support to our doctors. More training sessions in using the software programs were offered to our Hospital Medical Officers. More technicians were put on an IT Help Desk to answer doctors’ questions. Technicians were also equipped with mobile phones to respond immediately to queries. And electronic access was increased by adding more computers to the Doctors’ Writing Area and purchasing laptops for doctors to use at patient bedside. To enhance the quality of the summaries, Peninsula Health began presenting a prize each month to the doctor who prepared the most complete, accurate and informative discharge summaries.

**OUTCOME:**
The number of Discharge Summaries recorded electronically increased over this last year by 90%. Electronic prescribing and discharge summaries are now used across our Rehabilitation, Aged and Palliative Care Services. We surveyed General Practitioners who told us that they found the electronic summaries very useful.

**PROBLEM:**
We were concerned when we detected a rise in the number of prescriptions being written for drugs to which patients had a known allergy. Although these errors were identified well before the medications were given to patients, the potential for harm was high – some allergic reactions could be serious or even fatal.

**ACTION TAKEN:**
We ran a ‘Bee Alert’ campaign which we reported on in our 2004 Quality of Care Report. The campaign encouraged patients to alert us to any allergies and to ask about the medications that were being given to them. The staff focus of the campaign highlighted the need to record all allergies and to check alert sheets in patient records before prescribing a medication. We also improved our electronic Alerts Policy so that allergies would be displayed prominently when working with a patient’s file.

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

2001

Community Kitchens

Statistics showed that Frankston was an area in which people spent very little on fruits and vegetables. Other information from the Department of Human Services (DHS) indicated a high level of obesity in our population.

2002

Peninsula Health dietician Jenny Trezise learned about a new concept called Community Kitchens. The kitchens brought together members of the community to learn good nutritional guidelines while preparing healthy dishes and fostering social networks.

Health Forums

Peninsula Health and its partners in the Primary Care and Population Committee developed a program of public health forums. These health providers, who meet with Peninsula Health on a regular basis, wanted to keep the community up to date with the latest medical evidence on disease prevention and treatment. Peninsula Health hosted two major forums on Heart Health and Breast Cancer.

2002

Public Health Forums provided information on Diabetes Management, Dementia, Mental Illness and Drug and Alcohol Issues.

Core of Life

The program, which was developed by Rosebud Hospital staff in 1999, taught secondary school students about pregnancy, birth and parenting issues. The program expanded from five schools to eight. Data showed that teen birth rates on the Southern Peninsula had been halved.

The number of schools grew to 25 with 780 students involved. The number of trained facilitators (who could teach the program) jumped to 66.
Over the five years that we have been producing this report, several projects have continued to deliver positive outcomes. A brief summary includes:

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<th>2003</th>
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<td>Jenny was awarded the Victorian Travelling Fellowship by the Department of Human Services and the Victorian Quality Council. She used the grant to study the Kitchens project in Canada. On her return she developed plans for local Community Kitchens.</td>
<td>Jenny worked with community groups and found lots of interest in the idea. In September Peninsula Health and its community partners launched the first six Community Kitchens in Australia.</td>
<td>Currently there are nine Community Kitchens in the local area supported by 25 community groups.</td>
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<td>The Health Forum Program continued with public education sessions on Medication Management, Asthma, Road Safety and Meningococcal Disease.</td>
<td>Forums during the year focused on Drugs in Sport, Type 1 Diabetes, Osteoporosis and Medication Safety. Later in the year we conducted forums on Surviving the Workplace, Men’s Health and Wellbeing and Survival Skills for Parents.</td>
<td>A second Men’s Health Forum, entitled “Men Behaving Positively II” was held in May and attracted more than 500 people. During Patient Safety Week, held in June, a forum was offered highlighting the Ten Tips for Safer Health Care by the Australian Council for Safety &amp; Quality in Health Care.</td>
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<td>The schools involved in the program increased to 90, with 12,000 students participating. Twenty training sessions were held for 300 new facilitators. A program for Indigenous youth was implemented.</td>
<td>Nearly 18,000 students in 160 schools benefited from the project. The number of trained facilitators around Australia stood at 650. The project was recognised with a Victorian Healthcare Association Award.</td>
<td>School participation expanded to 250 with 25,000 students. Major funding was granted by the Commonwealth Government to train facilitators throughout Australia. A further grant of $45,000 was awarded to establish a Core of Life Program specifically for the Indigenous community.</td>
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Continuous quality improvement must be the framework of an organisation, not part of the framework.

At Peninsula Health everything we do is based on, aimed at and developed from our commitment to quality and safety.

Making improvements is not enough. We need to improve on the improvements in a continuous quality cycle – do our best, evaluate our performance, find ways to work even better and change our practices to meet the new standards. Again and again and again.

The following issues illustrate how we constantly seek strategies to make sure that you get the right care at the right time by the right person in a safe environment.

Read on to see our Quality Culture in action.

SHORTER QUEUES AND SMALLER HIPS

Ellen and Louis Malan were all ready to go to hospital for his planned operation when the call came.

The operation to open a blocked blood vessel in Louis’ leg would have to be postponed. In this procedure, originally scheduled for May 2nd at Frankston Hospital, the surgeon would insert a fine mesh cylinder called a stent to keep the vessel open and restore good blood flow.

The admissions clerk who rang apologised and explained that Louis’ surgeon, operating room
and bed were all needed for an emergency patient. Ellen and Louis were disappointed, but only two weeks later learned that the surgery had been rescheduled for May 25th.

While the Malans were unpacking his bag, the hospital was getting 87 year old Francie ready for the surgery that would prevent her from having a potentially fatal stroke. She had been brought to the Frankston Hospital Emergency Department with temporary confusion, slurred speech and weakness, classic symptoms of a Transient Ischemic Attack. These are warning signs that a stroke could occur at any time. Tests showed that a blood vessel in her neck was almost completely blocked.

Francie is now fully recovered and back at home. Several times a day she climbs the stairs to her own flat where, with a little help from her son and daughter, she is still able to live independently.

Louis had his surgery on the 25th with no complications, and he was able to leave the following day. He told us that he was delighted to have warm feet again.

The friendly ladies on our Admissions staff who have to make the HIPs calls...
Emergency patients come into hospital any hour of the day, seven days a week. Many of them need admission to a ward. But the majority of patients in wards have traditionally only been discharged between Monday and Friday. For nearly three days there are patients coming in but few patients are leaving. The problem — and the solution — are clear. Discharge more patients on the weekend! So we put the necessary procedures in place to do just that.

This change is helping us to move more patients through the system more efficiently. We make better use of each bed and eliminate the classic ‘Monday Bed Block’ that holds up surgery and keeps patients waiting on Emergency Trolleys.

CHANGE is the focus of the Patient Flow project. By minimising waiting throughout the patient journey, we can improve quality, safety and service delivery.

At Peninsula Health we have established four teams who are looking for evidence of existing obstacles to good patient flow and are developing great ideas on how to eliminate the obstacles.

Some projects have already helped to improve our patient flow. Some are still to be evaluated.

All are targeted at giving you a quality health care service.

The graph (right) tells how many people were on our elective surgery waiting lists at 30th June for each of the last five years. Alongside these we show the number of elective and emergency operations we actually did during each year.

**THE WORST GOES FIRST**

Elective Surgery Categories Explained

1. **CATEGORY ONE**
   a condition liable to deteriorate quickly into an emergency (such as a growth that may be a cancer)

2. **CATEGORY TWO**
   a condition causing pain, dysfunction or disability, but not likely to become an emergency (such as hip replacement) THE MAJORITY OF ELECTIVE SURGERY PATIENTS FALL INTO THIS CATEGORY

3. **CATEGORY THREE**
   a condition that is not especially painful or disabling and is not likely to deteriorate quickly (such as varicose veins)

It is usually too risky to postpone any patients with a Category One condition. Since the rest of the space in the surgical schedule is filled mostly with Category Two patients, it is inevitable that these people will most often be the unfortunate ones who have to be cancelled in favour of a Category One or Emergency patient.
WAIT REDUCTION

If you go into a store to buy some knee-high boots, it is doubtful the sales staff will send you to another shop.

But if you come to Peninsula Health for a knee replacement, we are quite willing to refer you to St Vincent’s Hospital.

That is what the Elective Surgery Access Service (ESAS) is all about – the best use of resources to help the most patients. Developed by the Department of Human Services, ESAS funds hospitals with extra theatre capacity, such as St Vincent’s, to take on patients from other health services.

This enables us to offer patients waiting for Orthopaedic Surgery (mainly joint replacement) an earlier operation. Last year 206 patients took up the offer to have their surgery earlier, but farther from home.

The program obviously has a good reputation. In 2002 we only had 44% of patients take up the ESAS offer. This year that rose to 64%. Over the three years since 2002, we have had 610 of our patients treated through this program. Victoria-wide during that period 2,770 patients were treated through ESAS.

We have now further developed our Elective Surgery Access Service by appointing a Coordinator, Ms Jenny Abernethy, a Division One Nurse and former Surgical Associate Nurse Manager. Among her many duties she will:

- liaise closely with our Waiting List Manager and Director of Surgery to eliminate avoidable obstacles to surgery schedules
- communicate with patients on the waiting list and offer support to those patients who have been waiting the longest
- explain and offer patients the opportunity to have their operation at other hospitals and coordinate their care
- coordinate services for patients who are ‘Not Ready for Care’ because of issues such as obesity, pregnancy, chemical dependency, other major health problems and so on
- work with Coordinators from other health services to share good ideas
- look for ways to move patients through the system more efficiently.

One initiative from our Physiotherapy Department is a program to assist patients waiting for joint replacements. Physiotherapists evaluate patients to see if they would benefit from participation in an exercise program. Over twelve months 130 patients will take up organised exercise programs through our Physiotherapy Services and Agestrong Programs. This is expected to reduce pain and improve mobility and strength in these patients until they have their operations.

Another project aims to treat more Category Two Urology (Urinary System) patients who have been waiting more than eight months. In May Jenny helped to initiate Saturday sessions in our Day Surgery Unit. Seven patients from the 2003 waiting list were treated at the first session. The weekend surgery plus Jenny’s management of the Urology lists has resulted in 48 long-waiting patients being treated, including 4 patients waiting since 2002 and 22 waiting since 2003. Only six patients remain from the 2003 list, three of whom are ‘Not Ready for Care’.

![Surgical Activity 2001-2005](chart)
THEATRE PERFORMANCE

The hub of our elective surgery services is, of course, our operating theatres. We must use these facilities with clockwork efficiency to avoid gridlock in the rest of the system.

This year, with a DHS grant, we conducted our Operating Room Breakthrough Project. The aim of the project was to analyse the systems and booking practices in our Theatres at Frankston and Rosebud Hospitals.

In January and February we collected data on a wide range of issues such as surgery starting times, transport to and from the Theatre, length of the procedures and whether there were any difficulties with equipment.

The data indicated that improvements were possible in the following areas:

- starting time of surgery
- more accurate prediction of operating times
- cancellation of patients on the day of surgery because no Intensive Care Unit beds were available
- additional cancellation because of a lack of beds on Mondays.

A Project Team then analysed the data for practices or systems that could be improved. A member of our Community Advisory Committee joined the ‘think tank’ to help us to develop strategies for improvement.

Some of the recommendations that are being considered or have been implemented are:

- The Intensive Care Consultants perform an assessment at 7.00 a.m. to determine how many, if any, Intensive Care beds are available. This lets the Operating Theatre know earlier if they can or cannot go ahead with some operations.

- Operating Theatre Team Leaders keep track of all aspects of each patient’s procedure and determine when the next patient is required.

- The feasibility of developing a Tracker System, like the ED Tracker in the Emergency Department (See ‘On the Right Track’ next page) is being explored. This would keep patient status updated electronically so that Operating Theatre and Ward Staff would know at any time where the patients were on their journey.

- Surgeons putting in an estimated time for each procedure on the booking form along with details of special equipment that will be needed. This will assist in scheduling and in starting operations on time.

- Allocating some time in the Operating Theatre Schedule for unscheduled emergency surgery. This would permit the emergency operation to go ahead without cancelling elective patients.

We are collecting data on the initiatives already in place and we will report back to you in next year’s Quality of Care Report on the outcomes of our Operating Room Breakthrough Project.
ON THE RIGHT TRACK

We send a big THANK YOU to Melbourne Health and the Royal Melbourne Hospital for inviting us to study their system of tracking emergency patients.

This research helped the Peninsula Health team to develop a computer system that allows staff to track patients while they are in the Emergency Department. This helps to identify bottlenecks in the ED. Once identified, these delay-causing issues can be resolved.

Our ED Tracker can also alert the team to the fact that a patient has presented to the ED more than six times in a year. The team can then arrange for the patient to be included in our Complex Care Program for people with chronic conditions. (See page 61-68).

IN RESIDENCE

A frequent scenario...an elderly person becomes ill and is hospitalised for treatment. The person recovers, but not enough to return to independent living. The person needs to go to a nursing home but such a placement is not readily available.

This is a LOSE/LOSE situation all round. The patient has to stay in a busy hospital rather than in a homelike atmosphere. That bed is unavailable for a new patient who needs to be in hospital. And the cost to the community of caring for a person in hospital is far greater than if the person was in a residential care setting.

But things are changing.

At Peninsula Health we have a new service. Elderly Patients can receive the health care they need at home while they wait for a place in a residential facility. For patients who fit the criteria – they have someone staying with them (family, friend or partner) and they do not wander at night – our staff can provide nursing care, respite for the carer and other home-based services. This is more comfortable for the patient and allows us to use the bed in hospital for new patients.

This program has had a tremendous impact on the unnecessary time elderly patients spend in hospital beds. The graph (right) shows the dramatic reduction over 26 months in the length of stay in a hospital bed and the number of patients waiting in hospital for residential care placement.
TIMELY TRANSFERS

Hospital is not the answer for everyone. Sometimes people have health problems that can be better handled elsewhere or in other ways.

That fact is the basis of a new initiative in our Emergency Departments. Older patients in ED are now reviewed by a specially qualified team. If the patients could be better served in one of our aged care assessment units, and a bed is available, a direct admission to that service can be made.

The program was trialled in January this year. There were 31 patients deemed suitable for direct transfer to our Mount Eliza Aged Care Centre. Of those, 26 were able to be admitted on the same day. At Mount Eliza, all these patients received services tailored to the special needs of older people.

This, of course, left 26 more beds available for patients who needed hospitalisation.

Since January, 122 patients have been transferred through this process.

IT’S ON THE CARDS

New Bed Cards, with additional information, are displayed prominently in a Perspex holder over a patient’s bed. The A4 sized card lists the names of all the medical and allied health staff that are involved in caring for the patient.

It also lists, for everyone to see, the Expected Date of Discharge. This is based on the average length of stay for a patient with that particular condition.

The card serves several purposes:

- It helps the patient remember the names of their treatment team.
- The patients know when they are expected to leave hospital so they can make arrangements for being picked up.
- The discharge date also gives the entire treatment team a target that they are working toward.
- The card tells team members who else is caring for this patient, which improves communication within the team.

The initial trial in March 2005 was successful and the Bed Cards are now being implemented across Peninsula Health.

A MOSTLY GOOD NEWS STORY

Long hours spent in Emergency Department (ED) waiting rooms are legendary and cause frustration all over the world.

At Peninsula Health we are constantly seeking new ways to reduce the waiting time for emergency patients. We fast-track simple cases. We train nurses to give pain relief and to determine when patients need x-rays. We transfer people who do not need emergency care to other services. We monitor patients’ progress through the system. We even installed a pneumatic tube to rush pathology samples, test results and medications to and from the ED.

And we need these innovations – the demand for emergency services at both our Frankston and Rosebud Hospitals went up again this year from 45,154 to 46,794 (Frankston Hospital) and 17,364 to 18,451 (Rosebud Hospital).

Even with this high demand, our efforts are paying off. The five graphs below show that for the most part we are seeing even more patients in the specified time than the threshold recommended by the Department of Human Services.
So much for the good news.

When we move patients quickly through the Emergency Department, we must then be able to transfer the ones who need to stay in hospital to a ward bed. That is a bit trickier. The patients already in the ward beds may need to stay longer than expected. Elective surgery patients are scheduled to fill those beds as they become available. In addition, specialised beds (Intensive Care, Coronary Care and high-dependency monitored beds) are nearly always occupied.

This is where the other initiatives in this article come to the fore. We are investigating every avenue and implementing our best ideas to keep patient flow at peak levels in order to avoid patients being stalled at any point in their care.

We will keep you informed on our progress each year through this Quality of Care Report.
People with certain heart disorders need the drug Digoxin to improve their symptoms. But given to the wrong person or in the wrong dose, Digoxin can cause the heart to beat erratically. This can be fatal.

Penicillin can save the life of a patient with a severe infection, but some people who are allergic to the drug can develop serious reactions.

Medicines can save our lives, extend our lives and improve our lives. But used incorrectly, they can also make us very sick or even take our lives.

It is estimated that each year in Australia 140,000 admissions to hospital are due to problems with medicines. Up to 20% of the things that go wrong in health care are to do with medication. (Australian Council for Safety and Quality in Health Care).

Peninsula Health has systems and practices in place to keep you safe from medication errors, both in hospital and at home.

**COLLABORATION**

Since November 2003 we have been involved in the National Medication Safety Breakthrough Collaborative sponsored by the Australian Council for Safety and Quality in Health Care. We are one of 100 teams across Australia working together to improve medication safety.

Our participation in this project sparked several other Medication Safety initiatives by our innovative Pharmacy staff. Some of these initiatives are detailed below.

To date we have –

- reduced the actual or potential harm from inaccurate Electronic Discharge Summaries by 67% (see graph right).
- included two new sections to the Discharge Summary related to medication. These are Medications Started/Stopped and High Risk Medications. These sections give a patient’s GP important information about changes to pre-admission medications and any new medications that have been prescribed.
- put patient friendly labels (such as FOR PAIN or FOR BLOOD PRESSURE) on 74% of all discharge medications (the software for this is built into our labelling system and is now automatic). This initiative was first reported in our 2004 Quality of Care Report.
**FAST FACT** Peninsula Health began putting ‘patient friendly’ labels on medicines after an incident with a patient who was unable to remember which of his discharge medications were antibiotics and which were antacids. (Our consumer representative on the Medication Safety team helped to design the labels.)

- produced an easy to read brochure giving details about pain medications and explaining how to take the drugs, how to minimise side effects and what to do if there are problems.

**VIGILANCE**

A swollen tongue, itching, hives, difficulty breathing and heart palpitations are all possible symptoms of medication allergies. Allergic reactions can be as simple as a rash or serious enough to cause death.

We reduced medication allergy errors through our Bee Alert Campaign, which we combined with an education program for staff on Penicillin reactions. The program included updates to clinical staff on the different kinds of penicillin, quiz competitions and lectures to interns. (Our Bee Alert Campaign was featured in last year’s Quality of Care Report.)

Over the last year, we reduced prescription errors related to penicillin allergies from:

- 3.7% (in a sample of 135 patients) to
- 0.9% (in a sample of 111 patients) – a 76% improvement overall.

Peninsula Health attends a Medication Safety conference – (from left) Gus de Groot, consumer representative; Skip Lam, Pharmacy Director; Dr Gary Braun, Director of Clinical Practice Improvement; Dr Peter Bradford, Executive Director Medical Services.

To gauge how much improvement Peninsula Health made in reducing errors regarding medications in our Electronic Discharge Summaries, our Director of Pharmacy and Director of Clinical Practice Improvement conducted regular, random audits on patient records. They reviewed drug charts, prescriptions and discharge summaries. When they found an error, they used an algorithm from the Department of Human Services (called the ‘Harmometer’) to rate the level of harm that could have occurred. (They, of course, rectified errors wherever possible.) Their findings showed a 67% decrease in actual or potential harm from medication errors over the six months June to November 2004.
PRECAUTION

Whenever people are confined to a seat or a bed for an unusually long period such as on a plane flight or a stay in a hospital bed, changes occur in the body.

For one thing, blood flow becomes sluggish, allowing clots to form in deep blood vessels. If a clot breaks loose and travels to the lungs, it can cause what is called a Pulmonary Embolism, which can be fatal.

In fact, Pulmonary Embolism is the most common preventable cause of deaths in hospital.

Patients admitted for severe respiratory disease and chronic heart failure are especially at risk.

Studies show that by giving blood thinning agents prophylactically (as a precaution) to these patients, there is a reduced incidence of clots.

Our Pharmacists and Senior Physicians are working together to improve our pulmonary embolism prevention rates. In February this year they reviewed the records of 160 patients to determine how many of those patients would fit the criteria for high risk. They found 62 patients were good candidates for thromboprophylaxis (giving blood thinning agents as a precaution), but only 35 of them were actually receiving it (56%).

So the team began an education campaign, working with doctors to stress the value of the therapy and the guidelines for its use. A new protocol was developed and approved by the Drugs and Therapeutics Committee. The “Don’t be a Clot” campaign was launched.

In June a repeat audit demonstrated that out of 44 patients who had an indication for thromboprophylaxis, 31 (71%) had received treatment, representing a 15% improvement. Three months after the campaign a further audit showed that all patients in the audit sample who needed thromboprophylaxis had received the blood thinning agent.

So far the use of thromboprophylaxis is increasing, but we will know how well the improvements are maintained when we resurvey later this year. We will report our findings in next year’s Quality of Care Report.

AWARENESS

Warfarin is a ‘good news / bad news’ kind of drug. It works wonders in preventing clots forming inside blood vessels, which can lead to a heart attack or stroke.

But too much Warfarin can cause uncontrolled bleeding. It is a tricky balancing act, especially in an emergency situation.

To help medical staff manage the effects of too much Warfarin, our Pharmacists are running a Warfarin Awareness Campaign. Lectures, newsletters and posters are being used to help doctors choose the right dose of the right medicine to counter the effect of too much Warfarin.

The campaign has had good results so far.
PARTNERSHIPS

One special partnership has been of particular help in our ongoing campaign to reduce medication errors. Two years ago Mr Gus de Groot from our Community Advisory Committee registered a complaint about communication problems he had experienced while in hospital. The response to his complaint caught Mr de Groot’s interest, and since then he has been actively involved. He attends meetings of the Medication Safety Team, rings GPs in a survey on discharge summaries and has presented the consumer’s perspective at national conferences on Reducing Medication Errors.

INITIATIVE

Sarah Turner is a Peninsula Health pharmacy technician with a good eye for spotting problems.

She noticed that sometimes medications were accidentally left in the bedside drug drawers after patients were discharged. If this was not detected prior to a new patient’s medicines being put in the drawer, it became a medication error waiting to happen.

For a month, working with nurses in one ward, Sarah recorded each time she found a leftover drug as she was screening bedside drawers. In addition, Sarah checked the medications in the drawers of patients in hospital against the prescriptions on their drug chart.

She found an overall 19.3% error rate. So she devised an education and awareness program for ward staff, including posters and lectures.

Since Sarah’s campaign, bedside drawer error rates have dropped significantly. At the end of the campaign the error rate had dropped to 5.7% and four months after the campaign the rate is down to 3.5%, an improvement of 82%.

INVESTIGATION

‘Six Sigma’ sounds like the name of a Greek rock band, but it is actually a way of finding solutions to problems.

Built on the old adage ‘Never Assume’, Six Sigma is all about defining and measuring problems and developing solutions based on evidence. This technique is used by companies such as Microsoft, Sony, 3M and Ford Motor Company. Several projects this year are proving the value of the Six Sigma approach at Peninsula Health.

ONE EXAMPLE IS...

An investigation was made into why up to 15% of patients admitted through our Emergency Departments had no drug chart when they arrived on the wards. This document lists all the drugs a patient was taking prior to admission and any medications they received in ED. The clinical team on the ward needs to know this information in order to properly care for the patient.

Again, we looked at all steps in the process, from the patient’s presentation in ED to settling into bed on the ward. We found that there was confusion about who was responsible for ensuring the drug chart was sent with the patient.

A couple of meetings with senior doctors set up an official protocol for writing up the drug charts. Staff were all briefed on the process and now only two in every hundred charts fails to make it to the ward on admission – an 83% improvement.
MRSA
Multi Resistant Staphylococcus Aureus; a bacterial infection that is becoming increasingly resistant to antibiotics

Germs can hide almost anywhere. They find countless devious ways of infecting our bodies. They can even transform themselves to outwit our defenses.

It takes a lot to control this microscopic mob and prevent the damage it can cause.

This is the challenge facing Peninsula Health’s Infection Prevention and Control Unit. Staff in this unit keep watch 24/7 on infection risks and work in every part of the health service to keep risks in check.

Microbe Hunters
Making infection control Everybody’s Business

This year our team conducted extensive staff training, including a 6-week Infection Prevention and Control Liaison Course for cleaners, food handlers and other non-clinical staff.

Peninsula Health is one of the only health service in Victoria offering this training to non-clinical staff.

To date, 48 non-clinical staff have successfully completed the course. This means more eyes are scanning for infection risks and there is extra help with implementing infection control measures.

Fast Fact
Although many people carry MRSA without developing infections, the germ can cause infections in almost any part of the body. MRSA infections can range from redness and discharge of a wound to a potentially fatal infection of the blood.
WE HAVE THE PROBLEM IN HAND
The benefits of hand hygiene

To help reduce the spread of germs from one patient to another, Peninsula Health joined five other Victorian Hospitals in the Hand Hygiene Project. The project is looking at ways to make it quicker and simpler for busy staff to cleanse their hands between patients.

Conventional hand washing is time consuming and, when done many times every day, tends to dry out the skin and damage the hands. This sets up the perfect breeding ground for bacteria.

The project is promoting the latest in hand hygiene—Chlorhexidine Hand Rubs. These bottles of hand rub are positioned at the end of each bed in the wards. A short pump of the bottle gives a metered dose of the germ killing agent, which dries quickly when it is rubbed in. It also contains emollients to reduce dry skin.

Hand rubs reduce the chance of staff spreading infection and significantly decrease the time spent in hand washing.

In a busy medical environment, this safe time-saver is most welcome. Infection Control staff have collected data to show that staff hand cleansing practices have improved by 27% since the hand rubs were introduced.
We put a lot of effort into making sure our facilities are as clean and as well maintained as possible.

Twice a year we conduct an in-house audit (inspection) of all our facilities. We rate them from 0% to 100% on how well they meet our standards.

Then once a year we bring in cleaning experts from outside the organisation to do the same again.

Our results are good and getting better.

This year our Community Rehabilitation Unit in Chelsea earned a score of 100% for its Cleaning Audit result and was presented with an award for this achievement.

Our Rosebud Hospital Operating Theatre Suite also received a score of 100%, with the auditor noting that it was “the best theatre I’ve ever seen.”

Up to April this year the Department of Human Services required health services to achieve an 80% score to pass. In April that was increased to 85%. All of Peninsula Health’s facilities exceed that target.

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**Germs**

**Cleanliness is not healthy for germs**

Percentage scores from External Cleaning Audits for Peninsula Health sites.

<table>
<thead>
<tr>
<th>SITE</th>
<th>2003/04</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frankston Hospital</td>
<td>90.5</td>
<td>91.6</td>
</tr>
<tr>
<td>Rosebud Hospital</td>
<td>93.8</td>
<td>94</td>
</tr>
<tr>
<td>Carinya Aged Residential Unit</td>
<td>84.5</td>
<td>91</td>
</tr>
<tr>
<td>Jean Turner Nursing Home</td>
<td>88.3</td>
<td>90.3</td>
</tr>
<tr>
<td>Lotus Lodge Hostel</td>
<td>89.3</td>
<td>89.8</td>
</tr>
<tr>
<td>Mount Eliza Centre</td>
<td>83.2</td>
<td>90.1</td>
</tr>
<tr>
<td>Palliative Care Unit</td>
<td>84.9</td>
<td>91</td>
</tr>
<tr>
<td>Frankston Community Rehab</td>
<td>94.6</td>
<td>99.5</td>
</tr>
<tr>
<td>Frankston Rehab Unit One</td>
<td>88</td>
<td>92.5</td>
</tr>
<tr>
<td>Frankston Rehab Unit Two</td>
<td>88</td>
<td>93.3</td>
</tr>
<tr>
<td>Rosebud Rehab Unit</td>
<td>82.5</td>
<td>92.6</td>
</tr>
</tbody>
</table>
One reason infections spread more easily in winter is that people are usually crowded together indoors, making it easier for germs to move from one person to another.

The same effect can be found year-round in nursing homes, where residents spend great amounts of time indoors in close proximity to others.

In Peninsula Health’s residential care units, our Infection Control team regularly monitors for infections, including conjunctivitis. This is an eye infection that causes sore eyes with redness and discharge.

Data last year showed that our Carinya Aged Residential Unit recorded a high incidence of this condition, with a rate of 13 infections over 12 months. Many of the residents of this nursing home have difficulty understanding and following hygiene routines.

On investigation, one of the main causes of this particular problem turned out to be fairly simple. We found that many of the residents would bring their pillows with them to the day room, but took someone else’s pillow back to their own rooms. This made it easy for the infection to spread between residents.

The simplest answer was to label pillows with residents’ names. Staff could then ensure that each resident used only his or her own pillow.

This easy solution cut the rate of conjunctivitis at Carinya from 13 cases last year to only seven cases this year.

After surgical procedures, people are more vulnerable to infections because the skin and other tissue have been breached. Germs can more easily enter the body through a wound site.

So we take every possible precaution to protect surgical wound sites from infection.

To help us monitor how well we are performing in this area, we participate in the Victorian Nosocomial Infection Site Surveillance (VICNISS) program. Participating hospitals target specific procedures and submit infection rates for these. The coordinating centre will then establish an average rate using all the participants’ information – this is called the Aggregate. Comparing our rates to the Aggregate helps us judge the effectiveness of our Infection Prevention and Control practices.

We submit data on infection rates for total knee replacement surgery. The VICNISS 2004 statistics for this procedure show that Frankston Hospital has a lower infection rate than the Aggregate.

(The graphs below compare Peninsula Health’s knee replacement infection rates with the Aggregate for each risk index. People with a Risk Index of 0 are fit and healthy compared to people with a Risk Index of 2. Patients with factors such as chronic disease [e.g. diabetes] would have a higher risk of developing an infection.)
Our skin is a three-kilogram powerhouse that shields us from intense heat and cold, stops germs in their tracks, stores water, makes vitamins, sends signals that warn of danger and keeps out infections.

It is our body’s largest organ and is so important to our health that keeping skin in good shape is one of a hospital’s priorities.

When people are weakened by disease or frailty they are at greater risk of skin problems. Their skin does not heal as well, and long hours spent in bed, wheelchairs and casts put continuous pressure on various parts of the body.

This can lead to serious wounds called pressure ulcers. The risk of pressure ulcers is increased when a patient is poorly nourished and has lost sensation or is exposed to moisture, e.g. incontinence. Poor circulation and having either too much or too little fat also contribute to this problem.

Commonly called a ‘bed sore’, a pressure ulcer usually develops over bony areas such as heels, backs, buttocks, elbows and shoulders. Wherever constant pressure or friction restricts blood flow, the risk of ulcers is high.

Pressure ulcers can become so severe that sections of skin and tissue actually decay, exposing and even damaging bone. (See examples RIGHT). This further weakens a patient’s general health, extends his or her hospital stay and leads to additional complications.

A pressure ulcer is much easier to prevent than to cure.

Pictures courtesy of the Victorian Quality Council (PUPPS Education)
Patients are assessed every day to see if they are developing pressure ulcers or if they have risk factors that could lead to ulcers. Nurses look for loss of sensation, mobility levels, nutritional status and whether the skin is exposed to moisture and friction.

When patients are first admitted and then weekly after that, nursing staff record their findings on a Pressure Risk Assessment Tool. If a pressure ulcer is found, an incident report is filled out. All this information – as well as how consistently reports are completed – is collated and this information is given to the Quality and Clinical Governance Committee of the Board.

This accurate and consistent record keeping has many benefits. It alerts us to begin preventive measures. This helps minimise the number of bed sores that otherwise may go undetected. It provides lots of information we can use to improve the quality of our skin protection services. It warns us of developing problems with our practices and keeps us always up-to-date on the extent of the problem.

One very good indication of how we are performing in the area of Skin Integrity is the rate at which staff are completing the daily assessment forms. We aim for 90%-100% completion of the Risk Assessment Tool. These figures, shown in the ‘Completion Rate’ graph below, indicate how well staff are monitoring for risks and implementing recommended interventions.

Some patients come into hospital with an existing pressure ulcer. These can often be Stage Three or Four wounds, especially if they developed at home and have not been treated appropriately. We begin treatment immediately.

Despite preventive measures, some especially vulnerable patients do develop pressure ulcers after they are admitted. Providing top quality care for these patients involves:

- detecting the ulcer at its earliest stage
- keeping the wound from deteriorating to a more serious stage and
- healing the wound as quickly as possible.

The graph below shows the total number of pressure ulcers treated at Peninsula Health over twelve months. The blue bar shows the ulcers existing on admission and the orange bar shows the numbers of ulcers that developed in our hospitals. The latter category had fewer high-level wounds, indicating that we are finding ulcers early and keeping them from becoming worse.

**FAST FACT** Actor and spinal research campaigner, Christopher Reeve, was totally immobilised in a riding accident in 1995. After years of confinement to a bed and wheelchair, he died last year from complications of an infection caused by a bed sore.
DISCHARGE DRESSINGS

After leaving hospital, patients or their carers often have to continue dressing surgical or major injury wounds at home until recovery is complete. While most people keep a few band-aids in the medicine cupboard, few stock the kinds of materials needed for wound care.

To help maintain good wound management after leaving hospital, Peninsula Health now provides wound-care packages on discharge for patients. This includes a user-friendly pamphlet on how to change dressings, problems to look out for, who to contact if there are concerns and where to get wound dressing supplies. In addition, the package contains three dressing changes so wounds can be covered properly until families can purchase more dressings.

We are working in partnership with the Royal District Nursing Service to record the effectiveness of the pamphlet and the extra dressings. This information will help us to fine tune our discharge procedures.

In 2001 Peninsula Health appointed a Skin Integrity Consultant Nurse, Fiona Butler, acknowledging our commitment to quality wound management. As part of her job she has been surveying nursing staff who have experienced concerns about the problems involved in treating skin tears.

Skin tear wounds are prevalent among elderly people. It does not take much to injure their fragile, thin skin. Even a simple bump can shear away skin as if it were tissue paper.

These wounds can be difficult to treat, especially when the adhesive in most dressing products often reopens the wound or creates further tears when removed. So last year staff evaluated five different dressing products. They looked at which dressings stayed in place, which could be removed with no damage to skin, the time required for changing the dressings and the cost. They found that a new silicone-based dressing gave the best over-all results, and the health service has this year established a new policy requiring the use of the new dressings for all skin tears and wounds on fragile skin.

In 2003 and again in 2004, the State Government ran surveys to count the total number of hospital patients who on that particular day had any level of pressure ulcer. This included both patients who had pressure ulcers when they came to hospital and those who had developed ulcers in hospital. This gave a good picture of the problem statewide. After reviewing the data, the Government allocated $2 million to supply new pressure-reducing foam mattresses to public hospitals around Victoria. Peninsula Health received $83,973, to which we added another $66,000 to purchase 408 new pressure reducing mattresses for our hospital and rehabilitation beds.
Although people over 65 have fewer injuries than other age groups, they have the highest rate of death from injuries. Out of 100,000 people aged 65 to 85, 18 will die from falls each year. In people over 85 years old, the number of those dying from falls rises to 81 out of 100,000.

(Australian Bureau of Statistics)
PREVENTING HIP FRACTURES

Our Rehabilitation, Aged and Palliative Care Service has focused this year on hip fractures, implementing new strategies and staff training programs. A major component of the campaign has been the expanded use of hip protectors for high risk clients. These are special garments fitted with pads that spread the shock if a fall occurs.

Since June 2004, 72 patients have been prescribed hip protectors, compared to only four in the previous year.

Records at our Carinya Residential Aged Care Unit show that the protectors do work. Twenty residents were fitted with hip protectors last year. Over six months the 20 high risk fallers experienced 83 falls without a single broken hip.

GOOD SENSE

Staff are trialling a specially designed sensor that attaches to patients’ beds and alerts nursing staff to unusual movement. This improves our ability to respond quickly to protect high-risk fallers.

During 2004 nursing staff tested commercial bed sensors, providing feedback that has led to design modifications by the manufacturer. In January 2005 the service purchased 22 of the customised sensors for patients and residents in high risk units.

MORE MUSCLE

Peninsula Health has run Agestrong exercise courses for three years, both in our facilities and out in the community. (We reported on this project in both our 2003 and 2004 Quality of Care Report.) These courses give older people guidance on fitness issues and easy access to regular exercise. In April 2003 we conducted three courses for 35 participants. The program has proven to be so popular that we now run 20 groups across seven sites for 275 participants.

A survey of participants in January 2005 showed that 85% attended twice a week and that 65% reported making new friends at their Agestrong groups. Half of those surveyed said they had made contact with fellow participants outside group times and that they felt more a part of the community. Fifteen per cent of the participants were over 85 years old.

We have begun referring patients who are finishing rehabilitation to their nearest Agestrong program. When people leave rehabilitation without some sort of follow up exercise routine, the benefits of rehabilitation can quickly be lost. Agestrong provides a friendly social network to encourage participants to continue their fitness routines.

Our focus on maintaining fitness after rehabilitation led to our setting up a ‘Staying Stronger for Longer’ program this year in conjunction with the Mornington Peninsula Shire.

So Peninsula Health is fighting falls – in its facilities and in the community.
ON THE MOVE

Research done by Monash University shows that when older people exercise they become stronger, their balance improves and they reduce their risk of falls. If they do fall, people who are fit are less likely to sustain an injury. So in addition to Falls Prevention Clinics and Agestrong exercise programs, our staff have introduced optional exercise sessions for patients in our Mount Eliza facilities and for residents in our nursing home and hostel in Rosebud.

PENINSULA HEALTH REACHES OUT

This year our Residential Outreach Support Service will work with our Falls Prevention Service to offer training programs for staff from nursing homes and hostels throughout the community. These facilitators will then teach their co-workers how to assess falls risk in their residents. The team will also conduct falls assessments for the aged care residents they visit.

SPREADING THE WORD

Peninsula Health has been a leader in Falls Prevention for nearly a decade. Our staff began developing a Falls Risk Assessment Tool and strategies to prevent falls during the 1990s. The resulting FRAT PACK is a program that any health service could use to reduce falls in its facilities. And the word has spread.

With recognition by the Victorian Quality Council and the Australian Quality Council Best Practice Guidelines, over 500 FRAT PACKS have been distributed nationally since 2000. Of the 50 requests for falls prevention information we received last year, four were from overseas.

SHOPPING FOR HEALTH

Our health walks at Karingal Hub Shopping Centre, which we featured in our 2003 Report, are now five years old and going strong. Peninsula Health and the Centre Management coordinate an early morning walking and exercise program for the public, with facilities made available before stores open. Peninsula Health volunteers and walk leaders ensure that older people and those with disabilities have a safe, supervised walking experience. The program averages 220 participants each week, and 88% of participants report improvement in overall health and fitness. The City of Casey recently began their own walking program modelled on our Karingal Hub Walks.
At Peninsula Health we work to provide you with — the **RIGHT** service at the **RIGHT** time by the **RIGHT** person in a **SAFE** environment.

To do this, we need a Quality and Safety Framework. **THIS FRAMEWORK IS CALLED CLINICAL GOVERNANCE.**

Through Clinical Governance we ensure that high standards are maintained, services are continually improved, resources are used responsibly, performance is reported openly and consumers are consulted.

The **Quality and Clinical Governance Committee** is the central point of our Clinical Governance structure. The information from all aspects of our Clinical Governance Framework flows into this committee. Its members review and evaluate Peninsula Health’s overall performance on quality and safety. Four Board Directors serve on this committee, along with the Chief Executive, Executive Directors and Senior Managers. A community representative is a fulltime member of the committee.

**Within the framework, we drive quality and safety through:**
- Monitoring performance against targets
- Collecting and analysing data
- Identifying and responding to problems and mistakes
- Taking steps to reduce risks
- Making sure staff are qualified and experienced.

Like bricks in a wall, all these aspects of Clinical Governance are joined to build a solid foundation for our Quality and Safety Culture.

**Collecting and Analysing Data**

**CLINICAL PATHWAYS**

Clinical Pathways are treatment plans for a particular disease or procedure. They outline each step in a patient’s care from admission to discharge. The plans are developed by clinical staff after reviewing current worldwide research and recommendations and are updated every one to two years. In many cases, health consumers from the community provide a ‘patient perspective’ on the Pathways. Peninsula Health monitors the use of these pathways and analyses any deviations (Variances) from the plan.

**MORTALITY REVIEWS**

Staff and Senior Clinicians review deaths in our facilities and in other health services to identify ways in which Peninsula Health can make patient care safer. This year, for example, a serious incident in our emergency services led to the expansion of resuscitation training for clinical staff. During 2004/05 there were 1,076 deaths across Peninsula Health. Of these, 144 were declared unexpected and were reported to the Coroner.

**CONSUMER CONSULTATION**

We involve our community in review and decision making processes. The members of our three Consumer Advisory Committees and the consumer consultants in our Psychiatric Service help us to improve services. As well, community representatives serve on our Research and Ethics Committee and our Quality and Clinical Governance Committee. Demonstrating our emphasis on consumer consultation, we have this year appointed an Executive Director responsible for Community Participation.
Solid Foundations

Monitoring performance against Targets

**LEGAL COMPLIANCE**

To keep the public safe, there are laws, standards and policies for most aspects of health care. Peninsula Health has a thorough, service-wide program to ensure we are complying with all this legislation. Compliance against the laws is monitored by 24 Compliance Officers across the system. They measure and record how well we are complying with legislative requirements and with Peninsula Health’s key policies. The system at Peninsula Health has been adopted by other health services in Victoria and was commended by the Australian Council on Healthcare Standards (national accrediting body).

**KEY PERFORMANCE INDICATORS**

Our Key Performance Indicators are the ‘vital signs’ of our performance. Like blood pressure, temperature and oxygen levels indicate how a patient is progressing, the data we collect on quality and safety issues shows how we are performing against targets. These issues include the cleanliness of our facilities, how quickly we respond to complaints, how many patients have developed pressure sores, how many of our patients suffer falls while in our care and numerous other indicators. Statistics on these and many other issues are reviewed by the Quality and Clinical Governance Committee at every meeting. With this information we can spot problems, identify what works and what does not and put safeguards in place to minimise risks.

**ACCREDITATION**

Independent national accrediting agencies are called on to examine healthcare organisations and to judge performance against national standards in delivering quality, safe health services. Peninsula Health seeks and consistently receives accreditation for all its services.

**BENCHMARKING**

It is not enough that we think we are doing well. To ensure top quality we need to compare our performance against established national and international standards and against the performance of other health services. This is called ‘benchmarking’. Benchmarking helps us and the government agencies that fund us to determine how well we are meeting goals.

**IDENTIFYING AND RESPONDING TO PROBLEMS OR MISTAKES**

**SENTINEL EVENT MONITORING**

A Sentinel Event is a very serious incident, such as giving a patient the wrong type of blood or a fatal patient fall. Health services throughout Victoria report all Sentinel Events to the Department of Human Services, which looks for common factors or trends. From this information action plans are developed to minimise the risk of the same things happening again. Guidelines are issued to help health providers manage risks better. This year Peninsula Health made five reports to the Department of Human Services for the Sentinel Event Program. Of these, four related to actual patient incidents and one was a ‘near miss’. Investigation of these events resulted in changes to our systems and processes such as:

- the development of guidelines for the management of patients taking anti-clotting medication who experience a fall
- the systematic improvement in the way pathology results are reported electronically.
Taking Steps to Reduce Risks

Clinical Risk Management (also called Patient Safety)

Any activity in which people’s lives are at stake is inherently risky. There are countless potential hazards in health care, covering every level of risk from minor inconvenience to life-threatening scenarios. In a Quality and Safety Culture, staff are constantly on the look out for risk and quick to work out ways to reduce it. To do that, health providers must work in an environment that emphasises prevention, not punishment. And there must be formal processes through which risks are identified, recorded and investigated.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>INCIDENTS REPORTED</th>
<th>% INVOLVING MINIMAL OR NO HARM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004/05</td>
<td>3,708</td>
<td>93%</td>
</tr>
<tr>
<td>2003/04</td>
<td>3,057</td>
<td>94%</td>
</tr>
<tr>
<td>2002/03</td>
<td>2,143</td>
<td>91%</td>
</tr>
</tbody>
</table>

As reporting of incidents is a voluntary process, it is a good sign when the number of reports increases. This shows that staff are alert to risks, that they work in a No Blame culture and that they are encouraged to contribute to risk management.

Could it happen here?

Media reports about medical incompetence are chilling. Everyone wonders, could my hospital let unqualified people work on me?

Since your hospital is part of Peninsula Health, the chances of that happening are extremely small.

While even the most experienced and skilled doctor can make a mistake, the hiring of people not qualified or competent for their jobs should not happen here.

We are pleased to welcome new doctors to our staff, but only after they have passed a rigorous screening process.

STAGE ONE – APPLICATION

At Peninsula Health all our senior doctors must be registered with the Medical Practitioners Board of Victoria. They must also have their Provider Number from the Health Insurance Commission. And we expect them to be Fellows (members) in Good Standing with their respective specialist College (e.g. the Australian College of Surgeons). These criteria ensure that doctors’ qualifications and training have been reviewed and that there are no unresolved complaints against them.

When a new senior doctor applies to work at Peninsula Health, our Executive Director of Medical Services and our Clinical Directors reconfirm these qualifications and training and contact referees and former employers.

In addition, the doctor is requested to list the types of procedures he or she wishes to undertake. The doctors’ skills and experience is matched against this request before the doctor is permitted to perform the listed procedures.

Making Sure Staff are Qualified and Experienced

Credentialing

At Peninsula Health we minimise the risk of hiring unqualified staff by thoroughly checking the skills, qualifications and experience of our doctors. This process is referred to as Credentialing. This year we have improved our credentialing and appointment process through working to a new National Standard issued in 2004. (See “Could it Happen Here? next page.)
Battle Plans

Health officials around the world are saying that a serious pandemic is inevitable. They predict that some type of virus, probably a flu, will spread out of control and kill millions.

Many people thought SARS (Severe Acute Respiratory Syndrome) might be the one. But as the disease began causing deaths in Asia, health providers worldwide set plans in motion to stop SARS spreading. Fortunately this cooperation among the nations contained the virus.

Peninsula Health responded to the SARS outbreak in 2002/03 and is well into planning for a future flu pandemic. This year, working from state and national pandemic plans, we have developed our response at the local level. The plan specifies what we should do at each stage of a pandemic and nominates the people and teams responsible for each action.

Our plan also includes Clinical Management Guidelines for the medical and nursing staff who would be on the front lines. We have added a section on resource management, addressing issues like employee immunisation, how to access and use protective equipment and the location of isolation rooms within the hospital.

Our pandemic plan also includes the appointment of a Flu Pandemic Monitoring Group. This committee would coordinate the many elements of Peninsula Health’s role in such a scenario.

While we hope we never have to put this plan into action, we know that being prepared is the best way that we can protect our community in the event of a worldwide influenza outbreak.
Traditionally, a medical specialist— as opposed to a surgeon— cares for ill patients using non-surgical techniques. But today that distinction has softened considerably. In fact, you could say that Physicians and Surgeons work ‘hand in glove’.

**A Physician will insert a stent, a device used to open up a blocked artery around a heart. A Surgeon will perform bypass surgery if a stent is not enough.**

**A Physician will examine the digestive tract with a flexible tube and camera (endoscopy) to make a diagnosis. A Surgeon will remove a gallbladder.**

Our Division of Medicine works in close collaboration with our Surgical Services, as it does with all the services across Peninsula Health.

Last year our Division of Medicine treated 24,168 patients for everything from asthma to zootoxin (snake or spider bite).

All these patients received care from highly skilled specialists in the many fields of medicine. Our medical specialists, in turn, worked closely with nurses, therapists, support staff and doctors from other services to help sick people to recover and get on with their lives.

We present for your inspection our Peninsula Health Medicine and Critical Care Service.
Keeping conditions from becoming critical

‘So glad I MET you’ is what patients might say if they have needed the services of our Medical Emergency Team (MET).

The Team includes a doctor and nurse from the Intensive Care Unit who respond immediately to any ‘MET call’. Nurses on the wards will call the team if one of their patients begins to deteriorate to a serious level where a cardiac arrest or other life threatening event is possible.

MET clinicians quickly evaluate the situation and begin the necessary steps to prevent further decline. The patient might be transferred to the ICU or Coronary Care Unit (CCU). Usually, they are able to stay on the ward with a new care plan.

During 2004 Frankston Hospital had 220 MET calls. Many of these helped to prevent cardiac arrest and even death.

By responding to changes before they reach crisis point, we can protect patients from cardiac arrest, heart attack or stroke while keeping more ICU beds available for those who are critically ill.
A few definitions first . . .

People preparing to be doctors spend six years studying medicine at university with some hospital-based training. During this time they are referred to as Medical Students.

When they graduate from Medical School, they are doctors ready for supervised training in a hospital. For their first year of training they are called Interns. When they have finished their Intern training, they complete two or more years of increasingly independent hospital work. For these years they are called Hospital Medical Officers.

If doctors wish to go on to a specialty rather than to take up General Practice, they continue their hospital-based training as Registrars. This phase of their training can continue for several years depending on the specialty. On successful completion of their Registrar training, they are qualified as Surgeons, Physicians, Psychiatrists, Pathologists or one of many other specialist doctors.

The stories that follow detail some specific activities for medical training in our Division of Medicine:

MATTERS OF THE HEART
SHARING CARDIAC TRAINING

Because Peninsula Health treats a very large number of people with heart problems and performs a wide range of cardiac tests, we offer an exceptional training opportunity for young doctors. Both the Alfred Hospital and St Vincent’s Hospital send their Advanced Trainees (Registrars) to Peninsula Health for rotations in Cardiology.

SPECIALIST STUDIES
WORKING TOGETHER TO PREPARE PHYSICIANS

Peninsula Health and the Alfred Hospital share an exclusive partnership.

The two agencies collaborate in the final stages of training for their respective Medical Registrars. These advanced trainee doctors are preparing for exams to become Specialist Physicians.

As part of this preparation the Registrars work in each other’s wards and are evaluated by senior doctors from both hospitals. As well, they are given practice exams by each hospital’s Specialist Physicians.

This alliance expands the training opportunities and expert guidance that will contribute to these doctors becoming outstanding Specialist Physicians.
CLEARLY EVIDENT
PROMOTING SKILLS FOR EVIDENCE-BASED MEDICINE

Since the 1990s, the entire world has become our library.

With the advent of the Internet we can find information on virtually any topic, any time, from anywhere. Ask Google to find you something on high fibre foods and you will be offered 54,300 sources of information. This overwhelming array includes everything from nutritional recommendations by the World Health Organisation to musings on Aunt Sadie’s personal relationship with bran.

It is not a simple task to find and use online information and to judge which material is reliable.

This is an even more crucial issue for doctors, who are accessing data that will impact on someone’s health. Learning to use rapidly advancing information technology is a skill that doctors did not need fifty years ago, because many of the tools did not even exist.

Teaching medical students and doctors how to use these new research opportunities is part of Peninsula Health’s medical training programs. Our Deputy Director of Medicine teaches a regular course in Evidence-based Medicine to third year medical students. And we recently hosted a Grand Round in which Professor Don Campbell, Director of the Monash Institute of Health Services Research, worked with Hospital Medical Officers and Physicians on how to find and judge data on the Information Superhighway.

FINAL DECISIONS
DOCTORS LEARN ABOUT END OF LIFE DECISION MAKING

Most people plan for retirement, but few of us give any thought to the decisions that often need to be made at the end of their lives.

Who will look after your best interests if you are unable to communicate? Do you want to be resuscitated if you already have a terminal illness? What measures do you want used to battle a life-threatening condition and for how long should the doctors use them?

Awareness of these and other end-of-life issues is the focus of surveys by our Director of Medicine, Associate Professor David Langton, who found that there is little understanding of these matters outside the hospital setting. So he has begun using his study results to conduct education programs for medical staff and General Practitioners.

WARD TRAINING
INTERN WARD ROUNDS

Interns are brand new doctors – just graduated from their medical studies at university. Up to now their education has been mostly theoretical – they have not had much direct contact with patients.

To give our interns more opportunity to learn in a ward setting, our Medicine and Critical Care Service has established Intern Ward Rounds. During these rounds a Senior Physician and Interns discuss conditions and treatment options for medical patients on the wards. We find that patients are usually keen to contribute to the training of these new doctors.

This year Peninsula Health has successfully recruited 24 interns, compared with 20 last year and 16 the year before.
CRITICAL CARE
SAVING MORE LIVES

Patients only come to our Intensive Care Unit (ICU) if they are gravely ill. They are often too sick to breathe on their own. They require 24 hour one-to-one nursing care. And their conditions are so critical and complex that there are always doctors stationed in the ward.

Sadly, despite the comprehensive treatment and care they receive, some patients are too ill to survive.

Much research has been done worldwide on Intensive Care and ICU patient outcomes. The Australia and New Zealand Intensive Care Society (ANZICS) maintains a massive database on survival rates of ICU patients throughout both countries. Units send information on patients’ conditions when they are admitted and when they discharged. This information can be used to identify practices and procedures that save more lives.

ANZICS has developed research programs that predict patient outcomes based on their condition on admission.

During this year the patient outcomes for metropolitan, private and rural hospitals were very close to those predicted by the ANZICS program. But in our ICU, the survival rate of our critically ill patients was much higher than statistically expected.

Mortality review figures like these contribute to our research on the most effective medical interventions for critically ill patients.

Last year Peninsula Health, supported by the Department of Human Services and the Pink Ladies Auxiliary, invested $800,000 in monitors, defibrillators and other lifesaving equipment for our Intensive Care Unit.

SPECIALIST MEDICINE MOVES IN AT ROSEBUD HOSPITAL

A single new service at Rosebud Hospital has had a positive impact on patient care for the community on the Southern part of the Mornington Peninsula.

In December 2004 we established a General Medical Unit at Rosebud Hospital. Specialist Physicians and a senior medical officer make regular rounds in the unit and meet with nursing and allied health staff. By having this medical expertise and management on site, Rosebud Hospital can now treat complex medical conditions such as pancreatitis, unstable diabetes or epilepsy.

Previously these patients had to be treated at Frankston Hospital.

The new unit –

- can admit medical patients directly from the Rosebud Emergency Department, eliminating the need to transport them to Frankston;
- reduces the demand on both admissions and emergency services at Frankston Hospital;
NET RESULTS –
Get the Best Results When You Use the Internet

While medical professionals need complex skills to use information technology in their work, there are some simple tips for those of you browsing the Internet for good health ideas. According to our Medicine and Critical Care service you should –

See if the site lists its source. If not, it is a pretty good indication the material could be mumbo-jumbo.

Look for information put out by government agencies and other respected organisations. Data put out by private companies or groups might be distorted to make a point or sell a product.

Check when the site was last updated. The information on the site could be too old to be valid.

Give preference to links listed on reliable sites. Most respected organisations would never knowingly recommend a dodgy source.

Check with your GP before implementing any major diet, exercise or other health program you find on the Internet.

• enables patients who live on the Southern Peninsula to be closer to home when they need hospital care for a medical condition;
• eliminates the drive to Frankston for patients’ families;
• makes better use of Rosebud Hospital facilities.

By the end of June, the new unit had treated 637 patients.

BANKING ON OUR DOCTORS
OUR NEW MEDICAL OFFICERS BANK

Doctors get sick...and go on vacation... and have family emergencies. Like all of us, there are days when they just cannot get to work.

When that happens, we have to find qualified doctors to fill in their shifts. In the past we have primarily called on commercial staffing agencies for replacement staff, but this had several drawbacks, including the fact that the relief doctors were not familiar with their place of work.

So in December 2004 we created our own bank of relieving doctors, called the Medical Officers Bank. Within six months we had registered 125 doctors and reduced our use of agency bookings from over 1000 hours a month to zero hours.

Figures to date indicate that not only will we have the staffing options we want, but working this way has the potential to save $270,000 a year.
For most people being sick is a miserable – but short term – plight.

A week with sinuses that feel like they weigh six kilos... maybe a tormenting cough that hangs around for a month... but then it is over, and life is back to normal.

For people with chronic conditions, however, their disease IS normal life.

A chronic illness is a condition that is usually not curable. It must be managed for many years or for a lifetime. Such conditions include diabetes, serious breathing problems, certain heart conditions, some addictions and other long-term disorders.

In order to stay as healthy as possible and lead a normal life, people with these illnesses need to know how to keep their conditions in check. This might involve regular monitoring, medication regimens, special diets or exercise programs and medical support. It can include treatments and routines that must be incorporated into daily activity.

If actively managed, chronic conditions can be well-controlled. Even though they may never be ‘over’ – like a bout of flu or an inflamed gallbladder – these conditions do not need to stop people from having productive and pleasurable lives.

But poorly managed, these chronic conditions can cause distress and debilitation, and send sufferers to hospital over and over again. Difficulty breathing, blocked circulation, altered consciousness and other painful and frightening symptoms bring these patients to the Emergency Department time after time.

Peninsula Health’s Complex Care Program is helping people to manage their chronic conditions and to reduce the need for hospitalisation. This improves the lives of clients* and their families and reduces the demands on healthcare resources.

*In this report, we refer to the people we serve through our Complex Care Program as clients of the service.

**FAST FACT** The Department of Human Services has developed guidelines on the delivery of complex care for all Victorian health services. These guidelines are modelled on the type of program being provided by Peninsula Health.
COMPLEX CARE PROGRAM PROFILE

The Peninsula Health Complex Care Program was established in April 2004 as part of the state government’s Hospital Admission Risk Program. The staff provide a hub for a wide range of services to help people with chronic conditions.

THE PROGRAM HAS FIVE STREAMS –

DIABETES
uncontrolled diabetes can result in blindness, amputations, heart attacks and kidney failure

CHRONIC HEART FAILURE
a condition in which the heart does not pump forcefully enough

CHRONIC RESPIRATORY CONDITIONS
people can have breathing problems from several different disease processes, such as asthma or chronic bronchitis. The resulting shortness of breath can severely limit activity and decrease quality of life

DRUG AND ALCOHOL PROBLEMS
addictions to and the abuse of drugs and alcohol often affect all aspects of a person’s life, from family to finances.

GENERAL COMPLEX NEEDS
conditions that bring people into hospital over and over again can also reduce people’s ability to manage their health and their lives. Their complex needs are addressed by the Complex Care Team.

IMPACT OF COMPLEX CARE ON HOSPITALISATION OF CLIENTS

Of 68 Complex Care clients seen during 2004/05, the following results were achieved over a 12 month period.

FRANKSTON (51 CLIENTS)
- 23% reduction in the number of Emergency Department presentations
- 42% reduction in the number of Inpatient admissions
- 57% reduction in the number of bed days
- 40% reduction in the average length of stay

ROSEBURD (17 CLIENTS)
- 49% reduction in the number of Emergency Department presentations
- 60% reduction in the number of Inpatient admissions
- 70% reduction in the number of bed days
- 24% reduction in the average length of stay

FAST FACT Over two years the Chronic Heart Failure stream has supported 280 clients.
The Diabetes stream has supported 128 clients over the last two years.
Over 440 clients have been supported over two years by our Drug and Alcohol Hospital Liaison stream. When reviewed after 12 months, 83% of these clients had not returned to hospital with drug and alcohol issues.
Through the General Complex Care and Chronic Respiratory stream, we have supported 68 clients at Frankston and Rosebud Hospitals.
COMPLEX CARE & PARTNERS

The following chart lists some of the partners who help us to provide services for people with complex care issues.

MORNINGTON PENINSULA DIVISION OF GENERAL PRACTICE
Information about the Service to GPs and the highlighting of key targets in chronic disease management

PENINSULA HEALTH PSYCHIATRIC SERVICE
Resource for clients and guidance for staff

LOCAL GOVERNMENT AGENCIES (such as the City of Frankston and the Mornington Peninsula Shire)
Services for clients including carer respite, household help, Meals on Wheels, etc

CHARITABLE ORGANISATIONS (Such as The Brotherhood of St Laurence and St Vincent de Paul)
Resources for clients

DEPARTMENT OF HUMAN SERVICES
Identification of service gaps, Funding

UNIVERSITIES
Assessment Tools, Formal Program Evaluation

COMMUNITY REHABILITATION CENTRES
Programs for clients such as Pulmonary Rehabilitation

EMERGENCY DEPARTMENT/RESPONSE ASSESSMENT AND DISCHARGE TEAM
Referral of clients, Screening and Assessment

COMMUNITY HEALTH SERVICES
Services for clients such as Podiatry, Counselling, Drug & Alcohol Services

GENERAL PRACTITIONERS
Care planning, Medical advice

Podiatry foot care and treatment
Pulmonary Breathing/ lungs
Identifying people with complex needs

Frequent admissions to the Emergency Department alert us to a patient’s likely need for Complex Care services. The following conditions are the primary reasons that these patients present to the ED.

People who have Chronic Heart Failure may come to hospital with one or more of these symptoms:
- Shortness of breath
- Chest pain
- Irregular heartbeat
- Falls

Those with Chronic Respiratory Conditions usually present with:
- Shortness of breath
- Asthma
- Chest pain
- Chest infection

Drug and Alcohol problems cause clients to present with:
- Intoxication
- Seizures
- Abdominal pain
- Overdose
- Suicidal behaviour

Clients with Diabetes come to the Emergency Department with:
- Blood sugar too high (hyperglycaemia)
- Blood sugar too low (hypoglycaemia)
- Nausea and vomiting
- Insulin overdose

Complex Care Clients who do not fit one of the preceding categories can present to ED with any of the following conditions:
- Abdominal pain
- Chest pain
- Backache
- Effects from toxic substances
- Shortness of breath
- Seizure
- Backache or joint pain
- Migraine
- General complex conditions

Complex Care Coordinator, Jill Gurney has responsibility for 18 clients.

There is scarcely a spare minute in Jill’s day – but she wouldn’t have it any other way. “I love my job,” she says. “I have never once wanted to leave this work.”

To learn why Jill is so passionate about her role as Complex Care Coordinator, we look at a typical day and meet some of the people she helps (see next page).
Jill’s Day

9:30

10:00
Ring Mornington Shire – ask about house cleaning for Dean.
10:30
Meet with Dr Gunu – Heritage – Coordinator care plan for Shirley
11:15
Lunch meeting – Staff Room – Mahogany
11:45

12:15
URGENT – refer Jeanine Bright to Occupational Therapist & Domiciliary OT
1:00
Ring ACCESS – 979813
1:30
Visit Karen Miller – 5GN

2:00
Visit Dr Smith – on Tom Bridge
2:30
Visit Dr Adams – on Suzanne Thomas
Retinopathy
bleeding in blood vessels of the eyes – can lead to blindness

COPD
Chronic Obstructive Pulmonary Disease (breathing)

UR number
a patient’s medical record number

Lanoxin and Lasix
medications often used by patients with Chronic Heart Failure
Case Study:
The Chesterfields

For years Karen Chesterfield looked after people with disabilities. Now she struggles every day with a disability of her own.
A home accident

left Karen, 34, with a severe back injury. In the
year following the accident, she was in Frankston
Hospital 18 times, either in the Emergency
Department or in a hospital bed. After several
operations and rehabilitation, Karen will still go
through life with a ‘bad back’ and currently
requires daily medication for pain.

She had to give up the job she loved, working in a
private nursing home as a Personal Care
Attendant. Her husband Tim became her carer and,
with looking after Karen seven days a week, he
was only able to work part time outside the home.
He also had to give up his university studies in
Christian Ministry.

Their financial situation deteriorated. They had to
give up many of the activities they had always
enjoyed because going out was difficult both
financially and physically.

At home, simple activities suddenly required
strategic planning. Showering, getting in and out
of bed, sleeping, even sitting in a chair was a
challenge. Additional problems arose from the
medications Karen took to cope with the
constant pain.

The scope of their problems was bewildering and
depressing, and neither Karen nor Tim knew where
to find the services they now needed.

Then Jill rang.

Upon learning of Karen’s numerous trips to
hospital, Complex Care Coordinator Jill Gurney
contacted the couple to offer help. Since her first
assessment visit, Jill has met with Karen and Tim
eight times.

Jill and the Chesterfields agreed that there were
three main issues they wanted to focus on – pain
management for Karen, counselling for the
depression Karen and Tim were both experiencing
and assistance with financial difficulties.

Jill liaised with their GP, consulting him on Karen’s
care plan. “He was part of our team,” says Jill.
Through the GP, Karen was referred to a pain
management specialist.

Jill arranged for a number of home modifications
and aids to help Karen reduce her pain and
increase her independence. These included rails
and other supports for the bathroom and bedroom,
a walker, a wheelchair and a special orthopaedic
chair that would let Karen sit more comfortably.

Counselling was arranged in May for both Karen
and Tim, and the couple continue to use the
service.

Jill contacted Veteran’s Affairs regarding pension
options for Karen and Tim. She also dealt with the
Ministry of Housing regarding an application for
special housing for people with disabilities. Both
applications are still in the process of being
assessed.

Through the Brotherhood of St Laurence, Jill
arranged for Karen’s application to Linkages, a
Commonwealth program that provides packages of
care such as housecleaning or shopping assistance
for people with disabilities.

A half price taxi voucher was organised with the
help of Karen’s GP and she is about to begin the
Better Health Self Management Program run by the
Complex Care team.

Now things are looking up for both Karen and Tim.
Tim has a little more time for his church work and
the many home chores he took over from Karen.
He was also invited by Jill to join the Frankston
Community Advocacy Project which provides the
public with a chance to be heard on various issues.
Tim is now a member and is contributing a
carer/consumer perspective.

Karen is managing better at home using her
walker and wheelchair. And she has not been
back to hospital even once since April.

“My outlook on life has improved a lot,” says
Karen, “especially since I can function better at
home.” She hopes eventually to be able to resume
her career on light duties and in a part time
capacity.

Karen and Tim know that there are battles still to
be fought, but they are more confident they can
meet the challenges now that the Complex Care
Team is in their corner.
During 2004/05 Peninsula Health helped to welcome 2,196 tiny Australians

Frankston Hospital
1,023 Boys
911 Girls

Rosebud Hospital
148 Boys
114 Girls

A snapshot of our Women’s, Children’s and Adolescent Health Services:

- A comprehensive service for the care of pregnant women, birthing support and follow up care for mums and babes, the treatment of premature or ill infants and health care for children and adolescents
- Prenatal assistance to pregnant women with special needs, including women with chemical dependencies
- Special mother, baby and family services, including breastfeeding support, grandparenting groups, referral to community agencies, home visits following birth and Family Birthing
- Treatment, care and education for families with special problems, including postnatal depression and infant feeding and sleeping problems
- Medical and surgical treatment of gynaecological conditions (health issues affecting women).

Family Birthing gains fans

In last year’s report we introduced a new program of Family Birthing Care at Frankston Hospital. The Family Birthing option involved:

- Family participation in providing support for birth
- Midwife care
- Specially tailored education and preparation for the whole family
- Focus on natural, active and intervention-free birth
- Going home within 24 hours of giving birth.

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

Comments by women who chose Family Birth Care –

“We had both our mothers in . . . (they) loved being a part of their grandson’s birth.”

“My husband was impressed with how easygoing everyone was and (how they) helped him to be included and at ease.”

“I enjoyed the experience of the family all taking part in the birth – we will always remember it as a positive experience.”

“Really appreciated the respect given to what I wanted.”
The risk level is the most important factor in determining the birthing option and location for the delivery of a baby.

Low risk pregnancies can be cared for at a facility like our Rosebud Hospital, where midwives and/or doctors provide women with a birthing experience requiring very little intervention. The criteria for this service were designed with the help of consumers from the local community. During the development of the Rosebud Hospital’s Obstetric Model of Care, staff also worked closely with the Victorian Maternity Coalition Advisory Board.

Women wanting epidural pain relief or those who may need a medical intervention will be referred to Frankston Hospital. At Frankston there is a 24-hour Anaesthetic Service and a Level Two Special Care Nursery.

If a woman has serious health problems such as kidney failure or heart disease, she will probably be referred to a Level Three facility, such as Monash Medical Centre or the Royal Women’s Hospital. If her labour starts at less than 34 weeks, she also needs a Level Three facility.

The obvious ‘glitch’ in the process is when a woman with few if any risk factors suddenly finds herself in very early labour or with a serious complication. She could need a more complex level of care in a hurry!

Our Professor/Director of Women’s Children’s and Adolescent Health, Professor Bob Burrows, recently served on a Department of Human Services taskforce on this issue. The group is establishing a referral service that can handle all the organisational details when a patient needs to go to a hospital with a Level 2 or 3 obstetric service. Her care team will have their hands full getting her stabilised and ready to transfer. The new service would make all the appropriate phone calls, find available beds, organise receiving care teams and arrange transport.

By March 2005 all our midwives were accredited to do ‘well baby checks’ on discharge. This reduces the time that a family has to wait to leave hospital and take the newest member home.
GENTLY, GENTLY
New Practices Protect Premature Infants

It is no wonder that babies cry when they are born. For months they have been cuddled in a soft, warm, quiet place. Suddenly they are being pulled and prodded amid blazing lights and loud noises while they struggle to breathe for the first time. Talk about rough starts!

Luckily, nature has prepared infants for all the challenges of life on the outside. They have had 40 weeks to fully develop inside Mum, enough time for their lungs, brains and other organs to grow strong enough to tackle the world.

Which is why babies that are born early have problems. Their tiny bodies have not had a chance to fully develop, making them more vulnerable to the stresses of life.

Their ears are more easily damaged by noise. Bright lights can interfere with the development of natural diurnal (day/night) rhythms. Too much stimulation and handling causes stress that affects oxygen levels and heart rates. The stress negatively affects the development of their brains. It also keeps them from the sleep and rest they need to grow.

Long term studies of babies born with very low birth weights indicate that they may go on to develop learning problems, attention disorders, difficulties with language and sight or movement impairments.

So at Peninsula Health we have introduced Developmental Care to our Special Care Nursery. The Nursery provides high dependency care for infants born up to six weeks early and newborns with medical problems. The unit treats between 450 and 500 infants a year.

Some of the routines now being established in our Nursery include:

- Instituting a daily ‘quiet time’
- Reducing light levels
- Covering incubator hoods
- Removing bubbling water in oxygen/ventilator tubing
- Closing incubator portholes gently (to a baby in an incubator the sound of a porthole snapping shut can reach 80 decibels, which is loud even for an adult!)
- Clustering care regimens (bathing, weighing, etc) to reduce handling times
- Dimming the lights and turning off the radio at night
- Avoiding routine care at night
- Helping parents to learn to interpret stress behaviour in their infants

Further international studies have shown that these interventions reduce developmental delay, improve weight gain and decrease the length of time the tiny patients spend in hospital.

Now that is a great development.
CHECKING UP ON CHILDBIRTH SKILLS

Our maternity services run a special, in-house designed program of competency testing for our midwives. In addition to normal recertification requirements, our midwives must pass yearly exams that evaluate their skills.

Nurse educators run scenarios, especially involving emergency situations, and assess each midwife’s response.

The Australian Nursing Federation has provided input to our Competency Testing, and during our recent Accreditation Periodic Review, the evaluators commended the program.

Nurse Unit Manager of the Special Care Nursery, Dianne Macfarlane, was a member of the Editorial Board that put together the manual for Developmental Care. The manual is now used across Victoria.

WE DELIVER

Peninsula Health birthing statistics compared with Victorian rates

The following chart shows that Peninsula Health compares favourably with other hospitals in four areas – stillbirths, neonatal deaths, Caesarean Sections and induction of labour. These four factors indicate how a health service is performing in its maternity services.

KEY OBSTETRIC INDICATORS

<table>
<thead>
<tr>
<th>STILLBIRTHS PER 1000 BIRTHS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>State rate</td>
<td>8.2</td>
<td>Peninsula Health rate = 2.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEONATAL DEATHS PER 1000 BIRTHS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>State rate</td>
<td>3.8</td>
<td>Peninsula Health rate = 0.9</td>
</tr>
</tbody>
</table>

CAESAREAN SECTIONS - % OF BIRTHS

State rate = 19% Frankston Hospital rate = 17%

(Women needing Caesarean Section at Rosebud Hospital are transferred to Frankston)

INDUCTION OF LABOUR - % OF BIRTHS

State rate = 22% Frankston Hospital rate = 24%

Rosebud Hospital rate = 35%

(We expect that new guidelines for low-risk births at Rosebud Hospital will reduce this figure in the 2004 statistics. See ‘Risk Assessment’ page 71)
SMOKE OUT
Many babies smoke. Even before they are born.

When pregnant women and new parents smoke, their babies are smoking, too. Whether the harmful poisons from cigarettes come through the bloodstream or the lungs, the babies of smokers share in the damage smoking causes. They are, from conception, passive smokers.

At birth, babies of smoking mothers are more likely to be underweight and more vulnerable to infections. Their blood, which they share with Mum, is full of toxic chemicals. They also get less oxygen and fewer nutrients through the umbilical cord, since smoking narrows all of a woman’s blood vessels.

As if that were not enough, statistics show that babies whose mothers smoked during pregnancy have a greater chance of suffering sudden infant death syndrome (SIDS or ‘cot death’).

After birth, babies in a smoking environment are more likely to develop pneumonia, croup and bronchitis and to need admission to hospital. As they grow, their chances of getting asthma, ear problems and meningococcal disease are increased, and their breathing capacity is lower than in children of non-smokers.

Long term, a child growing up in a household with smokers is more likely to develop heart disease and lung cancer.

ASK . . . AND ASK AGAIN

Our Frankston and Rosebud Hospitals are strong supporters of QUIT smoking programs and the Government’s push to reduce smoking in pregnancy. It is now required that maternity hospitals report on how often they ask newly pregnant women if they smoke, advise the women about the dangers and assist women who want to stop. The hospitals must also record how often they repeat the process for women in their 20th week of pregnancy.

Frankston and Rosebud Hospitals both rank above the average for Victorian Hospitals.

PLANNING AHEAD
Family planning services

There is a big demand for Peninsula Health’s Family Planning Clinic, which can handle eight appointments a week. A General Practitioner and Specialist Nurse provide a wide range of services for women and couples.

- Contraception advice for those wanting to delay pregnancy
- Advice and assistance for couples wishing to conceive
- Screening and treatment for sexually transmitted diseases
- Testing for cervical cancer
- Assistance with unplanned pregnancies
- Referral service for IVF (medical specialty that assists couples unable to conceive) and Genetic Counselling for people concerned about passing on genetic diseases.
TEEN TRIALS

Helping teenage mothers

The teen years – time for exploring options, testing abilities, broadening experiences and building self confidence. This is the time when young people can move gradually from childhood to adult responsibilities.

For pregnant teenagers, however, the transition must be a lot quicker. Suddenly they are no longer children but the mother of children.

They are going from hamburgers and chips at the mall to eating healthy food for two. From their untidy, teenage bedroom to a baby’s nursery. From fretting over pimples to worrying about colic.

Finances . . . housing . . . education . . . childcare . . . the pressures are tremendous. But as hard as this situation is, it is made much worse by the stigma of being a teenage mother. It seems that the community sits in judgement at the young woman’s condition, and the verdict is usually negative.

The midwives of Peninsula Health understand the dilemma these young women face. For these health providers, the crucial focus is on the health of both mother and baby. So staff from our Frankston and Rosebud Hospitals offer special support and assistance to pregnant women under 20.

Our midwives provide pregnancy care to young, pregnant women through the Youth Resource Centre in Frankston and at Rosebud Hospital.

The midwives enlist the help of dieticians, social workers and maternal health nurses to help young women prepare for a safe birth and a healthy baby. They provide pre-birth care and education, help to link the young women with appropriate community agencies, work with partners and families and book the clients into hospital for the birth.

All this is done in a supportive and non-judgemental manner so that the young women do not feel threatened and so that their babies get the best possible care.

Following the birth, we continue support programs for teenage mothers through our Community Health Service.

DEALING WITH ANOREXIA

The Duchess of Windsor is credited with saying in the 1930s that “you can never be too rich or too thin.” Today most of the media is saying the same thing.

Magazines, films, billboards, music videos, television – they all inundate the community with images of emaciated people who are said to be both successful and happy. It is no wonder that achieving the thinnest possible body can become, for some people, an obsession.

Especially for teenage girls and young women, being fat is a terrifying prospect. One study found that teenage girls were more afraid of gaining weight than of cancer or nuclear war. (F. Berg, Afraid to Eat) That is why young women experience the mental illness, Anorexia Nervosa, more than any other group in the population.

Anorexia is an eating disorder characterised by severe restriction of food intake, loss of body weight to an unhealthy level, a distorted body image and an intense fear of getting fat.

But an obsession with thinness can cause havoc in a human body. Just a handful of the serious effects caused by Anorexia include:
• kidney failure
• heart irregularities
• muscle wasting
• anaemia (iron deficiency)
• infertility
• reduced concentration and memory.

Some people who suffer from Anorexia do not get help in time and actually starve to death.

Our Paediatric Unit has a special program for young people experiencing Anorexia. Sadly, the program is very busy.

Patients with Anorexia must agree to be treated and are asked to sign a contract to come into hospital. The normal length of stay is two weeks. During that time the young person receives nursing care, nutritional guidance and individual mental health therapy.

Patients are expected to eat three meals and three snacks every day. If they cannot do this, it might become necessary to start naso-gastric feeding (giving liquid nourishment through a tube threaded through the nose and into the stomach). Anorexia will have made these patients very undernourished. Close monitoring of their health status is essential.

Only one patient with Anorexia can be on the ward at any one time. This removes the stress of competition with others to ‘be the thinnest’. The patient must stay in bed resting. She (all our patients with Anorexia have been female) can read, watch TV or listen to music, but schoolwork is not allowed. Malnutrition will have affected these patients’ ability to think and concentrate, so schoolwork could be too stressful.

She is not allowed to leave the ward for any reason and visitors are confined to immediate family. Phone calls are limited to one incoming call a day. As time goes on, patients are encouraged to express themselves through craft, personal diaries and open discussion.

The two weeks in hospital is designed to start these young people on the road to recovery. Weeks and even years can be required for full recovery. A second two week stay in the Paediatric Unit is allowed, and if further hospitalisation is needed, the patient must be referred to a psychiatric service.

This cruel and complex illness is growing and creeping further into what should be childhood. Recently we had a patient in our Eating Disorders Program who was only 11 years old.

We have had more successes than failures with this program and have many patients who are still maintaining a healthy weight. We are encouraged by their progress and return to normal life.
Family Fare

Paediatrics

SPECIAL PROTECTION
Care for Children with Special Needs

Nurses in our Paediatric Unit often feel very protective when caring for their patients with special needs.

This is not because these children are more susceptible to infections or are ill more often than other children. They are NOT.

Our staff want to shield these little patients from the reactions that can come from other patients and their families.

“Families who do not have a child with special needs sometimes find these children confronting,” says Children’s Ward Manager Helen Hutchins. “Many people are unfamiliar with conditions such as Downs Syndrome and can react negatively.”

“We do not want our special kids dealing with rejection on top of being sick.”

Helen and her nursing staff have a long history of treating children with special needs.

The Peninsula region has several excellent developmental schools such as Nepean Special School and Naranga School for children with mild intellectual disabilities. These schools attract families needing their special education, and when these children are ill they come to Frankston Hospital. For years Helen has worked closely with these schools, meeting regularly with their administrators, teachers and therapists.

Our Paediatric Unit nursing staff are skilled at providing care and support for these special needs children and have earned the trust of parents throughout the community.

FOR WOMEN ONLY
Gynaecology Services at Peninsula Health

We have expanded our Gynaecology service over the last two years by:

- re-introducing specialist services at Rosebud Hospital
- augmenting our staffing with two new gynaecological surgeons
- and performing more minor gynaecological surgery in our Day Surgery Unit

In 2003/04 we treated 1,046 women for gynaecological conditions at Frankston and Rosebud Hospitals and over the last twelve months we provided treatment and care for another 1,007.

The Department of Human Services has recently funded the Royal Women’s Hospital to take on extra gynaecological surgery through the Elective Surgery Access Service (see more about this service on page 32).

Over the next year we will be able to send 20 of the long-waiting elective surgery patients on our Gynaecology list to the Royal Women’s for their procedures. These operations include procedures such as hysterectomy, laparoscopy (‘keyhole’ surgery for ovarian cysts, sterilisation, etc) and gynaecological repairs.

These places will be offered to patients who have waited longer than 90 days for their operations.

Gynaecology
the field of medicine dealing with the female reproductive system

Hysterectomy
removal of female reproductive organs
Partnerships with our community are managed by our most senior executives, who are responsible for making sure consumers have a voice in the care provided at Peninsula Health.

Consumers are represented at the highest level on Board committees, including the Community Advisory Committee, the Quality and Clinical Governance Committee, the Medication Safety Collaborative and the Research and Ethics Committee.

Consumers are also active on committees working with community education, infection control, aged care, psychiatry and community health. They are consistently involved in helping us get feedback from our community.

This year we have appointed one of our senior executives, Ms Elizabeth Wilson, Executive Director Nursing, to coordinate and enhance consumer participation in all of Peninsula Health’s services.

Ms Wilson will be driving our efforts to include consumers in planning, evaluation and decision making at Peninsula Health. She will also oversee our expanding Volunteer Program.

We are working to strengthen links with our community in several ways.
COMMUNITY ADVISORY COMMITTEES

We have enhanced our Community Advisory Committees during the past year. We appointed additional members and now have 25 people from the community who bring us ideas, feedback and new perspectives. Our three committees cover Peninsula Health’s geographical area with members coming from 11 different suburbs in our service area. The committee members help us to evaluate projects and often suggest new ones.

GROUPS WITH SPECIAL NEEDS

One component of Ms Wilson’s new portfolio is to work with consumers who have special needs. She is developing Clinical Pathways for people with disabilities.

“As clinicians we get so focused on the medical needs of a patient, we sometimes do not consider how they perceive the situation,” says Ms Wilson. “For example, when a disabled person comes to the Emergency Department, their carer is usually asked to leave while the patient is examined. This is very distressing for most of these patients because their carers provide comfort and security.

“A very simple but beneficial policy is to allow carers to stay,” adds Ms Wilson. “We call this a ‘patient friendly’ initiative.”

Some other patient friendly initiatives under study include –

• providing sign language or hearing devices for deaf women watching childbirth videos in antenatal classes.

• putting an alert on the medical record of disabled patients who come frequently to Emergency. The alert could give a brief summary of the patient’s history or a note that the parents or partners are very knowledgeable about care needs. This could save tests, time and frustration for the patients and their families.

• Making our Emergency Department waiting rooms more user friendly.

HOUSE NUMBERING CAMPAIGN

For example, two years ago our Southern group initiated a project to get homeowners on the Southern Peninsula to make their house numbers more visible in case an ambulance needed to find them. The Committee sent out notices explaining how important this was and used the media to spread the message. The group is currently working alongside Australia Post to notify Shire residents of local government regulations regarding the numbering of houses.

KITCHEN GARDEN PROJECT

Peninsula Health Community Advisory Committee member, Ms Shannon Anastasio, is working with the staff and students of Mount Eliza Primary School on an exciting project for grades two and three. The children will plant and tend a vegetable garden on school grounds, giving them hands-on experience with fresh foods. It is hoped that harvesting their garden for cooking into tasty dishes will encourage them to eat more vegetables. Parents, too, can participate in discussions with a dietician about their children’s eating habits and ways to improve nutrition. A student-published cook book is being developed. The Kitchen Garden Project, which was launched on May 11th, is also supported by local businesses.
Volunteers as part of the Care Team

Focus groups are currently helping us to develop several new volunteer projects.

**‘HUG A BUB’**

aims to train carefully selected volunteers who, with parents’ permission, would rock and cuddle restless infants in our Maternity Services. According to Marilyn Rowe, the CAC member driving the project, “The ‘grandmotherly’ volunteers we recruit would comfort our tiny patients, afford staff more time for their clinical work and give new mums more chances to rest.”

**‘TWILIGHT TIME’**

volunteers would provide companionship and distraction for our clients with dementia. Dusk is the time when these clients often become restless and agitated. Volunteers would come each day at dusk to read to residents, walk and talk with them, play board games or other calming activities.

**RED CROSS**

volunteers will soon be supporting our busy Emergency Department staff. Details are being finalised on the project in which volunteers from the Australian Red Cross will assist in the waiting rooms of our Emergency Departments.

**INVITING VIEWPOINTS . . .**

Creating links with community groups, service clubs, schools and other organisations is an important part of Ms Wilson’s role. We want our community participation to be inclusive, so that we get feedback and suggestions from as many people as possible.

. . . AND GETTING OUR MESSAGES OUT TO THE COMMUNITY

These links will also help us to distribute information about health care issues to a wider audience. Recently we held a public forum on ways in which people can participate more actively in their health care. Experts advised a number of steps people can take such as asking their doctors more questions, being sure all directions for taking their medications are well understood and learning what will happen during an operation or other procedure. Forums like this encourage consumers to have more SAY in their health care.

**COMMUNITY PARTICIPATION PLAN**

Members of the Community Advisory Committees, other consumers and some staff participated in a workshop on 25 August 2005 to develop a Community Participation Plan for Peninsula Health. We will report on the plan and actions taken in our next Quality of Care Report.
Dear Reader,

Hi. My name is Jenny Madden.

I’ve been employed as a consumer consultant with Peninsula Health’s Psychiatric Service for seven years. Each Area Mental Health Service in Victoria employs consumer consultants. Part of my role includes offering support and advocacy for patients in the Psychiatric Unit, residents at the community care site and clients of Peninsula Health community Mental Health Service. My experience enables me to provide a different perspective for clients in that I understand what it is like to have struggled with mental health issues.

Having received psychiatric care myself, I can understand what people who are struggling with a mental illness feel. From my personal experience, I know that being unwell is difficult but it is not all there will ever be. With treatment the illness can be controlled and we can find opportunity, success and joy in our lives.

I attend a range of meetings to help ensure that the consumer perspective is represented and considered. I am involved in client surveys, client complaints and in writing brochures with a client focus. My job is always different, which is part of the reason it is so enjoyable.

I also work very closely with our carer consultant, Carmel Jackson, who was featured in Peninsula Health’s 2004 Annual Report.

My role also includes public speaking to raise community awareness of mental health issues. Even after seven years I still get really nervous! As a part of public speaking, I talk to parents and carers of young people who have recently been diagnosed with a mental illness. I try to help families understand that with treatment and some lifestyle changes, mental health issues can be successfully managed.

Should you ever find yourself being treated at Peninsula Health Psychiatric Service, please feel free to contact me on 9784 6999.

Jenny Madden
consumer consultant
Peninsula Health Psychiatric Service
1. You would be most likely to develop a pressure ulcer by
   a) eating spicy food
   b) being in bed for two weeks with pneumonia
   c) trying to meet a deadline at the office

2. According to the Victorian Quality Council the six Dimensions of Quality are
   a) Safety, Access, Effectiveness, Acceptability, Appropriateness and Efficiency
   b) Physical inactivity, high blood pressure, obesity, smoking, poor diet, high cholesterol and alcohol
   c) GPs, Registrars, HMOs, Interns, Nurses and Physiotherapists

3. Which of the following groups would benefit from No Lift Training
   a) health workers who care for bedridden patients
   b) people with phobias about closed in spaces
   c) hitch-hikers

4. A discharge summary
   a) is required to retire from the Navy
   b) is quicker and more complete when done on computer
   c) starts in December when the children get out of school

5. A chronic condition
   a) is when you’re in a very bad mood
   b) means you’ve been to the gym enough to get really toned up
   c) is a long-term health problem that must be managed

You could win one of three HEALTH BONANZA BASKETS full of nutritious goodies, a first aid kit, exercise equipment and more healthy and helpful items for the whole family.

There is plenty of time to read this report and send in your entry – winning entries will be drawn December 14, 2005. All winners will be notified.

ONLY TWO QUESTIONS TO GO:
(Please fill in the blanks)

I enjoyed □ didn’t enjoy □ reading this Quality of Care Report because:
_____________________________________
_____________________________________
_____________________________________
_____________________________________

In next year’s Quality of Care Report I would like to see:
_____________________________________
_____________________________________
_____________________________________
_____________________________________

THAT’S IT! Now fill in your details (below), snip out this page and mail your entry to:
Quality Quiz, Peninsula Health, PO Box 52, Frankston, Victoria 3199.

for a chance to win a HEALTH BONANZA BASKET.

Name: ________________________________
Address: ______________________________
                                     ______________________________
Daytime Phone No: ____________________
Email: _______________________________
Peninsula Health tallied up the following figures during 2004 - 2005:

- 899 the number of new staff appointed
- 58,032 the number of inpatients we treated
- 14,296,819 the kilowatt hours of electricity we used at Peninsula Health
- 112,038 kilolitres of water used in our facilities
- $997,617.27 what that electricity cost us
- 640 the number of medical and health related journals to which our medical libraries subscribe
- 548 the number of staff trained in No Lift procedures
- 59,000 the approximate number of procedures done in our Medical Imaging services (x-rays, CT scans, ultrasounds, etc)
- 16,848 the kilos of general paper (not confidential paper) we recycled from Frankston Hospital
- 7,879 the total units of blood and blood products (plasma, etc) used
- 914,713 the number of meals served across Peninsula Health

Answers to Quality Quiz

1. (B) A pressure ulcer is another name for a bed sore. We are vigilant in monitoring and treating pressure ulcers because they can become very serious. (See pg 45)

2. (A) When a health service performs well in the Victorian Quality Council's Six Dimensions of Quality, it is providing its community with first rate care. (See pg 8)

3. (A) In the health industry, lifting is the most common cause of workplace injuries. Peninsula Health has a NO LIFT policy and provides special training to its staff. (See figures this page)

4. (B) Accurate discharge summaries help patients to continue recovering after leaving hospital. The summaries tell their GPs about the treatment and medications they received in hospital. (See pg 37)

5. (C) Diabetes and Emphysema are examples of chronic conditions – they are long-term health problems that people must learn to manage well in order to stay as healthy as possible. (See pg 61)
The production of this report has been supported by the Rosebud Hospital Opportunity Shop and the Frankston Hospital Pink Ladies.
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