<table>
<thead>
<tr>
<th>Initials</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE</td>
<td>Assist and Care in Emergency Volunteer Program</td>
</tr>
<tr>
<td>ACHS</td>
<td>Australian Council on Healthcare Standards</td>
</tr>
<tr>
<td>ACSA</td>
<td>Aged Care Standards and Accreditation Agency</td>
</tr>
<tr>
<td>AHPACC</td>
<td>Aboriginal Health Promotion and Chronic Care Program</td>
</tr>
<tr>
<td>BeST</td>
<td>Better Safer Transfusions</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>BPAF</td>
<td>Blood Product Administration Form</td>
</tr>
<tr>
<td>BPOF</td>
<td>Blood Product Ordering Form</td>
</tr>
<tr>
<td>CAC</td>
<td>Community Advisory Committee</td>
</tr>
<tr>
<td>CAT</td>
<td>Computerised Tomography</td>
</tr>
<tr>
<td>CDP</td>
<td>Community Dental Program</td>
</tr>
<tr>
<td>CLABSI</td>
<td>Central Line Associated Bloodstream Infection</td>
</tr>
<tr>
<td>CLEAR</td>
<td>Community Liaison Early Intervention and Acute Recovery Service</td>
</tr>
<tr>
<td>CLIPS</td>
<td>Consultation Liaison Early Intervention Psychiatric Service</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Government</td>
</tr>
<tr>
<td>CRP</td>
<td>Community Rehabilitation Program</td>
</tr>
<tr>
<td>CRC</td>
<td>Community Rehabilitation Centre</td>
</tr>
<tr>
<td>CVC</td>
<td>Central Venous Line</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services - administers the State Government’s health and welfare programs</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EIICD</td>
<td>Early Intervention in Chronic Disease</td>
</tr>
<tr>
<td>E-Prescribing</td>
<td>Electronic Prescribing</td>
</tr>
<tr>
<td>ESAS</td>
<td>Elective Surgery Access Service</td>
</tr>
<tr>
<td>FRAT</td>
<td>Falls Risk Assessment Tool</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HAI</td>
<td>Hospital Acquired Infection</td>
</tr>
<tr>
<td>HARP</td>
<td>Hospital Admissions Risk Program</td>
</tr>
<tr>
<td>ICAP</td>
<td>Improving Care for Aboriginal and Torres Strait Islander Patients Program</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>KCAG</td>
<td>Koori Community Advisory Group</td>
</tr>
<tr>
<td>KLP</td>
<td>Key Liaison Person</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
</tr>
<tr>
<td>MEC</td>
<td>Mt Eliza Centre</td>
</tr>
<tr>
<td>MRA</td>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin Resistant Staphylococcus Aureus</td>
</tr>
<tr>
<td>MyPOD</td>
<td>My Personal Oncology Diary</td>
</tr>
<tr>
<td>NASP</td>
<td>National Archery in Schools Program</td>
</tr>
<tr>
<td>NAIDOC</td>
<td>National Aboriginal Indigenous Day of Celebration</td>
</tr>
<tr>
<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
</tr>
<tr>
<td>PCCP</td>
<td>Peninsula Complex Care Program</td>
</tr>
<tr>
<td>PenDAP</td>
<td>Peninsula Drug and Alcohol Program</td>
</tr>
<tr>
<td>PETS</td>
<td>Pharmacist-initiated E-script Transcribing Service</td>
</tr>
<tr>
<td>PUPPS</td>
<td>Pressure Ulcer Point Prevalence Surveys</td>
</tr>
<tr>
<td>RAD</td>
<td>Response, Assessment and Discharge Team</td>
</tr>
<tr>
<td>RCF</td>
<td>Residential Care Facility</td>
</tr>
<tr>
<td>RISCE</td>
<td>Risk Identification, Safety, Containment, Environment</td>
</tr>
<tr>
<td>RUC</td>
<td>Residential Outreach Support Service</td>
</tr>
<tr>
<td>RRU</td>
<td>Rosebud Rehabilitation Unit</td>
</tr>
<tr>
<td>SACS</td>
<td>Subacute Ambulatory Care Services</td>
</tr>
<tr>
<td>SFYS</td>
<td>School Focussed Youth Services</td>
</tr>
<tr>
<td>SHARPS</td>
<td>Southern HIV/HEP Resource and Prevention Service</td>
</tr>
<tr>
<td>STIR</td>
<td>Serious Transfusion Incident Reporting</td>
</tr>
<tr>
<td>VICNISS</td>
<td>Victorian Hospital Acquired Infection Surveillance System</td>
</tr>
<tr>
<td>VPSM</td>
<td>Victorian Patient Satisfaction Monitor</td>
</tr>
</tbody>
</table>
Contents

01 Statement from CEO and Chair

02 Consumers, Carers and Community Participants
  03 Consumer Profile
  07 Volunteers
  08 Special Needs in the Emergency Department

09 Working with Partners
  10 Improving Care for the Indigenous Community
  12 Drug and Alcohol Services

14 Quality and Safety
  15 Clinical Governance
  17 Accreditation
  22 Infection Prevention and Control
  25 Clinical Pathways and Consumer Satisfaction
  26 Transfusion Safety
  28 Skin Integrity
  29 Falls Prevention
  31 Medication Safety
  33 Dental Health

34 Continuity of Care
  35 Complex Care Program
  35 Community Rehabilitation Program
  37 Rosebud Day Treatment Centre
  38 Oncology Day Unit
  39 Surgical Services
  42 Aged Care Services
  44 Psychiatric Services
  46 Emergency Department

47 Have your Say

Cover: ‘Possum Dreaming: Agility, Versatility and Diversity’ represents the need to be flexible when dealing with the health needs of the indigenous community. It was painted by Bea Edwards, a renowned indigenous artist and Peninsula Health’s Aboriginal Liaison Officer. See page 10.
Community partnerships help to ensure that Peninsula Health provides high quality, safe health care services.

These partnerships begin with patients, residents, clients and their families and carers. They extend to the government agencies that provide funding, to health care and education providers, to volunteers and to the wider community.

Peninsula Health relies on these partnerships to continually enhance the care offered in its hospitals, rehabilitation units, residential aged care facilities and community health and outreach programs.

The emphasis on quality and safety starts with The Board of Directors and flows through the senior management team to health care professionals and other staff across the organisation. Consumers and other partners are involved in every step and are represented on the most senior committees that report to the Board.

Peninsula Health is developing a Mental Health Service Plan that will identify anticipated needs over the next 10-15 years. It will propose an optimal mental health plan in terms of bed and community-based adult, child and adolescent and aged care mental health services.

In September 2007 Peninsula Health received both the Premier’s Award as outstanding Metropolitan Health Service of the Year and the Quality of Care Reporting Award at the Victorian Public Healthcare Awards presentation. (see page 30)

This annual Quality of Care Report again outlines how quality and safety are monitored and measured, how opportunities are identified and changes implemented as part of a continuous program of quality improvement.

Through text, tables, patient comments and statistics the Report explains how problems are identified and solved, standards improved, and benchmarks established against other health agencies. In addition to outlining achievements, the report also identifies shortcomings and improvement strategies.

This report focuses on issues that are important to the community, such as waiting times for services. It also focuses on outcomes so the community better understands what Peninsula Health’s efforts have achieved.

Health care consumers helped to select the areas of activity covered in this report and were involved in planning, writing, reviewing, producing and evaluating the finished product.

Members of the community are encouraged to become active partners in Peninsula Health’s quest for continuous quality improvement by sharing their views and ideas about services, performance and this report. Details on how you can participate are listed on page 48.

Peninsula Health is pleased to present the 2007 Peninsula Health Quality of Care Report to the community. It is hoped that readers will find the report interesting and informative and that it will be helpful if services provided by Peninsula Health are required.

Barry Nicholls
Chairperson, Board of Directors

Dr Sherene Devanesen
Chief Executive

This annual Quality of Care Report again outlines how quality and safety are monitored and measured, how opportunities are identified and changes implemented as part of a continuous program of quality improvement.

Through text, tables, patient comments and statistics the Report explains how problems are identified and solved, standards improved, and benchmarks established against other health agencies. In addition to outlining achievements, the report also identifies shortcomings and improvement strategies.

This report focuses on issues that are important to the community, such as waiting times for services. It also focuses on outcomes so the community better understands what Peninsula Health’s efforts have achieved.

Health care consumers helped to select the areas of activity covered in this report and were involved in planning, writing, reviewing, producing and evaluating the finished product.

Members of the community are encouraged to become active partners in Peninsula Health’s quest for continuous quality improvement by sharing their views and ideas about services, performance and this report. Details on how you can participate are listed on page 48.

Peninsula Health is pleased to present the 2007 Peninsula Health Quality of Care Report to the community. It is hoped that readers will find the report interesting and informative and that it will be helpful if services provided by Peninsula Health are required.

Barry Nicholls
Chairperson, Board of Directors

Dr Sherene Devanesen
Chief Executive
Consumers, Carers and Community Participation

Frankston Hospital’s Ward 5GN Volunteer Brian Whitlow, explains rights and responsibilities to patient Wilma Kneebone, as part of Peninsula Health’s Rights and Responsibilities Program.
Consumer Profile

Peninsula Health provides 300,000 residents of Frankston, part of the city of Kingston and the Mornington Peninsula with health care services.

Peninsula Health also responds to the needs of the 80,000 people who holiday annually on the Peninsula, and a large number of people who visit the area each year.

The top five countries of birth for people living in the Peninsula Health catchment area are Australia, England, New Zealand, Scotland and the Netherlands. Those born overseas make up 20 per cent of the local population. Approximately 1,500 Indigenous residents live in the area.

In 2007, about 32 per cent of the population were under the age of 25, and 26 per cent were over the age of 55. This proportion of older people is one of the highest in Victoria.

Peninsula Health offers: acute medical, paediatric, surgical and maternity care, critical care, psychiatric services, rehabilitation, palliative care, community health and health education, outpatient services, aged care and assessment, investigative and medical support services, allied health and clinical training.

It also provides services to 14,000 additional Victorians through the Personal Alarm Call Service.

Peninsula Health’s 4,209 employees are supported by over 860 volunteers and auxiliary members.

Consumers have access to 20 public health facilities across 14 different sites. These facilities include hospitals, nursing homes, assisted living homes, community health and outreach centres, mental health care services and rehabilitation, aged and palliative care units. Services are also provided in people’s homes through the Hospital in the Home program and other domiciliary services.

The top 10 health risk factors for this population are tobacco, high blood pressure, obesity, poor diet, physical inactivity, high cholesterol, alcohol, unsafe sex, illicit drugs, and work injuries.

The major causes of death and disability among Peninsula Health’s consumers are cancer, stroke, asthma, heart disease, accidents, emphysema and diabetes.


Consumer Participation

Consumer participation is an important process, and is of benefit to consumers and to Peninsula Health.

Involving consumers in the planning and management of their health care improves communication between patient and clinician, reduces risks, promotes recovery and health maintenance and increases consumers’ confidence in treatment and care processes.

In turn, consumer representatives play an active part in future health service planning, as well as monitoring the delivery of services. Consumers are represented at the highest level on Board Committees, including the Community Advisory Committee, the Quality and Clinical Governance Committee and the Human Research and Ethics Committee.

Peninsula Health regularly consults with other health care providers and a wide range of community groups. These include the Koori community and representatives of culturally and linguistically diverse groups.

Consumers who are representative of the Peninsula Health community are able to support the delivery of safe, high quality services by establishing community confidence through the sharing of knowledge and by ensuring that improvements are made.

Community Advisory Committee

By working in partnership with consumers, Peninsula Health continues to benefit from direct feedback that assists in improving its services.

The Health Service currently has a Board Consumer Advisory Committee (CAC) and four sub-committees, including Southern HIV/AIDS Resource Prevention Service (SHARPS), Koori and Cultural and Linguistic Diversity committees. An additional five sub-committees, including Mental Health, Disability, Westernport and two Community Reference Panels (for building works) will be formed enabling broad community perspectives to be identified.

The committees are drawn from the local community. They provide input on service planning and delivery through involvement in the Strategic Planning processes. They also assist in increasing the level of community involvement across the Health Service.

Over the last year Community Advisory Committee members have helped to represent Peninsula Health at two major conferences. The first was the Australasian Conference on Safety and Quality in Healthcare, where CAC members were sponsored by the Victorian Quality Council.

The second was the ‘Participate in Health’ Conference hosted by the Department of Human Services in February. CAC members led discussions on two Peninsula Health service initiatives.
One discussion focused on volunteers supporting staff hand over information about Rights and Responsibilities directly at patients’ bedsides, a suggestion gleaned from consumer focus groups held earlier in the year.

A ‘Patient Friendly’ label on medications issued by Peninsula Health Pharmacy Department was the topic of the other CAC led discussion. The labelling project was undertaken originally with the help of consumer representatives.

During the year CAC members were also involved in a review of consumer leaflets. Members recommended improvements in readability of the leaflets, which included information on Hand Hygiene and Medication Safety.

Carers Research Group

Accommodation can become a major problem for people with a mental illness and their carers. Some psychiatric conditions impact on employment opportunities, the ability to live independently and the levels of care needed at different stages in an illness.

A new group has been formed to discuss current issues related to families, carers and service delivery and to investigate the types and availability of accommodation in Frankston and on the Peninsula for people with mental illness.

The Carers Research Forum is a collaborative initiative between The Peninsula Carers Council Incorporated, Monash University and Peninsula Health.

Organisers of the Research Forum are aiming to improve access to affordable, appropriate and stable accommodation for people with mental illness and to integrated local services to prevent homelessness for this target population.

Auxiliary Groups

While individual volunteers assist in wards and programs across the Health Service there are also 34 Auxiliaries each of which has many members.

They assist by maintaining and building gardens and commenting on publications including brochures and reports to the community.

Some auxiliaries, like the Pink Ladies at Frankston and Rosebud hospitals operate kiosks while others manage Opportunity Shops to raise funds that enable the Health Service to purchase additional equipment.

In 2006/07, donations from Auxiliary groups enabled Peninsula Health to purchase:
- a specialised patient transport bus for Rosebud Hospital
- reclinable chairs for family members staying with loved ones in Palliative Care
- monitors for Maternity Services and emergency ventilation equipment for critically ill children
- 16 Pulse Oximeters for various wards at the hospital
- an anaesthetic machine and monitor for the Cardiac Angiography Unit
- a portable renal machine to be used on various wards
- a neurotherm radiofrequency machine which is used by practitioners for chronic pain relief
- a defibrillator/transport monitor for the Emergency Department.

Auxiliary Groups

While individual volunteers assist in wards and programs across the Health Service there are also 34 Auxiliaries each of which has many members.

They assist by maintaining and building gardens and commenting on publications including brochures and reports to the community.

Some auxiliaries, like the Pink Ladies at Frankston and Rosebud hospitals operate kiosks while others manage Opportunity Shops to raise funds that enable the Health Service to purchase additional equipment.

In 2006/07, donations from Auxiliary groups enabled Peninsula Health to purchase:
- a specialised patient transport bus for Rosebud Hospital
- reclinable chairs for family members staying with loved ones in Palliative Care
- monitors for Maternity Services and emergency ventilation equipment for critically ill children
- 16 Pulse Oximeters for various wards at the hospital
- an anaesthetic machine and monitor for the Cardiac Angiography Unit
- a portable renal machine to be used on various wards
- a neurotherm radiofrequency machine which is used by practitioners for chronic pain relief
- a defibrillator/transport monitor for the Emergency Department.

The Rosebud Hospital Kiosk Auxiliary purchased this patient transport vehicle for use by patients needing to move between Peninsula Health sites.
Human Research and Ethics Committee

The Peninsula Health Human Research and Ethics Committee is responsible for considering research trials, studies and projects that involve patients, staff or local residents.

The main role of Committee members is to consider any ethical issues that arise and to protect the welfare and rights of participants in clinical research trials.

The Committee includes a number of community members, including a commercial lawyer, a retired special school principal, a Chief Executive Officer of a multi-service disability support organisation, a coordinator of food safety programs and a minister of religion.

Each community representative brings a unique perspective to issues presented. For example, through the experience of pastoral care and mixing widely throughout the community, a minister of religion is usually in a position to understand the views of many people.

The lawyer’s role on the Human Research Ethics Committee is to advise the Committee on the legal implications of research being considered or decisions taken or whether further formal legal advice is necessary.

Peninsula Health follows guidelines issued by the National Health and Medical Research Council (NHMRC) which delineate the responsibilities of community members on the Committee.

According to the NHMRC guidelines, “the qualification for lay members is their independence from the institution and their non-involvement in medical, scientific or legal work. Those recruited from the community in which the institution is located are more likely to understand that community and how its members would view involvement in research.”

Community & Continuing Care - Integrating Care Program

Patients often need the services of not just one but many health care professionals who specialise in different fields.

It is likely the services of medical and nursing staff will be required, but the expertise of a dietician or a physiotherapist might also be needed. At times there could be a whole team of health professionals looking after the needs of a single patient. This care delivered by health professionals from different disciplines is called Integrated Care.

Peninsula Health’s Integrating Care Program provides team care for inpatients, primarily in the aged care area, who need rehabilitation. The program focuses on patient-centred goals and outcomes and involves the patient and family in the care planning process.

The Integrating Care team is made up of medical, nursing, occupational therapy, social work, speech pathology, dietetics and physiotherapy staff.

The Program appoints a Key Liaison Person (KLP) for each patient. This Liaison role is the main Interdisciplinary Team contact for patients, their families and carers.

The KLP ensures that patients and families are involved in preparing and monitoring the Care Plan, that the patients’ perspective is advocated at team meetings and that a follow up visit is made following discharge.

PROFILE: Marilyn Rowe

As an ardent advocate for quality in health care, Marilyn Rowe has put her values into action by volunteering at Peninsula Health.

Originally recruited as a community advisor to the Community Health Services, Marilyn has gone on to serve on the Peninsula Health’s Board Community Advisory Committee since December 2003.

From there she was appointed to the Peninsula Health Quality and Clinical Governance Committee as its Consumer Representative.

This committee reports directly to the Board and is the main conduit for reports from all Peninsula Health services related to quality and safety. Each ward and department reports its goals, actions, results, evaluations and complaints to this committee.

Marilyn feels privileged to be involved in such an important part of patient care and openly encourages others to consider volunteering at Peninsula Health.
Commitment to consumer, carer and community participation

The Health Service achieves a standard of MA (Moderate Achievement) in the Australian Council on Healthcare Standards (ACHS) EQuIP standard 2.4. Involving consumers in planning, provision, monitoring and evaluation of the health service to support improvement. Plus information is readily available for consumers/patients so that they are informed of their rights and responsibilities.

Peninsula Health is accredited at MA level for EQuIP Standards 2.4.1 and 2.4.2. ACHS, an independent, not-for-profit organisation, is dedicated to improving the quality of health care in Australia through continual review of performance, assessment and accreditation.

Governance

<table>
<thead>
<tr>
<th>RECOMMENDED STANDARD</th>
<th>INDICATOR</th>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commitment to consumer, carer and community participation</strong></td>
<td>The Health Service achieves a standard of MA (Moderate Achievement) in the Australian Council on Healthcare Standards (ACHS) EQuIP standard 2.4. Involving consumers in planning, provision, monitoring and evaluation of the health service to support improvement. Plus information is readily available for consumers/patients so that they are informed of their rights and responsibilities.</td>
<td>Peninsula Health is accredited at MA level for EQuIP Standards 2.4.1 and 2.4.2. ACHS, an independent, not-for-profit organisation, is dedicated to improving the quality of health care in Australia through continual review of performance, assessment and accreditation.</td>
</tr>
<tr>
<td>There is participation in higher level decision making</td>
<td>There are consumers, carers or community members on key governance and clinical governance structures.</td>
<td>Consumers, carers or community members are members of the Human Research and Ethics Committee and Quality and Clinical Governance Committee. These are sub-committees of the Board.</td>
</tr>
<tr>
<td></td>
<td>The Health Service has established a Community Advisory Committee in accordance with the Health Services Act 1988 section 239.</td>
<td>There is a Community Advisory Committee with Board of Director representation. There are also Advisory Groups: Northern and Southern Mornington Peninsula, Koori, SHARPS and Cultural &amp; Linguistic Diversity.</td>
</tr>
<tr>
<td></td>
<td>A Community Advisory Committee has been established in accordance with the non-statutory guidelines.</td>
<td>Achieved.</td>
</tr>
</tbody>
</table>

Accountability

<table>
<thead>
<tr>
<th>RECOMMENDED STANDARD</th>
<th>INDICATOR</th>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service reports openly to its communities on quality and safety, and the participation processes</td>
<td>The Quality of Care Report outlines quality and safety performance and systems in the key areas that address the health care needs of the service’s communities, consumers and carer populations.</td>
<td>This report, which exceeds the minimum reporting requirements, is produced annually and widely distributed to the community and reports on Quality, Safety and Consumer Participation.</td>
</tr>
<tr>
<td></td>
<td>A Community Participation Plan has been developed.</td>
<td>There was wide community consultation in the development of the Community Participation Plan.</td>
</tr>
</tbody>
</table>

Health Care and Treatment

<table>
<thead>
<tr>
<th>RECOMMENDED STANDARD</th>
<th>INDICATOR</th>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is consumer, and where appropriate, carer participation in clinical care.</td>
<td>Consumer participation in decision making about their care and treatment is assessed on the Victorian Patient Satisfaction Monitor’s (VPSM) Consumer Participation sub-index.</td>
<td>Each Survey is assessed and appropriate action undertaken by the relevant areas.</td>
</tr>
<tr>
<td></td>
<td>Appropriate information is available to enable all consumers and carers, where appropriate, to choose to share in decision making about their care.</td>
<td>Documents are written following guidelines in the Well Written Health Information Guide (DHS). Reinforced through the Peninsula Health Service Care Charter “Your Rights and Responsibilities”.</td>
</tr>
</tbody>
</table>

‘Doing It With Us Not For Us’

In January 2006, the State Government released a new consumer participation policy called ‘Doing it with us not for us’ that reinforces the importance of consumer involvement in health care delivery. Health Services are required to report on achievements against the participation indicators as set out in the policy.

For the year 2006/2007 Peninsula Health has met or exceeded all requirements. Achievements against these indicators are as follows:

<table>
<thead>
<tr>
<th>RECOMMENDED STANDARD</th>
<th>INDICATOR</th>
<th>PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doing It With Us Not For Us</strong></td>
<td>The Health Service has established a Community Advisory Committee in accordance with the Health Services Act 1988 section 239.</td>
<td>There is a Community Advisory Committee with Board of Director representation. There are also Advisory Groups: Northern and Southern Mornington Peninsula, Koori, SHARPS and Cultural &amp; Linguistic Diversity.</td>
</tr>
<tr>
<td></td>
<td>A Community Advisory Committee has been established in accordance with the non-statutory guidelines.</td>
<td>Achieved.</td>
</tr>
</tbody>
</table>

Peninsula Health
Quality of Care Report 2007

Consumer, Carers and Community Participation
Volunteers

Volunteers are essential to Peninsula Health’s delivery of quality health care services. Peninsula Health benefits from the strong community spirit and commitment to volunteering that flourishes on the Mornington Peninsula. People ring regularly inquiring about opportunities to assist within the Health Service.

Over 860 men and women from the community work throughout the Health Service. Every day volunteers assist staff, support patients and clients and raise funds for additional resources.

Many of the auxiliary and volunteer groups at Peninsula Health have been contributing to better health services for years, some for more than four decades.

For the last two years, staff have been recruiting additional volunteers to work in targeted areas, such as the Paediatric Ward, Emergency and Mental Health Services. A comprehensive orientation afternoon is provided for volunteers which includes Fire Training, Infection Control issues and orientation to the hospital. There have been two sessions in the last 12 months with at least 10 volunteers in each group.

The Red Cross ACE (Assist and Care in Emergency) Volunteers began at Frankston Hospital and this year expanded to Rosebud Hospital with nine volunteers.

ACE is a Red Cross program aimed at meeting the personal and practical support needs of patients and their attending family members and friends in the Emergency Department. ACE volunteers bring a cup of tea and a smile when it is needed most.

Seven volunteers have now been recruited for Frankston Hospital’s Orthopaedic Ward. Their duties include ensuring that patients have read about their Rights and Responsibilities and advising nursing staff if a patient requires further information, liaising with hospital staff on behalf of patients and welcoming and orientating patients to the ward.

They also provide emotional and practical support during the patient’s stay, by reading to them or sharing a friendly chat.

Four volunteers work in Frankston Hospital’s Psychiatric Service. They assist with activities such as ten-pin bowling, providing hand massage, engaging in conversation and helping around the ward, with office administration and general duties such packing brochures into information kits for carers.

To provide an up-to-date overview of Peninsula Health’s broad range of volunteer activity, a new volunteer booklet is being developed.

The booklet outlines how each group supports the service, what site their support is directed to, where they meet and who to contact for further information.

Carinya Garden Project

Carinya Residential Aged Care Unit received a ‘backyard blitz’ thanks to the Friends of Carinya Auxiliary and the Rotary Club of Frankston North.

Jan Graham, President of the Friends of Carinya Auxiliary, said the new garden at the facility’s Hibiscus Unit will create an uplifting environment for residents, their families and staff. The garden was funded and redeveloped by members of the Frankston North Rotary Club, who were assisted by Friends of Carinya.

The ‘Hibiscus’ garden features a weeping crab apple tree, a pergola and new fences. In selecting plants, Rotary members chose only those that require minimal watering.

Outdoor furnishings have been ordered for the extensive gardens.

The transformation of the garden is amazing. Residents and their families can now share quality time together in a beautiful and relaxing setting.
Special Needs in the Emergency Department

An Emergency Department waiting room can be a confronting and confusing place for anyone, but especially so for children, and for people with disabilities that limit communication.

This year consumers and community partners assisted Peninsula Health in redeveloping its Emergency Department waiting rooms at both Rosebud and Frankston Hospitals to make them more user friendly and family friendly.

With a $490,000 grant from the Department of Human Services the Health Service undertook renovations to provide patients with more privacy and comfort and to meet the special needs of children and people with disabilities.

Feedback and advice from Vic Deaf and Vision Australia, as well as consumer and carer representatives, helped Peninsula Health staff improve signage, such as directional arrows, and upgrade the physical layout of the waiting rooms. The changes particularly benefit people with hearing impairments and vision disabilities.

Auslan (sign language) and interpreters can also be provided free of charge for the hearing impaired and those who are non English speaking.

Children are now accommodated in a special area that reduces exposure to people presenting with trauma. There children can play with a ‘Fun Centre’, donated by the Starlight Foundation.

The completed renovations have resulted in a more comfortable, less stressful environment for people waiting in the Emergency Departments.

The Starlight Foundation donated a “Fun Centre” to The Frankston Hospital Emergency Department waiting room
The Core of Life program which educates teenagers on pregnancy and parenting issues has reached out from the Mornington Peninsula to indigenous communities in the remotest parts of Australia. Program managers Debby Patrnick (left) and Tracy Smith are pictured with Djapirri Mununggurritj, Women’s Centre Co-ordinator for the Yirrkala Community in Gove, NT.
Improving Care for the Indigenous Community

Studies show that, for a variety of reasons, Aboriginal people are reluctant to use primary and community health services. This impacts on the health of the more than 1,500 Indigenous people living within the Peninsula Health catchment area.

In the Koori community conditions such as respiratory disease, diabetic complications, angina, dehydration and gastroenteritis and dental problems occur at rates higher than the Victorian average.

To address this issue, Peninsula Health has established an Aboriginal Health Promotion and Chronic Care Program. The program targets chronic disease within the Koori community, working to ensure that community health services are culturally sensitive and to identify and address significant risk factors for this target group.

The program focuses on ways to present information in a culturally appropriate way, helping Aboriginal people feel more comfortable and more willing to use the Health Service.

It targets not only those people already exhibiting chronic disease symptoms, but also those who are at risk of developing these conditions in the future.

The program supplements Peninsula Health’s existing services for the local Indigenous community which include Aboriginal Hospital Liaison, Koori Community Alcohol and Drug Service and Koori Health Worker services.

In addition to this, during 2006/07 the Koori Community Advisory Group (KCAG) increased its membership from four to 10, enhancing feedback from the Koori community and promoting its working relationship with Peninsula Health. A presentation about the Advisory group was made at the DHS ‘Participation in Health’ conference in February 2007.

Koori focus groups have also been established at the Northern and Southern catchments of the Mornington Peninsula. Along with the KCAG, these focus groups specifically advise on clinical directions for Aboriginal health services.

Peninsula Health has addressed the key focus areas of the ‘Improving Care for Aboriginal and Torres Strait Islander Patients’ (ICAP) program through a series of initiatives and projects over the last year (see table pg.11). The ICAP program is designed to improve cultural identification and health care for Aboriginal patients across the health service.

Koori Community Advisory Group Logo Painting

The flexibility and resourcefulness of the Australian possum gave Bea Edwards the inspiration for her latest work of art which is featured on the cover of this report.

Bea, a renowned indigenous artist and Peninsula Health’s Aboriginal Liaison Officer, recently designed the Koori Community Advisory Group logo.

The logo, entitled ‘Possum Dreaming: Agility, Versatility and Diversity’ represents the need to be flexible when dealing with the health needs of the indigenous community.

Each corner of the painting has a different meaning –

- the Moth – makes the most of today. Moths have a short life span and need to live in the now
- the Grub – stability. Grubs live in trees, yet do no harm to the tree itself. This symbolises the capacity to live and work together
- the Wattle and Appleberry – both represent the never ending life cycle.

Bea chose the possum because of its agility and adaptability to manoeuvre through different obstacles and setbacks in its path.

“Sometimes we hit a brick wall. By calling on ‘Possum Dreaming’ we are able to think of ways to build and open doors that help us get to the other side.”

“Indigenous people do not necessarily fit into the mainstream health system. Often this prevents them from making sound decisions regarding their health,” Bea said.

“Having the ability to use a flexible approach to the delivery of care will help indigenous community members to make the right decisions about their health.”

Bea hopes the logo will increase cultural understanding and awareness of the specific health needs of the indigenous community.
## Improving Care for Aboriginal and Torres Strait Islander Patients program

<table>
<thead>
<tr>
<th>KEY RESULT AREAS</th>
<th>DEMONSTRATION OF ACHIEVEMENT</th>
</tr>
</thead>
</table>
| **Key result area 1:** Establish and maintain relationships with Aboriginal communities and services | ○ Appointment of Community Access worker and Health Promotion worker to identify risk factors, design culturally sensitive health services and encourage the use of these health services by Indigenous people.  
○ Participated in National Aboriginal Indigenous Day of Celebration (NAIDOC) week in July 2007 by having a display in the foyer and co-ordinated and sponsored decorations and ticket sales for the NAIDOC ball. Transported elders to and from events. Sponsored the art show in Domino's Cafe. Distributed 400 show bags and hats at the family fun day. NAIDOC 2007 celebrated 50 years of NAIDOC and the 40th anniversary of the referendum to give Aborigines citizenship.  
○ Assisted in the development of Frankston City’s Indigenous Garden at George Pentland Botanic Gardens as part of the celebrations of Harmony Day on March 27.  
○ Koori Community Advisory Group met six weekly. |
| **Key result area 2:** Provide or coordinate cross-cultural training for hospital staff | ○ 37 staff members have completed a health promotion course, specifically designed to address the health needs of Aboriginal people.  
○ Education in the Mental Health and Emergency Departments is planned.  
○ A cultural sensitivity training program will be offered to staff across Peninsula Health in 2007/08.  
○ Staff continue to participate in a range of workshops conducted by the Victorian Aboriginal Community Controlled Health Organisation.  
○ Peninsula Health Koori staff undertook workshops along with staff from Mornington Peninsula Shire and Ngwala Willumbong (a support service for the Koori community) to jointly develop Peninsula specific cultural awareness training. |
| **Key result area 3:** Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning. | ○ The Koori Community Advisory Group (KCAG) has a direct role in ensuring that the needs of Aborigines are met at all points within Peninsula Health services. The KCAG met throughout 2006/07 and worked on ensuring Peninsula Health services are accessible and appropriate for Indigenous clients. |
| **Key result area 4:** Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies. | ○ The Aboriginal Health Promotion and Chronic Care Program (AHPACC) was established in 2006/07. This program addresses the chronic health needs of Aborigines and seeks to create supportive community based options for Aborigines on the Peninsula. Peninsula Health continues to have strong relationships with other Koori service providers operating on the Peninsula, undertaking regular meetings with Indigenous services. |
Working with Partners

Partnerships with other health care providers produce many benefits for Peninsula Health and its consumers.

As well, these partnerships offer opportunities for Peninsula Health to share successful strategies it has developed and to influence and contribute to a vast range of clinical expertise and innovation.

Senior staff members throughout Peninsula Health represent the health service and its community on many significant Boards, committees and academic associations.

Some of these are:
- the Australian Council on Healthcare Standards
- the 2008 National Falls Prevention Conference organising committee
- the Australian and New Zealand College of Anaesthetists
- the Royal Australasian College of Medical Administrators
- the Royal Australia and New Zealand College of Psychiatrists
- the Department of Human Services: Southern Region Allied Health Training Committee; Better Safer Transfusion Advisory Committee and State Trauma Committee
- the Victorian Alcohol & Drug Association
- the Victorian Pharmacotherapy Network Committee
- Monash University’s Department of Epidemiology and Preventive Medicine
- Melbourne University’s Centre for Psychiatric Nursing Advisory Committee
- Postgraduate Medical Council of Victoria
- Chisholm Institute of TAFE
- the Westernport Latrobe Regional Communication Service
- the Innovative Health Services for Homeless Youth Regional Network
- Mornington Peninsula ‘Communities that Care’
- Frankston Mornington Peninsula Primary Care Partnerships
- the Health & Wellbeing Committees of Frankston and Mornington Peninsula Shire
- the Frankston Community Safety Management Team
- the Frankston Relationships Centre Advisory Committee
- the Frankston Working Together Strategy.

Drug and Alcohol Services

It was “lights, camera, action” during 2007 as two locally produced short films on youth, drinking, safety and friendship hit cinema and drive-in screens at Easter.

The 2PIC Short Film Project was a joint venture between Peninsula Health’s PenDAP (Peninsula Drug and Alcohol Program) and the Mornington Peninsula Shire.

The films were conceived, written and produced by local young people and were made possible by a grant from the National Crime Prevention Program of the Commonwealth Attorney General’s Department and donations from private benefactors.

The twelve month project involved many young volunteers who helped with the films entitled Adrift and Everywhere You Go and both films received a positive response on their release.

Open Up

This year PenDAP also completed a successful trial of an oral health program for drug users. The project, called ‘Open Up’, filled an acknowledged gap in Drug and Alcohol Services.

Drug users usually suffer from a condition that reduces the amount of saliva produced. This in turn contributes to tooth decay and other dental problems. Added to drug abuse, lifestyle issues such as poor nutrition and hygiene, and the oral health implications are significant.

Over two years PenDAP staff developed the Open Up program and disseminated it through many avenues, including the SHARPS needle exchange program.

In 2006 posters and pamphlets were produced with information on oral health, and over 1000 oral health packs were distributed to drug users. The packs contained toothpaste, a toothbrush, a drink bottle, sugar free sweets and information on dental health.

PenDAP staff regularly liaise with local dental clinics, pharmacies and methadone clinics and have presented papers on the project at conferences in Australia and overseas.

The Australian Drug Foundation now distributes the PenDAP posters and pamphlets. Agencies here and abroad have requested information on the innovative approach to this issue.
Interpreter Services

Understanding medical terms and concepts can be difficult for the average person trying to get information about their health status and treatment. For people who don’t speak English, however, virtually all the information is incomprehensible.

Approximately 10 per cent of all people who live in Frankston and on the Mornington Peninsula come from non-English speaking backgrounds. The Peninsula Health Interpreter Service helps to ensure that patients of all backgrounds have access to trained interpreters to help them to communicate with their medical teams.

Through the service, interpreters will either assist the patient on site or will interpret over the phone at no cost to the patient.

During 2006/07 there was an average of 60 interpreter bookings per month. The main languages requested were Greek, Italian, Auslan (Sign language for hearing impaired), Mandarin, Croatian, Dari, Cantonese and Arabic.

Hitting the bullseye

Students from local primary schools are aiming for a bullseye, thanks to the National Archery in Schools Program (NASP).

NASP is an in schools’ program where students are taught the practical and theoretical skills in archery. The program offers physical activity in which every student can take part together, regardless of his or her physical or academic ability.

Earlier this year, Peninsula Health’s Frankston School Focussed Youth Services (SFYS) distributed a grant of over $31,000 to eight local schools to purchase equipment and to work with NASP Australia to establish a local archery program.

SFYS supports schools in the Frankston area to address the needs of at risk young people between the ages of 10 - 18 years.

Archery is incorporated across the broader educational curriculum and is an exciting way to entice students to take an interest in other subjects. It can be promoted in relevant areas such as maths by measuring distances on an archery range, plus science and history.

Running throughout the first and second school terms of 2007, NASP was offered as a PE class activity for a minimum of one 40 minute period each week after school.
Quality and Safety

Hillview Birthing Unit, Nurse Unit Manager, Loretta Whyte is pictured with new mum Arlene Yeoh and baby Brandon. Brandon is one of 55 babies born in 2006/07, at Hillview Frankston since its relocation from Rosebud Hospital in April. (see pg.19)
Clinical Governance

“A framework through which health care organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”.


Peninsula Health has in place a long established clinical governance framework to ensure that the Health Service delivers safe, quality health care. This means that the Health Service has checks and balances to monitor performance and to highlight where it has performed well and where there are opportunities for improvement.

The Board closely monitors quality and patient safety performance through the Quality and Clinical Governance Committee, which meets every eight weeks. The Committee is chaired by a Board Director and is attended by two other Board Directors and the Board Chair. A member of the Consumer Advisory Committee and Senior Managers (clinical and non-clinical) are also in attendance.

The Board Quality and Clinical Governance Committee receives reports from a number of subsidiary committees including Infection Prevention and Control, Mortality Review and Patient Safety. The Board also monitors performance against a suite of 25 Key Performance Indicators (KPIs).

These KPIs set targets, examples of which are the cleanliness of facilities, the rate at which psychiatric patients are put into seclusion, the rate of patient falls with harm and the number of pressure ulcers developed while a person is an inpatient at Peninsula Health.

Performance is tracked against external ‘best practice’ standards (where possible) or otherwise against an internally developed target. In addition, the Committee receives update reports on continuous quality improvement activities happening across the Health Service.

The Committee also receives a regular report on consumer satisfaction. One report details the number of complaints received, tracks trends in terms of the type of complaint received and monitors actions taken as a result of a complaint.

There are also regular surveys including the Victorian Patient Satisfaction Monitor (VPSM). VPSM is an independent survey of patient satisfaction conducted by an external agency on behalf of the Department of Human Services (DHS). Peninsula Health receives reports every six months for Frankston Hospital, Rosebud Hospital and Aged Care and Rehabilitation Services.

These reports and actions are presented to the Committee. Examples of actions taken are shown in this report.

One of the new developmental criteria developed by the Australian Council on Healthcare Standards (ACHS) EQuIP 4 process requires hospitals to ensure “Health care and services are appropriate and delivered in the most appropriate setting”.

Peninsula Health will continue to implement strategies that focus on the development and monitoring of programs and services that are appropriate for clients and patients, and delivered in the correct setting, to ensure that this criterion is achieved.

The ongoing development of Clinical Pathways is one example of the processes by which appropriateness of care is defined and delivered. Other examples include the determination of patients in acute settings as not ready for transfer if they still have acute medical illnesses, and the determination of some patients referred for elective surgery as not appropriate for treatment in an acute public setting. The relocation of Hillview Maternity Services from Rosebud Hospital to Frankston Hospital, the opening of the new medical imaging service for interventional angiography and the utilisation reviews carried out to ensure guidelines for referral for high level radiology scanning meet guidelines for referral also support this principle.

At Peninsula Health quality and patient safety are deemed to be everyone’s responsibility. The annual Quality and Patient Safety Week and Peninsula Health Quality and Patient Safety Awards for staff reinforce this message, as does the annual Medication Safety Week.

Continuous improvement in quality and patient safety is only possible at Peninsula Health because of:

- staff willingness to report incidents or near misses in the context of a ‘just’ culture. This provides the Health Service with the opportunity to reduce the possibility of the same event happening again
Improvement

Improvement Award with:

Skip Lam, Director of Pharmacy
Director of Clinical Practice Informatics (left) and Gary Braun, Bob Ribbons, Manager, Clinical Informatics

The survey showed that 61 per cent did not use the map and 31 per cent thought it was too complicated. As a result the map has been redrawn and simplified. 100 per cent of patients reported the service as being what they expected or better than expected. An evaluation of the revised map will be part of the general survey in October 2007.

In support of its commitment to continuous improvement, Peninsula Health has reviewed the management and reporting of Clinical Governance and Quality to cover the period to 2010. This incorporates the international best practice principles of ‘pursuing perfection’. We will provide an update in next year’s report.

Clinical Credentialling and Defining Scope of Practice

Credentialling is the formal process used at Peninsula Health to confirm that senior doctors have the right qualifications, training, experience and professional qualities to ensure that patients get the highest quality of care and treatment.

Part of the process is defining each doctor’s area of expertise and clinical skills, based on their qualifications and experience. All medical staff are credentialled; allocated a scope of practice; and are formally appointed by the Board of Directors on the advice of the Senior Medical and Dental Staff Appointments Committee (chaired by the Chief Executive) before commencing work at Peninsula Health.

This process is undertaken in accordance with the National Standard on Credentialling and Defining the Scope of Clinical Practice; the Policy on Credentialling and Defining the Scope of Practice for Medical Practitioners in Victorian Health Services recently issued by the Department of Human Services; and the Peninsula Health Policy on Credentialling, Defining Scope of Practice, and Appointment of Senior Medical and Dental Staff.

Credentialling is not limited to medical staff. Nursing and Allied Health services also undertake strict competency assessments when staff develop specialised skills. For example the Physiotherapy Department also has internal credentialling programs based on competency assessments for the management of patients within the Intensive Care Unit (ICU). An advanced practitioner framework has also enabled suitably qualified physiotherapists to operate as primary contact practitioners within the Emergency Department (ED) and to order X-rays internally within Peninsula Health.

Mentor Program for Junior Medical Staff

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

As part of the Hospital Medical Officers Unit Strategic Plan which was implemented last year, the Mentor Program provides junior including overseas-trained doctors with support and professional advice. There are six mentors who help junior doctors prepare for exams and provide guidance on professional issues.

When necessary and agreed, the overseas-trained doctors are assisted with communication issues including accent amelioration where needed. As part of a state wide program the Medical Clinical Educator reviews the skills of these doctors to determine their strengths and weaknesses and provides refresher training and professional guidance as needed.
Accreditation

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

One assurance of this is receiving accreditation from a nationally-recognised organisation. In Australia the important accrediting body for health service providers is the Australian Council on Healthcare Standards (ACHS).

Last year a group of 10 surveyors from ACHS reviewed all services at all sites managed by Peninsula Health and awarded the Health Service a full four year accreditation. The surveyors from ACHS commented “Throughout Peninsula Health there is an obvious consumer focus and a widespread culture of improving performance. There is evidence of involvement of staff at all levels in quality activities which are facilitated by the strong leadership of the Executive and the Board”.

The surveyors awarded Peninsula Health the highest award of Outstanding Achievement for its legal compliance program and Extensive Achievement for twenty one of the areas reviewed. This was the Health Service’s best ever accreditation survey result and was, anecdotally, one of the best results in Australia for 2006-07.

The next full ACHS Survey is scheduled for November 2010.

Residential Care Accreditation

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

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

Jean Turner Nursing Home and Lotus Lodge Hostel received unannounced support visits from ACSA in February and were found compliant with all areas of the required standards.

In November 2006, an unannounced support visit to Michael Court Hostel scrutinised incident reporting in depth. Results were very positive and surveyors noted that there was no need for further contact visits within a 12 month period.

Responding to Complaints

Peninsula Health continues to receive compliments and complaints from consumers via post, email and telephone. These are sent either directly to Customer Relations or to the staff/area concerned. This year we received 256 compliments and 512 complaints. It is pleasing to note an overall reduction in complaints and particularly in the areas of communication and treatment compared with the previous year. The average time taken to close a complaint for this year was 24.1 working days which is within the Health Service’s target of 28 days.

Since 2006, when the Consumer Satisfaction Questionnaire for feedback on the complaints process commenced, only 16 responses have been received. However, 67 per cent of these consumers felt that their issue was dealt with in a timely way compared to 50 per cent in 2005/2006. 83 per cent of the recent survey group felt that their complaint was handled in a confidential, fair and equitable manner.

Examples of how Peninsula Health has responded to concerns or complaints are as follows:

Firstly, patients and relatives experience varying levels of stress and isolation during a hospital stay. This can manifest itself in many ways including refusing to eat. A family member contacted us concerned that their relative was “starving to death” whilst in hospital.

During the process of investigating and responding to this complaint the refusal to eat was found to be caused in some part by the patient “pining for his dog”. This was easily remedied by arrangements that led to the dog being brought into hospital to visit within guidelines set out in the infection control policy. This provided much relief and a positive experience for both the patient and family concerned.
How do you thank someone who returned someone you love back to you twice over?

I can only do so by acknowledging them this way: thank you to the Frankston Hospital Emergency Department intensive care surgical team, Peter Evans and Dr Paul Simpson and their wonderful team for their continual care and effort given to bringing about healing.

Thank you to the wonderful staff in 4GS for their professionalism and commitment to their patients. Not only that, but also for their empathy and caring shown not only to my husband, Bill, but also to me as we travelled together for many months.

Secondly, a family member complained that she was unable to phone the ward at Mount Eliza Centre (MEC) overnight. It was identified that calls to MEC were diverted to the Frankston Hospital switchboard after hours; however in this particular instance the switch board was very busy and unable to attend to the call.

As a result a brochure was developed for families which provide direct phone numbers to the wards at the Mount Eliza Centre.

Compliments

Peninsula Health continues to receive unsolicited compliments from satisfied consumers. These compliments are sent either directly to the department concerned or to Customer Relations. The following compliments were taken from the March/September 2006 Victorian Patient Satisfaction Survey (VPSM):

“The staff in the emergency department was very good at making me feel comfortable and at ease before and after my procedure. I was told exactly what was going to be done so I was very relaxed about the whole thing.”

“The staff and nurses were generally passionate about babies and new mums and respectful as I already had a baby and an idea of what I was doing. Food good. Information available to photocopy and take home - very useful”.

We get letters
Special Care Nursery

Babies sometimes experience pain and this may affect how they respond to some treatments. The staff in Special Care Nursery embarked on a project to address this concern.

An extensive literature review found strong evidence to support the benefits of giving sucrose directly into the mouth prior to a procedure such as a heel prick to obtain blood. How other similar units worked was examined and their approach supported this practice. In consultation with the pharmacy department and paediatricians, a written guideline was developed and implemented for use in the special care nursery.

Successive audits have shown good staff compliance with this protocol and benefits to the baby. Following implementation, it was noted that the babies were less upset following heel pricks and were more settled afterwards. The pathology nurses found they were spending less time collecting blood samples and that it was easier to collect the blood sample.

This practice now plays an important part in the nursery.

Hillview Maternity Unit

In response to the shortage of Obstetricians, the relocation of the Hillview Birthing Unit from Rosebud to Frankston Hospital was carried out in April 2007. This enhanced the care and choices available to women on the Mornington Peninsula.

Both the Frankston Hospital and Rosebud Hospital offer midwife led care. One major difference was that at Frankston, midwives would have greater support, when required, from a wider range of specialist clinicians. That support is now available, if required, to women booked with the Hillview Birthing Unit at Frankston Hospital.

The relocation of the unit provides a safer environment for mothers and their babies. It also offers more women an opportunity to choose the model of care they prefer with access to medical expertise if it is required. Currently more than half the births at Frankston Hospital, and nearly all Hillview Unit births, are midwife led. This is expected to continue in the future.

The Hillview Birthing Unit at Frankston Hospital was established in a separate area of the existing Maternity ward. The two Hillview birthing rooms and three postnatal beds duplicate the facilities that were available at Rosebud Hospital. These facilities are sufficient for the anticipated one birth a day. Staff rotate between the two sites and the Rosebud Hospital site continues to provide pre and post delivery services.

Frankston Hospital’s maternity ward, which oversees 2000 births a year (2168 births in 2006/2007), currently has four birthing suites and 19 postnatal beds. An expansion to Frankston Hospital’s maternity facilities is planned for 2008. This will result in additional maternity and birthing facilities.

Through the relocation, Peninsula Health has:

- ensured that doctors (whether it is an obstetrician, anaesthetist or paediatrician required) are on hand quickly
- preserved the Rosebud model at Frankston by providing primary maternity care in which midwives provide care for women without complications
- enabled more women access to primary maternity care by relocating the highly valued model to Frankston
- increased capacity at Peninsula Health so that the best of midwife care can be provided.

Although births no longer occur at Rosebud Hospital, women from the Southern Peninsula, and their families, only have to travel to Frankston for the actual birth. The Hillview Wing at Rosebud Hospital continues to offer a range of antenatal and postnatal programs, an Infant Feeding Service, a Home Visit Service, and a Sleep Clinic for infants and a Mother Baby Unit, which assists new mothers experiencing difficulty in settling their babies.

Two expert reports recommended the relocation of the Hillview Birthing Unit and preservation of its model of care. They confirmed that this was in line with the policy on Future Directions for Victoria’s maternity services, released in June 2004.
Rights and Responsibilities

Understanding their Rights and Responsibilities improves patients’ experiences in health care situations.

Knowing what they have a right to expect and what is expected from them can enhance their own treatment and recovery.

Over several years Peninsula Health has initiated a range of strategies designed to raise consumer awareness of Rights and Responsibilities. These have included posters prominently displayed at all locations and leaflets given out by staff to all consumers on admission.

Audits undertaken at regular intervals verified that the Rights and Responsibilities message was being given routinely to consumers, and consumer feedback to the Victorian Patient Satisfaction Monitor showed that Peninsula Health’s performance in making the message available was above the state average.

However, consumer focus groups conducted by Peninsula Health revealed that many consumers thought the information provided was hard to understand.

Consumers wanted the opportunity to ask for further information and expressed a preference to receive the information verbally.

In response to this direct feedback from consumers, staff rewrote the information, reducing the number of words on the leaflets and posters. In addition, new information was portrayed by means of symbols such as an ear accompanied by the words “You have the right to be heard”. A poster was designed and distributed and a postcard, with a feedback/further information form on the reverse side, was produced.

A review of the new material showed that 85 per cent of patients on the wards where it was trialed were “highly satisfied” with the new posters and postcard. This compared to less than 50 per cent of patients surveyed prior to the changes.

Patients Informed of their Rights and Responsibilities

Sep 2006 to Feb 2007

Patient Satisfaction Survey

The Victorian Patient Satisfaction Monitor (VPSM) is a survey conducted twice a year by an external agency on behalf of the Department of Human Services (DHS). Reports on this are sent to Peninsula Health twice a year. These reports aim to assist hospitals in improving services and patient satisfaction. It gives Peninsula Health the opportunity to compare its results with other similar health services in Victoria.

Frankston Hospital

As a result of the survey: the information written on drug charts now includes indications and side effects; better explanations are provided to patients about medications on discharge; meal temperatures were improved. Satisfactions increased from 73 per cent to 76 per cent.

Other improvement actions included:

- improving the complaint process in the Emergency Department – Rights and Responsibilities posters and brochures are now highly visible. Red Cross volunteers talk with patients and refer complaints to the Nurse Unit Manager
- a new leaflet to explain why it is not always possible to immediately accommodate same gender rooms. However every effort is made to meet the consumer’s needs.
Rosebud Hospital

In the last survey improvements were noted in the following areas:

- quality and quantity of meals
- patient’s awareness of their rights and responsibilities
- explanation of medicines needed after discharge
- communication with all health professionals about treatment.

Improvement actions were as follows:

- Renovations to Emergency Department waiting rooms to provide more privacy and comfort and a children’s play area
- creating a restful environment by reducing the volume of overhead voice paging and reviewing the work practices of Patient Service Assistants eg. vacuuming.

Mt Eliza Aged Care and Rehabilitation Centre

This is the second time the sub acute services have been included in the survey. Improvements included:

- making the access and admission process made consumer friendly
- enhancing discharge and follow up processes - a key liaison team member coordinates all requirements prior to discharge and follows up post discharge.

Improvement actions will include:

- improving general patient information - aspects on the importance of clear and accurate communication incorporated into orientation programs for all staff
- complaints management- Consumer Portfolio Holders are now located in each department. They are responsible for ensuring that consumer feedback cards are readily available and that responses are collected and collated. A report is made to each individual department on this consumer feedback
- physical environment - in September 2007 the wards will be relocated to the new Mornington Centre.

Clinical Skills Centre

A new Clinical Skills Centre was opened in April 2007 to provide a positive learning environment for all medical officers. The centre has state of the art medical mannequins (life size models) that are used to practice clinical skills. There have been six sessions completed with 25 junior doctors who were supervised by specialists.

RiSCE Training

Peninsula Health is committed to providing a workplace and care environment that ensures staff and visitors and patients are safe and protected from harm.

The RiSCE (Risk identification, Safety, Containment and Environment) training package was developed in collaboration with consumer and carer representation. It incorporates four key practice and behaviour processes managing occupational violence, restraint, seclusion and behaviours of concern with the explicit intent of ensuring the interconnecting issues are managed well and according to best practice.

In August 2006, based on a positive evaluation of the RiSCE pilot in the Peninsula Health Psychiatric Services, it was proposed that RiSCE be adopted as a best practice model for all Peninsula Health sites.

The RiSCE training program has been adapted and now offers four levels of training depending on the needs of individual staff and patient groups.

Feedback from the RiSCE training program was overwhelmingly positive; for example “Best training days ever attended”. The outcome of the training has been a more proactive approach to working collaboratively with patients and their carers to identify triggers and interventions for potential stressors.
Infection Prevention and Control

At Peninsula Health, Infection Control is “Everybody’s Business”. People with a wide range of illnesses come to hospital to be treated. So as part of caring for patients in hospital and other health care facilities, it is the role of staff to ensure that the viruses and bacteria that are brought in are not spread around.

Guided by specialists in the Infection Prevention and Control Department, staff at Peninsula Health are educated, monitored and supported in efforts to minimise the spread of infection and to promote the cleanliness necessary for a ‘germ-unfriendly’ environment.

Hand Hygiene

The Health Service has, for several years, participated in a hand hygiene program in Victoria. As a pilot site for hand hygiene trials, Peninsula Health is committed to improving hand hygiene compliance and to disseminating information about this vital topic to staff and to the community.

Hand hygiene is the simplest and most effective means of preventing the spread of Hospital Acquired Infections (HAI’s). A number of infectious diseases, like gastrointestinal infections, can be spread from one person to another by contaminated hands. By performing correct, timely and appropriate hand hygiene we can all help to reduce the spread of these organisms. The ultimate goal is to work together by being active role models and by encouraging and reminding all who enter Peninsula Health to undertake hand hygiene thereby helping to reduce HAI’s.

Some of the initiatives undertaken this year at Peninsula Health include:

- trialling a hand hygiene education package which will be used for credentialling all Peninsula Health staff annually
- observational studies to measure hand hygiene compliance to give wards more timely feedback on compliance within their department
- The development of a brochure in January 2007 which is available throughout Peninsula Health for consumers and visitors on hand hygiene.

Influenza Vaccination Campaign

Nobody enjoys getting the flu, but for frail, elderly people and those with little resistance to infection, the disease can be serious and even fatal.

It is especially important that health care providers protect themselves from the illness, not only for their own health but to prevent them potentially spreading flu to patients and work colleagues.

International research has shown that clinical personnel often choose not to be immunised. To counter this trend Peninsula Health conducts a pro-active, service-wide influenza vaccination campaign that:

- surveys staff to determine reasons for non-vaccination
- targets education sessions that address the reasons identified
- involves managers of clinical areas in encouraging vaccination and setting a target for vaccination rates
- provides regular feedback of vaccination rates to department managers.

Influenza vaccination rates were benchmarked for the first time last year in Victoria, showing that across the state, the rate for clinical staff getting the flu vaccination were 38.7 per cent and for non-clinical staff were 45.2 per cent. At Peninsula Health the rate for clinical staff was 32.0 per cent but the rate for non-clinical staff was 74.3 per cent.

This year Peninsula Health introduced a successful program to increase vaccination rates. This resulted in the lifting of the rates to 49 per cent for clinical staff and 90 per cent for non-clinical staff.
**Gastroenteritis**

In Victoria in 2006 there were over 560 outbreaks of gastroenteritis in various facilities throughout the state. Such outbreaks can be disruptive and dangerous, putting individuals and organisations at risk.

When these outbreaks happen in hospitals or other health care facilities it can become necessary to close wards, stop admissions and cut services in order to prevent the infection from spreading.

Some Peninsula Health facilities were among those experiencing prolonged gastroenteritis outbreaks. The organism identified was norovirus which is highly infectious and requires only minimal exposure to cause illness.

Analysis of these situations has resulted in a revision of Peninsula Health’s gastroenteritis management plan and the development of resource kits for staff that include all requirements for managing any future outbreaks. The kits include signage, an information sheet, and equipment specific for outbreak management. Staff found the kits useful in recent outbreaks at three Peninsula Health sites.

**Preventing Infection in Intensive Care**

Patients in an intensive care unit (ICU) are at greater risk of acquiring an infection during their stay. This is because these patients are very ill, and therefore less able to fight off infection. In addition, they often have devices inserted such as central venous lines (a special intravenous tube that goes into the heart) and urinary catheters (a tube that goes into the bladder), which increase the risk of infections such as Methicillin Resistant Staphylococcus Aureus (MRSA) or ‘Golden Staph’.

Peninsula Health has been collecting MRSA data for a number of years and Central Line Associated Bloodstream Infection (CLABSI) data for two years. This project was undertaken to help to reduce infection in ICU. Like all Victorian ICUs, Peninsula Health’s MRSA and CLABSI rates are compared to rates at other hospitals. These are collected by the Victorian Hospital Acquired Infection Surveillance System Coordinating Centre (VICNISS) and then reported back to all hospitals in Victoria.

Last year’s Quality of Care Report reviewed some of the changes that were made to ICU practices to reduce infection. For example the device used for inserting a catheter (CVC) is impregnated with an antibacterial coating. The antiseptic used to clean the skin is now more effective at reducing infection and the dressing covering the CVC has been improved. The graph below shows that Peninsula Health’s efforts have led to a significant reduction in the number of patients acquiring MRSA whilst in the ICU and CVC associated bacteraemia (infection in the blood) has reduced.

**Peninsula Health Influenza vaccination rates**

July 2006 to June 2007

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinical Staff</th>
<th>Non Clinical Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>2007</td>
<td>90%</td>
<td>70%</td>
</tr>
</tbody>
</table>

**Influenza vaccination rates**

July 2006 to June 2007

- Clinical Staff: 80% in 2006, 90% in 2007
- Non Clinical Staff: 60% in 2006, 70% in 2007

**MRSA Acquisition in ICU**

July 2005 to June 2007

The graph below shows the reduction in MRSA acquisition in ICU from July 2005 to June 2007.
Quality and Safety

External Cleaning Audits for Peninsula Health Sites

<table>
<thead>
<tr>
<th>SITE</th>
<th>DHS TARGET</th>
<th>2006/07</th>
<th>2005/06</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frankston Hospital</td>
<td>85%</td>
<td>97.1%</td>
<td>93.6%</td>
<td>90.8%</td>
</tr>
<tr>
<td>Rosebud Hospital</td>
<td>85%</td>
<td>97.8%</td>
<td>95.9%</td>
<td>96.2%</td>
</tr>
<tr>
<td>Carinya Aged Residential Unit</td>
<td>85%</td>
<td>98%</td>
<td>88.1%</td>
<td>91%</td>
</tr>
<tr>
<td>Jean Turner Nursing Home</td>
<td>85%</td>
<td>96%</td>
<td>95.5%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Lotus Lodge Hostel</td>
<td>85%</td>
<td>98.3%</td>
<td>91%</td>
<td>89.8%</td>
</tr>
<tr>
<td>Mount Eliza Centre</td>
<td>85%</td>
<td>97.3%</td>
<td>89.8%</td>
<td>90.1%</td>
</tr>
<tr>
<td>Palliative Care Unit</td>
<td>85%</td>
<td>100%</td>
<td>90.1%</td>
<td>91%</td>
</tr>
<tr>
<td>Frankston Rehabilitation Unit One</td>
<td>85%</td>
<td>99.3%</td>
<td>94.7%</td>
<td>92.5%</td>
</tr>
<tr>
<td>Frankston Rehabilitation Unit Two</td>
<td>85%</td>
<td>98.7%</td>
<td>94%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Rosebud Rehabilitation Unit</td>
<td>85%</td>
<td>96%</td>
<td>92.6%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Michael Court</td>
<td>85%</td>
<td>98.7%</td>
<td>92.5%</td>
<td>98.5%</td>
</tr>
<tr>
<td>Spray Street</td>
<td>85%</td>
<td>88%</td>
<td>88.6%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Bariatric Health Services

For obese patients, Victorian statistics show that 20 per cent of the population is now classified as obese and that 17,000 people die each year from obesity-related illnesses. A Body Mass Index (BMI) score of over 30 indicates obesity. Bariatric medicine helps people manage their obesity.

Peninsula Health has seen an increase in the number of bariatric patients treated each year. To address this growing problem, the Health Service has developed a policy and manual specifically for the care of this group of patients.

The manual and policy provide staff with information on how to assess and weigh this patient group, how to safely transfer them from wheelchairs to beds and on to operating tables.

The manual provides for patient management techniques from the initial acute admission right through to post-discharge care.

At Peninsula Health special equipment designed for safety has been purchased and includes a $4,010 electric wheelchair. The easily manoeuvrable wheelchair makes transport easier, safer and more comfortable for the patient.

In addition, a new $60,000 operating table designed for bariatric patients was purchased for Frankston Hospital through a donation by the Pink Ladies Auxiliary. The table will provide an increased level of comfort and safety for both staff and patients.

Keeping Facilities Clean

Cleaning schedules and manuals at Peninsula Health are updated regularly and help to ensure that the environment in all Health Service facilities is maintained appropriately.

Audits by both Peninsula Health staff and external auditors monitor cleaning processes and rate the cleanliness of facilities regularly.

Scores for Peninsula Health facilities improved again this year and continue to be well above the 85 per cent standard set by the Department of Human Services.

A record number of staff lined up for their flu injection this year.
Clinical Pathways and Consumer Satisfaction

Care is delivered in partnership with the consumer.

Clinical Pathways are a specific plan of care developed to provide evidence based care for specific conditions and procedures. They are based on best practice and local knowledge.

They provide Health Service staff with an important tool to manage day to day care within the hospital setting. The aim is to develop flexible, user friendly, Clinical Pathways that are used by everyone involved in patient care, to deliver quality care in partnership with the consumer.

The pathways are supported by a Patient Pathway. This gives the consumer information on admission requirements, daily care and discharge information.

Clinical Pathways are regularly reviewed and updated or developed by the department that uses the documents; this means that those involved in reviewing or developing the clinical pathways are highly skilled in managing care for the relevant condition.

Peninsula Health now has 46 Clinical Pathways. They are checked every six months to ensure that care for patients with a particular condition is managed and monitored using the Clinical Pathway, and also to collect information on how they may be improved. The Clinical Pathway can be adjusted or the changes noted may reveal issues that can be addressed promptly, such as delays in services or if wound dressing requirements need to be changed.

The consumer’s perception is also surveyed to gauge the level of satisfaction with their hospital experience. A survey in the Short Stay Surgical Unit for example, revealed some interesting information about patients on a Clinical Pathway compared with those not on a Clinical Pathway as described below:

- 90 per cent of respondents on a Clinical Pathway agreed that they were given enough information regarding their procedure against 70 per cent of respondents not on a Clinical Pathway
- 90 per cent of respondents on a Clinical Pathway agreed that they were encouraged to participate in decisions regarding their day-to-day care against 50 per cent of respondents not on a Clinical Pathway
- 100 per cent of respondents on a Clinical Pathway agreed that they were informed about their progress against 30 per cent of respondents not on a Clinical Pathway
- 100 per cent of respondents on a Clinical Pathway agreed that they were included in discharge discussions, an improvement from 94 per cent from the previous survey in 2006
- 100 per cent agreed they felt confident in going home, again maintaining the excellent result from the 2006 survey.

Specific consumer feedback obtained regarding the pathway directed care included:

“Keep up your excellent work, I am so appreciative. Not a thing could have been improved!”

“It’s terrific to come to a hospital and be put at ease by the nursing staff. They all had such wonderful personalities; that in itself is a bonus as I love to hear people happy whilst working”.

“Doctors super, staff superb, facilities first class.”

The survey returned an overall positive evaluation of the service provided and an improvement from the previous survey in 2006.
Mortality Review

In 2006/2007 there were 1105 deaths in Peninsula Health. Most deaths are reviewed at department/ward level, and some referred to the Mortality Review Committee. Last year 121 were reported to the Coroner. The Patient Safety Officer coordinates the review of all deaths. Circumstances leading up to all deaths are reviewed everyday and later by a team that consists of doctors and nurses. The aim of this process is to review and improve clinical practice. Of the 829 cases reviewed last year, 24 cases (2.7%) were referred to the Mortality Review Committee. The committee identified 30 issues that needed to be addressed and recommended 23 actions including:

- a change to the method of communicating the urgency of Caesarean Sections to the Operating Suite staff
- improved assessment process for patients presenting to the Emergency Department who are on Warfarin (blood thinning medication).

Sentinel Events

A sentinel event is a very serious incident such as giving a patient the wrong type of blood or having an operation on the wrong part of the body. All Sentinel Events are reported to the Department of Human Services (DHS). Peninsula Health undertakes an analysis of the causes of the incident and develops plans to minimise the risk of these incidents happening again. In 2006/07, Peninsula Health has made two reports to DHS. Investigations of these events have led to changes in practice. For example following the first event, the blood transfusion administration form was altered to incorporate the rate of delivery for blood products when blood is prescribed.

Following the second event an assessment and visual observation policy was redesigned and a review undertaken of banned materials or objects in the Psychiatric Unit.

Adverse Events

The Patient Safety Committee analyses actual and potential “near miss” serious clinical incidents and recommends ways to minimise the risk of the same event happening again.

An example this year has been the redesign of forms filled in for patients who are to have a MRI scan (Magnetic Resonance Imaging which gets pictures by observing a change in body structures when influenced by a magnetic field). This is to ensure that patients with a heart pacemaker inserted do not have this procedure as it would be dangerous to do so (the magnet in the scanner would make the pacemaker malfunction). Rigorous checks already in place were strengthened further to make doubly sure this could not happen.

Transfusion Safety

The transfusion of blood and blood products (eg; platelets and Fresh Frozen Plasma) can provide life saving treatment to patients, but is not without risk. The initiative to provide “Better Safer Transfusions” (BeST) is jointly supported by the Department of Human Services (DHS), Red Cross Australia and representatives of clinical and laboratory experts.

Peninsula Health participates in surveys conducted by BeST which measures our performance against other Victorian hospitals. These surveys assess many areas of the blood transfusion process and include the following:

- documentation of indications and product type to be transfused
- patient monitoring during a transfusion
- the identification process for unconscious patients
Quality and Safety

As part of the STIR project, Peninsula Health developed two new forms to help produce accurate and comprehensive records. These include a Blood Product Administration Form (BPAF) and a Blood Product Ordering Form (BPOF), which were adopted by a major private health service and is now used in all its facilities Victoria-wide. Both forms provide enhanced security throughout the transfusion process, helping to further limit the risk of errors and reducing the wastage of valuable blood products.

An important section of the BPAF is for patient consent to be obtained prior to the transfusion. Although consent for a transfusion is not mandatory it has become an integral part of the Peninsula Health blood administration policy and enhances the consumer’s knowledge regarding their care.

Adverse reactions may occur because a patient might have an abnormal antibody (a protein in the blood) that causes a reaction to a transfusion. A blood donor could have a bacterial or viral infection that contaminates the donation. Or mistakes can be made in storing, labelling, handling or administering blood products at various points of the process inside and outside of Peninsula Health.

An adverse reaction was recorded in 31 transfusions (less than 1 per cent) and in 178 cases administrative errors were discovered in the labelling of the blood tube or completion of tube slips. There were two near misses when an error was identified just before the transfusion was due to commence. There were no cross matching errors however, on six occasions the wrong blood product was transfused. There were no adverse outcomes to the administration of the products and tests were conducted to ensure that there was no lasting effect. Peninsula Health will continue to work closely with clinicians and the Blood Bank to improve our systems and monitor outcomes.

Information collected from all patients having a blood transfusion showed that Peninsula Health reaction rates were lower than previous years. This is possibly because we have increased the use of a leukocyte filter as part of our overall program of reducing complications from transfusion.

This filter removes the white blood cells that may be responsible for causing a transfusion reaction.

All patients requiring transfusions at Peninsula Health are provided with brochures and fact sheets that cover a range of transfusion issues. The Transfusion Nurse Consultant is also available to discuss any concerns or issues that the patient or family may have.
Skin Integrity

In 2003, 2004 and 2006 the Victorian Quality Council together with the Department of Human Services (DHS) and Austin Health conducted three Pressure Ulcer Point Prevalence Surveys (PUPPS) in Health Services in Victoria.

The purpose of the surveys was to determine the number of pressure ulcer injuries that occur to patients in the acute and subacute settings. A pressure ulcer is usually caused when a patient lies in one position for too long and the pressure of the bones causes injury to the skin. Pressure ulcers are graded by the severity of skin tissue damage, for example a Stage 1 pressure ulcer is very minimal skin damage and a Stage 4 pressure ulcer is extensive damage from the skin down to muscle and bone. Some patients are admitted to hospital with pressure ulcers, some patients develop pressure ulcers during their stay in hospital.

Peninsula Health participated in the externally led surveys, mentioned above, and in May 2007 conducted its own internal fourth survey using the exact same guidelines and methodology.

In 2006, our prevalence rate (the number of patients with pressure ulcers present) was 22.1 per cent. This was reduced to 14.3 per cent at May 2007 following staff awareness programs with posters, newsletters and staff education.

A week after the May 2007 survey, 125 patients who did not have any pressure ulcers at survey time were resurveyed. Of these, 11 patients were found to have 12 very minor pressure ulcers which gave an incidence result of 8.8 per cent. This is the first time Pressure Ulcer Incidence has been measured at Peninsula Health. Previously, only prevalence which is the rate of occurrence in a specific period of time was measured.

Skin Tear Update

Last year the Health Service reported on skin tears. As we get older our skin tissue becomes thinner and a small knock can tear the skin tissue, similar to tearing tissue paper.

Skin tears are a common injury in the elderly patient.

Following a skin tear prevention and management education program there is now a standardised policy and procedure for Peninsula Health. The ‘Skin Tear prevention and management’ procedure that we use to prevent and manage skin tears with a standardised dressing protocol, was presented at the Peninsula Health Research week awards and won the Nursing Research Presentation award in November 2006.

Education has raised staff awareness on the importance of incident reporting and appropriate management.
Falls Prevention Services

One of the greatest risks to frail, elderly people is falls.

While a tumble might cause no more than a bruise or two for someone younger and fitter, the same type of accident could easily disable an older person, and complications could prove fatal.

Preventing falls is a very high priority at Peninsula Health, particularly with a higher than average proportion of older people living in the local community.

As a national leader in falls prevention research and strategy development, Peninsula Health provides a wide range of programs within its facilities and in the community.

The Peninsula Health Falls Prevention Service is also the lead agency for the three year ‘Whole of Community’ Falls Prevention Project. The project is part of the Frankston Mornington Peninsula Primary Care Partnership strategy funded by the Department of Human Services.

Results of this ‘Whole of Community’ project and other work in falls prevention this year have produced a number of outcomes, including:

Providing Services to More People

- referrals for Peninsula Health’s community-based falls prevention assessment increased from 291 in 2005 to 325 in 2006. This is especially valuable to clients who are frail or have limited access to transport
- since the introduction in July 2005 of home-based medical assessments, as an extension of falls prevention assessments, 121 clients have been medically assessed at home
- through the Falls Clinics, 48 clients received falls-specific medical, physiotherapy and dietetics assessments during 2006
- the waiting period for placement in a Falls Clinic decreased over the last two years from six months to two months
- ‘Agestrong’ fitness programs have been introduced to Aged Care Wards at Mount Eliza, Rehabilitation Wards at Golf Links Road, the Aged Psychiatry Unit at Frankston Hospital and to Peninsula Health residential facilities in Seaford, Frankston and Rosebud
- through its Residential Outreach Support Service (ROSS), Peninsula Health has trained staff in 36 residential care facilities throughout the Peninsula area. This is delivering better management of falls risk to 2,453 residents in those facilities
- the use of hip protectors, which are specially padded garments that help to prevent hip fractures, has been so successful that the program has been expanded. The project was trialled originally at Carinya Residential Aged Care Unit, and no hip fractures have occurred following the introduction of residents wearing hip protectors
- the hip protectors have since been distributed to patients at high risk of falling in other areas of Peninsula Health. They are now available in Aged Care Wards at Mount Eliza, the Palliative Care Unit and Rosebud Rehabilitation Unit, and distribution at Golf Links Road Rehabilitation Unit, Frankston Hospital and the Transition Care Program will occur soon. The rollout is expected to deliver similar good results.

Spreading the Word

- talks and displays on falls prevention have been offered to older people in Peninsula Health’s community through 27 education sessions at senior’s expos, senior’s groups and support groups. Nearly 4500 people have participated in the sessions
- Falls Prevention education has been provided to 160 Peninsula Health clinicians and 25 tertiary students
- distribution of 4,155 booklets and 3,380 other resources developed by Peninsula Health has provided falls prevention education and advice to GP clinics, clinicians and community groups
as well, a further 25 Community Falls resource manuals have been prepared to help community service providers better detect people at risk of falls so that appropriate assessment and treatment can be initiated early.

- health providers at 109 other health agencies purchased the Peninsula Health Falls Risk Assessment Tool (FRAT) Pack over the last year. The Assessment Tool, developed at Peninsula Health, is used across Australia and the FRAT Pack, which outlines strategies for developing successful falls prevention programs, is regularly purchased by health services here and overseas.

- in addition, Peninsula Health staff were invited to present falls prevention information at conferences in Melbourne, Brisbane, Echuca, Goulburn Valley and Monash University.

Health providers, older people, carers and others who want further information about falls prevention programs and support can contact Peninsula Health on 9788 1260.

**Quality and Safety Indicators**

The Medication Safety Team is a group of experts in medication safety including pharmacists, doctors and nurses, information technology staff, patient safety staff and consumers.

In 2006, the Pharmacy Department’s research and quality activities were recognised with two awards, the Victorian Public Health Care Awards in the category of Excellence in Safety of Care and the Australian Council on Health Care Standards (ACHS) Quality Improvement Awards in the Clinical Quality Category.

**Premier’s Award Outstanding Metropolitan Health Service**

In September, as this report was being finalised, Peninsula Health received both the Premier’s Award as Outstanding Metropolitan Health Service of the Year and the Quality of Care Reporting Award at the Victorian Public Healthcare Awards presentation.

The Minister for Health, the Hon. Daniel Andrews, joined staff at a special morning tea at Frankston Hospital and applauded Peninsula Health for winning the two major awards.

“Excellent patient care, indigenous community programs and a 25 per cent reduction in water use have helped Peninsula Health take out the state’s top metropolitan health service award,” said Mr Andrews.

The Minister also praised other projects, including the construction of community multicultural kitchens, a support program for isolated men, and a pregnancy and childbirth education program.

“Peninsula Health is officially Victoria’s top metropolitan hospital – leading the way in acute and allied health services and providing important community support programs,” said Mr Andrews.

“Its ‘can-do’ culture keeps patient and staff safety as its main priority, while still responding to the evolving needs and expectations of a diverse population in a way that has become a benchmark in the healthcare sector.”

Dr Sherene Davenesen and the Minister for Health, the Hon. Daniel Andrews, congratulating staff on winning the two awards.
**Medication Safety**

Most medications carry some risk along with their benefits.

Medication side effects, allergic reactions and mistakes with dosage or timing put many Australians in hospital each year.

Reducing the risks of medication errors has always been a major priority at Peninsula Health. As part of this ongoing effort, a new Medication Safety Committee was set up in December 2006 to:

- monitor and analyse medication errors and identify problems or gaps in the system of prescribing, dispensing and administration of drugs
- recommend work practices that reduce risk to patients
- evaluate any changes made
- promote best (evidence-based) practice that fosters the safe use of medicines and minimises the risk to patients.

The Committee is developing Key Performance Indicators (KPIs) which will be used to measure compliance and performance related to all medication issues.

Outcomes from the Committee’s work will be reported in next year’s Quality of Care Report.

**Consumer Empowerment and Medication Safety**

In a groundbreaking initiative, Peninsula Health is telling patients to ‘get involved’ and share responsibility for the safe use of medication.

Patients are now encouraged to get to know their medications, and speak up if they feel something is not right, to prevent medication errors.

A new brochure was produced and launched during Medication Safety Week, which took place in June 2007, which outlines ways that patients could get involved with their medication use.

Some suggestions include:

- asking the doctor or nurse why you should take a medication and requesting written information about the brand name, generic name and any side effects
- knowing what time you normally take a medicine and letting the doctor or nurse know if that doesn’t happen
- asking a friend or relative to get the facts about your medications if you are not well enough to do so.

**“PETS”**

In 2007, the Victorian Department of Human Services, Better Skills Best Care Program, funded the PETS Project (Pharmacist-initiated E-script Transcribing Service) at Peninsula Health.

The first of its kind in Australia, this project involves an experienced clinical pharmacist generating electronic discharge prescriptions to speed up patient discharge and improve prescribing quality.

Medical Officers are encouraged to refer patients to the PETS pharmacist 24 hours before they are to be discharged, and the electronic discharge prescription is prepared. The prescription is then checked by the medical officer, who issues the prescription to the patient on the ward.
Anticipated outcomes of the project include patients being discharged earlier, due to prescriptions being available for release on ward rounds, where discharge decisions are made, rather than being prescribed after the rounds. Improved prescribing quality will also be a benefit, as it is anticipated that the PETS Pharmacist will reduce the need for clarification and intervention by dispensing pharmacists, making the system safer and more efficient.

Initial analysis of the first 44 PETS prescriptions indicated marked improvements, with prescriptions requiring the dispensing pharmacist’s intervention decreasing from 33 per cent to 2 per cent.

**Clinical Pharmacist in the Emergency Department**

The aim of this project was to reduce the likelihood of harm through medication error by ensuring timely, accurate medication charts for patients admitted through the Emergency Department.

In January 2007, a pharmacist was located in the Emergency Department to obtain medication histories from patients or their relatives at the point of admission and to ensure that this information agreed with the hospital medication chart.

This project has now seen a clinical pharmacist permanently assigned to the Emergency Department.

A ‘Medication and Reconciliation’ form was used as a tool for obtaining medication histories and guiding patient interviews. The aim was to improve medication chart accuracy by 50 per cent after 24 hours.

When evaluated after the first 24 hours of a patients’ stay, the potential risk of harm to the patient was decreased by more than 60 per cent and a patient was 70 per cent more likely to receive the correct medication.

**Using E-prescribing to Improve Patient Safety in Sub-Acute Care**

Electronic prescribing (E-prescribing) of medications was first introduced to Peninsula Health in 2002. It is an automated data entry system that is done on a computer rather than writing the prescription on paper. It provides improved patient safety as the information is easy to be read.

In October 2006, the system was extended to the Rosebud Rehabilitation Unit (RRU), a 30 bed sub-acute care unit.

Prior to implementation, 661 handwritten medication orders were reviewed at the RRU, with 5.9 per cent containing errors. Following the introduction of E-prescribing, 523 medication orders were reviewed with just 1.3 per cent containing errors, which is a reduction of 78 per cent.

**Training for Nurses**

Compulsory competency based annual training for nurses was implemented at Peninsula Health in 2006 to reduce the risk of medication administration errors.

Five workstations were prepared simulating a range of real life medication errors and near misses. Nurses were invited to spot the errors. Pre and post knowledge assessments were carried out, and clinical observational studies were used to determine the impact on knowledge and practice.

94 per cent of Division One Registered Nurses attended one of eight sessions in the first round of training with further sessions planned. The knowledge assessment score improved from 69 per cent to 86 per cent. The clinical observational studies showed improved adherence to the patient identification procedure from 28 per cent to 82 per cent.

**Preventing Wrong Route Errors**

Traditional syringes are often used to accurately measure a dose of a liquid that will then be given orally to a patient. Once in the syringe, however, this could be inadvertently injected which could be very dangerous.

New amber oral syringes have been introduced with a different tip, which cannot be used for injection. Peninsula Health Pharmacy has also put new caps on oral medicines, making it impossible to forget to use the oral syringe, as the old syringes will not fit: helping to reduce medication errors.
Dental Health

Meeting the ever increasing dental health needs of Health Care Card holders is a constant challenge for publicly funded dental services such as Peninsula Health’s Community Dental Program (CDP).

This year the CDP helped to meet demand by providing 30,229 treatments. These services covered a range of dental care including treatment and restoration of damaged teeth, provision of dentures, root canal treatments, general treatment and emergency care.

This volume of work was supported by a number of service expansions and improvements, including expansion of the trial Oral Medicine Specialist Service from one half to two days each week and a reduction in the waiting lists for dentures from 309 to 20 and for general treatment (cleanings and check-ups) by approximately 2000.

In addition, Peninsula Health’s CDP further progressed plans to fully integrate the pre school dental service.

Dental staff promoted dental hygiene in the community through participation in the Frankston Family and Children’s Expo and through pre school dental visits and the ‘Smiles for Miles’ children’s project.

Benchmarking of dental services around the state by Dental Health Services of Victoria showed that Peninsula Health’s Community Dental Program performed better than the state wide and regional averages for CDPs in the following criteria:

- **Restorative re-treatment within six months**
  A restoration will generally last several years, depending on the type of material used. High rates of re-treatment within six months can indicate the need for review of treatment approaches. Peninsula Health’s CDP rate was 4.5 per cent compared to 6.6 per cent for the state.

- **Repeat Emergency Care within 28 days**
  The aim of providing treatment to people presenting for emergency care is to effectively treat the cause of the problem (eg pain). Where care has failed to resolve the initial emergency, a person would usually return for more treatment within 28 days. Peninsula Health’s CDP had a reasonable rate of 5.8 per cent compared to 6.0 per cent for the state.

- **Unplanned return within seven days following extraction**
  If complications occur following a tooth extraction, it is usually within seven days. Complications can be minimised by the actions of the dental team. Again, Peninsula Health had a low rate of 0.8 per cent compared to 1.5 per cent for the state.

- **Root canal re-treatment in permanent teeth within six months**
  Failure of root canal therapy is generally caused by bacterial contamination and can result in symptoms of infection or inflammation. A high rate of extractions or re-treatments following root canal treatment may indicate poor case selection or poor technique. Peninsula Health’s CDP had no re-treatments following root canal procedures against 0.4 per cent for the state.

- **Denture remakes within 12 months**
  The need to remake dentures usually occurs when a person is unable to wear the denture due to functional or aesthetic problems. Peninsula Health was well below the state average of 3.8 per cent for remaking dentures with 2.7 per cent.
Continuity of Care

The Residential Outreach and Support Services helps provide continuity of care.
Complex Care Program

Patients with ongoing (chronic) health problems such as diabetes or heart failure or chronic lung problems must consistently manage their conditions. With the help of their health teams, they need to keep diet, fitness, medication and general health issues in balance in order to avoid deterioration in their condition and the need for frequent hospitalisation.

Repeated presentations to the Emergency Department and admissions to hospital may cause stress and hardship to these patients and their families. They also put added strain on public health resources and may reduce access for other members of the community with more urgent conditions. Helping people with chronic conditions stay out of hospital is to everyone’s benefit.

As part of Peninsula Health’s chronic disease services, the Peninsula Complex Care Program (PCCP) is designed to provide care coordination, education and support to people with diabetes, heart or breathing problems, drug or alcohol dependence and other chronic and complex conditions.

A number of developments in the program this year have further improved care for clients.

Early Intervention in Chronic Disease

Chronic diseases, as opposed to acute conditions, are diseases that are long-term and require continuous management. Conditions such as diabetes or heart failure are considered to be chronic diseases.

The Early Intervention in Chronic Disease (EliCD) program targets people with chronic illness, offering information, treatment and self-management techniques that can improve the quality of life. Better access to community health services is a focus of the program.

The Complex Care Program assists patients with chronic conditions to avoid unnecessary hospital admissions.

Since the EliCD program began in June 2006, care plans have been completed with 323 clients. Care plans, which are reviewed twice a year, include patient evaluation and treatment recommendations.

In April 2007, the Frankston Community Health Service EliCD program was recognised as a leader in chronic disease management by the Department of Human Services. It was highly praised for its collaboration with service practitioners in providing effective care planning and referral for treatment. As a result, this program is held up as an example to other metropolitan and regional services.

The EliCD Program Manager was a keynote speaker at the Joint Divisions of General Practices and Primary Care Partnerships meeting in May 2007. The program was acknowledged for its successful GP liaison, its support of the Aboriginal Health Promotion and Chronic Care Program (AHPACC) initiatives and the role of the GP Liaison Nurse.

Community Rehabilitation Program (CRP)

The Community Rehabilitation Program is part of the Subacute Ambulatory Care Services (SACS) within the Community and Continuing Care cluster. It is suitable for people who have limited function as a consequence of disease, injury, impairment and/or disorder.

The service operates from three Peninsula Health sites: Chelsea, Frankston and Rosebud Community Rehabilitation Centres (CRCs), providing rehabilitation in the centre or in the home, according to the goals and needs of clients.

The team consists of physiotherapists, occupational therapists, speech therapists, social workers, dieticians and administration staff.

This year the program has received 5,724 referrals (4,439 in 2005/06) resulting in 41,689 visits (33,606 in 2005/06). The target set by DHS was 35,085.

Clients are triaged according to the following guidelines:

**Category 1**: clients requiring urgent attention who otherwise would be at significant risk of admission to acute care. 2139 clients were seen within an average waiting time of 3.5 days (4.5 in 2005/06) and 86.3 per cent (80.3 per cent in 2005/06) of clients were seen within five working days of referral (DHS target 80 per cent).

**Category 2**: Clients who do not need to be seen within five working days but require semi-urgent treatment due to risk of increased morbidity or poorer outcomes if not seen within 15 working days eg post discharge from an inpatient rehabilitation service. 1208 clients were seen within an average waiting time of 8.9 days (9.4 days in 2005/06). 81.3 per cent (90.9 per cent in 2005/06) of clients were seen within 15 working days of referral (DHS target 80 per cent).

**Category 3**: Clients who are not urgent but require admission to the program within three months. 161 clients were seen within an average waiting time of 11.7 days (14.3 days in 2005/06). There is no DHS target for this category.
CRP has a mandatory target for timely response of referrals to the program. Category 1 clients receive a phone call within three days (DHS KPI 80 per cent) of referral and categories 2 and 3 are sent a letter to acknowledge the referral informing them that they will be contacted to arrange an appointment. CRP received 3261 referrals with an average acknowledgement time of 0.9 days, a compliance rate of 99.3 per cent (88.9 per cent in 2005/06).

### Home Oxygen

It is now part of the hospital discharge process that patients who are sent home with oxygen are automatically referred to the PCCP. This allows the team to manage any problems clients may have with the therapy.

### Complex Care Pharmacist

In June 2006, a pharmacist was assigned full time to the PCCP team. This increase in hours provided pharmacist support across the whole PCCP spectrum, rather than just for Chronic Heart Failure clients. The pharmacist also liaises with GPs and community pharmacies to further support clients’ medication regimens. All clients referred to PCCP now receive a complete medication review.

### Reduced Hospitalisation

Data in the accompanying graph illustrates the success of the PCCP approach to chronic disease management. The graph covers Emergency Department and inpatient admissions for PCCP clients over a 12 month period to March 2007.

The statistics were compiled by comparing client admissions before and after intervention by the PCCP. Compared to 2006 figures, there were 637 fewer Emergency Department admissions, 412 fewer inpatient admissions and 1716 fewer bed days required by PCCP clients.

### SHARPS Wound Care

An alliance between PCCP and the Southern HIV/AIDS Resource Prevention Service (SHARPS) has seen 435 health consultations regarding wound care for clients using SHARPS’ Needle Exchange Program. Planned renovations at the Frankston facility will create a dedicated clinical area for wound care.
**Response Assessment Discharge Team (RAD)**

The RAD team operates at both Frankston and Rosebud Emergency Departments and consists of allied health and nursing professionals. Their primary goal is to prevent unnecessary admissions to the acute setting by providing more appropriate care plans that meet the individual needs of the patient. RAD saw 5,100 patients across Frankston and Rosebud emergency departments this year. With access to a range of community services and the ability to facilitate transfers to subacute and respite care, patients can have their needs met in the most appropriate setting.

The ongoing use of Blackberry technology enables timely alerts to patients that are currently linked in with other Peninsula Health programs. The Blackberry is a handheld electronic communications device that provides an alert when a patient presents to the ED who is a client of the Complex Care program or the Residential Outreach Support Service (ROSS). Early notification allows existing care plans to be promptly acted upon, which can provide patients with the best outcomes.

**Rosebud Day Treatment Centre**

Treatment for patients requiring chemotherapy for cancer or dialysis for kidney failure has been available at Rosebud Hospital for 10 years and 6 years respectively.

In January 2007, the three chair haemodialysis unit and four chair chemotherapy program at Rosebud Hospital were upgraded. The hospital now offers a Day Treatment Centre with nine chairs for haemodialysis and four chairs for the chemotherapy program. Chemotherapy services have also increased from two to five days a week. This new centre also means that clients on the southern Mornington Peninsula can have their treatment locally rather than travel to Frankston.

Since the completion of the redevelopment, there has been close to a 50 per cent increase in oncology patients while an extra 24 haemodialysis patients a week can receive treatment.

Thanks to funding and support by local community groups, including a $250,000 donation from the Southern Peninsula Community Fund, the unit provides increased comfort for patients and staff with more open space and greater natural lighting.

Peninsula Health is the first health service in Australia to implement a haemodialysis patient holiday booking program.

People planning to holiday on the Peninsula can book into the Rosebud haemodialysis unit via the internet. The unit reserves one treatment spot each day for a patient on holiday. Since the program began, 22 holiday patients have utilised the service.

In June 2006, the Primary Nurse model of care was introduced to Frankston and Rosebud Oncology Services. This patient-centred approach to care provides each patient with a primary contact and support, which has improved patient communication, decreased care variations and improved patient comfort and nursing satisfaction.
MYPODs for Cancer Patients

Being seriously ill makes most people feel that they have lost control over their lives.

Impersonal health care intensifies those feelings – it is difficult for patients facing the fears and rigours of a condition like cancer without being treated as if they are on a medical assembly line.

To address this problem, the Department of Human Services has designated priority areas to improve cancer services by:

- providing support that empowers patients to make decisions about their treatment and care
- including health providers from a range of specialties in each patient’s care
- ensuring that each patient has a Primary Care Nurse to provide a consistent, familiar support base throughout treatment and care
- focusing on psychosocial care and support by improving communication between all care providers.

In June 2006 staff in Peninsula Health’s Oncology Day Unit initiated a model of care they had developed to meet these priority areas. As part of the new care strategies, the nurses introduced ‘MyPOD’, a powerful and effective communication tool.

MyPOD (My Personal Oncology Diary) is a file, kept by the patient, which is used by the entire team to manage care. The file contains educational materials, chemotherapy treatment plans, anti-nausea premedication regimens, contact names and numbers and appointment times. It also clearly identifies each patient’s primary care nurse and members of the care team.

MyPOD gives patients some control over treatment schedules and helps them be more actively involved in their own care. Along with the Primary Nursing Model of Care, the MyPOD is making cancer care and treatment a smoother, simpler, more cohesive process.

Patients in focus groups responded very positively when asked about the continuity of care in the Peninsula Health Oncology Day Unit.

Hand Therapy Service

Considering how critical hands are to people’s ability to function, it is no wonder that hand therapy is a major focus for Occupational Therapists.

People can require hand therapy following surgery and for conditions such as carpal tunnel syndrome and arthritis. As well, hand therapy is often needed in the treatment of injuries, including fractures and tendon damage, and in scar management.

Hand therapy services are available at Frankston Hospital through a Plastic Surgery Outpatient Clinic and from Rosebud Hospital through outreach services which operate twice a week.

Last year the service provided 4,046 treatments.

An additional service is available through Peninsula Health’s rehabilitation services. The Community Rehabilitation Program Hand Therapy Clinics are provided at Community Rehabilitation Centres in both Frankston and Rosebud. This new service provided 240 treatments last year.

In all the hand therapy services, patients receive assessments and a wide variety of therapeutic interventions such as splinting, use of pressure garments and functional retraining.

In March Peninsula Health’s Occupational Therapists presented a review of hand therapy interventions for scar management at the 2007 International Federation of Hand Therapists conference in Sydney.

Hand Therapy is a major focus for Occupational Therapists
Surgical Services

Although there are hundreds of different surgical procedures, all surgery falls into two general categories.

The first is surgery for existing and developing conditions, such as a deteriorating knee joint. Someone with a poorly functioning and painful knee needs to have it repaired, but the condition is not life threatening, so surgery can be planned for a future date. If a person is in a car accident, however, and has serious leg injuries, the condition requires surgery immediately.

The first category is called Elective Surgery and is planned for and scheduled. Emergency Surgery, however, cannot be anticipated and must be done whenever it is required. However, if there are an unusually high number of patients requiring emergency surgery, this could cause the cancellation of scheduled elective surgery.

Like public hospitals everywhere, Peninsula Health is continually developing more efficient strategies to reduce Elective Surgery cancellations and to provide surgical services to meet ever increasing demands.

During 2007, Peninsula Health:

- undertook additional out-of-hours theatre sessions, including on Saturdays and public holidays. These extra sessions allowed staff to treat an additional 25 people
- appointed a Urology Registrar, increasing the number of complex urological procedures performed by 8 since February.
- purchased additional cystoscopes for the Day Surgery Unit. These are used to diagnose bladder problems. The new equipment has enabled staff to increase cystoscopies from two to 12 per operating sessions. Since the equipment purchase in November 2006, 201 cystoscopies have been performed in the Unit
- introduced an orthopaedic joint replacement initiative that has increased the number of joint replacement surgery sessions at Peninsula Health. An additional 17 patients have received their operations since the initiative was introduced in April 2007
- increased the number of sessions for Obstetric and Gynaecological procedures by two per month in February 2007
- opened the Radiology Digital Subtraction Angiography Suite in November 2006 for treatment of cardiac and vascular conditions. The new service has performed 40 angiograms and angioplasties since its inception.

These and other strategies have helped Peninsula Health this year to achieve an 11 per cent reduction in the number of patients waiting for Elective Surgery.
Vascular surgeon Mr Yew-Ming Kuan performs a vascular procedure in the Medical Imaging Departments new Interventional Angiography Suite.
Elective Surgery Access Service

A coordinated effort among Melbourne’s public hospitals expanded surgical options for patients.

The Elective Surgery Access Service (ESAS) utilises space and staffing in hospitals that have extra capacity. Patients from hospitals whose surgery schedules are full can opt to have their surgery done at another facility.

Although this means that they will have their operation done at a hospital further from home, patients can usually schedule an earlier date for surgery through ESAS.

Procedures or operations available under the ESAS program are bladder and prostate procedures, hernia repairs, hip and knees joint replacements and varicose vein operations.

This year 400 ESAS offers were made to Peninsula Health patients, and 182 chose to accept. Patients decline the offers for a variety of reasons, including a wish to be close to home for post operative recovery, difficulty in travelling and a preference for their local hospital.

Those who accept do so because of chronic pain, knowing that their surgery date will not be cancelled or that Peninsula Health surgeons are also operating at participating ESAS facilities.

This year the new Alfred Centre for elective surgery opened in support of the ESAS program. Peninsula Health sent 74 patients to the Alfred Centre this year and expects to double this number next year.

Orthopaedic Waiting List Project

The need for orthopaedic surgery, such as hip and knee replacements, is an area of high demand. These joints especially vulnerable to osteoarthritis. Many older people, particularly, find themselves on orthopaedic surgery waiting lists, often for many months.

Despite the pain and dysfunction that can accompany these conditions, the very large numbers requiring this surgery expand the waiting times for treatment.

This year Peninsula Health successfully applied to be one of four pilot sites in the Department of Human Services’ Orthopaedic Waiting List Project.

The project targets patient with moderate to severe osteoarthritis of the hip or knee by referring them to an Orthopaedic Outpatient Clinic.

Assessments at the Clinic, using an 11 item patient questionnaire, helps physiotherapists and surgical staff to improve the management and monitoring of Clinic participants.

Early face-to-face client contact helps staff to investigate, diagnose and prioritise cases and encourages appropriate non-surgical management options such as physiotherapy, hydrotherapy and dietetics.

With ongoing monitoring through the Clinics, clients whose conditions deteriorate quickly can be identified and fast tracked for surgery. Also, some clients improve enough with physiotherapy and are able to avoid surgery altogether.

The Clinics also provide review and management for patients following orthopaedic surgery.

The Orthopaedic Waiting List Project will be implemented across Victoria in 2008, using data collected from the four pilot sites, including Peninsula Health.

Medical Imaging Services

Medical Imaging Services at Frankston Hospital were given a significant boost with the completion in September 2006 of a major redevelopment project.

The department provides a range of investigative procedures such as X-ray, ultrasound, computerised tomography (CAT) scans and nuclear medicine testing. The redevelopment added new services, improved patient waiting areas, expanded workspace for staff and created more opportunities for the introduction of additional services.

Among the new services now available in Medical Imaging is interventional angiography, which involves viewing and treating problems in blood vessels. These services were previously available only in major city hospitals.

The Medical Imaging Department now includes a five bed Interventional Angiography Suite, reducing vascular surgery waiting lists, offering patients vascular procedures close to home, and freeing up Operating Theatre time for other procedures. The Unit currently averages 25 procedures each month.

The new Interventional Angiography Suite also supports the preference of Radiologists and Vascular Surgeons to jointly manage patients with vascular disease.
Aged Care Services

The Mornington Peninsula has a higher than average proportion of people over 65, and like older people everywhere, local seniors use more health services than people in other age groups.

Providing this large segment of the community with comprehensive and appropriate health services is an ongoing challenge, which Peninsula Health strives to meet through a range of service initiatives.

‘Improving Care for Older People’

In 2005 the Department of Human Services introduced an Improving Care for Older People Policy for Victorian health services. Funding was granted to Peninsula Health to ensure that health services continued to respond to the often complex needs of older people.

As part of the project, Peninsula Health introduced an Interdisciplinary Care Program in services such as community rehabilitation, home-based rehabilitation, specialist clinics and therapy (physio, occupational, speech, etc) services. Now all clients are allocated a key liaison person on admission and new communication tools facilitate better team planning for each client’s care.

More focus, through the appointment of Nurse Specialists with particular portfolios, has been put on clinical areas such as skin integrity, falls prevention, infection control and pain management. The commencement of these portfolios, which support monitoring and staff education, helps to facilitate best practice care for patients ‘at risk’.

Consumer feedback processes have been revamped so that all sub-acute (ambulatory/outpatient) services receive routine reports on care delivery from the consumers’ perspective.

An audit in April 2007 of aged care facilities was conducted to determine whether the environments were ‘Older Person Friendly’. In response, the Department of Human Services granted Peninsula Health $137,000 for improvements, which have included new chairs and beds and an updated nurse call bell system.

Dementia in Hospitals

Patients who suffer from dementia have special needs when they require hospitalisation or other health care services.

A state-wide initiative was introduced this year to improve staff awareness and communication skills in dealing with people with cognitive impairments. The Dementia in Hospitals project has so far been incorporated into sub-acute services and Rosebud Hospital, and will be rolled out to additional areas across Peninsula Health.

Seniors Go For Your Life

The Mornington Peninsula Primary Care Partnership provided funding for Peninsula Health to implement a two-year project designed to encourage older people to age well.

Among the initiatives so far undertaken are:

- the development of a Physical Activity Directory for older people
- the establishment of supported walking programs at two local shopping centres
- the production of a DVD and two brochures promoting the Agedstrong program to the community, and
- the provision of 60 additional places for Agedstrong participants through the establishment of the Frankston South Agedstrong group in partnership with Frankston City Council.

Ageing Well Expo

More than 1000 people attended the first Ageing Well Expo in September 2006. The free community event, organised by Peninsula Health’s Community and Continuing Care and Allied Health services, was held in Mornington and gave older people a chance to explore ways to lead a healthy and active life.

The Expo featured 44 stalls displaying information on keeping active, health maintenance, social involvement, safety, managing chronic health conditions and staying informed.

Attractions on the day included an interactive art display, a caricaturist, massages, balance testing and demonstrations of yoga, tai chi and indoor bowls.

Guest speakers Tommy Hafey and Professor Dennis Lowther told the audience how the later years of one’s life could be some of the best. The Expo was opened by the then Minister for Aged Care, Gavin Jennings.

The Expo, which received positive reviews from participants, was held in partnership with Mornington Peninsula Shire Council, Frankston Community Health Service, the Brotherhood of St Laurence, the Over 50s Association, Peninsula Community Health Service and the Mornington Peninsula Division of General Practice.

The success of the first Ageing Well Expo led to a second, held in September 2007.
Prevention of Functional Decline in Hospitals

A new program has been developed by the Department of Human Resources to continue the work implemented through the ‘Improving Care for Older People’ project.

Entitled ‘Prevention of Functional Decline in Hospitals’, the new project is part of the Council of Australian Government’s (COAG) ‘Long Stay Older Patients Initiative’. The project aims to assist health services in providing the best possible care for older people in public hospitals. A further goal is to reduce avoidable hospital admissions for older people.

Focus areas in this initiative are mobility, skin integrity, nutrition, medications, continence, dementia, delirium and depression – all key risk factors contributing to negative outcomes for older people.

Peninsula Health’s Community and Continuing Care Services will lead the project in which Peninsula Health will:

- serve as an invited member on DHS’s COAG Long Stay Advisory Committee
- act as a lead agency for ‘Mobility, Vigour and Self Care’, one of the eight key domains targeted as part of the project
- participate as a partner agency for other areas such as Nutrition and Medication
- continue to develop and trial resources and continue to develop portfolios for all significant risk areas across Peninsula Health.

‘Well for Life’ Program

Residents at Peninsula Health’s Lotus Lodge Hostel in Rosebud have donned their sports shoes to ‘Walk around the Bay’.

As part of the Well for Life walking program at the facility, residents complete daily laps over newly installed walking tracks on hostel grounds.

The tracks, along with bench seats and a lovely sensory garden, have encouraged residents to participate in the program, with a goal of walking enough kilometres for an equivalent trek around Port Phillip Bay. Staff keep a tally of the collective distance walked by all participants and plot the kilometres on a map of Port Phillip Bay. So far the residents have done laps worth 100 km.

The Walking Program is part of a Department of Human Services funded project to improve the health and independence of residents living in aged care facilities.

The ‘Well for Life’ project also includes a hydration awareness component, which staff are achieving through purchase of a new refreshment trolley offering alternatives to tea and coffee and the inclusion of ‘mocktails’ at Agestrong exercise sessions.

Residents at Lotus Lodge enjoy the “Well for Life program“
Psychiatric Services

Living with a severe mental illness is difficult enough without adding processes that cause barriers when help is needed. This client population often requires rapid assistance, free from duplicated procedures and excessive documentation.

To help to achieve this, Peninsula Health’s Psychiatric Services undertook both external and internal reviews of its service delivery.

Evidence was evaluated to determine the best, most streamlined way to make services available to the people who need them.

Among the improvements that have been implemented are:

- an increase in crisis response teams from three to four
- the introduction of a training module for all community mental health clinicians to prepare them for performing triage functions (which were formerly only done by Crisis Assessment Team members)
- the development of a two-pronged approach to crisis intervention.

One involves a team of clinicians who work in the Emergency Department to assist people presenting with mental health issues. The Consultation Liaison Inpatient Psychiatric Service (CLIPS) has staff available 24 hours a day.

The second approach, the Community Liaison Early intervention and Acute Recovery Service (CLEAR), sends staff into the community to assist clients, their families and carers in their homes or other community locations.

Additional improvements recommended by the review will be implemented during the coming year.

‘Discovering Dementia’

Half of the residential care facilities (RCFs) on the Mornington Peninsula are participating in a ‘Discovering Dementia’ education program run by Peninsula Health.

A $150,000 grant from the Commonwealth Department of Health and Ageing is funding the program. The grant, one of only 16 awarded nation-wide, supports research and education efforts and the improvement of practical care and support to people with dementia and their carers and families.

Peninsula Health’s Residential Outreach Support Service (ROSS) is working in partnership with aged care, psychiatry and respite services to provide an 18 month education program for staff in residential care facilities (hostels and nursing homes) throughout the Peninsula region.

The program, aims to help staff in RCFs to better assess, respond to and care for residents with dementia. In addition, data is being collected to assist in evaluating the project.

Trends identified in the baseline data include the general lack of dementia-specific residential respite beds on the Mornington Peninsula and the difficulty in identifying residents with dementia due to a lack of clarity regarding diagnosis.

Staff from the 22 participating RCFs have rated the program ‘Excellent’ (71 per cent) and ‘Very Good’ (28 per cent).

Seclusion Reduction Project

A project designed to reduce the need for seclusion in Peninsula Health’s Psychiatric Services has significantly reduced the need for the practice.

Seclusion is a legal practice that involves the confinement of a person alone in a safe, low-stimulus room, the exit of which cannot be opened by the person from the inside.

The decision to use seclusion is taken after other, less restrictive options have been excluded. While seclusion can provide safety and containment for the person involved, it can also be a source of distress for family members, friends and visitors.

Peninsula Health Psychiatric Services established a working group, which includes consumers, to explore strategies that reduce the need to use isolated accommodation. Recommendations from the group included development of a sensory room to provide a calming environment and improvement of the physical environment.

Improvements have helped halve the number of patients placed in seclusion at Peninsula Health. The numbers decreased from 16.44 per cent of admissions in 2005/06 to a rate of 10.7 per cent last year, compared to the nation wide benchmark of 17 per cent.

Seclusion Rates for Peninsula Health Psychiatric Services
“About Psychosis”

The development of a psychotic illness can be a frightening and confusing experience for sufferers and their families, who need information, support and guidance from mental health professionals.

Peninsula Health Psychiatric Services this year released an educational DVD for patients suffering psychiatric illness and their carers. The DVD, entitled “About Psychosis”, was developed by Peninsula Health’s Associate Professor Richard Newton using a grant from a pharmaceutical company.

More than 10,000 copies are being distributed.

The DVD offers information about psychotic symptoms, the role of substance abuse in psychosis, medical compliance and available support services and treatment options.

It features clinicians and staff from Peninsula Health Psychiatric Services and includes input from patients, carers and support groups. Two carers from the Peninsula played themselves in the DVD while paid actors portrayed patients.

The DVD was launched at the Congress of the Royal Australian and New Zealand College of Psychiatrists in April 2007. Copies have been distributed free of charge to general practitioners, psychiatrists and patient and carer support groups nationally. Requests for copies of the DVD continue to arrive.

Mental Health Nurse Practitioner

A new role in mental health services has expanded nursing opportunities and enhanced clinical resources in the medical treatment of psychiatric illness.

Peninsula Health now has Victoria’s first Mental Health Nurse Practitioner. Cayte Hoppner received the endorsement in March this year following her completion of a four year Nurse Practitioner Demonstration Project, funded by the Department of Human Services.

Endorsement as a Nurse Practitioner means Cayte can provide services previously only provided by medical staff, such as prescribing medication from a limited formulary, ordering diagnostic tests, writing sickness certificates and admitting and discharging patients and referring to specialists.

Clinical Practice Guidelines have been developed to support the Nurse Practitioner role.

As a Nurse Practitioner, Cayte aims to improve access to treatment and support for patients who generally have difficulty accessing health services.

This includes patients with chronic psychosis, poor physical health, forensic issues, homelessness, complex psychosocial needs and those requiring involuntary treatment in the community. Cayte will also assist General Practitioners in working with this group of people with complex conditions.
Emergency Department

In the year under review, an organisation wide response to lengthening waiting times in the Emergency Department at Frankston Hospital was developed.

Many people spent too much time in the Emergency Department waiting to be treated, waiting for a bed in an appropriate ward or waiting to be referred to a program of care.

Peak demand occurred from Sundays through to Tuesdays. So, increased after hours consulting space for patients likely to be discharged quickly, was established in the adjacent Medical Imaging Department and other areas.

The increased number of patients requiring cardiac monitoring for between 12 and 36 hours resulted in some prolonged stays in Emergency Department. Additional monitors were ordered to enable these patients to be transferred to the Emergency Observation Ward freeing up beds in the Emergency department for other patients.

Revised bed management, discharge management and patient flow processes have been introduced. These have maximised bed availability by ensuring prompt and appropriate discharge times; transferring identified patients from Frankston Hospital to Rosebud Hospital, and to both aged care and rehabilitation programs. This will result in more beds being available during peak time to allow efficient patient flows from the Emergency Department to other wards and programs.

Other strategies developed include the fast tracking of some patients, such as children, to the children’s ward for treatment and the fast tracking of patients likely to be discharged, to procedure rooms and discharge areas.

Successful implementation of these strategies will enable Frankston Hospital to meet both internal and DHS targets for the timely treatment of patients in the Emergency Department and their discharge or transfer to other wards and programs.

Peninsula Health’s performance for Emergency Department targets for initial treatment are shown in the following graphs. In 2006/2007 only nine patients waited more than 24 hours for admission compared to 56 patients in 2005/2006.
Input into this Report

Clinicians, consumers, volunteers and carers provided feedback on the last Quality of Care Report, and assisted with the development of this report.

Distribution of this Report

We will continue to distribute the 2007 Quality of Care Report at the Annual General Meeting, and to patients, clients, residents in aged care facilities, visitors, partners in health care, local doctors and community leaders. A copy of the Quality of Care Report will also be available on the Peninsula Health website.

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

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

If there are areas you would like to see included in the 2008 Quality of Care Report please fill out the feedback form and post it back to Peninsula Health. This is one way that you can help Peninsula Health meet the needs of the community.

Feedback

We received a small response to our request for feedback when we released the Quality of Care Report last year, so we sought additional feedback from 100 people, including patients, volunteers and carers.

Their feedback showed us that most readers were happy with the information included in the Quality of Care Report and its presentation, but some felt it was too long and too detailed.

Readers requested more information on dementia and psychiatric care, as well as information on falls prevention, and we have included articles relating to these areas in this year’s report.

We were told that our Feedback Form was difficult to remove without causing damage to the report, so this year a postage paid Feedback Form has been provided. Please complete it and mail it to us.

Peninsula Health welcomes your perspective in helping the Quality of Care Report meet the needs of the community.