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The list below contains contact details for many of the organisations with whom Peninsula Health works to build a healthy community.

Alfred Hospital
9276 2000
Anglicare
9783 4888
Brotherhood of St Laurence
9782 1000
Bayside Health
(Alfred Hospital)
9276 2000
Frankston City Council
9784 1088
Mental illness
9783 1008
Metropolitan Ambulance Service
9840 3500
Monash Medical Centre
9594 0666
Monash University
9902 6000
Mornington Peninsula Division of General Practice
9768 6133
Mornington Peninsula Shire Council
1300 850 600
Peninsula Community Health Service
Mornington
9735 8266
Rosebud
9682 2213
Hastings
9793 2884
Peninsula Hospice Service
9768 6177
Royal District Nursing Service
Frankston
9783 8800
Rosebud
5986 8355
Salvation Army
Frankston Crisis Support
9784 5000
Victoria Police
Chelsea
9772 1344
Dromana
9867 2023
Frankston
9784 5056
Hastings
9779 7033
Mornington
9775 2733
Rosebud
5986 0444
Rye
5985 2562
Sorrento
5984 2010
Victorian Department of Human Services
1300 850 172

Feedback Form
This report addresses issues that are important to the community, such as waiting times for services. It also focuses on outcomes so that the community can better understand how Peninsula Health’s efforts have helped to support its goal “Building a Healthy Community”.

Health care consumers were involved throughout the production of this report. From contributing information, and commenting on format, to reviewing text, consumers helped to select and frame the articles that are presented.

We extend an invitation to you to become an active partner in Peninsula Health’s quest for continuous quality improvement by sharing your views and ideas about services, performance and this report. Details on how you can participate are listed on page 48.

We are pleased to present the 2006 Peninsula Health Quality of Care Report to the community. We hope that you will find the report interesting and informative and that it will be helpful if you need to use the services provided by Peninsula Health.

Barry Nicholls
Chairperson, Board of Directors

Dr Sherene Devanesen
Chief Executive
PENINSULA HEALTH

... provides health services to some 300,000 residents of Frankston and the Mornington Peninsula. That figure is expected to increase by 16% in the next 25 years.

Services are delivered over a geographical area of 853 square kilometres located between 40 and 80 kilometres south of Melbourne.

In 2006, 32% of the population was under the age of 25 and 21% was over the age of 60. This proportion of older people is one of the highest in Victoria.

The top five represented nationalities in the Peninsula Health catchment area are Australian, British, Dutch, German, and Italian. There are 1,300 Indigenous residents.

Peninsula Health also responds to the needs of the 80,000 people who holiday annually on the Peninsula and the 7.5 million tourists who visit the area each year.

The Health Service offers medical, paediatric, surgical and maternity care, emergency 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 services and clinical training.

It provides services to over 13,000 additional Victorians through its Personal Alarm Call Service, which covers the eastern half of Victoria.

Peninsula Health has 4,213 employees and is supported by 830 volunteers and auxiliary members.

Peninsula Health delivers services across 10 sites. These include hospitals, nursing homes, assisted living homes, community health and outreach centres, mental health care facilities and rehabilitation, aged and palliative care units. Increasingly, services are also being provided in homes.

The Mornington Peninsula has a high proportion of people in the lower income brackets with about 58% of all people earning less than $500 a week.

The top 10 Health Risk Factors for this population are Tobacco, Physical Inactivity, High Blood Pressure, Obesity, Alcohol, Poor Diet, High Cholesterol, Illicit Drugs, Unsafe Sex and Work Injuries.

The major causes of death and disability are Heart Disease, Cancer, Stroke, Emphysema, Asthma, Accidents and Diabetes.

Initiatives included in this report address these risk factors and diseases.

Sources: Australian Bureau of Statistics; Burden of Disease: Victoria 1996-2016; Southern Metropolitan Burden of Disease Study; Department of Sustainability and Environment: Victoria in Future 2004
The framework for this report, flows from the Mission Statement and the Strategic Plan and supports the Dimensions of Quality established by the Victorian Quality Council (VQC).

The VQC is responsible for encouraging better quality health services in Victoria by working with stakeholders to develop useful tools and strategies to improve health service safety and quality.

The Strategic Plan sets out the six key goals for Peninsula Health. VQC has outlined the elements of quality and offered guidelines for improving the quality of health care across Victoria.

Peninsula Health’s Mission – In Partnership, Building a Healthy Community – recognises that consumers have the right, and the responsibility, to participate in decisions that deliver high quality health care.

In the past year, Peninsula Health made good progress against the six Strategic Plan goals:
- Meet demand
- Build partnerships
- Enhance quality
- Care for and support our workforce
- Manage resources, and
- Manage risk.

Many of the tools and programs used to achieve these goals are covered in articles in this report.

All are designed to meet the standards established within the VQC guidelines for improving the quality of health care.

Four key elements of Quality Improvement have been identified by the VQC:
- Good clinical governance
- Community and consumer involvement
- Competent health care providers, and
- Open reporting of accurate performance data.

With these elements in place, a health care organisation can work to ensure that its services reflect the six dimensions of quality –

SAFETY, ACCESS, EFFECTIVENESS, APPROPRIATENESS, ACCEPTABILIT Y AND EFFICIENCY.

This report highlights activities undertaken in the last year to achieve the six dimensions of quality and the goals in the Strategic Plan. It identifies areas where improvements are needed, advises how the necessary changes will be made and invites our health care consumers and partners to join us in Building a Healthy Community.

Quality & Patient Safety staff with fourth from left Maureen Willson Manager of the Victorian Quality Council (VQC) and far right Dr Peter Bradford (Executive Director Medical Services Peninsula Health)
WE'RE ALL RESPONSIBLE

Peninsula Health has in place systems and processes to ensure that it continues to provide high quality, safe health care.

Quality refers to defined standards, professional norms, best practice guidelines, evidence based practice and, importantly, the perception and experience of consumers and their families.

Quality is ultimately defined by the consumer. Peninsula Health takes very seriously all of the feedback it receives.

A Quality and Clinical Governance Committee monitors performance in this area. This Committee of the Board is chaired by a Board Director. The Executive, Senior Managers, three other Board Directors (including the Board Chair) and a Consumer Representative attend Committee meetings every eight weeks.

This Committee receives reports from the Patient Safety Committee (formerly called the Clinical Risk Management Committee), Infection Prevention and Control Committee and the Mortality Review Committee. It also receives reports on continuous quality improvement from all service areas and it monitors overall performance by reviewing 25 Key Performance Indicators. Consumer Satisfaction surveys and the outcomes from external accreditation reviews are reported to the committee.

The lines of responsibility for achieving continuous quality improvement are clear. The Board of Directors establishes the framework for quality and safety and then monitors performance. Senior Executives provide the leadership and direction and allocate staff and funding to senior Managers and ensure it does happen. They lead performance reviews and investigations of adverse events in a culture that is free from inappropriate blame and that is open to learning.

At every level, “we’re all responsible” for quality and patient safety.
QUALITY AND SAFETY MEASURES
In order to monitor how well and how safely care is provided, Peninsula Health collects and analyses data using a number of different measures. These are tools that help the Board and staff to quickly identify problem areas, sustain improvements and determine future directions.

SENTINEL EVENTS
A Sentinel Event is a very serious incident, such as giving a patient the wrong type of blood or performing a procedure on the wrong part of the body. All Sentinel Events are required to be reported to the Department of Human Services. Peninsula Health thoroughly investigates the causes of any Sentinel Event and puts in place changes to minimise the risk of the same incident happening again. This year, there has been only one Sentinel Event at Peninsula Health; it related to the management of a patient with chest pain in one of our Emergency Departments (ED). Investigation of this event has lead to a change in our practice regarding inter-hospital transfers and to the implementation of clearer guidelines for the management of chest pain in our EDs.

QUALITY IMPROVEMENT - "THE EXTENT TO WHICH A HEALTH CARE SERVICE OR PRODUCT PRODUCES A DESIRED OUTCOME"

ROLE AND WORK OF THE PATIENT SAFETY COMMITTEE
The Patient Safety Committee identifies and prioritises key patient safety issues and risks for Peninsula Health, monitors patient safety issues, and disseminates patient safety information in the form of relevant articles, reports and newsletters. The Committee is supported by the Patient Safety Unit.

PATIENT SAFETY UNIT
The Patient Safety Unit collects and analyses clinical information in order to develop common standards, policies and practices that will ensure high quality and safe care for patients.

This includes reviewing patient related incidents or potential incidents that are reported by staff in support of a culture of continuous improvement.

In 2005-2006 there were, on average, 336 incidents reported each month. An analysis is undertaken of all incidents and potential incidents to determine if there has been any adverse outcome for the patients. All are investigated by Senior Managers in order to implement preventative strategies and thereby prevent recurrence in the future. Of those reported in 2005-2006, 80.4% had no adverse outcomes for patients.

As seen from the graph, proportionately the remaining 19.6% is made up of minor harm (5.4%) ie bruising to fracture/dislocation (0.5%) and 0.1% of incidents resulted in major harm.

INCIDENTS BY OUTCOME DURING THE YEAR 2005/2006

- No Adverse Outcome: 80.4%
- Near Miss: 8%
- Minor Harm: 5.4%
- Fracture/Dislocation: 0.4%
- Breakdown in Skin Integrity: 5.3%
- Admitted with Pressure Area Problems: 5.9%
- Developed Complications, But Survived: 1%
- Major Harm: 1%
- Unknown As Yet: 2%
- None Entered: 1%
- Potential Litigation: 0.7%

Peninsula Health Quality of Care Report 2006
Committee members review the deaths and develop policies and actions that address hospital-wide issues. For example, in the past year the Committee has:

- brought about a change to the way in which blood clotting agents are managed for patients during preparation for a procedure
- ensured that on-call paediatricians receive an automatic message on their pager when a paediatric-related medical emergency occurs, and
- put in place identical assessment of the severity of illness for newborns at both Peninsula Health maternity units.

At Peninsula Health during the year 2005/2006, 98.2% of all deaths were expected and 1.8% of deaths were unexpected and required further investigation as shown in the pie chart. These deaths were referred to the Peninsula Health Mortality Review Committee for critical assessment.

DEATHS REFERRED TO THE CORONER

There is mandatory reporting to the Coroner in Victoria of particular deaths, such as those related to suspected unnatural causes, accidental injury and reaction to anaesthetic. Peninsula Health reported 140 deaths to the Coroner in the 2005/2006 year (only a few of these related to possible misadventures at Peninsula Health).

Following the review by the Coroner, specific recommendations are made to the hospital concerned and general recommendations are issued for all health services on lessons that can be learned. At Peninsula Health, the recommendations are addressed and discussed at the Peninsula Health Mortality Review Committee to ensure compliance with the Coroner’s findings.

CLINICAL PATHWAYS – TAKING THE RIGHT PATH

Clinical Pathways are an important quality and patient safety tool as they outline the steps involved in treating a particular condition such as heart attack, asthma or varicose veins. The plans are developed by highly skilled staff who are experienced in managing the relevant condition.

These staff members use the latest evidence-based information, along with consumer input, to determine the most effective care and treatment regimens. The pathways, which are regularly updated, guide staff in current ‘best practice’ treatment but do not replace clinical judgement.
Spa baths, heat packs and ice packs could be offered more as opposed to asking for them.

“During labour I was left on my own a bit . . . .”

All survey information was fed back to our Maternity Services and the ‘Midwifery Home Care Clinical Pathway’ was adjusted based on consumer feedback received.

For example, the education/community supports (domiciliary care) section of the pathway now provides a checklist to ensure all community supports are discussed with each patient.

POLICE CHECKS

All new staff (locum doctors, bank nurses, practical placement and other staff employed by Peninsula Health on a short-term, casual or temporary basis) including volunteer appointments will have Police Criminal Record Checks (PCRC). A PCRC will only be sought on successful candidates. In appointment letters the Employment Services Unit note “Your appointment is conditional upon receipt of a satisfactory Police Criminal Record Check, which will be requested with your consent, and paid for by Peninsula Health.”

CREdENTIALS yoU CAN TRUST

Credentialing is the formal process used at Peninsula Health to confirm that staff have the right qualifications, experience and professional qualities to ensure that patients get the highest quality treatment. Peninsula Health also defines each doctor’s clinical scope of practice, based on their qualifications and experience.

All senior medical staff are credentialed before commencing work at Peninsula Health.

Junior doctors are registered through the Medical Practitioners Board of Victoria (MPBV) prior to appointment at Peninsula Health.

The Physiotherapy Department also has internal credentialing programs based on competency assessments for the management of patients within the intensive care unit (ICU). An advanced practitioner framework has also enabled select physiotherapists to operate as primary contact practitioners within the Emergency Department (ED) and order x-rays internally within Peninsula Health.

A credentialing program has also been developed by Speech Pathology for paediatric dysphagia, which is feeding and swallowing difficulties in children.

Nurses are credentialled to perform IV cannulation, perinatal suturing and other procedures specific to clinical areas.

The occupations employed by Peninsula Health that require registration are Medical Practitioners, Nurses, Psychologists, Podiatrists, Physiotherapists, Dentists, Pharmacists and Medical Imaging Technologists (MITs). All the eight aforementioned credential status is checked at commencement of employment at Peninsula Health by the Employment Services Unit and annually at renewal date.
Comments, questions, concerns and complaints are an important source of information that often leads to improvements in the way services are provided.

This feedback comes to Peninsula Health through formal consumer surveys, focus groups, letters and telephone calls. Whenever possible, results are compared with those of other Health Services and with past results.

Patients, carers and families are encouraged to provide feedback directly to the staff involved in their care. They can also contact the Customer Relations Manager through the website www.peninsulahhealth.org.au or by telephoning 9784 7298.

**PATIENTS HAVE THEIR SAY**

Twice a year, a Patient Satisfaction Survey is conducted by an external company on behalf of the Department of Human Services. Peninsula Health is able to compare its results with those of other similar Health Services in Victoria. This year, for the first time, the survey included the Rehabilitation, Aged and Palliative Care Services (RAPCS). The survey covers issues such as overall care, the attitude of staff, surroundings, cleanliness, food and how complaints are managed.

**FRANKSTON HOSPITAL**

Over the last two surveys improvements have been recorded in:
- Complaints management
- General patient information
- Providing information on patients’ rights, and responsibilities
- Courtesy and responsiveness of medical and nursing staff.

Areas noted for improvement in the latest survey and actions taken were:
- Waiting times for a bed – A tracking system was introduced to enable staff to identify where delays were occurring. As a result, ward staff now know that patients are awaiting admission in the Emergency Department (ED). Patients are seen and treated in a more timely manner. (See Emergency page 36)
- Food temperature - This is now monitored from the kitchen to the patient.
- Explanations of medicine side effects and medicines needed after discharge have been improved.
- The medication chart currently given to patients now includes indications and side effects.
- Medication labels have been simplified to identify the reason the medication should be taken – e.g. “PAIN”.
- Placing men and women in the same rooms – a patient leaflet is now available that explains why this is sometimes necessary.

**ROSEBUD HOSPITAL**

In the last survey, improvements were noted in the following areas:
- Respect for individuals, and for cultural and religious needs
- Personal safety
- Responsiveness of staff
- Cleanliness of rooms, and
- Quantity of food.

Areas for improvement and actions taken included:
- Food temperature – Some improvements were noted following the heating of plates prior to the serving of food. Food temperature is now monitored from the kitchen to the patient.
- Emergency Department (ED) waiting room comfort – The waiting room will be expanded later this year. The expansion will provide more privacy to patients in the triage (assessment) arrival area and the development of a family friendly area with a separate area for children.
- Explanations of routines and procedures – Department Heads in each unit have identified and are monitoring quality activities to improve patient satisfaction. Activities will be monitored and co-ordinated by the Rosebud Hospital Quality Committee. One such example is the Mother and Baby Unit admissions brochure which has been updated to list the services available and the health care professionals involved in the service.
SUB-ACUTE (AGED CARE AND REHABILITATION) SERVICES

For the first time, our sub-acute services were included in the survey. Strengths identified included:

- General patient information
- Courtesy of nursing staff
- Response times
- Helpfulness of staff in general
- Help received for pain
- Personal safety
- Written information about managing a condition, and
- Information on rights and responsibilities.

Areas for improvement and planned actions taken included:

- Explanation of medicines and their side effects – The Medication Safety Officer has developed processes to provide patients with fuller explanation.
- Restful environment – Working with patients, night staff have identified and reduced noisy periods.

SPECIAL CARE

When a newborn baby has to spend time in the Special Care Nursery (SCN), it is a very stressful time for the parents.

To obtain a better understanding of how parents feel about the care they and their babies received whilst in the SCN, the staff conduct an annual survey. This year, the parents were asked to list two things they liked about SCN, two things they did not like and two things they would change.

1. This survey identified the need for more privacy to breastfeed babies. The solution was to provide portable screens which can be positioned next to breast-feeding chairs to increase privacy.
2. Car parking for parents also continues to be an issue. The solution was to offer parents of long-term stay babies a car park pass.

YOUR SAY ON THIS REPORT

There are a number of changes to the report this year – and many are based on feedback from readers.

Most importantly, the format has reverted to a larger size document.

While one reader said last year’s report was “a good light hearted approach that gets across a number of very serious messages,” some people felt the publication was too busy. So the report has been re-organised and has more graphs that convey information at a glance.

The most frequent suggestion was for more stories on mental health, which is why this report contains articles on the Psychiatric Service and on the Men’s Health programs.

Other topics mentioned included waiting times for surgery and more information on issues affecting the elderly. Stories on these topics also appear in this report.

If there are areas you would like to see covered in the 2007 Quality of Care Report please fill out the Feedback Form and post it back.

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

Last financial year, over 800 people contacted the Health Service by cards, letters, phone calls, emails, visits and survey questionnaires. About 60% (529) of these contacts were complaints, and almost 40% (329) were compliments.

Surveys and feedback indicated that Peninsula Health could improve on how it was managing complaints, and that consumers did not know how to complain or who to approach.

As a result (and in consultation with consumers) changes were made to how Peninsula Health handles complaints.

Between February and April 2006, over 400 staff were trained in the new approach to complaints management. The training included not only how the new process works, but also what the Health Service expects from staff when hearing and resolving complaints from consumers.

The new complaints management approach introduced:

- A new consumer leaflet explaining how a complaint can be made and what can be expected from the Health Service in resolving any issues raised. It also included the telephone numbers of other organisations to whom a complaint about the Health Service could be made. This leaflet “How we Handle Complaints. Compliments & Suggestions at Peninsula Health” is now sent out with every letter acknowledging a complaint together with a leaflet “What happens to your information?” explaining how the Health Service maintains the confidentiality of the information it holds.

- In May 2006, a Consumer Satisfaction Questionnaire was developed to gain feedback on the complaints management process itself. This questionnaire is now sent to every complainant with the response letter. Feedback (which may be anonymous) will be collated every six months and reported to the Quality and Clinical Governance Committee.

- Strict timelines for the acknowledgement and resolution of complaints were introduced.

- Risk rating for every complaint was introduced to ensure prompt action by the most appropriate person.

Last year, the investigation of complaints resulted in a number of improvements being made to the way in which services were provided. For example, a Midwifery patient was alarmed when her newborn was sent to Special Care Nursery (SCN). It was explained to her later that, as she had been taking insulin to control gestational diabetes, this was a standard precautionary practice.

This highlighted the need for improved information and communication with expectant mothers. Diabetes educators now provide information to parents pre-delivery.

The graph below illustrates the main reasons for complaints in 2005/2006.
ACCRREDITATION

ACCCREDITATION ENSURES THAT CONSUMERS OF HEALTH CARE ARE CENTRAL TO QUALITY MANAGEMENT SYSTEMS AND CONTINUOUS IMPROVEMENT. THE HEALTH SERVICE IS REGULARLY ASSESSED OR ‘ACCCREDITED’ BY TWO AGENCIES:

ACHS

The Australian Council on Healthcare Standards (ACHS) examines all areas of the Health Service (including Psychiatric Services and Aged Care) against a set of standards that are recognised across Australia. This is done through on-site review every other year by a team of up to ten surveyors. In addition, health services are required to report to ACHS every other year on quality improvement reviews and achievements against the standards. This is like a check up between visits.

Following the last on-site visit in May 2005, the Health Service achieved full accreditation until May 2007. ACHS feedback was extremely favourable; out of 19 mandatory criteria, Peninsula Health met or exceeded all the accreditation standards. The Health Service achieved:

- 1 Outstanding Achievement (OA—industry best practice)
- 7 Extensive Achievement (EA)
- 11 Moderate Achievement (MA)

one of the best results in Australia this year.

Specifically ACHS commented that “…Peninsula Health is committed to improving performance through its quality improvement system. The broad spread of staff/clinicians involved in improving performance is impressive.” The Health Service is proud of its accreditation achievements and the positive feedback. We are looking forward to the next ACHS on-site visit in November 2006.

ACSA

The health service operates four Residential Aged Care Facilities, including two psychogeriatric facilities. The Aged Care Standards and Accreditation Agency visits these facilities and assesses how Peninsula Health performs against the following 44 standards covering: management systems, staffing and organisation development, health and personal care, resident lifestyle and physical environment and safe systems. Last year, the Agency visited Jean Turner Nursing Home and Lotus Lodge Hostel for annual support contact visits (ie. checkup). An Accreditation Site Audit took place in April 2006 at Michael Court Hostel which verified that all 44 standards continued to be met. Michael Court received the full three year accreditation.

MEDICAL TRAINING

Peninsula Health’s medical training programs are accredited by the Post Graduate Medical Council of Victoria (PMCV) on behalf of the Medical Practitioners Board of Victoria. The 2003 assessment provided a two year accreditation period. In August 2005, a survey team again reviewed Interns and Hospital Medical Officer (HMO) year two positions. On this occasion, the maximum available three year accreditation was received and the significant improvements in the intern program since the previous visit were noted. The report concluded “…There are now good structures in place to support interns … support is excellent and there are many educational opportunities accessible to interns…”

NURSING

Nurses Board of Victoria accreditation was provided to Peninsula Health to conduct supervised practice for both general and midwifery nurses who wish to return to nursing and who are practising in Australia for the first time.
From prenatal services to palliative care, people need different types of health services throughout their lives. They also rely on a range of services from health care providers such as General Practitioners (GPs), surgeons, oncologists, radiographers, pharmacists, nurses and admissions staff.

Consumers need to be able to access the help they need from such health specialists - moving smoothly and without stress from one care stream to another.

This is what health professionals call Continuity of Care.

For those requiring elective surgery, the journey often starts with their GP, moves through to a specialist and then, perhaps into a pain relief or physiotherapy program prior to surgery. It also includes special testing through x-rays, pre-admission care to ensure fitness for surgery and a range of follow up services including frequent check ups, guidance in wound management and rehabilitation programs which may be delivered in the home. Counselling on healthy lifestyle issues and the prescription of certain medications may also be required to get people back on track.

Previous Quality of Care Reports have highlighted many of the programs Peninsula Health has in place to assist patients and clients through their respective journeys.

On the following pages this report discusses a number of other initiatives including:
- the Complex Care Program (Pg 35)
- Right Care/Right Place (Pg 34)
- the Residential Outreach Service (Pg 34)
- Fast Tracking in Emergency Department (Pg 36)
- Falls Prevention programs and the “one point of call” ACCESS service for people seeking information on aged care options (pg 14).

CHARLOTTE ‘CHARLI’ POPE, WHO IS SEVEN, HAS BEEN RECEIVING CHEMOTHERAPY FOR LYMPHOMA SINCE SHE WAS FOUR YEARS OLD. ACCORDING TO HER MUM, SUSAN, FRANKSTON HOSPITAL’S PAEDIATRIC WARD HAS BEEN LIKE CHARLI’S “RECOVERY ROOM” WHERE SHE GETS HER STRENGTH BACK AFTER CHEMOTHERAPY AT THE ROYAL CHILDREN’S HOSPITAL. SUSAN AND HER MOTHER, MARGARET PRETTY, HAVE ALSO USED FRANKSTON HOSPITAL OVER THE YEARS.
ACROSS GENERATIONS AND INDIVIDUALS’ LIFETIMES, PENINSULA HEALTH STRIVES TO PROVIDE SAFE, HIGH QUALITY CONTINUITY OF CARE.
REACHING OUT
An audit by the Residential Outreach Support Service (ROSS) showed that falls accounted for 47% of hospital presentations by residents of Peninsula Health hostels and nursing homes.

As a result, ROSS, in partnership with the Falls Specialist Service now provides Falls Prevention Assessments for people in their residential care settings.

HIP PROTECTORS
Hip protectors spread the shock if a fall occurs and are proven to reduce the incidence of hip fractures. At the Carinya Aged Care Unit, 20 residents took part in a six month trial wearing hip protectors. During that time, 83 falls were recorded without a single broken hip.

Following the success of the Carinya trial, a loan hip protector system was introduced to Wards 1, 4 and 5 at the Mt Eliza Centre in June 2005. Since implementation 78 pairs of hip protectors have been loaned out with 47 pairs purchased (60%) by consumers.

The Falls Prevention Service is working with the senior Physiotherapist at the Rosebud Rehabilitation Service to introduce hip protectors to that unit.

BED AND CHAIR SENSORS
Patients under care for medical or surgical procedures are also vulnerable to falls. This year, Frankston Hospital initiated a trial of devices for falls prevention in one ward. Included was the purchase and use of low-low beds as well as chair and bed sensors for high risk patients.

Bed sensors are electronic devices, fitted to the bed frames of patients who are at a higher risk of falling out of bed. The sensors work by alerting staff when the patient attempts to transfer out of the bed unassisted.

Peninsula Health has also trialled chair sensors on one ward at Frankston Hospital.

The trial indicated that the chair sensor was also successful preventing one patient from falling on 13 occasions in just one day.

This year 20 bed sensors were installed in the Rehabilitation, Aged and Palliative Care Services (RAPCS) and at Rosebud Hospital. A review of the usefulness of the sensors is being undertaken.
FRAT PACK IN DEMAND
Peninsula Health is a recognised leader in the field of Falls Prevention in residential care settings and its Falls Risk Assessment Tool (FRAT PACK) program was recognised by the Victorian Quality Council and the Australian Council for Safety and Quality in Health now known as the Australian Commission and Quality in Health Care.

A University of Queensland Study by Associate Professor Anna Barker found the FRAT to be the most reliable of four falls assessment tools, reviewed for use in residential care settings.

Requests for permission to use the FRAT have been received from five interstate, two Victorian and one international health service during the year. There have been more than 500 FRAT Packs distributed nationally since 2000.

FALLS CLINIC COMING TO YOU
To help reduce the waiting list for the Falls Clinic, which provides specialist medical assessment, an additional home-based medical assessment has been introduced as a new service.

At June 2006, 77 home-based medical assessments had been conducted for clients who were very frail or who were unable to access transport to the Falls Clinic.

A satisfaction survey indicated:
- 100% of clients were happy with the way the assessment had been conducted,
- 78% of clients preferred home based assessment to attending the Falls Clinic, and
- 89% of GPs were happy for the Falls Care Coordinator to decide whether the assessment should be conducted at home or in the Clinic.

RAISING AWARENESS ON FALLS
In partnership with local General Practitioners (GPs) and health and community groups, Falls Prevention booklets were produced and distributed to 570 GPs’ offices, 644 Community Service providers and 115 Peninsula Health practitioners.

The Falls Prevention booklets are well utilised throughout Victoria with copies requested from the National Ageing Research Institute (NARI) and other health services.

The graph below illustrates the ongoing reduction in falls with harm (risk rated medium and above).
SKIN INTEGRITY

AS THE LARGEST ORGAN OF THE BODY, OUR SKIN PROTECTS US.

SAVING OUR SKIN

Injury and infection can often result when someone is confined to bed. Pressure ulcers, often called ‘bedsores’, can develop. If left untreated, pressure ulcers can result in the destruction of muscle and bone or in a severe infection. These conditions can be life-threatening if the patient’s general health is very poor.

One measure that signals good attention to skin care is the rate at which staff complete a pressure ulcer risk assessment chart for each patient admitted to Peninsula Health (excluding Midwifery, Paediatric & young adult Psychiatric patients). The nursing staff assess each patient’s potential risk of developing pressure ulcers and initiate the appropriate management to prevent pressure ulcers or to treat existing pressure ulcers.

In addition, the Department of Human Services (DHS) conducted the third annual survey of pressure ulcers in a hospital setting. This data gave a broad picture of the number of pressure ulcers in hospitals across Victoria, and influenced funding and policy decisions. In the 2004 Pressure Ulcer Point Prevalence Survey (PUPPS), Peninsula Health’s performance was at the state average. The Government funded the purchase of pressure reduction mattresses for hospitals in Victoria, 408 of which came to Peninsula Health in September 2005. The results of the May 2006 survey will appear in next year’s report.

PRESSURE ULCERS - PRESSURE AREA DEVELOPED BY PATIENTS IN HOSPITAL JULY 05 TO JUNE 06

Midwifery, Paediatric & young adult Psychiatric patients. The nursing staff assess each patient’s potential risk of developing pressure ulcers and initiate the appropriate management to prevent pressure ulcers or to treat existing pressure ulcers.

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SKIN TEAR

Skin tears are a common injury in elderly people with very frail skin. A small knock can shear away the top layer of skin. Research at Peninsula Health into dressings used to treat skin tears has resulted in the introduction of Skin Tear prevention and management procedures. Such as:

1. skin tear chart
2. standardised dressing procedure
3. protective bandage (preventative management)

POSTER AWARDS

Peninsula Health is also keen to share findings from the Skin Integrity Program and our Skin Tear procedure was presented as a poster at the Australian Wound Management Conference in Canberra. The poster won a national award, and continues to make other health providers enthusiastic regarding Peninsula Health’s skin integrity strategies.
The role of Peninsula Health’s Skin Integrity Clinical Nurse Consultant Fiona Butler is to assist clinical staff in relation to wound management through consultation, dressing advice and education. Fiona has met these aims and exceeded them, demonstrating an improvement in wound management for the patients at Peninsula Health by implementation new wound charts and policies.

The nurses in the wards use evidence based practice when treating wounds. Fiona is described as having a deep commitment to patients and as a proactive member of the team. The Department of Human Services (DHS) awarded Fiona a State Nursing Excellence Award in October 2005.
IN ANY HEALTH CARE SETTING, THE POTENTIAL FOR PICKING UP INFECTIONS FROM OTHER PATIENTS OR STAFF CAN BE HIGH. PREVENTING THE SPREAD OF INFECTIONS IS A VITAL ELEMENT IN SAFE HEALTH CARE, AND EVERYONE IN THE SYSTEM HAS A ROLE TO PLAY.

Peninsula Health recorded good outcomes from several Infection Prevention and Control initiatives last year.

HAND HYGIENE AND METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) RATES

In 2004 the Victorian Quality Council (VQC) funded a project to increase hand hygiene in hospitals by using Chlorhexidine hand rubs. Frankston Hospital was one of the six pilot hospitals participating in Phase 1 of the project. During the project, MRSA rates were monitored to measure the effectiveness of the program.

MRSA is often called ‘golden staph’ and is a bacteria that can sometimes be carried on skin by healthy people but can be resistant to some antibiotics when an infection is acquired. The program was a success, with the levels of MRSA reduced in all six pilot hospitals. Frankston Hospital reduced its MRSA Blood Stream Infections from 0.5% in July 2005 to 0% in June 2006. Frankston Hospital is now acting as a mentor to another Victorian public hospital that will be commencing in Phase 2 of the project.

ORTHOPAEDIC JOINT SURGERY

The Infection Prevention and Control Unit continue to monitor surgical infection rates in patients having knee and hip replacements. These rates are compared to the Victorian state aggregate infection rate (that is obtained from the Hospital Acquired Infection Surveillance (VICNISS) Co-ordinating Centre). The infection rate in hip replacement surgery amongst those patients in the lower risk category has decreased from 5.1% in the 3rd quarter of 2005 to 1.8% in the 1st quarter of 2006 – same as aggregate for the same period of time. A number of strategies have been put in place to reduce the infection rates, these include: accurate administration of antibiotics before the operation; review of drapes used during surgery and a review of wound dressings.

TOTAL MRSA RATES FRANKSTON ICU IN-PATIENTS JULY 2005 TO JUNE 2006
REDUCING INFECTIONS - SAFER SYSTEMS-SAVING LIVES

In February 2006, Peninsula Health began participating in the Safer Systems Saving Lives (SSSL) project that was initiated by the Australian Commission on Safety and Quality in Health Care, and sponsored by the Department of Human Services (DHS). This project requires the participating health services to use six key interventions (care delivery strategies) to facilitate improvement in health outcomes. These interventions saved lives on a large scale when introduced in the USA (United States of America).

The infection control part of this project looks at three interventions that are evidence based and if used consistently in a health service, have been proven to reduce harm to patients.

1. Prevention of surgical site infection
2. Prevention of central line associated blood stream infections
3. Prevention of ventilator associated complications

PREVENTION OF SURGICAL SITE INFECTION

One of the interventions is aimed at reducing surgical site infections. There are four recommendations for this intervention, which include:
- admitting patients on the same day of surgery
- ensuring antibiotics are given on time
- hair removal is done immediately prior to surgery and clippers are used, and
- a standard dressing is used.

Frankston Hospital has commenced the introduction of these recommendations in patients having caesarian sections. To date, three recommendations have been introduced and the final recommendation—a standard dressing protocol—is being finalised. The infection rate for patients in the lower risk group has decreased from 3.7% in the 3rd quarter of 2005 to 2.9% for the 1st Quarter of 2006. The state aggregate for the same period of time (1st Q) was 1.9%.

INFECTION REDUCTION IN ICU

There are two infection reducing components that involve the Intensive Care Unit (ICU) – preventing Central Venous Catheter (CVC) Related Bloodstream Infections and preventing Ventilator Associated Complications.

Prevention of central line associated blood stream infections

Early results are showing a reduction in bloodstream infections from 3.3 per 1000 days in July to September 2005 to 1.9 per 1000 days in January to March 2006. This is now below the Hospital Acquired Infection Surveillance (VICNISS) aggregate data of 2.1 per 1000 days for the same period of time.

Some of the changes in procedures in ICU have been the wearing of a glove and gown for staff having direct contact with MRSA positive patients, vigilance with hand hygiene and a review of dressings used for CVCs.

Prevention of ventilator associated complications

A baseline audit has been completed. The Safer Systems Saving Lives project concludes next financial year and further reporting will appear in next year’s Quality of Care Report.
A CLEAN EDGE

Last year, with help from Infection Control staff, the Support Services Manager revised cleaning schedules throughout Peninsula Health. Work flows were reviewed and measures were taken to use time more productively.

In addition to redeveloping cleaning schedules, all Peninsula Health cleaning manuals were updated to correspond to new standards announced by the Department of Human Services (DHS) last year. Training on the new standards was then implemented across the entire health service.

An external company checked Peninsula Health’s cleanliness in November and December, 2005. The result was excellent with our average score maintained in excess of 92% this past two years - well above the 85% expected by DHS.

FOOD IN SAFE HANDS

During 2005-06, all areas of the Health Service passed an External Third Party Audit for Food Safety.

The Pink Ladies Auxiliary at Frankston Hospital successfully passed their Third Party Audit and was one of the first volunteer groups to be included in this process.

The Kiosk Auxiliary at Rosebud Hospital is following suit by undertaking their Food Safety Training in August 2006.

The Support Services Department also conducts internal Food Safety Audits at each of its sites on an annual basis. Food Safety Guidelines are reviewed annually to reflect any legislative or industry changes.

INFLUENZA FLU PANDEMIC PLAN

The Health Service continued to prepare for a possible Avian Flu spread and set up a special group to focus on this issue. The Peninsula Health Influenza Group (PHIG) included a specialist from the Emergency Department (ED), a specialist Microbiologist and representatives from Infection Control, Executive Directors and the Mornington Peninsula Division of General Practice.

Strategies have been developed to reduce the transmission of respiratory illness of all kinds in waiting areas. These included development of posters urging hygiene measures including hand hygiene, respiratory etiquette, the availability of chlorhexidine alcohol hand rub, respiratory masks and tissues. The group agreed on a process for the identification of returned travellers who may present to the ED which included communication with GPs. Work is being done on how the business of the health service will continue in the event of an influenza pandemic.

PERCENTAGE SCORES FROM EXTERNAL CLEANING AUDITS FOR PENINSULA HEALTH SITES

<table>
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<th>SITE</th>
<th>2003/4</th>
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<th>2005/6</th>
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<tr>
<td>CARINVA AGED RESIDENTIAL UNIT</td>
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<tr>
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<td>89.3%</td>
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<td>91%</td>
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<tr>
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</tr>
<tr>
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<td>MICHAEL COURT</td>
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<td>92.5%</td>
</tr>
<tr>
<td>SPRAY STREET</td>
<td>88.6%</td>
<td>94%</td>
<td>88.6%</td>
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</tbody>
</table>

* Note figure variance to previous reporting due to coding amendment
MEDICATION SAFETY

MEDICATIONS MAKE PEOPLE BETTER. WHEN USED INCORRECTLY, THE REVERSE CAN OCCUR. AROUND 140,000 AUSTRALIANS ARE ADMITTED TO HOSPITAL EACH YEAR AS A RESULT OF PROBLEMS INVOLVING MEDICATIONS.

Medication mistakes vary from misreading written prescriptions, to taking too much or too little of a drug or mixing incompatible medications. These mistakes can happen at home or while a person is in care. Reducing the risks of medication errors either in or out of hospital is an ongoing campaign at Peninsula Health.

The Health Service provided information about the safe use of medications through a public health forum in June 2005 at the Monash University, Frankston campus. When patients are discharged from hospital, they are counselled about their medications. In June 2006, two seminars on evidence-based medicine were presented to the GPs. Several talks have also been presented to medical students, interns and nurses this year. Five presentations were made at the Society of Hospital Pharmacists of Australia (SHPA) Federal Conference 2005 and seven presentations have been submitted to the SHPA Biennial Clinical Conference 2006.

All the presentations aim to educate and inform the public and professional staff on the safe and effective use of medicine.

ANTIBIOTIC IMMUNITY

Everyone has heard the alarming stories about how antibiotics are becoming less effective as bacteria develop immunity to the medication. This is resulting in the development of “super bugs”, germs that are resistant to most antibiotics. This includes “Golden Staph” or Multiple Resistant Staphylococcus aureus (MRSA). Vancomycin is one antibiotic that is still effective in healing infections caused by “super bugs”. To prevent the “super bugs” from developing resistance to Vancomycin, the drug should be reserved for appropriate use only.

A Pharmacist and a Specialist Clinical Microbiologist now visit patients and review each patient where Vancomycin has been prescribed. This “Antibiotic Stewardship Round” (ASR) helps to ensure that the drug is being used to best advantage. Its implementation has resulted in improved prescribing and monitoring of Vancomycin.

COMPLIANCE WITH ANTIBIOTIC STEWARDSHIP ROUND RECOMMENDATIONS

First 5 Months of ASR     June 2006

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

26%
NEW CHART
The Federal Government, through the Australian Council for Safety and Quality in Health Care, had developed a new Medication Chart for use with patients around Australia. The aim of the project is to standardise medication charts so that all healthcare facilities throughout Australia use a single format and clinicians are therefore less likely to make mistakes due to unfamiliarity with the form.

Peninsula Health’s Pharmacists devised an eight week campaign in consultation with clinicians and health information staff to introduce the new chart and train all clinical staff in its use. The use of the chart was implemented across Peninsula Health in April 2006. Pharmacy staff have found improvements in the quality of drug orders after the new charts were introduced.

Peninsula Health was the first major metropolitan health service in Victoria to implement the chart. (In fact, many hospitals will only implement next year). The DHS project officer has used our successful implementation process as a model for others to follow. We have had inquiries and visits from other major hospitals that were just starting the process.

WARFARIN WATCH
Peninsula Health’s Pharmacists have produced a DVD for patients explaining how to manage the drug Warfarin. This medication thins the blood for people at risk of developing clots. Levels of the drug must be kept within a certain range – not so little that the patients develop clots and not so much that patients bleed too easily. These levels can be affected by foods, other medications and so on. Regular blood tests are necessary to ensure that clotting capacity falls within the safe range. The DVD gives patients clear information and easy to follow steps (such as small changes to their diets) to help them to use the medication safely. Following a trial of the DVD, staff will use patient feedback to make the media aid as ‘user friendly’ as possible.

TRAINING HEALTH PROFESSIONALS
As patients learn how to take their blood thinning medication, doctors are pursuing their own learning curve on the latest research regarding the use of the anticoagulant Warfarin. Through seminars, newsletters and posters, Peninsula Health Pharmacy staff are updating Hospital Medical Officers on Warfarin dosing and how to determine the proper dosage when first prescribing the drug.

An audit of all patients on Warfarin during two weeks in June 2006 at Frankston Hospital demonstrates that no patient had an adverse event (abnormal bleeding) due to Warfarin. The audit also revealed that all patients received drug counselling.

IMPROVEMENT IN INFORMATION IN NEW MEDICATION CHARTS

Peninsula Health Quality of Care Report 2006
ENHANCING SUPPORT

Two new roles are being trialled in Peninsula Health’s Pharmacy Division for the safer prescribing of medication.

The first is the appointment of a Medication Safety Project Officer whose 12-month project will focus on promoting medication safety and reducing risk in the Rehabilitation, Aged and Palliative Care Services (RAPCS).

One of the project’s first activities was to add ‘default instructions’ to 15 common medications on the RAPCS electronic prescribing program. For many medicines, a standard dosage is appropriate for 99% of patients. By having this ‘default’ dosage on the computer prescribing software, the correct dose comes up automatically and mistakes are reduced. (If the standard dose is not appropriate for a patient, it can be changed manually, rather than following the default instruction.) The RAPCS Medication Safety Project will run until February 2007.

The second new role is a full time Pharmacist in the fast-paced Frankston Emergency Department (ED) which is expected to reduce errors in prescribing drugs. A trial of this new position commenced in January 2006.

DO THE “WRITE” THING

Peninsula Health’s ‘Do the Write Thing’ campaign to improve the legibility and accuracy of prescriptions has finished. A post-implementation audit showed that the posters, lectures, monitoring and reminders were successful. Many issues were addressed, such as spelling out abbreviations that could be confusing and clear placement of decimal points.

The post implementation audit confirmed the success of the ‘Do the Write Thing’ campaign to decrease the use of dangerous abbreviations – “units” instead of “U”, no leading or trailing zeros and “mcg” or microgram in full instead of “µg”.

The campaign reduced the rate of unit error by 46% from the pre-campaign audit and for mcg (microgram) orders by 15%. No improvement was seen in trailing/leading zeros, but the same prescriber made all the errors in the post campaign audit and was given instruction regarding the errors.

CAPTION CARE

In the last two years, the Pharmacy and Emergency Departments (ED) have been participating in the CAPTION (Community-Acquired Pneumonia: Towards Improving Outcomes Nationally) project. CAPTION is a multicentre quality improvement (QI) study funded and supported by the National Prescribing Service (NPS). The project aims to implement the recommendations of the “Antibiotic guidelines in Emergency Departments” particularly in the treatment of Community Acquired Pneumonia (CAP). Three audits have been undertaken at Frankston Hospital so far and have shown a consistent improvement in prescribing.

From pre-project audit in May 2004 to the second audit in July 2005, there was a 233% improvement in the prescribing of Antibiotics in line with the National Guidelines. The best result so far has been a 300% improvement as at December 2005.

<table>
<thead>
<tr>
<th>IMPROVEMENT IN ANTIBIOTIC PRESCRIBING FOR CAP</th>
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<tbody>
<tr>
<td>BASELINE</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>FRANKSTON HOSPITAL</td>
</tr>
<tr>
<td>VICTORIA</td>
</tr>
<tr>
<td>AUSTRALIA</td>
</tr>
</tbody>
</table>
PROGRESS REPORT

Each year in the Quality of Care Report, Peninsula Health follows up on issues raised in the previous year’s report — with a focus on OUTCOMES. This annual check up on the progress made over the year underlines the Health Service’s commitment to continuous quality improvement.

PREVENTION OF INJURY TO STAFF WHEN LIFTING PATIENTS

Peninsula Health’s commitment as a ‘No-Lift’ health service saw the expansion of the program to include specialised No-Lift strategies in the Operating Suite. Manual lifting is a risk to both patients and staff, so alternatives are utilised wherever possible. The Operating Suite poses specific problems, as patients are often unconscious. Special equipment, including slide sheets were purchased and specific No-Lift training was undertaken by all Operating Suite Staff.

In Midwifery services there are particular manual handling risks for staff when delivering babies and when assisting with breast feeding. Specific safe operating procedures have been developed to address the issues related to delivery of babies, water births and assisting with breast feeding. All midwifery staff at Frankston and Rosebud Hospitals have been trained in both ‘No Lift’ protocols and the midwifery specific safe operating procedures.

TAKING A BITE OUT OF THOSE DENTAL LISTS

Private dental fees are beyond the means of many Australians. The number of people with Health Care Cards needing dental care for themselves and their families is growing. It is a continuing challenge for Peninsula Health’s Community Dental Program.

This year the program added a new service, increased staff, extended facilities and worked to treat as many patients as possible within the shortest timeframe.

This year the service —

- Appointed a part time dentist, to provide more complex procedures such as biopsies and splints. Improving access to specialist services are a focus for the upcoming year.
- Established a telephone triage (assessment) service to prioritise emergency dental problems, schedule appointments (within 24 hours if necessary) and advise clients on interim care.
- Increased efficiency and quality of care by relocating pre-school services to the central site at the Frankston Integrated Health Centre.
- Reviewed the waiting lists for routine adult dental check ups to ensure that only clients with current Health Care Cards or their dependants, who have not received treatment elsewhere, are on the waiting list.
- Implemented a health promotion activity in partnership with the Peninsula Drug and Alcohol Service and Peninsula Community Health Service to improve oral health for injecting drug users.

These and existing initiatives have reduced the general waiting list for routine care from 7,623 clients to 5,796 clients; the wait for the specialist Aged Care Dental Service and for priority Dentures has dropped from 6 months to 3 months.
SAVINGS IN THE BANK

Last year the Quality of Care Report described a new, in-house Medical Officers Bank that recruited Hospital Medical Officers from Peninsula Health and other Metropolitan Health Services to cover medical staff vacancies/shifts. After its first twelve months the Bank had 125 doctors on its books and had the potential to save $270,000 over normal commercial agency rates. By the end of the financial year, the roster had grown to 191 members and over $465,000 had been saved since implementation in December 2004.

HOSPITAL MEDICAL OFFICER SUPPORT

Starting a new career can be both exciting and confronting, for new doctors. To provide a supportive professional environment for junior and overseas trained doctors, Peninsula Health has developed a specific plan. Junior and overseas doctors are supported by mentors who meet with them regularly, help them prepare for exams and provide the advice on professional issues. Overseas doctors are also assisted, when necessary, with communication issues including accent reduction. The Medical Clinical Educator, an Associate Professor, reviews the skills of overseas doctors to determine strengths and weaknesses and provides refresher training and professional guidance as needed.

BUILDING A HEALTHY COMMUNITY

- Last year’s Quality of Care Report introduced the plans for the Mornington Centre for Promoting Health Independence which will provide care, health promotion and other services for older people. The $20 million stage 1A project, will be completed in mid-2007. It will provide 60 aged care evaluation and management beds. The sod turning ceremony with the Minister for Aged Care and Aboriginal Affairs, the Hon Gavin Jennings, took place in April 2006.

- A $3.4 million upgrade and redevelopment of the medical imaging department at Frankston Hospital has been completed. The four stage development which began in August 2005 was completed in August 2006.

- During the year funds were allocated by the Department of Human Services (DHS) to expand waiting areas at Frankston and Rosebud Hospital Emergency Departments. The larger waiting areas will provide greater privacy during assessment and a family friendly area where children can wait without being exposed to adult trauma and injuries. Work to expand the waiting rooms will be finished later this year.

BLOOD MATTERS

Peninsula Health continued its campaign to provide safe blood transfusions with the least possible wastage of blood products. The Health Service instituted a Zero Tolerance policy for collected blood and accompanying paperwork — if tube labels or paperwork contained any errors, the sample would be taken again. This has raised both awareness and skill levels among staff, resulting in a reduction of wastage from 164 units in 2004-2005 to 147 units in 2005-2006.
ACUTE HEALTH OUTCOMES

Health providers describe an illness that is intense but relatively brief as ‘ACUTE’. Flu would be an acute Influenza illness, as would pneumonia, appendicitis or an ear infection. ‘CHRONIC’ conditions, on the other hand, are long-term, sometimes lasting for a lifetime. Examples include arthritis, chronic heart failure and diabetes. These illnesses must be properly managed all the time in order to maintain overall wellbeing. These chronic illnesses can also have periods when the disease takes a sudden serious turn for the worse, resulting in an “acute exacerbation” of the chronic illness.

Peninsula Health’s hospitals in Frankston and Rosebud provided acute care to 55,000 patients last year. Among the innovations designed to improve the quality and safety of that care were the following initiatives.

WOMEN’S, CHILDREN’S AND ADOLESCENT HEALTH

Maternity Services staff developed a plan to handle those “not infrequent” times when demand exceeds capacity at Frankston Hospital. Sometimes there are simply more babies on the way than there are labour/delivery rooms and available staff. The new plan outlines a number of steps and provides a range of options for these peak times. Including:

- Women with low risk pregnancies using Rosebud Hospital’s birthing services,
- Women and babies from the Rosebud area who have birthed at Frankston may be sent to Rosebud hospital post delivery,
- If clinically possible, postponing elective induction/caesarean admissions,
- Offering early discharge with domiciliary care,
- An internal and external communications strategy.

Staffing in Maternity Services is a vexing issue for hospitals across Australia. To help overcome this shortage of midwives, Peninsula Health has developed a supervised practice course for midwives who have not practiced for some time and for midwives working in Australia for the first time. It is hoped that this program will attract midwives back into the service. The first two participants commenced the course in August 2006.

Changes have been made to help clients with queries about termination of pregnancy. As this is a very emotive and sensitive issue, a Monday to Friday hotline service was set up in January 2006. It enables clients to speak directly with the Maternity Nurse Manager. The Nurse Manager has relevant clinical expertise and can answer questions in a private and confidential setting and can assist with bookings and referrals. Also, letters have been sent to all GPs outlining the nature of this service at Frankston Hospital.

Clients and staff recognised a need for additional breastfeeding information. Staff have received excellent feedback from clients who have received new breastfeeding education that targets specific problems such as breast engorgement (breast swelling when milk ‘comes in’). The education, facilitated by a lactation consultant, is provided prior to discharge and prepares women for any special difficulties they may experience once they are at home.

DEMENTIA AWARENESS

ON THE WARD

A new program provides enhanced support to patients with dementia. When these patients need acute medical or surgical care, ward staff can offer better care if they are alerted to the condition, are aware of possible behaviours and special needs and are trained in strategies to handle dementia issues. A Psychiatric Liaison Nurse now reviews patients and helps ward staff at Frankston develop methods to deal with difficult behaviours and better manage these patients. This review also serves as an early referral to psychiatric and dementia services once the patients have been discharged from their medical or surgical wards.
KNOWLEDGE IS POWER

Medicine advances almost daily with worldwide research, technology and discoveries expanding life expectancy and health outcomes. These new developments need to be regularly incorporated into clinical practice.

Peninsula Health’s Emergency Services have now put 51 Clinical Practice Guidelines (CPGs) on an intranet site in preference to paper-based manuals. The website can be accessed from any Peninsula Health computer and can be easily updated. The Emergency Department guidelines also include appropriate information for Hospital in the Home, Residential Outreach Support Services (ROSS) and Psychiatric Crisis Assessments as well as Emergency Medicine protocols.

HIGH SCORES WITH TEST ATTENDANCE

The demand for Lung Function testing, Electroencephalograms (EEGs – tests of brain wave activity to diagnose neurological diseases such as epilepsy) and Sleep Laboratory investigations (testing for sleep apnoea, etc) is heavy and the waiting list for these procedures can be long. When a client fails to attend without notification for a scheduled test, it is a significant waste of resources.

A program of confirming test dates has reduced the number of missed appointments from 153 in 2004 to only 88 in 2005. The results were so impressive that the staff in Cardiology have also implemented the confirmation strategy.

REDDUCING DELAYS

A small percentage of the 49,327 people presenting this financial year to the Frankston Emergency Department (ED) decided that the wait was too long, and they left without seeing a doctor. To address this, the ED has produced a pamphlet and a video explaining how things work in the department and what triage (assessment of a person’s condition and the urgency of need for treatment) is all about. Prior to the introduction of the new communication tools, the average number of walkouts before being seen and treated was 7.4 a day. Following the change in patient flow initiative, the walkouts dropped to 5.5 a day.

ED staff have also introduced a system of follow up calls whereby patients who have left the ED without being seen are contacted the following day. The majority reported either seeing their own General Practitioner (GP) or attending the GP clinic located at Frankston Hospital (Medicentre).
AGED CARE TARGETS INDEPENDENCE

Health Promotion for seniors is the basis of a new DHS project that is ‘Improving Care for Older People’.

Goals have been set to refocus aged care services, ensuring that client centred quality care is provided and that independence, as people grow older, is promoted.

The new Mornington Aged Care facility is one of the ‘Centres Promoting Health Independence’, which are funded by the State Government. Activities in key areas throughout RAPCS have been enhanced so that:

- Clients, their families and carers are involved in making decisions and developing strategies that promote health and independence.
- Specific needs of older people throughout all aspects of care are being met. If a person with dementia is hospitalised for a broken hip, acute care is adjusted for the patient’s cognitive impairment.
- Nurses are skilled in dealing with the needs of ageing patients. Aged care nurses who have had special training in specific areas of patient safety – in Falls, Cognition, Continence, Skin Integrity and Diabetes - provide advice and training for other staff in wards or departments.
- A partnership project with Monash University is looking at ways in which teams of health providers (e.g. doctors, nurses, physiotherapists, speech pathologists, occupational therapists, continence specialists, etc) can work together more effectively to deliver a better, more comprehensive service to older people.
- Peninsula Health continues to expand its partnerships with community agencies and GPs. One partnership with local Councils has enabled Peninsula Health to develop the Agestrong program, which was featured in previous Quality of Care Reports. Councils are now co-running some of the exercise and fitness programs for seniors.
- GP practices will be notified when an older patient has been hospitalised and have more involvement in the admission process. A tool for this GP notification strategy is being developed.

SENSORY GARDEN

Environmental audits were undertaken in inpatient areas to improve facilities for patients with cognitive (dementia) problems.

A $28,000 grant was received from Aged Persons Welfare Foundation for the Cognitive Strengths Program to develop a sensory garden at the Mt. Eliza site.

HOME AND AWAY

Flexible recovery services are being provided to clients through the Sub Acute Ambulatory Care Services Home and Centre Based Rehabilitation Programs, in the environment which best meets their needs. These services consist of the Rehabilitation in the Home team and three day care Community Rehabilitation Centres at Chelsea, Frankston and Rosebud.

The Home and Centre-based Rehabilitation Programs are able to respond to a client’s needs at any point during their rehabilitation.

Following discharge from hospital, clients are referred to the service that best matches their needs. In the future, the same therapists will be able to follow the progress of a client in the most appropriate setting or in a combination of settings.

These programs receive 370 new referrals per month and provide 3,255 occasions of service per month on average. (An ‘occasion of service’ is one visit, home contact or therapy session with a client. A single client may have many occasions of service during a year.)
A HELPING HAND
When hands are injured or impaired, it impacts on a person’s quality of life. Occupational Therapy is a vital rehabilitation tool for helping people return to a normal lifestyle.

Peninsula Health’s hand therapy services got a boost this year with the part secondment to Frankston Community Rehabilitation Centre of one senior Occupational Therapist specialising in hand therapy. This has allowed specialist training of the Community Occupational Therapists and an enhanced hand therapy service for the community with the service being available to Rehabilitation in the Home clients and clients at the Community Rehabilitation Centres. To June, 17 clients had been seen in the specialised hand therapy consultation and teaching sessions.

In addition, Occupational Therapy has further expanded the existing acute hand therapy program previously only available at Frankston Hospital, to provide services at Rosebud Hospital.

This means that those patients who have hand surgery at Frankston, but live in Rosebud, can now receive their post operative therapy locally.

PARTNERSHIP PROMOTES THERAPY SKILLS
Peninsula Health and Monash University have developed a clinical school at the Health Service for the training of Allied Health students. Monash professors are upgrading skills for Peninsula Health’s Occupational Therapists, and Health Service Occupational Therapy staff are tutoring at the Monash campus.

TRANSFERS TO SUB-ACUTE SERVICES
Sub-acute care is usually provided for a person who has had hospital treatment and who requires further support and evaluation prior to discharge.

Transfer of patients directly from Emergency Departments (ED) to sub-acute services is occurring with the sub-acute assessment co-ordinators working six days per week and doing regular rounds in ED.

80% of appropriately identified patients were transferred to the sub-acute setting within three days. This percentage has been maintained from April 2005 as compared to 75% in March, 2004.

QUEUE RELIEF
In July 2005, the Frankston Hospital Physiotherapy Department conducted a trial to assist patients waiting for orthopaedic Hip and Knee replacement surgery. A total of 134 patients on the elective surgery waiting list were offered assistance through physiotherapy prior to surgery.

○ 70 patients participated and received physiotherapy to assist with mobility and pain relief
○ 44 patients completed the program
○ 20 patients did not continue due to illness or because they had their surgery
○ 6 patients were deemed not appropriate for physiotherapy

(For more on surgical programs, see page 38)

Of the 70 patients assessed during the duration of this project –

○ only 29% had received previous physiotherapy intervention
○ 41% reported improvement in function as a result of the program
○ 2 patients were able to be removed from the elective surgery waiting list
○ 1 patient declined surgery for other reasons.

AS PEOPLE AGE, INDEPENDENCE BECOMES MORE CHERISHED BECAUSE IT IS HARDER TO MAINTAIN. PENINSULA HEALTH’S REHABILITATION, AGED AND PALLIATIVE CARE SERVICES EMPHASISE INDEPENDENCE THROUGHOUT ALL THEIR PROGRAMS.
In the Peninsula region, 881 people in the past year required hospital treatment for a psychiatric illness. Over 600 people received treatment and support from community psychiatric services. Many more sought assistance through their GPs, private psychiatrists and both public and private counselling services.

Peninsula Health provides a range of mental health services including counselling, treatment for eating disorders, inpatient care, community-based support services, Crisis Assessment and Treatment services and residential care and therapy for adults and older people with chronic mental illness, dementia and behavioural problems.

Over the last year, these Psychiatric Services initiated a number of projects to further improve and expand mental health programs throughout the community:

A ‘1-300’ phone number was established in July 2005 to be the first point of contact for all queries and requests regarding mental health programs. Clients, carers, health providers and the public can now ring 1300 972 977 any time, day or night. The service receives on average 700 calls a month seeking information, support and help.

A new project, headed by Peninsula Health, is the ‘Intelligent Leader’ Training. It provides training to psychiatric clinicians who are going into management and leadership roles. This training is available to mental health providers from any health service.

The wellbeing of Peninsula Health’s own Psychiatric Services staff was addressed this year with a project aimed at staff in the Adult Acute Inpatient Unit. This is a particularly high stress, high demand area, so the project has introduced a number of relaxation therapies including massage therapy, and aromatherapy. The project has received high praise from staff involved.

A new training program has been developed to improve staff skills in minimizing the risks surrounding occupational violence. Risk identification Safety Containment Environment (RISCE) training, focuses on risk identification, ensuring safety in any given situation. It also aims to contain occupational violence and aggression by better managing potential situations and creating safer work places for staff and consumers by managing the environment. In an effort to achieve this, the RISCE program provides mental health practitioners with the appropriate knowledge, attitudes and skills deemed vital to mitigate risk and to prevent and manage these risks. RISCE training has significantly assisted in managing difficult and challenging behaviours including aggression and violence. This approach will now be adopted for implementation to all service areas across Peninsula Health.

A Discharge Coordinator for the adult inpatient unit was appointed during the year and new discharge planning protocols were developed in Peninsula Health’s Psychiatric Services. Planning involves working with clients and carers covering a wide range of needs, from home help to ongoing rehabilitation. New planning protocols were also developed in conjunction with the Mornington Peninsula Division of General Practice, as clients with mental illness need extra support from their family doctor following discharge from hospital.

The outdoor courtyard in the Adult Inpatient Unit was made safer this year to provide a pleasant and secure outdoor environment for patients in the Unit.

The Crisis Assessment and Treatment Service (CATS) implemented a new response classification system known as the ED/Mental Health Triage Tool. This tool is for the triage (assessment) of psychiatry patients presenting to the Emergency Department (ED) to determine the seriousness of the condition and, in turn, the speed with which treatment is required.

To reduce the number of patients returning to hospital within a month of discharge, a Project Committee analysed cases of readmission and introduced a number of strategies to reduce readmission rates. One of these strategies is to improve post discharge contact through follow up home visits within 5 days of discharge. The strategies have
been effective in significantly reducing the percentage of clients returning to hospital within 28 days from 13.09% in 2004/05 to 8.74% to in 2005/06.

**PENINSULA CARERS COUNCIL\CARING AND SHARING**

Caring for a loved one with a mental illness is always a challenge and often a struggle.

The carers of people with a mental illness need information, support and encouragement. Mental health professionals should provide this support.

Carmel Jackson, Carer Consultant with Peninsula Health Psychiatric Services, has many years of experience in supporting carers living on the Mornington Peninsula. Carmel previously worked with the Mental Illness Fellowship prior to commencing with Peninsula Health.

Carmel’s role as Carer Consultant was an innovation for psychiatric services in Victoria and represents an acknowledgement of the need for specialist psychiatric services to better support carers.

Carmel’s role includes:
- raising carers’ concerns
- providing relevant information about services to assist carers
- giving voice to carers’ viewpoints
- enabling carers’ input into service planning and development

Carmel was active in supporting the establishment and incorporation of the Peninsula Carers Council (PCC). Independent of Peninsula Health, the PCC supports carers and advocates for services that meet carers’ needs.

Carmel’s achievements include the establishment of carer support groups in Frankston, Mornington and Rosebud, the development of information kits for carers, and presenting to professional and community groups on how to better meet the needs of carers.

Carmel also assisted in the development of a family room and posters in the Adult Acute Inpatient Unit.

**COMPARING CARE**

Peninsula Health’s Psychiatric Service is a member of the Health Round Table Mental Health Benchmarking Group. It is one of 24 participants from Australia and New Zealand and one of nine Victorian mental health services that collect data on a comprehensive range of clinical and operational performance indicators.

This enables comparison with other Health Services. The indicators include: admissions per bed, average length of stay, readmission rate, (number of times that a patient is discharged and is readmitted within a specific time frame), seclusion rate, length of adult community case management, rate of physical assault with adult inpatients and self-harm incidents.

The latest data comes from the 2004/2005 survey (the most current collated state wide figure) and indicates areas in which the Peninsula Health Psychiatric Service performs well:

- **Readmission rate (adult)** 8.7% - (Victorian average rate 12.6%) this is the total rate of readmission to Psychiatric Services inpatient care within 28 days
- **Readmission rate within 6 months of discharge (adult)** 11% - (Victorian average 24%)
- **Seclusion rate less than 4 hours** 35% - (Victorian Average 42.1%) this rate indicates the number of times patients in care must be secluded due to behavioural & risk issues
- **Community readmission rate** 18% (Victorian average 23%) this is the rate that clients are readmitted to community-based (outpatient) services within 6 months.

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ONE IN FIVE AUSTRALIANS WILL EXPERIENCE A MENTAL ILLNESS AT LEAST ONCE DURING THEIR LIVES. OF THESE, 16% WILL SUFFER DEPRESSION, 10% WILL EXPERIENCE AN ANXIETY DISORDER AND 3% WILL DEVELOP A PSYCHOTIC ILLNESS SUCH AS SCHIZOPHRENIA OR BIPOLAR DISEASE.

*(Sane Australia 2006)*
Some of the outcomes of Community Health programs and services include:

**SCHOOL TRANSITION PROGRAM**

The School Readiness program is designed to assist children with learning difficulties or developmental delays in making the transition from pre-school to primary school. A survey evaluated the impact of the program, and the results helped to achieve the existing funding of $160,000 over four years to extend the School Readiness Program as a local outreach program. Funding is from the “Communities for Children” initiative which is supported by Anglicare.

This program also received a special commendation in the Victorian Primary Health Awards.

The Community Health Service runs a School Transition Program to assist kinder-aged children as they prepare to start primary school. The sessions focus on areas of development including attention, fine and gross motor skills, language, cognition and social skills. Participation in the program has increased this year with 92 children assessed. This is a 200% increase on 2003 numbers and double the number from last year. A satisfaction survey was conducted with parents involved, and 100% said they were very satisfied with the assessment and information sessions. Parents commented that their children were always happy to attend and that the activities boosted their confidence for starting school.

**CORE OF LIFE**

Core of Life, the Peninsula Health teenage pregnancy and parenthood education program, went national following major Commonwealth funding. Since then, the Core of Life team has carried out a further 17 facilitator training workshops around the country, from Hobart to Cape York. These workshops have resulted in another 366 health/youth professionals learning how to deliver the Core of Life program to young people in their communities.

Core of Life has now trained 1,000 facilitators in 300 schools and communities, reaching around 30,000 young people, including many in Indigenous communities.

**STROKE AWARENESS PROGRAM**

More than 48,000 strokes occur in Australia every year, making stroke the third largest cause of death in this country.

A team from the Rehabilitation, Aged and Palliative Care Service (RAPCS) at Golf Links Road has devised a comprehensive education campaign to prevent further strokes and enhance health after stroke to try and reduce the number of strokes in our community.

Their activities recently won them the ‘Highly Commended’ Hospital Team Strokesafe Award. The awards were run by the National Stroke Foundation, as part of National Stroke Week in August, 2005.

A designated staff member keeps track of the admission of stroke patients and makes sure they are provided with educational material and invited to education sessions.

Stroke education sessions, which are especially beneficial for those with swallowing difficulties (dysphasia), now include a presentation by former stroke patients. New components have been introduced into evaluation forms for the sessions. The evaluations help to further assess the patients’ uptake of information.
COMMUNITY-BASED FALLS PREVENTION EDUCATION
The Falls Prevention Service continues to take its message to the wider community by presenting at seminars, workshops and meetings of health professionals, social and seniors groups.

This year, Falls Prevention educational talks were provided to:
- Five senior citizens groups and residential aged care facilities,
- Four conferences and seminars and
- Seven groups of health professionals, community groups and health-related self-help groups.

Falls Prevention education was also provided to Certificate IV students in Aged Care at Chisholm Institute, Frankston.

MEN’S SHED
The Men’s Shed aims to meet the specific needs of socially isolated men by enhancing and maintaining independence, increasing social connectedness and promoting wellbeing. The Shed, which was established in partnership with numerous community organisations, is located on Frankston Hospital grounds and is equipped with tools, workbenches, etc. In its first year of operation 39 clients took part in 513 sessions. The clients improved their skills in activities such as wood-working, gardening and computers, while interacting and forming social bonds with other men in the community.

Strong community support continues to fund the materials and improvements for the shed and the Men’s Shed Committee has been able to fund two days per week for a coordinator. In addition, the Community Mental Health Service uses the Shed for another group program two days per week.

The Committee is working to expand the role of the Shed by offering new programs and seeking ongoing financial support to ensure the Frankston Shed’s long-term sustainability.

HEALTH PROMOTION
Public forums, seminars and working groups are great ways to keep the community up to date with the latest medical evidence on disease prevention and treatment, in an entertaining and informative way.

A Dementia Forum was held last September at the Peninsula Community Theatre in Mornington. It was hosted by Peninsula Health’s Cognitive, Dementia and Memory Service (CDAMS), Alzheimer’s Australia and the Commonwealth Carer Respite Centre. About 100 people attended the day-long forum.

MEN’S HEALTH
A second Men Behaving Positively Forum was held in October 2005 and attracted more than 600 people. A third forum held in June 2006 was hosted by Peninsula Health chairperson Barry Nicholls and in excess of 880 attended. It was opened by the Governor of Victoria, Professor David de Kretser AC who is an internationally recognised clinician and researcher in men’s health. Speakers included former Victorian Premier Jeff Kennett, Chairman of Beyond Blue, Australian playwright and actor Alan Hopgood, former champion AFL footballer Glenn Manton, and comedian Rod Quantock was MC.

The Men’s Shed and Health Forum projects captured the imagination and support of the community. The Psychiatric Service, Human Resources, Public Relations and Community Health programs at Peninsula Health worked together with the support of groups such as Frankston Council, Rotary, Bunnings and Frankston Magistrates Court to ensure both the Men’s Shed and Men Behaving Positively Forum projects succeeded in reaching men with social, mental and physical health issues.

These initiatives focus on good health and wellbeing; in November 2005, these initiatives won an Award in the category of “Excellence in Community Relations” in the inaugural Victorian Public Healthcare Awards.
The following initiatives are helping the Health Service to ensure that patients receive the right care, in the right setting, before, during and after hospitalisation.

**THE RESPONSE ASSESSMENT DISCHARGE TEAM (RAD)**

Some patients who present to the Emergency Department (ED) are there because they do not know how serious their condition is or because they simply do not know where else to go for assistance with their health problems.

The Response Assessment Discharge (RAD) Team is a multidisciplinary team established to help to evaluate patients who can be more appropriately helped through non-hospital services. As ED staff members are treating people with critical and serious medical conditions, the RAD Team is arranging other avenues of therapy, care and support for patients who do not need to be hospitalised.

These could include admission to Peninsula Health’s sub-acute facilities, community services, such as community rehabilitation and post acute care, community & council supports, and referrals to the Complex Care team or respite care in a supported residential service.

**WORKING SMARTER WITH TECHNOLOGY**

The RAD Team members now carry Blackberry technology – an electronic communications device that can receive emails anywhere. This allows the RAD staff to get detailed referrals immediately and at any location so they can respond directly to a client needing their special services. The Metropolitan Ambulance Service utilises this technology to request to RAD to conduct home assessments for patients who may not need Emergency Medical Services.

The RAD Team works closely with the Complex Care Team in establishing ongoing care plans for clients involved in the program. When a patient involved in the program arrives in ED the Blackberry alerts RAD to a patient’s existing care and treatment plan. This reduces the need for repeat testing/assessment, saves time for patients in ED and increases efficiency in communicating patients’ particular care needs.

The RAD’s Blackberry technology was highly commended in the 2005 Victorian Public Healthcare Awards.

**RESIDENTIAL OUTREACH SUPPORT SERVICE (ROSS)**

Many of the health services that older people need, can be accessed without the need for hospitalisation. The Peninsula Health ROSS Team provides a wide range of services to clients who are in residential care (nursing home or hostel). It might involve assistance for the client and the nursing home staff in managing the client’s acute medical condition. It could involve wound management, assessment of cognitive impairment (dementia) or assistance with education for residential care staff.

This year the ROSS Team expanded its program of falls prevention in residential care facilities, helping to further reduce the need to hospitalise elderly people.

By assisting clients in their hostels or nursing homes, a trip to the ED or admission to hospital can often be avoided with the patient being able to stay in their own familiar, comfortable surroundings. It also decreases the demand for emergency and inpatient beds.
Service System Review projects are currently underway to develop models of care that are best practice across Frankston and the Mornington Peninsula, including a Diabetes mapping project, a Respiratory mapping project, a GP liaison project with an emphasis on care planning and a wound care project at the SHARPS Needle Syringe Program.

The PCCP is focussed on helping people to prevent avoidable hospitalisation. The program has had positive results for the 244 clients that have had a service since November, 2004 and have subsequently been discharged from PCCP.

The following graph shows reductions across the board with 413 fewer ED admissions, 332 fewer inpatient admissions and 742 fewer bed days amongst this group of clients compared to 12 months prior to involvement with PCCP and a year after receiving the service.

The review of hospital utilisation over a six month period resulted in a reduction in Rosebud ED presentations by 51% and a reduction in inpatient admissions by 54% for 99 clients. A comparison for the same period for Frankston Hospital has seen 333 clients reduce their presentations to ED by 52% and reduce their inpatient admissions by 57%.

The PCCP has expanded significantly with DHS funding enabling the employment of 13 new positions, bringing the total number of staff up to 26, including project positions and five staff at Rosebud Hospital.

The Program provides care coordination across five streams – Diabetes, Chronic Heart Failure, Respiratory, Drug and Alcohol and a Generic stream for anyone else who has attended the ED repeatedly at either Rosebud or Frankston Hospitals and meets certain criteria for admission to the program.

This program, which has been in place at Frankston Hospital for 18 months, has further expanded to Rosebud Hospital. 129 clients were assisted by the Rosebud-based PCCP team. These are clients who on average have had 50% or more of their ED presentations at Rosebud Hospital. PCCP at Frankston Hospital has seen 461 clients.
TRANSLATION CARE FOR ELDERLY PEOPLE

For many people the time comes when care in a residential facility such as a nursing home or hostel must be considered. Unfortunately residential care places are not always readily available creating the need for interim care options.

In the past, those elderly people stayed in hospital for care until a residential care place became available. This, of course, reduced the number of hospital beds available for acute elective and emergency patients.

So Peninsula Health established an ‘Interim Care in the Home’ program to provide the higher levels of care these patients needed either in the comfort and familiarity of their own homes or in an interim supported environment. Peninsula Health’s Interim Care in the Home Program is currently assisting up to 26 clients a month.

The program is being expanded to 30 places, with the program evolving into ‘Transition Care’. In September, 2006 Transition Care, jointly funded by DHS and the Commonwealth Government, will provide short term support for older people following hospitalisation. The program will focus on optimising their functional capabilities while also assisting them and their families/carers to make appropriate long-term care arrangements.

The support will be provided either in the person’s home or, where this is not possible, in an appropriate external facility.

FAST TRACKING EMERGENCIES

Someone having a heart attack will be treated before someone with a sprained ankle. Even when the patient with the ankle injury understands the situation, it can still be hard to wait several hours to be seen. Peninsula Health has initiated several strategies to speed things along for people who do not require immediate attention. These include enabling appropriately trained nurses to prescribe pain relief and order x-rays; fast tracking simple cases (such as a minor laceration) to reduce the numbers waiting; putting a physiotherapist in the ED to treat some soft tissue injuries; admitting appropriate patients directly to the Hospital in the Home Service and establishing a computer tracking system that follows each patient throughout his/her ED stay.

This ED-tracking computer system was developed in 2005 to assist staff to monitor the progress of patients in the ED and to either discharge or admission as efficiently and quickly as possible. This also allows staff on wards to know about the admission of a patient from the ED and to make preperations to receive the patient. The information in the system is continually updated and is accessed by many staff involved in patient care.

These and other innovations have helped to reduce waiting times for ED patients and reduce the time spent in the ED before admission to a bed or discharge. In 2005-2006 only 56 patients waited more than 24 hours for admission compared with 306 in the previous year. In the entire year the number of Ambulance Bypass calls was 91 compared to 155 the previous year. Ambulance Bypass is when an ambulance is required to go to another hospital because the ED is full.

PATIENTS TREATED AT FRANKSTON EMERGENCY DEPARTMENT

FRANKSTON HOSPITAL PATIENTS WHO WAITED MORE THAN 24 HOURS FOR A BED

Peninsula Health Quality of Care Report 2006
ELECTRONIC DISCHARGE SUMMARIES

Health providers want to ensure that their patients have appropriate supports in place after discharge. Peninsula Health was one of the first Public Health Services in Australia to provide General Practitioners (GPs) with an electronic discharge summary of their patient’s stay in hospital, including medications given, procedures undertaken, patient progress, post discharge care recommendations and patient safety information. Computer prompts to doctors writing these summaries ensures the accuracy and thoroughness of the report.

The summary is then sent electronically to a patient’s GP, helping the family doctor build on the hospital care for a full return to health. Formerly, paper-based reports could take a week or more to get to GPs.

This year 83% of all discharge summaries for patients at both Frankston and Rosebud Hospitals electronically reached GPs within 24 hours. As of June 2006 Peninsula Health had sent over 81,000 electronic discharge summaries since December 2002.

This program of electronic discharge summaries won the Information Technology Award in the 2005 Victorian Healthcare Awards.

EMERGENCY DEPARTMENT WAITING TIMES FOR INITIAL TREATMENT

In most categories Peninsula Health exceeds the Department of Human Services (DHS) target. This means we see more patients within the recommended time frame than is expected.

This year 83% of all discharge summaries for patients at both Frankston and Rosebud Hospitals electronically reached GPs within 24 hours. As of June 2006 Peninsula Health had sent over 81,000 electronic discharge summaries since December 2002.

This program of electronic discharge summaries won the Information Technology Award in the 2005 Victorian Healthcare Awards.
There are two ways in which patients get to have an operation in a hospital. The more dramatic is, of course, when people suddenly become unwell and need ‘Emergency Surgery’ to make them better.

Not all operations fall into this category. Some operations can be deferred for at least some time to allow patients to plan ahead and for doctors to carefully check for any potential problems related to a patient’s general health. This is called ‘Elective Surgery’. Patients needing elective surgery are placed on an elective surgery waiting list. An example of elective surgery is a patient with arthritis requiring a hip replacement.

At the end of June 2006, there were 2,611 people still awaiting elective surgical procedures, 355 fewer than the previous year, a reduction of 12%. Waiting list patients are scheduled for their surgery according to their relative urgency of need and the length of time they have been waiting. As part of our effort to reduce the number of patients waiting for elective surgery we did 10,816 total operations last year. This is 261 more operations than the previous year.

Unfortunately people requiring true ‘emergency’ surgery cannot be deferred and have to go right to the top of the queue, sometimes resulting in a patient scheduled for an elective operation having to be cancelled on their day of surgery. This is called a Hospital Initiated Postponement (HIP). Staff appreciate how frustrating and disappointing this must be to patients. There is a strong focus by hospitals throughout Australia to reduce waiting lists and HIPs. In the last year Peninsula Health managed to reduce the number of patients who had to be inconvenience by last minute cancellations (HIP). This is despite the fact that 32% of the total operations performed were for ‘emergency’ surgery.

Through these and existing initiatives, Peninsula Health was able to reduce waiting lists for elective surgery from 2,964 at June 2005 to 2,611 at June 2006 and record a significant drop in the number of Hospital Initiated Postponements.
AT THE END OF 2005/2006 FINANCIAL YEAR, THERE WERE 2,611 PEOPLE ON WAITING LISTS FOR ELECTIVE SURGERY COMPARED TO 2,964 AT THE END OF 2004/05.
Specially trained Nursing staff now contact all patients on the waiting list to ensure that Peninsula Health has the correct contact information and that the waiting list does not include patients who no longer need surgery. These calls also give patients the opportunity to mention any conditions that would affect fitness for surgery, such as a stroke or pregnancy. Patients can also discuss any problems they may be experiencing and advice can be provided on how to best manage the symptoms.

As patients were waiting longer than desired to have surgery for their varicose veins, the vascular surgeons agreed to treat more patients and to do extra operating sessions at Rosebud Hospital.

There was a similar problem with men experiencing long waiting times to have a vasectomy. An experienced, specially trained GP offered his services to the hospital. This allowed us to treat all the patients on the waiting list for vasectomy.

At Frankston the Admission/Discharge Lounge (where people are prepared for surgery or wait for their transport following discharge) was relocated, to reduce travel time to the theatres.

The conducting of required education sessions sometimes delayed the starting time for operations.

The weekly surgical staff meeting/education was moved to coincide with the anaesthetists’ surgical ward round, so that there is now only one later start per week in the Frankston Theatre Suite.

A ‘Time Out’ patient safety strategy proposed by the Victorian Surgical Consultative Council has been adopted. This involves the anaesthetist, surgeon, anaesthetic nurse and operating (scrub) nurse doing a final check before commencing the case. This ensures that the correct procedure is performed on the correct side and on the correct patient. It also enables a final check of the necessary equipment for the procedure and any necessary medications for the patient.

Rosebud Operating Suite identified patients were being cancelled due to the lack of clear instructions on what they could eat or drink prior to surgery. The information brochure was reviewed and changed to clarify the instructions. Specific instructions like not consuming chewing gum or hard lollies were included.

Up to July 2006 only 2 patients had to be cancelled due to misinterpretation of the fasting instructions. This compared well with the 10 patients cancelled the previous year.
Late starting times for operating sessions were identified as an issue. Starting times of sessions were closely monitored at both Frankston and Rosebud to reduce the number of late starts. Patient throughput has increased as more sessions commenced on time.

**Joint Action**

Two new clinics have been established for patients on the longest elective surgery waiting lists.

One is for those waiting for orthopaedic hip or knee replacements. Formerly, a patient would be referred by the family doctor to an orthopaedic surgeon, who would then contact the hospital to add the patient’s name to the orthopaedic hip or knee replacement list. Each surgeon had a priority list, based on clinical need, for his or her patients. Because theatre time is allotted to individual surgeons, it was possible for a low urgency patient to be treated before another surgeon’s patient who might be in greater need.

Patients can now be referred by their GPs directly to the new Orthopaedic Clinic at Frankston Hospital. The clinic also reviews all long waiting joint replacements. There they are assessed by medical and allied health staff as to the urgency of their conditions. Some can even be referred directly to physiotherapy or other non-surgical treatments possibly eliminating the need for surgery altogether. All public patients needing orthopaedic hip and knee replacements are now on a single list in the order of greatest need.

**Urology**

A new clinic, staffed by a recently appointed Urology Registrar, opened in April 2006 and brings in patients who have been waiting for some time. There the patients are reviewed to see if their conditions have improved or deteriorated. Of the nine patients presenting to the first clinic session, four were found to have improved sufficiently to no longer require surgery.
GRASS ROOTS REPORTING

Peninsula Health has a Board Consumer Advisory Committee (CAC) and two additional Advisory Committees, one for the North of the catchment area and one for the South, with committee membership drawn from the local community.

The Committees are active in providing input on service design and delivery through involvement in the Strategic Planning processes at Peninsula Health.

The Consumer Advisory Committees, and other representatives from organisations in the local community, actively participated this year in the development of Peninsula Health’s three year Consumer Participation Plan. This sets out how participation is to be enhanced through training and education for staff and consumers, the holding of consumer forums, outreach visits to local community groups and the development of collaborative models of care.

Members of the Community Advisory Committees have been instrumental in developing the successful ‘Men Behaving Positively’ health forums. Members of the Consumer Advisory Committees have assisted with Australia-wide initiatives on medication safety and are involved each year with the production of this report. They also assist with patient satisfaction surveys including a survey conducted this year to ensure those giving consent for surgical procedures were provided with sufficient, understandable information prior to signing the consent forms.

Members of the Southern Community Advisory group provided valuable advice to the project group planning to extend the Complex Care Program to areas serviced by Rosebud Hospital. The program has been successful in reducing the number of ED presentations by consumers with chronic conditions. (see story Pg 35)

CULTURAL & LINGUISTIC DIVERSITY (CALD)

In meetings with representatives of one large CALD group a high proportion of the group self identified as being diabetic. They expressed an interest in targeted education programs, which will be developed by the Peninsula Health Complex Care program team.

Meetings were also held with members of the Greek and Croatian Associations on the Mornington Peninsula. All groups raised ‘access to interpreters’ as a problem for some members and new information brochures are now being prepared in these languages.

In previous years, representatives from diverse cultures have been members of Peninsula Health’s Community Advisory Committees and have contributed to the development of culturally diverse services such as the language...
services strategy. This year the Health Service will set up a committee to be known as the Cultural Diversity Advisory Group which, together with other advisory groups, will report to the Peninsula Health Community Advisory Committee on issues specific to the community groups which they represent.

The Cultural Diversity Advisory Group will review Peninsula Health’s Cultural Diversity Advisory Plan, monitor its implementation and evaluate the outcomes.

In discussing the development of this group, two groups of people from the same non-english speaking background (NESB) identified some problems with managing medication. Staff have organized a forum in partnership with local GPs and Pharmacists to address the issues specifically raised by this group. A translator will participate in the forum.

The health service continues to be an active member of the Victorian Hospitals Diversity Network. Requests and sessions on cross-cultural awareness and Working With Interpreters training continue to increase, with fifteen sessions held across Peninsula Health in 2005/2006.

**FREEING THE KOORI SPIRIT**

The establishment in 2005 of the Koori Advisory Group, comprising of local elders and Peninsula Health staff including Koori employees, has resulted in the enhancement of the working relationship between the Koori Community and Peninsula Health. In addition to the two Aboriginal health workers in Community Health positions, Peninsula Health has appointed an Aboriginal Liaison Officer for Acute inpatient services and was successful in an application for Aboriginal Health Promotion and Chronic Care Partnership funding.

Issues identified by the Koori Community Advisory Group included the need to release the spirits of Aboriginal people from the buildings in which they had died. In May, Smoking Ceremonies were held on three sites by Boon Wurrung Elders. According to Aboriginal tradition, the smoking ceremony is a cleansing process which frees the trapped spirits and helps bring the community together.

Working groups are reviewing services in Midwifery, Emergency and Inpatient areas to enhance referral processes for Aboriginal clients and to ensure that Peninsula Health is sensitive to Aboriginal culture.

To acknowledge the commencement of National Aborigines and Islanders Day Observance Committee (NAIDOC) week, Peninsula Health staff joined with local Aboriginals at a picnic held at Bass (near Phillip Island). The event provided an opportunity to discuss health issues and programs which are available.

Peninsula Health staff wore NAIDOC badges during the week.
CONSUMER PARTICIPATION

WAITING ROOMS TARGET SPECIAL NEEDS
Both Vic Deaf and Vision Australia staff, as well as consumer and carer representatives for people with complex needs, assisted with reviewing the Emergency Department Waiting Rooms at Frankston and Rosebud to identify ways to make the areas more user friendly. Some of these representatives have had ongoing involvement through the planning stages and all will be invited back to see the finished products. These representatives also help with reviewing services provided to their respective groups in other areas of the Health Service.

VOLUNTEERS – CARING COMPANIONS
Volunteers and the members of the numerous Peninsula Health Auxiliaries play an essential role at Peninsula Health. In addition to raising funds for patient care equipment and facilities, they provide many on-site services to staff, patients and visitors. They also provide feedback on the services being provided to the community.

This year several new groups of community members have begun volunteering at Peninsula Health.

- Red Cross volunteers (pictured) have begun supporting our busy Emergency Department staff at Frankston Hospital by assisting in the waiting rooms and treatment areas. They provide patients’ families with tea or coffee, help to look after children, access reading material and offer a friendly chat when needed. The initial evaluation of the project was positive and volunteers have indicated that they would like to extend the program to include Rosebud Hospital.

- In our Paediatric area, volunteers are providing non-clinical support to staff, patients and their families.

- Some residents in our aged care do not have any visitors and the Pastoral Care Team are working with staff to set up a “Companion” Program where each resident who has no family or other visitors has the same “companion” visiting each week to help the resident feel connected to the community.

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.

From this year, Health Services are required to report on achievement against the participation indicators as set out in the ‘Doing it with us not for us’ policy (see table page 46).
RED CROSS VOLUNTEERS HAVE JOINED PENINSULA HEALTH’S MANY VOLUNTEER AND AUXILIARY GROUPS, ENHANCING SERVICES FOR HEALTH CARE CONSUMERS.
# FOR THE YEAR 2005-2006 PENINSULA HEALTH HAS MET OR EXCEEDED ALL REQUIREMENTS. ACHIEVEMENTS AGAINST THESE INDICATORS ARE AS FOLLOWS:

## GOVERNANCE

<table>
<thead>
<tr>
<th>RECOMMENDED STANDARD</th>
<th>INDICATOR</th>
<th>PROGRESS</th>
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<tbody>
<tr>
<td>Commitment to consumer, carer and community participation</td>
<td>The Health Service achieves a standard of MA (Moderate Achievement) in the Australian Council on Healthcare Standards (ACHS) EQuIP 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. Accredited by ACHS an independent, not-for-profit organisation, 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 Research and Ethics Committee and Quality &amp; Clinical Governance Committee. These are Committees of the Board.</td>
</tr>
<tr>
<td>The Health Service has established a Community Advisory Committee in accordance with the Health Services Act1988 section 239.</td>
<td>There is a Community Advisory Committee with representation from the Board of Directors and there are also Advisory Committees for the Southern and Northern areas of the Mornington Peninsula. A Koori Advisory group was formed in 2006.</td>
<td>A Community Advisory Committee has been established in accordance with the non-statutory guidelines. 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 Quality of Care 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>A Community Participation Plan has been developed and is being reported on annually to the Department of Human Services.</td>
<td>There was wide community consultation in the development of the current plan. Reporting commenced in 2005-2006.</td>
<td>A Community Participation Plan has been developed and is being reported on annually to the Department of Human Services.</td>
</tr>
</tbody>
</table>

## HEALTH CARE AND TREATMENT

<table>
<thead>
<tr>
<th>RECOMMENDED STANDARD</th>
<th>INDICATOR</th>
<th>PROGRESS</th>
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<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>Assessed with the release of each VPSM Survey and appropriate action taken.</td>
</tr>
<tr>
<td>Appropriate information is available to enable all consumers and carers, where appropriate, to choose to share in decision making about their care.</td>
<td>Documents are being written following guidelines in the Well Written Health Information Guide (DHS). Reinforced through the Peninsula Health Service Care Charter “Your Rights and Responsibilities”.</td>
<td></td>
</tr>
</tbody>
</table>
If you would like more information about any Peninsula Health service or program, or if you would like to pass on a compliment or express a concern, there are a number of ways to reach the right person – quickly.

You can contact the Peninsula Health:

- Public Relations Department on 9784 7821 for information on Peninsula Health services or programs.
- Customer Relations Department on 9784 7298 to make a complaint or register a compliment.
- You can also access more information about services provided on the Peninsula Health website www.peninsulahealth.org.au and if you want more information use the “Contact Us” button to send an email.
- Other contact numbers are listed on the inside back page. More detailed information is also available in the Annual Report and the Research Report. If you would like a copy you can ask for one using the feedback form (page 48) or telephone 9784 7821 and copies will be posted to you.

YOUR FEEDBACK WILL HELP IN PLANNING THE CONTENT OF NEXT YEAR’S QUALITY OF CARE REPORT.
WHAT DID YOU THINK OF THE INFORMATION IN THIS REPORT?

1. POOR
2. 3. 4. EXCELLENT

WHAT DID YOU THINK OF THE PRESENTATION OF THE REPORT?

1. POOR
2. 3. 4. EXCELLENT

WAS THE REPORT

TOO LONG
TOO SHORT
JUST RIGHT

WAS THE REPORT

TOO FORMAL
TOO INFORMAL
JUST RIGHT

PLEASE INDICATE INFORMATION OR OTHER COMMENTS YOU WOULD LIKE INCLUDED IN FUTURE REPORTS

ADDITIONALLY IF YOU WOULD LIKE SPECIFIC INFORMATION ON ANY PENINSULA HEALTH SERVICES, PLEASE COMPLETE THIS SECTION

CONTACT DETAILS

AREA OF INTEREST

Thank you for taking the time to complete this form. Getting your views is very important to Peninsula Health and your comments are appreciated.
QUALITY AT PENINSULA HEALTH
4 QUALITY AND CLINICAL GOVERNANCE
8 THE CONSUMER’S VOICE
11 ACCREDITATION
12 CONTINUITY OF CARE

QUALITY & SAFETY - SYNERGY IN ACTION
14 FALLS PREVENTION
16 SKIN INTEGRITY
18 INFECTION PREVENTION & CONTROL
21 MEDICATION SAFETY

PUTTING IT ALL TOGETHER - OUTCOMES
24 PROGRESS REPORT
26 ACUTE HEALTH
28 RAPCS AND ALLIED HEALTH PROGRAMS
30 PSYCHIATRIC SERVICES
32 COMMUNITY SERVICES

SERVICE SPOTLIGHT
34 RIGHT CARE/RIGHT PLACE
38 ELECTIVE SURGERY
42 CONSUMER PARTICIPATION

HAVE YOUR SAY
47 FEEDBACK FORM

THE LIST BELOW CONTAINS CONTACT DETAILS FOR MANY OF THE ORGANISATIONS WITH WHOM PENINSULA HEALTH WORKS TO BUILD A HEALTHY COMMUNITY.

Alfred Hospital 9276 2000
Anglicare 9783 4888
Brotherhood of St Laurence 9782 1000
Bayside Health (Alfred Hospital) 9276 2000
Frankston City Council 9784 1888
Mental illness Fellowship 9783 1008
Metropolitan Ambulance Service (non-emergency calls) 9840 3500
Monash Medical Centre 9594 6666
Monash University 9902 6000
Mornington Peninsula Division of General Practice 9768 6133
Mornington Peninsula Shire Council 1300 850 600
Peninsula Community Health Service
  Mornington 9975 8266
  Rosebud 5982 2213
  Hastings 5979 2884
Peninsula Hospice Service 9783 6177
Royal District Nursing Service
  Frankston 9783 8800
  Rosebud 5986 8395
Salvation Army
  Frankston Crisis Support 9784 5000
Victoria Police
  Chelsea 9772 1344
  Dromana 9784 5900
  Frankston 9784 5555
  Hastings 5979 7033
  Mornington 5975 2733
  Rosebud 5986 0444
  Rye 5985 2562
  Sorrento 5984 2000
Victorian Department of Human Services 1300 850 172

Alfred Hospital
Anglicare
Brotherhood of St Laurence
Bayside Health (Alfred Hospital)
Frankston City Council
Mental illness Fellowship
Metropolitan Ambulance Service (non-emergency calls)
Monash Medical Centre
Monash University
Mornington Peninsula Division of General Practice
Mornington Peninsula Shire Council
Peninsula Community Health Service
Peninsula Hospice Service
Royal District Nursing Service
Salvation Army
Victoria Police
Victorian Department of Human Services

The list below contains contact details for many of the organisations with whom Peninsula Health works to build a healthy community.
The production of this report has been supported by the Rosebud Hospital Opportunity Shop and the Frankston Hospital Pink Ladies.