Quality of Care

REPORT 2003

Reducing the Risk
Quality Control for Falls, Faults & Infections

Consumer Speak
Grass Roots Reporting

Elective Surgery
Strategies to Cut the Wait

PENINSULA HEALTH
Building a Healthy Community
There’s a lot to learn in this Information Age.

Today it’s not hard to find out almost anything we want to know. Sources and subjects are unlimited. Unfortunately there’s a fair bit of unreliable data out there.

Take health for instance. There are entire magazines dedicated to plastic surgery. Diet and fitness books abound. Not a day goes by without a media report on a new ‘wonder drug’ or research breakthrough. And there are web sites on every conceivable health issue from acne to zinc.

The information in these popular sources is easy to understand but can often be sketchy, exaggerated or misleading.

On the other hand, when we find legitimate reports that are backed up by plenty of authoritative evidence, they can be so complex it’s often difficult for many of us to decipher what’s being said.

When we do find information that’s both reliable and readable, however, we can make well-informed choices about health issues, helping to enrich the quality of life for ourselves, our families and our communities.

Providing accurate, clear and candid information on our community’s health services is what Peninsula Health strives to do. The Department of Human Services (DHS) now requests that all health services produce an annual ‘Quality of Care Report’ to ensure our communities are kept informed about how we provide safe, quality health care.

They encourage us to make the reports ‘user friendly’ – that is meaningful and easy to understand, and to include as much supporting evidence as possible. The government requires us to report on certain issues, such as infection control and waiting times for surgery, these are known as mandatory issues.

We have addressed all of these requirements in this report.

Agencies have the flexibility to present the report in a style and format that suits their local communities. Last year’s award winning report was written around Peninsula Health’s strategic goals and the two mandatory issues as required by DHS. In this report we have told you how we are performing against the Peninsula Health strategic goals and about the progress made on last year’s mandatory issues as well as the additional ones requested this year by the Department of Human Services.
We are pleased to present the 2003 Quality of Care Report to our community. Thank you for participating in our consumer reporting process.

Barry Nicholls
Chairman, Board of Directors

Dr Sherene Devanesen
Chief Executive

We are pleased to present the 2003 Quality of Care Report to our community. Thank you for participating in our consumer reporting process.

The focus of the 2003 report is the concerns, complaints and compliments that have been raised by Peninsula Health consumers over the past year. This Report looks at how we have addressed this feedback in relation to Peninsula Health’s values of Service, Integrity, Compassion, Respect, Excellence and Professionalism. These values support our vision of providing seamless integrated care for the community. We’ve included as many specific issues as possible in this report and have done our best to present the good and the bad – where we perform well and where we need to improve.

To compile this report, Peninsula Health convened a working group with representation from its Consumer Advisory Committees, clinicians, health service staff and management. This working group conducted extensive interviews and reviewed all available documentation from a wide range of sources to learn what the consumer issues are. They considered:

- the comments you write in your letters and cards
- your concerns, complaints and compliments
- consumer satisfaction survey feedback
- issues about us raised via local media
- ideas and suggestions about our services made through community clubs, forums and other events including open days
- what you and your visitors tell us when you are in hospital or using any of our other services
- feedback from our 700 volunteers
- advice from our Community Advisory Committees (CACs) - we take note of your opinions when we meet with our CACs who discuss your issues and work with us to find solutions

In this report, we have tried to ensure a balance of describing what the issues are and the actions taken. We have included where possible supporting data in the form of graphs and charts.

We’ve kept the health terminology to a minimum and tried to report in easy to read language.

We hope that we have demonstrated that we have listened and responded to your concerns. We want to reinforce your confidence in our ability to meet your needs and so we welcome your feedback on these issues or any others that you may have.
The Mornington Peninsula is a particularly beautiful place, with a stunning natural environment and popular recreational attractions. It's no wonder that so many people choose to retire here.

Because of that, this area has a higher than average proportion of older men and women. More than 20% of the population of the Mornington Peninsula is aged over 60 with 13.2% older than 75 - and those figures are predicted to grow.*

As Peninsula Health is responsible for delivering health care to the region, we need to know statistics like these. Combined with research data on the conditions and illnesses older people are most likely to suffer from, we can plan for appropriate services.

But we need to know even more to meet the needs of the senior citizens in our community. We need to understand what older people expect from their health care, what specific information they want to know, whether they can get around easily to access services – even things like what times of the day are best for them to leave home. All this sort of information helps us create health services that older people are confident and comfortable using.

Putting together a complete picture of the requirements of older citizens is essential if we are to produce a health care program that meets the specific needs of our community.

The preceding outline highlights how we determine the needs of our older consumers. But the same process is valid for all sections of our community.

We need to know how many people of all ages live here; how economics and employment opportunities impact on family dynamics; what local conditions affect people's health; which unique issues our consumers face; what other services are available within our community; and what age-related matters such as road safety and maternity care we need to address.

For example, 14.2% of Frankston's population is under the age of nine and 12.9% of the Mornington Peninsula's residents are in that age group. However, there are 28,988 childless couples on the Mornington Peninsula, the highest number of this demographic category in the Southern Metropolitan Region. All these statistics are valuable in planning for child and family and other services.

Government and private agencies carry out studies which provide us with information on population numbers and growth figures, socio-economic and health risk factors, transport and workforce data, the conditions and illnesses that affect groups in our community, environmental matters and other issues that impact on health and health care delivery.

* Southern Metropolitan Region Demographic and Social Statistics: Department of Human Services Victoria 2002.
How our Performance is measured

A popular corporate dictum says that it isn’t enough to talk the talk, you have to walk the walk.

Meaning – don’t just say you’ll perform, actually do it.

At Peninsula Health, we make sure our ‘walk’ is on the right track by constantly and consistently measuring how we’re performing.

We use a variety of tools and tests, both from within our organisation and from external sources, to gauge how we’re doing. Then we respond to that information by extending what works well and finding new and better ways to manage activities that are not as efficient or successful as we’d like.

An important additional step is regularly reporting – to the State and Federal Governments and to our community – the results of our evaluations.

Clinical Risk Management Framework

One of our basic means of monitoring our performance is through what we call the Clinical Risk Management Framework. This consists of committees that keep an eye on everything we do to ensure that we deliver safe, high quality services. They also challenge the way we do it, which drives continuous improvement across the Health Service.

Curbing the Queue

Australia’s health system is one of the best and fairest in the world. When we are ill we are treated. But for some services, like elective surgery, we need to wait our turn – hence, the dreaded ‘waiting lists’. Peninsula Health is employing many strategies to reduce waiting time for planned surgery (see articles on page 25). We have a big challenge in meeting ever-increasing demands for surgical treatment, but we’re determined to abate the wait.

Category One involves conditions that could easily deteriorate quickly to the point of emergency. Recommended admission time – 30 days
Hand Hygiene helps staff reduce the risk of spreading infections.

Category Two patients have conditions that cause some pain, dysfunction or disability, but are not likely to deteriorate quickly. Recommended admission time – 90 days

Category Three conditions are very unlikely to deteriorate quickly and do not involve significant pain or dysfunction.

Quality and Clinical Governance Committee

The main committee that reviews performance is the Quality and Clinical Governance Committee of the Board of Directors, which is chaired by a member of the Board. Feedback from you, the consumer, is reported every eight weeks to the committee. This includes complaints as well as compliments. The Quality and Clinical Governance Committee is also the place where we review how we are meeting the targets we have set for our work and our services. These targets are known as Key Performance Indicators, or KPIs. KPIs are set by the CEO and Executive as a way of monitoring key areas of risk and setting targets for improvement in what we do and how we do it.

Examples of KPIs include:

- we measure the number of patients on the Planned (Elective) Surgery waiting list and note how quickly we have admitted the most urgent cases
- we measure the percentage of the most urgent cases who present at our Emergency Department to ensure that they are seen within mandated time frames
- we look at the number of days it takes us to respond to a complaint
- we audit how clean our facilities are against established standards
- we measure the number of needles given out through the drug and alcohol program against the number returned
- we monitor and measure the number of incidents involving patients to ensure appropriate action is taken to reduce the risk of a recurrence
How our Performance is measured

Clinical Risk Management Committee

The Clinical Risk Management Committee is responsible for making our hospitals and other facilities safe for our patients and visitors.

In this committee, we discuss among other things any patient incidents that have been reported to our Clinical Risk Management Unit. It is also the place where we focus on the key areas of risk that we have identified.

Last year we focused our attention on:

- Infection control and reducing infections that patients pick up while in hospital
- Decreasing medication errors and introducing new technology to help us do this
- Preventing and managing falls
- Reducing the level of pressure sores acquired in hospital and managing those that patients already have when they are admitted

In this Quality of Care Report we describe what we have done during the year to continually improve in these areas and in other aspects of our care.

Mortality Review Committee

The Mortality Committee reviews all unexpected deaths that have occurred at any of our sites. We thoroughly review all such events to ensure that we have acted appropriately. We put in place changes to procedures if we need to and hold our hands up if we have done something wrong.

We take this very seriously and liaise with the State Coroner’s Office as required. The Mortality Committee is chaired by the Executive Director Medical Services, and has representation from Senior Clinical staff and the Clinical Risk Unit and is attended by our Corporate Counsel.

How our Performance is measured

Compliance Framework

Earlier this year we introduced something new and improved into our risk management framework. It’s called the Compliance Program. This is a structured reporting system that our managers use across the health service to report regularly on whether we are meeting every legal requirement that we should be. The reporting happens six times a year. If any areas of non-compliance are found, they must be described and an action plan put into place to remedy the problem. In addition, a focus question is asked each time of all areas of Peninsula Health to check on something specific, to give us service-wide perspective on that issue. The current list of requirements that hospitals must follow these days is very long and detailed - it includes a huge number of laws, regulations, standards, guidelines and codes. It’s not acceptable in health care to have recurring risks or accidents waiting to happen behind the scenes. We encourage managers at Peninsula Health to be proactive and transparent in the way they manage anything they find that is not up to standard. It’s better to fix things before they become a problem.

Sub-Committees

Other sub-committees that report to the Quality and Clinical Governance Committee are the Infection Control Committee and the Improving Performance Committee. All the Quality and Clinical Governance sub-committees are chaired by the Executive Director Medical Services.

Community Advisory Committee

To ensure that our services are responding to the needs of our consumers, there is a Board Committee called the Community Advisory Committee.

This is chaired by a Board Director and, with its Northern and Southern subcommittees, has representatives from the geographical area we serve. The CEO and Senior Staff are also members. We actively seek participation from our community. Indeed, this Quality Report results directly from that process. Consumers are also represented on our Quality and Clinical Governance Committee.

Outcome Of Death Review - July 2002 - June 2003

Total Deaths, 1105

Eliminated Expected Deaths 95%

Issues: 34

Actions: 11

Regarding
ACHS and ACSA

Recently the Australian Council on Healthcare Standards (ACHS) and the Aged Care Standards Accreditation Agency (ACSA) paid us a visit. They surveyed everything we do against standards that are recognised across Australia. Meeting these standards results in a health organisation being ‘accredited’. In Acute and Mental Health care, Peninsula Health was given its accreditation by ACHS and commended upon many aspects of its care at the final summation meeting with the surveyors. The next stage is for the ACHS surveyors to send us a full written report. Once this is received, we will act on any recommendations that will help improve the safety and quality of what we do. ACSA surveyed three of our Residential Aged Care Facilities and all achieved full three year accreditation status.

State Government

The State Government, through its Department of Human Services (DHS), sets clear targets for the delivery of services at Peninsula Health. It provides the framework for the services we provide to you. It encourages us to work with other health services to find innovative solutions to problems we encounter. It helps us address new risks for the people we serve and did this most recently during the SARS outbreak in other parts of the world. It acts on your behalf.

An example of how DHS does this is through what is known as the Sentinel Events Program. The program specifies that we are required to let them know if we have experienced any actual adverse clinical events in certain areas. We are also encouraged to tell them about any near misses. The situations specified involve very serious events, such as giving a patient the wrong type of blood in a transfusion, an inpatient committing suicide or the need to re-operate on a patient to retrieve missed material such as a needle or swab. Thankfully these events are rare. By collecting this information from all Health Services in Victoria, the DHS can take the ‘birds eye view’ and see if there are any common factors or trends. These state-wide findings are reported back to us and can include guidance being issued to help us manage risks.

DHS also keeps an eye on how many times we cancel your scheduled surgery and how many times we send emergency ambulances to another hospital because we are full. In our 2003 Quality Report we demonstrate how we have done against some of the many targets DHS set us last year. We also look at new ways of working that we have introduced to improve our performance.

Collaborating with Others

Last year we participated in a number of projects, working closely with other Health Services. We have described some of these later in this report. One of these includes participating in an Infection Control data gathering exercise initiated by DHS that is coordinated by the Victorian Hospital Acquired Infection Surveillance System (VICNISS for short!). This trial, which began in November 2002, is part of the State Government’s strategy to reduce hospital-acquired infection. Our participation started in May 2003.
I imagine that you are shopping when you are struck with an agonizing pain under your ribs. You feel dizzy and choke down waves of nausea. You’ve never experienced anything like this and you are very frightened. You collapse onto a chair as the concerned store manager rings for the ambulance.

Now imagine that you are in the Emergency Department, terrified you might be dying, but you aren’t able to tell the doctors anything about what’s happening because you do not speak English!

This nightmare scenario is a distinct possibility for the many Australians who don’t speak English. Without an interpreter, these people are seriously disadvantaged as they seek medical help.

Two years ago Peninsula Health undertook a study to find out how many people in this community have problems accessing health care because of cultural and language issues. We discovered that 10% of the people seeking our services come from a non-English speaking background and that language barriers were actually preventing many of these people from seeking the help they need.

So we began training our staff on cultural differences and streamlined our interpreter booking service. However, we recognised that we still needed to make it quicker and easier to arrange interpreters for emergency patients. This was, in fact, one of the goals we listed in last year’s Quality of Care Report.

Working toward this goal, Peninsula Health Social Workers Jenny Chapman and Sue Goonan secured a $26,700 grant from the Department of Human Services to expand the training for staff at all our sites. The training focuses on people from Culturally and Linguistically Diverse (CALD) groups.

In the Emergency Department, Jenny and Sue have been running training sessions for staff with help from Victoria’s Central Health Interpreter Service. Using role playing exercises, staff have been advised how to deal with patients who can’t speak English and how to call for assistance from interpreter services. They’ve been given contact information for telephone interpreters who can be reached around the clock and can begin assisting in under ten minutes. On-site interpreters can be arranged for less urgent situations.

There is a pressing need for this CALD training at all Peninsula Health sites given the number of patients/clients from non-English speaking backgrounds we had interaction with last year. For example, there were 6,304 patients from non-English speaking backgrounds admitted to hospital last year.

**PENINSULA HEALTH’S STRATEGIC GOALS**

**QUALITY AND SAFETY**

In the 2002 Quality of Care Report we said that we were about to implement a hospital-wide electronic drug prescribing system.

- Results of electronic prescribing (E-Prescribing) trials began in 2001 were so impressive that in June this year the system was extended to patients being discharged from our Mount Eliza aged care facility and our Psychiatric Services. We described in our report last year how electronic ordering of medication improves efficiency and accuracy as the order is transmitted straight to the pharmacy. In July, the second phase of the trial began when a pilot program of E-Prescribing was integrated into all inpatient care at Frankston Hospital. As doctors have discovered how efficient, quick and accurate the system is, the number of electronic discharge prescription orders has increased steadily from 134 in September 2002 to 2,134 in May 2003. (Further details on page 22).

**BE AN EMPLOYER OF CHOICE**

Last year we noted a need to determine how to attract staff to Peninsula Health.

- From analysis of exit interviews, feedback from new staff and advice from recruitment specialists, new job advertisements were developed.

- Following our Overseas Nurse Recruitment Program, 51 nurses from the UK and South Africa are currently working at Peninsula Health, with the majority indicating they would like to stay here longer than their one year contracts.

**TIMELY ACCESS TO SERVICES**

We indicated that we needed to review unmet needs in the provision of outpatient services.

- In June 2002 it was announced that Peninsula Health had secured affordable Optometry services for Health Care Card Holders. The new service will be delivered from the Integrated Health Centre adjacent to Frankston Hospital.

- Results of a Rosebud Hospital patient questionnaire showed that there wasn’t enough information being given to surgical patients and relatives prior to surgery. So Nurse Managers of the Operating Suite and Surgical Ward worked with Frankston Hospital Pre-Admission Clinic nurses to set up a similar program at Rosebud Hospital. The new clinics started on July 1st, 2003.

**ENSURE FINANCIAL VIABILITY**

We said last year that we needed to use available technology to expand cost controls and manage finances more efficiently.

- Electronic on-line budgeting systems helped managers prepare their 2003/04 budgets. The systems also speed up approval of completed budgets so that departments can manage to those budgets without delay.

- We focused on reducing the debts owed to Peninsula Health and decreased debts outstanding more than 90 days from 30% to 15%.
Achieving our Strategic Goals

Providing services for groups with special needs, such as people who don’t speak English, is one of Peninsula Health’s eight strategic goals. These eight goals were developed by the Board, with staff and community input, to provide direction over the first five years of the new century. Monitoring our progress with these goals helps us determine how well we are meeting the needs of our community.

In the 2002 Quality of Care Report, we reported on achievements we had made with our strategic goals and noted areas where we needed to improve. Under each of the goals we listed a number of actions we said we would take to help us better achieve our stated objectives.

The CALD Project was one of these recommendations, and we are pleased with the progress we’ve made. There were a number of other tasks we set ourselves – and we’ve reported on some of these in the sections below.

Quality of Care Reporting

Last year

we presented information about our services and quality assurance activities according to how well we were achieving our Strategic Goals.

and this year

we have chosen to focus on how we are performing in relation to our Values.

Our Vision at Peninsula Health is to be recognised for our excellence in providing seamless integrated care to our community. We do that by structuring and managing our services to meet our six basic values –

Service
Integrity
Compassion
Respect
Excellence
Professionalism

The following sections of our 2003 Quality of Care Report highlight how these values underpin the services we provide for our Peninsula community.

How we did on what we said we’d do last year

ENHANCING PHYSICAL FACILITIES

We signalled the imminent opening of new obstetric and paediatric wards at Frankston Hospital and noted the allocation of $500,000 for redevelopment of the Rosebud Emergency Department.

• In October 2002, the Premier Steve Bracks opened the fully integrated Women’s and Adolescent Health complex in new wards on Level 4 at Frankston Hospital. Now coordinated into a single ‘one stop shop’ are birthing services from antenatal education to postnatal care; a new paediatric unit; Special Care Nursery and a range of support services for mothers, children and families.

• Stages 1 and 2 of the Rosebud Hospital Emergency Department redevelopment project have been completed, resulting in improved visibility and access to patient care areas. In Stage 3, which will be completed this year, the waiting room area will be enlarged and the reception and triage areas will be made more secure and private. Attendances at the Rosebud Hospital Emergency Department have increased by 25% to 15,338 this year, reinforcing the need for upgraded facilities.

INTEGRATION OF SERVICES

The 2002 Quality Report detailed the planning of future health information forums.

• We presented a health forum on ‘Managing Your Medications’ to residents at the Baxter Village Retirement Centre and joined with Asthma Victoria to sponsor a forum on asthma management at the Frankston Arts Centre. In August 2003 we addressed the serious issue of Meningococcal Disease at a public forum held at Monash University’s Peninsula Campus.

ENHANCING INNOVATION

In the 2002 Report we set a goal of increasing internal research approvals.

• The Peninsula Health Research and Ethics Committee approved 32 new research projects during the 2002/03 year. The Research and Ethics Committee is made up of Board, staff and community representatives and assesses all protocols covering research involving patients. The Committee’s work adheres to guidelines provided in the National Health & Medical Research Council statement on Human Experimentations. (More information about research at Peninsula Health can be found in the 2003 Research Report.)

• A new auxiliary, the K.I.D.S. group, was formed during the year to raise funds for internal research projects on children’s health issues.
Commitment to service underpins the delivery of a seamless, responsive and flexible health service that involves the patient and carers in an environment of teamwork. The lines of communication must include the recipients of our service and ensure that relevant knowledge is appropriately shared.

At Peninsula Health we are at your service. You, the consumer, are our highest priority and our main responsibility. We are here to provide you with what you need to help you achieve and maintain the best health possible. The following articles illustrate where we succeed in doing that and also where there is room for us to improve.

How’d We Do?

If you attend our Emergency Department for a health problem, you might receive a letter a bit later asking what you thought of the service you received. We’ve been asking our patients if they would mind being contacted like this for three years now and the responses have helped us stay in touch and improve our service.

The letter comes from a company called Press Ganey Associates. The company manages the program, randomly surveying patients, interpreting the results and reporting to us on a regular basis. The survey is anonymous. The feedback is discussed at staff meetings in the Emergency Department and helps us plan for improvement where needed. It also provides positive feedback to staff about things we do well – a real morale booster for staff working in a hectic, high stress field.

Breathe Easy - We’re Prepared

Hollywood would be hard pressed to come up with a more hair-raising scenario than the Severe Acute Respiratory Syndrome (SARS) outbreak that circled the globe earlier this year.

Victims, many of them young healthcare workers, succumbing to a mystery ailment within days. The entire world lost sleep as officials worked frantically to isolate the cause and contain the disease.

Luckily Australia was spared an outbreak of SARS but health providers at Peninsula Health and around the country were well prepared had the outbreak taken hold here.

In March, the Commonwealth Department of Health and Aging advised all health care providers of an alert from the World Health Organisation (WHO) that a new, potentially fatal respiratory infection had surfaced. Peninsula Health responded quickly by:

- setting up a service-wide working party made up of specialists from many health disciplines to monitor and implement control strategies
- developing special flow charts and infection control policies for use in the Emergency Department and other patient care areas
- producing posters and other material to inform and educate the public about SARS
- posting information on the Peninsula Health website
- distributing regular fact sheets to keep staff up to date on SARS developments
These control strategies were tested when a patient who had recently returned from a visit to China presented to the Frankston Hospital Emergency Department with symptoms suggestive of SARS. The patient was managed using the highest levels of infection control. Fortunately he was later found not to have SARS and was discharged after recovery. We reviewed our management in this instance and learned how our procedures worked in action. We made some adjustments and followed up in June with a mock exercise to look at how we would manage a possible ‘worst case’ scenario. The Department of Human Services (DHS) participated and an evaluation determined that we had effective systems in place to manage admission of severely ill SARS patients.

In April, the World Health Organisation sent out an urgent request for Infection Control Practitioners to assist with devising and implementing control strategies for SARS in the Western Pacific Region. Penny Clayton, one of our Senior Infection Control Practitioners, responded to the call and supported by Peninsula Health joined the WHO SARS response team in Manila in May. Penny’s expertise was initially utilized to assist with developing policies for health care workers in developing countries to deal with SARS. Later she visited Laos and Cambodia to give on-the-ground support. Penny returned in June and has provided Peninsula Health staff insightful presentations on her experience. In July, our CEO, Dr Sherene Devanesen, was called in to consult in Hong Kong as part of a group of international experts reviewing their response to SARS.

The World Health Organisation has recommended ongoing surveillance for 12 months following the containment of SARS and Peninsula Health’s SARS working party continues to meet. The community can be confident that Peninsula Health can and will respond quickly and reliably to health risks like the SARS outbreak.

Confident parents, rapid recoveries and strong family bonds are the targets for the Paediatric Unit’s ‘Family Centred Care’ policies.

Parents are encouraged to be involved in all stages of a child’s hospitalisation. From pre-admission information to inpatient decision making, parents are taught and supported as they take an active role in the care of their child. Care tasks in hospital could include choosing an appropriate diet, taking temperatures, helping to maintain a medication schedule and bathing – all under the watchful supervision of the nursing staff.

Families involved in Family Centred Care provide valuable reassurance and comfort for their children in hospital and are better able to care for the child following discharge. ‘Families can be strengthened by the skills developed during a child’s hospital stay,” notes Nurse Unit Manager Helen Hutchins.

‘...the hospital experience can have more far reaching benefits than the clinical care alone.’
(Paediatric Nurse Unit Manager on Family Centred Care)
Steps taken included:

- discharging inpatients who were well enough to leave in order to open beds in wards and the Intensive Care Unit
- preparing to discharge patients at Peninsula Health’s rehabilitation units in order to take Frankston and Rosebud Hospital transfers, freeing up acute beds
- surgical and anaesthetic staff at Frankston Hospital gearing up for possible emergency operations
- gathering linen, medicines and surgical supplies to meet the extra demand
- ensuring that x-ray and pathology staff and services were ready
- preparing areas for ‘walking wounded’ (patients with less severe injuries who might present themselves at the Emergency Department rather than coming in by ambulance)
- alerting Social Workers and Pastoral Carers for psychological support to patients, families and staff
- notifying Public Relations staff who would deal with media and answer enquiries from external and internal sources.

Frankston Hospital treated 14 patients, six of whom were transferred to wards with one sent on to the Alfred Hospital. Rosebud Hospital received three patients. Fortunately there were no fatalities.

All casualties brought to Peninsula Health were assessed and treated quickly and professionally, families were notified and assisted, queries from the public and the media were answered in a timely fashion and all other hospital functions continued without interruption.

Debriefing

A service-wide debriefing reviewed Peninsula Health’s performance following the event. Although our disaster planning had proven equal to the task, we identified several areas to improve including providing Public Relations staff with dedicated phone lines to deal with queries, reducing noise levels to facilitate clinical communication and clarifying where the media are to be based.
One Stop Shop

Older people often have multiple needs when it comes to their health. At any one time, a client might need falls prevention assistance, continence services, assessment for hostel placement and rehabilitation following surgery. Peninsula Health has taken the pain out of locating and accessing these services by initiating the ACCESS Program, based at the Mount Eliza campus. The service, established in March 2003, offers consumers the ability to arrange for several services with just one phone call.

‘This will be much easier when we are making referral to (contacting) your service’

(Elderly client speaking about the new ACCESS system)

Their initial call will be referred to a team of allied health, nursing and administration personnel. These skilled staff collect necessary information on the initial contact, reducing the need for clients to repeat their stories for each service they need. The team can assess the client’s basic needs, establish priorities and respond in a timely, friendly and efficient manner. The project aims to avoid any bureaucratic run around and get people the services they need.

Small Fry Fitness

It’s never too early to begin good health habits. So the Frankston Community Health Service has joined with the staff, students and parents of Frankston Primary School to promote the ‘Eat and Play the Healthy Way’ school lifestyle project. Activities include changes to the school canteen, health messages slipped into the curriculum, health promotion articles printed in the school newsletter, eating and exercise surveys and a ‘name the project’ contest.

The Tooth and Nothing but the Tooth

When it comes to Peninsula Health’s dental services, there’s ‘the good news and the bad news.’

On the plus side, there is a comprehensive range of public dental services for Health Care Card Holders and their dependents. Provided in partnership with Dental Health Services Victoria and Frankston City Council, services are available for the whole family, from preschoolers to seniors. There are denture and prosthetic services and we have the highest number of allocated emergency appointments of any fixed community public dental service in Victoria – 3,783 emergency appointments were provided last year.

The down side, however, is disheartening. Despite our best efforts and innovations, waiting lists are staggering. The current waiting list for conservative treatment is 5,697 patients or about 2 years. The number of people waiting for prosthetics and dentures is 642, meaning clients for these services face a three year wait!

Regardless, we will continue to seek funding and increase efficiency measures to try and fill those community needs.

Our Bus was a Bust

In May 2002 we began a Peninsula Health Shuttle Bus Service, an idea we’d developed from a Community Advisory Committee recommendation. We were very excited by the service, which offered members of the community an alternative to driving to Peninsula Health sites for appointments or to visit patients.

Six stops were arranged over an 8am to 6pm time schedule, and the service was available to the public. There was positive feedback and encouragement from local residents and community groups but, alas, actual use of the service remained very low and we had to abandon the project. It later transpired from talking to our consumers that the bus stops may not have been located in the best places and we resolved to brush up on our planning skills.
TASC Tasks

TASC stands for Toward a Safer Culture and is the title of a project to improve the treatment and care of patients with chest pain. The number of patients presenting to the Emergency Department with cardiac related conditions has risen substantially over the last couple of years, and ‘chest pain’ is a very common complaint.

The TASC project is a collaborative effort of four hospitals in New South Wales, Queensland and Victoria. The four are working together to develop assessment and treatment procedures that ‘stratify’ (categorise) patients into risk levels and recommend specific strategies for the care of patients at each level. Treatment options are supported by reliable research and published evidence.

People suffering heart attacks forty years ago stood much less chance of living through them than someone experiencing the same thing today. If they’d survived they would have been in hospital far longer than today’s patient, and would probably have spent weeks or even months in bed at home convalescing from the attack. They’d have had a higher risk of repeat attacks than people nowadays, and they’d have been more likely to have been treated like invalids.

The greatly improved outlook for cardiac patients today is the result of research, medical advancements, the development of new drugs like statins (cholesterol lowering medications) and thrombolytics (clot busting drugs) and new procedures like angioplasty (unblocking arteries from within the vessel).

Cardiac patients today also benefit from increased knowledge about risk factors like obesity and smoking and from a focus on rehabilitation and active lifestyles.

However, even though the outlook for recovery has improved considerably, cardiovascular disease (heart and blood vessel disease) is still Australia’s biggest killer, taking a life every ten minutes. Seven percent of all hospitalisations in Australia are due to cardiovascular disease and 12% of health expenditure is spent on these conditions.

Preventing and treating cardiovascular disease is still one of health care’s biggest challenges, and Peninsula Health has a comprehensive program of services to do that.

The following articles feature several of our cardiac services and describe what patients and clients experience under our care.
Mr X presents to the Emergency Department by ambulance following 15-20 minutes of chest pain. His condition is stable (he is in pain but is conscious and responsive) on arrival.

In the Emergency Department he is prioritised for attention according to the urgency of his condition by the Triage Nurse. He moved to a cubicle and the TASC (Toward a Safer Community program focusing on chest pain) procedures are begun.

The Cardiology Registrar (senior hospital medical officer in Cardiology) reviews Mr X, his test results, clinical assessment and treatment so far.

Mr X is admitted to the Coronary Care Unit (CCU) where he is seen by a Cardiologist (heart specialist) in the ward.

Following additional tests and review of his condition, the Cardiologist orders an angiogram (internal exam of blood vessels feeding the heart to detect blockages).

Mr X is transferred to the Angiography Suite.

A Cardiologist performs the angiogram under local anaesthetic and sedation. During the procedure the Cardiologist is assisted by a Cardiology Registrar and a Nurse. There is also a radiographer present, and a cardiac technician monitors the patient.

A nurse performs an electrocardiogram (ECG) and Mr X’s heart rate and blood pressure are monitored. A small tube is inserted into a blood vessel in his hand to administer any medications that are required.

Mr X is examined and assessed by the Emergency Room doctor. Blood tests are done and Thrombolysis (blood thinning therapy) is begun.

In the CCU Mr X is monitored, has more blood tests and is started on long term heart medications.

The angiogram shows some blockage in one the coronary artery with no damage to the heart muscle.

The findings of the angiogram are discussed with Mr X and a copy of the result is faxed to his General Practitioner.

In the CCU Mr X is referred to a physiotherapist, dietician and social worker. Treatment and therapies are prescribed to address his arterial blockage.

The two angiogram views show a blocked coronary artery before and after stenting (insertion of a metal mesh cylinder to hold a blood vessel open).

Mr X receives ongoing care in the CCU.

Before being discharged, Mr X is referred to the Stage 2 Cardiac Rehabilitation Program which he will attend as an outpatient.

Mr X is observed for a period in the Catheter Laboratory Observation Ward and is then returned to the CCU.

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The angiogram shows some blockage in one the coronary artery with no damage to the heart muscle.

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Success with Heart Failure

Heart failure sounds dreadful. It inspires images of tired organs trying to function but running out of energy and just shutting down. Luckily the reality is not nearly as dire. Take Tony Dee’s case as an example.

Tony developed heart failure after a viral illness. Like most heart failure patients, Tony’s condition meant that his heart didn’t pump as strongly as it should and the weaker action meant that fluid would build up in his lungs. If this happened, the difficulty in breathing would bring Tony into the Emergency Department. However, Tony can help manage his condition and reduce the build up of fluid with diet, exercise, medication and monitoring of his health.

He learned about all these strategies through Peninsula Health’s Heart Failure Rehabilitation Program and by working with his case manager, Priscilla Lane. Priscilla coordinated Tony’s care while he was first in hospital for heart failure and continues to follow up with phone calls, home visits, discussions with Tony’s GP and referrals to allied health specialists. Priscilla gives Tony education, advice, guidance and advocacy to help him manage his condition. Tony, by applying all he’s learned and taking care with his lifestyle, is an active partner in his treatment.

They’ve both done a good job as Tony has not had to come into hospital in the seven months since he joined the program. He’s made such a strong recovery that he recently went overseas while he was first in hospital for heart failure and continues to work with his lifestyle, is an active partner in his treatment.

His case manager, Priscilla Lane. Priscilla coordinated Tony’s care while he was first in hospital for heart failure and continues to follow up with phone calls, home visits, discussions with Tony’s GP and referrals to allied health specialists. Priscilla gives Tony education, advice, guidance and advocacy to help him manage his condition. Tony, by applying all he’s learned and taking care with his lifestyle, is an active partner in his treatment.

Tests for the Ticker

Peninsula Health’s cardiac services offer clients a number of tests that can help doctors diagnose heart problems and determine the best treatments. These include:

**Ambulatory Holter Monitors** – a small, wallet-sized monitor with three wire leads is taped to the body. The client undertakes normal activities for 24 hours while the Holter Monitor records heart rate and rhythm – basically a day long electrocardiogram.

**Exercise Stress Testing** – a client is hooked up to equipment that monitors heart rate and rhythm, blood pressure and oxygen levels in the blood. The client then begins brisk walking on an increasingly elevated treadmill or peddling on an exercise bike. The readings are reviewed and compared, helping diagnose vessel blockages and other cardiovascular conditions.

**Echocardiography** – equipment that uses sonar-like waves is applied to detecting abnormalities in heart function. The technology enables clinical staff to actually see a detailed image of the heart as it is beating. Sometimes certain drugs can be used to induce various cardiac patterns that will help diagnose specific conditions.

**Staying Close to Home**

Peninsula Health’s new Coronary Care Unit (CCU), opened in May 2002, is a high-tech, patient-friendly facility that has reduced the need to transfer patients to other hospitals.

The former unit had six ‘acute beds’, meaning they were fully monitored for patients primarily confined to bed. The unit also had three ‘telemetry’ units which were used to monitor heart rate and rhythm while patients were moving around the ward. The new unit increases that number to eight acute beds and eight telemetry units. More equipment and a more open ward layout have meant that staff can continuously monitor more patients in various stages of recovery. This reduces the need to transfer less ill patients to other hospitals in order to free up monitored units for sicker patients. It is, of course, far less traumatic for relatives to have their family members in hospital closer to home.

The new unit provides more privacy as single rooms are available, making flexible visiting hours possible. All clients have telephones and televisions in their rooms. An education library is updated regularly and patients are encouraged to learn as much as possible about positive health changes. Dietitians, physiotherapists, occupational therapists and social workers are called in to assist patients, and a cardiac failure nurse is on duty. All patients with a diagnosis of ischaemic heart disease (narrowed arteries) are offered an outpatient cardiac rehabilitation program.

An important side benefit of the new unit is that the former Level 3 CCU area has been transformed into much needed additional beds for our Emergency Department!
When you suffer from a severe mental illness, it’s like a thief has come into your life. The condition can rob you of so much that makes life satisfying and joyful.

It frequently takes away motivation – making it hard to develop relationships, undertake a career or even find a reason to get out of bed.

It can swindle you out of opportunities that you are too ill, too insecure or too withdrawn to pursue.

It can plunder your self esteem by exposing you every day to the prejudices and misconceptions of a society that fears mental illness and shuns those who suffer from it.

And it can steal your independence by keeping you a prisoner of your own disability, impacting on your day to day living and sending you to hospital time and time again.

The dedicated staff in our Peninsula Health Psychiatric Service have pledged their craft, determination and compassion to helping people with chronic mental illness take back their lives.

With counselling, rehabilitation, treatment and support, our mental health professionals assist consumers in learning new skills, understanding their illness, sharing in community activities, setting and pursuing personal goals and avoiding hospitalisation. The professional expertise and guidance is extended to consumers’ families, friends and carers as well.

The following articles outline ways in which the community is supported by the Psychiatric Services of Peninsula Health.

PRACTICAL PARTNERSHIPS

It is estimated that 12,000 visits to Peninsula General Practitioners each year are for symptoms of anxiety and depression. Peninsula Health’s Primary Mental Health and Early Intervention Service, which includes a consultant psychiatrist, a psychologist, a social worker and psychiatric occupational therapist, is able to form a partnership with GPs to help with identification, assessment and treatment of these patients. This service provides assessments for individual patients and can develop treatment plans that cover both medical and psychological treatment.

Skills for Life

People with long term mental illness often lose – or never acquire – some of the basic life skills that most of us take for granted; skills like shopping, cooking, personal hygiene, budgeting and banking. A joint project between staff at the Frankston and Doveton Community Care Units (CCUs) is designed to help remedy this situation. CCUs are facilities that provide care, accommodation, treatment and rehabilitation for people with severe and ongoing psychiatric illness. The two staff groups have developed a Lifeskills Package that gives mental health workers complete and structured methods for determining residents’ shortfalls and then helping them learn or strengthen the necessary daily living skills.

Rapid Response

Psychosis is a varied and complex process involving a group of disorders that can range from a single psychotic episode to a lifelong, debilitating condition.

It is well recognised, however, that appropriately managing the first psychotic episode can positively impact on a client’s quality of life and even affect the subsequent progress of the disease.

To ensure that clients presenting with early psychosis receive the highest standards of care, Peninsula Health Psychiatric Services staff have developed and are trialling a clinical pathway for First Presentation Psychosis. A pathway is a detailed and structured plan for treating and managing a condition, and this particular pathway involves specific strategies to address:

- Early detection and intervention
- Comprehensive assessment
- Provision of information for the patient and family
- Minimisation of the impact of the psychosis on a person’s life, including work, accommodation, relationships and involvement in community.

A range of anti-psychotic drugs, along with counselling, support and other therapies, are available for treatment. With appropriate intervention and care, patients may remain well.

Befriending First Timers

Psychosis usually appears in young adults between 15 and 30 and can involve hallucinations, delusions and disorganized thought processes. It affects approximately 2% of the population.

When young adults experience psychosis for the first time, they and their families are usually bewildered by the event. Research shows that if young people receive education as soon as possible about the illness, recovery and coping strategies, the outcomes can be significantly improved.

Peninsula Health’s Psychiatric Services have developed education and support groups for young people and their families, with 43 families and 32 young people taking part so far. During 6 sessions, participants talk with clinicians, each other and Peninsula Health’s Consumer Consultants, who share their own experiences with psychosis and their recoveries. Information kits and video materials supplement the education and discussion sessions, and participants are informed about other support services such as IMPACT and Peninsula Support Services, Disability Support Services and Supported Employment.
A person experiencing a mental health crisis may need CATS. Not the furry kind, but the mental health professionals of the Crisis Assessment and Treatment Service (CATS). This group of specially trained staff is on duty around the clock to respond to psychiatric emergencies either in the Emergency Department or in consumers’ homes.

Additional CATS staffing last year put specialist psychiatric staff on site in the Emergency Department (ED) 24 hours a day and increased the number of mental health assessments made in the department – an average of 54 a month. Higher staff levels also reduced the overall number of presentations to the Emergency Department by supporting more consumers through crises in the familiarity of their own homes, often helping avoid hospitalisation altogether.

Recently CATS has taken Emergency Department nursing staff along on emergency response assignments. So far seven nurses have participated in the CATS rotations, helping them to increase their knowledge of mental health issues and better understand the needs of psychiatric patients and the everyday issues they face. More placements are pending this year for both Frankston and Rosebud ED nurses.

Funding from the State Government under its Hospital Admission Risk Program (HARP) has also led to the assignment of a mental health worker to manage hospital patients who have drug or alcohol problems. Working both in the Emergency Department and on the wards, the clinician made 275 patient assessments and direct contacts, ran 12 formal inservice sessions and provided 420 secondary consultations from November to July this last year. The worker also links patients with services of the Peninsula Drug and Alcohol Program (PenDAP).

All of our psychiatric services were reviewed this year to see how well we met National Mental Health Standards. Visiting surveyors commended us on our consumer and carer participation, psychiatric nursing education programs, refurbishment of our inpatient unit, partnership programs with other local agencies, our focus on rehabilitation in the Community Care Unit, the design of the Electroconvulsive Therapy Unit and our clinical documentation.

Exam Results

As much as people with mental illness want to avoid hospitalisation, they also want to ensure that when they leave hospital the supports they desperately need are in place. They must have a place to stay, a way of getting food, medication and other necessities, contacts to call for crisis help if they need it, transport to get around and many other needs.

Our psychiatric services noted a disturbing trend from consumer feedback surveys – consumers were not often involved in planning for discharge from hospital. In fact, in 2000 only 36% of patients had any input into discharge planning. By 2002 that figure had only risen to 40%. So clinicians have participated in further training for group work and now provide discharge planning groups for patients. The evaluation of this initiative will guide future development.

One on One

Virtually everyone in any workplace would like to have a mentor – someone who guided and advised, reviewed performance without being critical or punitive, helping protégés improve skills and progress in their careers. The fortunate nursing staff in Psychiatric Services have benefited from a mentoring system, called ‘Clinical Supervision’, for some time. The results have been so positive and productive that plans are underway to extend the approach to nursing staff throughout Peninsula Health.
Groundwork

The Peninsula Carer Council took awhile to get off the ground, but it's flying high now. It took several years of planning with other agencies and health consumers to develop the Council, designed specifically to address the needs of local carers and consumers.

Established to ‘build bridges between carers and mental health services’, the Council consists of eight members with a range of personal experiences caring for people with mental illness. In an effort to promote the carers’ issues and perspectives, the Council works to –

- Improve the working relationship between carers and psychiatric services and staff
- Represent carers and help them access mental health services
- Link carers with other support services in the community
- Listen to carers ideas and concerns about mental health services and encourage quick and productive responses
- Create an environment within mental health services that values the family carer role.

The Mental Illness Fellowship, Peninsula Support Services and the Southern Region Carer Respite Centre are all partners with Peninsula Health in setting up the Council.

Been There, Done That

There’s not much that is more comforting to a person in a distressing situation than to talk with someone who’s experienced the same thing and recovered. Hence, the Consumer Consultant program at Peninsula Health.

Consumer Consultants are an integral part of our Psychiatric Service. They have dealt with their own illnesses and worked through recovery programs to undertake this vital and demanding role.

As well as being advocates for people in inpatient, residential and community care psychiatric services, the Consumer Consultants have provided consumer perspective advice and education to clinicians, developed surveys to assess consumer needs and satisfaction, started a mood disorder support group and provided advice on quality improvement with a down-to-earth focus.

The Consultants also convene the Consumer Advisory Group which represents consumers from mental health services across Frankston and the Peninsula. This group has developed a local resource directory for consumers, provided consumer perspectives with services such as Centrelink and the State Trustees and organised activities for Mental Health Week.

Non Fiction

Most people’s image of a psychiatric ward comes from fiction and films – which are, of course, embellished with lots of melodrama. Peninsula Health’s Adult Acute Psychiatric Ward doesn’t fit that stereotype. It’s a generally comfortable, casual and calm place where people feel safe enough to concentrate on recovery and rehabilitation.

This atmosphere was refined and enhanced by the recent $700,000 refurbishment of the unit. The redeveloped facility altered the layout to improve staff’s ability to observe all areas of the wards and recreation areas. It also improved the design and location of the high dependency area, which cares for patients who are at higher risk of disturbed behaviour.

In addition, staff have received prevention and management of aggression training, helping them to not only deal more effectively with incidents but apply strategies to prevent the incidents occurring.

These facility improvements and staff training have reduced the incidents when patients become so disturbed that staff must restrain and remove them from the general ward areas. This kind of situation is very distressing for others in the ward and impacts on their feeling of safety. Surveys show that patients have witnessed fewer such incidents since the alterations and that they feel generally safer in the ward.

\[\text{I am more confident about talking about the illness openly without being ashamed}\]

(Psychiatric Services Patient, 2003)

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**Psychiatric Adult Inpatient Service:**
Consumer Feedback 2001/2002

- **Felt Safe**: 20% (2001) vs 20% (2002)
- **Witnessed Incident**: 0% (2001) vs 0% (2002)

**Psychiatric Community Contacts 2002/2003**

- **Actual** 2002-03: 8000
- **Previous Year** 2001-02: 7500
- **Target**: Not specified
Clinical Governance

In 1999, the Bristol Royal Infirmary Inquiry sent shock waves throughout the world’s health care community. The sad UK case involved the hospital care of many children undergoing cardiac surgery who died due to negligence and a failure to detect substandard care.

Health professionals everywhere were appalled such a situation had been allowed to occur – and alarmed that similar conditions could develop in any organisation where reporting structures and quality assurance broke down.

Out of this tragic case grew the principle of ‘Clinical Governance’, the concept that every element of activity within a health service must be consistently monitored for quality, and that Boards and Chief Executives are ultimately accountable for this process.

Clinical Governance ensures that all clinical practices meet required standards and that all health professionals involved are qualified for their work.

The resulting quality assurance provides both the public and the profession with guarantees on the excellence of an organisation’s care.

At Peninsula Health, we take our clinical governance responsibilities very seriously and use the following methods to confirm we are meeting quality standards –

- We apply for ongoing accreditation from the Australian Council on Healthcare Standards and submit the entire organisation to intensive reviews by ACHS surveyors
- We continually seek consumer feedback through complaints management, community advisory committees, patient satisfaction reviews and focus groups
- We pursue continuing professional development for all medical personnel. Our Clinical Dean supervises Medical Student Training; our Intern Education is accredited by the Postgraduate Medical Council of Victoria; we appointed a Director of Clinical Training and Medical Education Coordinator; we offer at least 10 days study leave each year for our specialists and the Mornington Peninsula Division of General Practice hosts a comprehensive ongoing education program
- We encourage clinical staff to develop leadership, managerial and administrative skills. Clinical Directors are urged to become Members or Fellows of the Royal Australasian College of Medical Administrators (RACMA) and the bulk of attendees at RACMA’s annual Clinical Leadership Workshop come from Peninsula Health
- Peninsula Health works closely with the Medical Practitioners Board of Victoria to manage competence issues, inappropriate behaviour and illness in medical practitioners which might impact on their patient care
- As often as possible we gather expertise and knowledge from many different staff to develop the best possible procedures and treatment plans
- We make available access to general medical evidence bases (journals, books, online reference sites, guides, etc) for our clinical staff
- Peninsula Health assesses skills when specialists are appointed and we are one of the few organisations to retain a committee credentialing process
- We undertake continuous medical personnel planning and regularly develop academic positions on staff
- Peninsula Health employs Clinical Directors for all specialties who, with the Executive Director Medical Services, attend Medical Staff Association and Medical Staff Council meetings
That’s a Relief

The Emergency Department at Frankston Hospital treats approximately 44,000 patients each year. Statistics show that about 84% of them seek emergency care because of pain.

Many of these patients, while experiencing serious discomfort, have conditions that don’t require urgent attention, so they may need to wait while more seriously ill patients are treated. This can often result in dissatisfied for the patient and frustration for the nursing staff at being unable to provide optimal care in a timely fashion.

Like many hospitals throughout Australia, Frankston Hospital has initiated a system by which nurses are able to provide pain relieving medication (analgesia) before medical treatment begins. This is made possible by the development of special guidelines, called pathways, that outline the assessments and procedures that must be followed in providing pain relief. Following these guidelines, Emergency Department nurses can safely give patients analgesia while they are waiting to be seen by a doctor.

“We the only problem was the delay time whilst waiting for a doctor to treat the laceration to my hand, but I do realise there were probably a lot sicker people than myself”

(Press Ganey Satisfaction Survey, Round 4)

On Line Efficiency

In last year’s Quality of Care Report we previewed two exciting projects that used computer technology to improve patient care and safety.

We highlighted a new system that was designed to make it easier to keep up to date records for our patients and to improve communication with our General Practitioners. The new ‘Concerto’ clinical information system, introduced during 2002, gives clinical staff a set of tools that make it less time consuming and more efficient to record patient information.

Doctors can now take a laptop computer to patients’ bedsides when making their rounds or getting patients ready for discharge. Much of the information the doctor might need is available at the touch of a key – x-ray reports, pathology results, previous discharge summaries and any previous electronic prescription orders.

When patients are being discharged, it’s important that their GPs receive a complete summary of their treatments, tests, medications, therapies and diagnoses as quickly as possible so they can give their patients the best follow up care. Preparing discharge summaries electronically makes delivery to the GP much, much quicker – from up to several weeks with paper-based material to only 24 hours on line, and doctors have been impressed with the clarity and increased amount of information they’re getting.

Patients don’t need to worry about privacy issues because the information can only be accessed with passwords as part of a secure network.

An indispensable addition to the system is the Orion electronic prescribing program that allows staff to write clear, complete, legible prescriptions and keeps track of important information related to each medication order. For example, the system brings up automatic alerts regarding patient allergies, other medications the patient is taking that might interact with the drug being prescribed, any previous reactions to the medication, other conditions that might affect the prescribing of that particular drug and so on. A further improvement on the electronic processes is the introduction this year of Palm Pilots – wallet size computers that give pharmacy staff a wealth of information at their fingertips at all times.

Last year’s Quality of Care Report listed just over 700 medication errors for the 2001-2002 year. Current figures are nearer 6,000, a dramatic and seemingly alarming figure. But two facts put the statistics into perspective. Firstly, the new Palm Pilot system is so efficient and accurate that it picks up and documents errors that may have been previously missed. Secondly, the ‘errors’ being detected are primarily minor issues such as incomplete prescriptions or doses given late. Serious mistakes that actually affect patient health are rare, but can include wrong dosages or strengths, drug interactions, prescribing for the wrong patient or failure to note known allergies. All of these issues, as well as minor paperwork mistakes, are monitored by the new system. Since electronic discharge prescribing commenced, we have demonstrated there are 19% fewer errors than with paper-based procedures.

These developments have been quite successful and are becoming popular with staff and General Practitioners, and are being implemented more widely in Peninsula Health. In the last six months the system has been extended to all acute ward areas on the Frankston campus. The system has also been introduced to the aged care services at Mount Eliza, and electronic prescribing has been made available to Frankston Psychiatric Services.

As the system has expanded and staff have been trained to use the new tools, the number of electronic discharge summaries has increased from 170 in January 2003 to 830 in June. At the current time, 30% of all acute discharge summaries are being completed electronically.

Frankston Hospital is the first hospital in Australia to establish a fully integrated electronic discharge prescribing program. Maximising these electronic options is giving Peninsula Health a leg up in the development of a complete electronic medical record system.
Between July 2002 and June 2003, there were 2,223 operations performed in Peninsula Health’s Day Surgery Unit. That number is higher than it would have been before staff instituted a Reminder Program. When patients don’t arrive on the day of their scheduled surgery, it’s too late to put another patient in that spot if we have not been told about the cancellation. So to avoid this wasteful situation and increase the number of patients treated, the Unit has begun phoning patients 48 hours in advance of their hospital attendance to remind them of the date and time. Overall the telephoning has decreased the ‘no show’ rate by more than half. As well, the calls provide patients with a chance to ask those last minute questions.

At Peninsula Health we want to identify potential risks in clinical care and intervene before errors and accidents can happen.

We have a comprehensive unit dedicated to managing clinical risk. We did this in 1999, before any other hospital or health service in Victoria. Along with the Mortality Review Committee, the Clinical Risk Management Committee monitors, reviews and investigates incident reports, adverse events (mistakes that result in harm), Sentinel Events (the most serious adverse events – any of which must be reported to the Department of Human Services), death certificates and mortality data. With this information, the committees work with staff to develop ways to improve patient safety and reduce the risk of further problems.

The two committees report to the Board’s Quality and Clinical Governance Committee, so information and ideas about patient safety have a direct line to the Board of Directors.

The Unit’s proactive efforts in identifying risk have yielded a number of improvements in patient care quality and safety this year.

- We became participants in the Blood Matters Breakthrough Collaborative which aims to improve blood transfusion practices and the handling and prescribing of blood products (see page 37 for further details)
- The Health Service set up the Medication Safety Project Team that is working to reduce risk in prescribing and dispensing medications
- There has been greater clinician cooperation in reporting adverse events. This has been achieved through instruction and continuous prompts from the Clinical Risk team.
- A Director of Clinical Practice Improvement was appointed.
- New arrangements have been made regarding service on our lifts, and hopefully negating the time that staff, patients and visitors could be trapped in stalled lifts.
- The number of O negative units of blood has been increased at Rosebud Hospital in case of urgent need in the Emergency Department or on the wards.
- Dosage regimes for paediatric paracetamol have been changed to reduce the risk of toxicity in overweight children.
- We developed safer methods for handling large patients.
- We improved the discharge process to be sure that all patients have follow-up appointments and are notified about them.
- New procedures were developed to make it possible to safely and appropriately admit children to adult wards in situations when no paediatric beds are available.
- We established a policy for providing a psychiatric consultation for all patients admitted for drug overdose.
- Shower surfaces in Frankston Hospital and Aged and Rehabilitation facilities were treated to reduce the risk of slipping.
- New protocols were developed to ensure that instruments and equipment that have been flash sterilized are cooled prior to being used.
- Pharmacy staff reviewed storage policies for potassium chloride, which looks very much like ampoules used for other injections but which can be lethal. The drug is now required to be stored completely separately from these other ampoules.
Queue jumping is not something people needing joint replacements often think about. They're usually in too much pain for jumping of any kind.

But a new service here at Peninsula Health is helping to reduce the waiting time for this high demand surgery by offering patients the chance to use another hospital that has the capacity to treat additional patients.

The Elective Surgery Access Service (ESAS) was begun in July 2002 by the Department of Human Services. It arranges for patients who have long waiting times for cataract and joint replacement surgery to receive the procedures at other facilities able to take on extra patients in these specialties. The ESAS service is available to Peninsula residents at St Vincent's Hospital for Orthopaedics and Cranbourne Integrated Health Centre for Eye Surgery.

The service is offered to appropriate patients who are invited to discuss the options with the ESAS team. So far, Peninsula Health has invited 395 people to attend St Vincent's for joint replacement and 137 have accepted the offer. We have invited 390 people to have eye surgery at Cranbourne, and 205 have had their surgery there.

“It was great . . . beats having to wait and I have no complaints. I must admit that I did have to think about going for the St Vincent's one because of the distance, but I discussed it with my family and because of the waiting time and because I was in a lot of pain I went. Now I have been through it I can't see why anyone wouldn't go.”

One local resident has had surgery at both hospitals. Joan Burch was contacted by Peninsula in July 2002 and invited to go to Cranbourne for cataract surgery. Eight weeks later she had her surgery as a day patient.

She then received another letter inviting her to go to St Vincent's for knee replacement surgery. At about the same time she received a letter saying that if she wanted she could go back to Cranbourne to have the cataract removed from her other eye! Joan wanted to have the knee surgery as she was in a lot of pain, so she accepted the invitation to go to St Vincent's. Then, when she had recovered, she went back to Cranbourne for the second cataract to be done. She was in St Vincent's for a six day stay and then had one outpatient appointment there. When she got home, Peninsula Health's Community Health team provided physiotherapy, and home treatment was provided by Hospital in the Home (HITH).
Being a Category One patient for elective surgery is a mixed blessing. True, you are virtually guaranteed to have your surgery within 30 days, but you are on that list because your condition is serious enough to warrant urgent attention.

At Peninsula Health, we work very hard to meet the required 30-day guidelines for Category One and consistently reach those targets.

But people with less serious conditions usually have a much longer wait and can even have their operations cancelled – several times. This happens when hospital resources are required for the urgent treatment of emergency cases. But even though the cause of the cancellation makes perfect sense, the ‘waiting game’ is still definitely no fun for the ‘players’.

“A concern has been raised by a member of the community relating to waiting times for joint replacement surgery”

(Minutes of Northern Community Advisory Committee)

Peninsula Health is as frustrated by the situation as those who are waiting – we would like to have an infinite supply of resources to meet the ever increasing demands for service. But, like all publicly funded health organisations, we must marshal our facilities, services and staff as carefully and appropriately as possible to meet needs within budget limitations.

We know that elective surgery waiting lists are a burden for the community and we are continually working on ways of managing them better. One step we’ve taken relates to Hospital Initiated Postponements (HIPS).

Cancelling planned elective surgery has a special name – Hospital Initiated Postponement (HIPS). But it still means the same thing – getting the dreaded call to tell you that your scheduled surgery has had to be rescheduled. The first call is bad enough, but by the third one you’re ready to tear your hair out. Making those calls is torture for us, too, and we’re trying something new to raise the alarm when patients have had repeated cancellations. Now, a patient can only be rescheduled three times before the case is directly reviewed by an Executive Director, who will ask why, how and what is being done to ensure that the fourth call never comes. Although we try our best at all times to harness those HIPS, this new measure helps alert us to those of you whose patience to be patients is all used up.
Complaints, Compliments and Concerns

Q Why do you consider this to be an important role?
A Well, for two reasons really. The first is that it is important for the public to have a place to go and to feel that there is someone listening to them when they have a concern. I am employed by Peninsula Health but always try to ‘put myself in their shoes’. The second reason is that because my role is dedicated to this function, I can make sure that the professionals in the health service can continue with their everyday work. I am able to take the problem away from them in the first instance and then involve them in the resolution of the issue a little further down the line.

Q How long will it take you to come back to me?
A The honest answer is that it depends. Some issues are more straightforward to resolve than others. We always acknowledge letters upon receipt. We try to resolve complaints as quickly as we can. We have to do this in the context of a busy health service. The professionals who need to provide input to that response do so as soon as they are able. Often one letter will need input from a number of health professionals. The challenge for me is to coordinate this and ensure that the response is not delayed longer than necessary.

Q If I am not happy with the response, what can I do?
A Well, there are a number of things that can be done. The first thing really is that people should ring me and then I can get to the bottom of their unhappiness. It may be that a clarification is required or that they would like me to arrange a further meeting. In the event that Peninsula Health is unable to satisfactorily resolve the concern or formal complaint to their satisfaction, then the next step is the Health Services Commission known as the HSC. The complainant will be advised that they can contact the HSC who, if they feel the case is appropriate, will take it up with Peninsula Health on their behalf.

Peninsula Health needs to do additional work on informing consumers and patients about the complaints process

(Frankston and Rosebud Hospital Patient Satisfaction Survey finding, September 2002)

She spoke with Emergency Department nurses, Palliative Care Consultants, night staff at Rosebud Hospital and nurses at the Mount Eliza Rehabilitation site and talked to members of the public during the Frankston Hospital Open Day.

Here she answers some questions about the Customer Relations role at Peninsula Health.

Q Why do you consider this to be an important role?
A Well, for two reasons really. The first is that it is important for the public to have a place to go and to feel that there is someone listening to them when they have a concern. I am employed by Peninsula Health but always try to ‘put myself in their shoes’. The second reason is that because my role is dedicated to this function, I can make sure that the professionals in the health service can continue with their everyday work. I am able to take the problem away from them in the first instance and then involve them in the resolution of the issue a little further down the line.

Q How do I know you will take me seriously?
A All comments and concerns are taken very seriously here. I always invite people to tell me how they would like their issue dealt with rather than just giving them a standardised answer. I want people to leave my office or finish the call knowing that they have been heard.

Q Is there a waiting list to see you?
A NO. It is usually possible to drop in and see me. I am located near the Main Reception on the Frankston site. If someone wants to talk to me they can go to Reception, who will ring me and I’ll come down. I have an office where people can talk in private. I am also available to talk on the telephone.

“The importance of passing letters and positive feedback from the community to the appropriate staff members was discussed”

(Board Community Advisory Committee, March 2002)

Q Can I just raise something without it getting all formal and official?
A Of course. Rest assured that whatever it is it will still be taken as seriously as something put more formally and passed on to the relevant department.

Q Will my name be printed anywhere if I come in and complain?
A Not Publicly. The stuff you wish to complain about will normally be told about your complaint and will help to resolve it. Everything is logged on a database. We focus on the number and types of complaints.

Q People talk about something called ‘advocacy’ – is this something to do with you?
A Well, no, not in the strict meaning of the word. True advocacy is about standing up for the rights of the consumer. My role is about making sure that Peninsula Health does what it can to enable people to comment or complain about the service they receive if they wish. We are quite open and transparent about our process. We will also point people in the right direction if they feel that they need to raise the issue further up the ladder following a response to their complaint from us. We encourage advocacy in the sense that we welcome patients bringing in friends or relatives if they do not feel able to speak to us on their own. In some instances patients may involve other agencies.

Q How do I know you will take me seriously?
A All comments and concerns are taken very seriously here. I always invite people to tell me how they would like their issue dealt with rather than just giving them a standardised answer. I want people to leave my office or finish the call knowing that they have been heard.

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We learned recently from a patient satisfaction survey carried out by the Department of Human Services that a key concern from hospital patients was that it wasn’t clear how to make a formal complaint. To address that concern, Peninsula Health’s Manager of Customer Relations, Christine Larsen, talked with staff and the public during the year to explain her role and what resources were available.

Peninsula Health needs to do additional work on informing consumers and patients about the complaints process

(Frankston and Rosebud Hospital Patient Satisfaction Survey finding, September 2002)
Caring for Us

The staff at Peninsula Health’s Palliative Care Unit recently received a letter from a ten year old child. “To everyone at Palliative Care,” he wrote, “we would like to thank you for caring for my granddad. We would also like to thank you for caring for us.”

Palliative Care Units are places where people who are dying can be cared for by specialised clinical staff in a comfortable and homelike environment. Palliative Care helps a person in end-stage illness manage symptoms and to die with as much support, comfort and dignity as possible. Unlike most other medical fields, the specialty is not focused on cure or recovery.

At Peninsula Health’s Palliative Care Unit, the patient may be the one admitted, but it’s the entire family that is being looked after. Patients who are dying receive the full range of palliative care services, including pain relief, counselling, pastoral care, appropriate therapies and medical supervision. During that care their families and friends are supported with counselling, comfortable accommodation in order to be close to their loved one, pastoral guidance, clinical information and positive, compassionate attention.

Many people would prefer to die at home, but often symptoms of their illness, such as pain, nausea and vomiting, push their complex care needs beyond the resources of their families or carers. Admissions to the inpatient unit often inspire feelings of guilt from...
Most patients who are admitted to Palliative Care Units actually die under the Unit’s care (78%). Some patients, however, recover enough to return home for a time prior to death. Between July and April last year the Peninsula Health Palliative Care Unit cared for 324 patients, evenly divided between men and women whose average age was 71. Of these, 252 patients died in the unit. The average length of stay was 12 days.

families who have tried to meet their loved ones’ wishes. There is also a feeling of crisis around many admissions because families often put off their call for help as long as possible. Patients usually need active interventions on arrival as their care needs are intense – as are those of their families.

The Tattersalls Peninsula Health Palliative Care Unit is co-located with the Peninsula Hospice Service. The partnership was made possible by a successful million dollar community appeal (including a $500,000 contribution from the Tattersalls Foundation) and brings together home and community-based hospice services with inpatient care and palliative care consultancy services – known as the ‘Triangle of Care’.

This collaboration offers patients and their families the various types of service and care needed at different stages of the dying process. Early home support, inpatient medical care, counselling services, education and bereavement support can all be accommodated by the members of the palliative care team.

In July 2002 Peninsula Health and the community got together to open the Frankston Hospital Sacred Space.

The facility was funded through a Centenary of Federation grant applied for by local religious groups. The community donated material for an exceptional ‘community quilt’, sewn by a Mornington quilters group. And representatives of many faiths and community organisations have contributed to the design and fitting out of the space.

The facility is available for religious services, non-denominational functions, memorial services, holiday events and prayer groups. It is also open for people who just need a quiet place to gather their thoughts, meditate or find a private moment to reflect.

The Space is coordinated by Peninsula Health’s Pastoral Care Team, including Chaplains, and is used and supported by the Pastoral Care Visitor Volunteers who provide a friendly ear and support to patients, families, visitors and staff. Peninsula Health welcomes feedback on its sacred space and the opportunity to make changes to make it a desired place to go.

“I went to the sacred space after the death of my cousin and found that the room didn’t give me enough privacy as the door was open onto a busy corridor”

(Frankston Hospital visitor)
Compassion

QUALITY OF CARE REPORT
Peninsula Health

from patients and their families. Funding for the project has been made possible by donations and the development of palliative care on the Peninsula. During the upcoming year staff will enable GPs to gain experience in the unit, and the nurses undertake short courses at Monash University. The doctors spend two weeks observing the Palliative Care practice of the Unit’s Director, Dr Brian McDonald, and visiting other Peninsula Health sites.

Recently funding has been granted for a project involving the Mornington Peninsula Division of General Practice, Peninsula Hospice Service and Peninsula Health Palliative Care Services. The project will enable GPs to gain direct palliative care experience in the Palliative Care Unit, the hospital setting and the community setting. The project aims to improve palliative care for the community by increasing GP’s awareness of resources.

**... AND THE NEXT**

During the upcoming year staff hope to begin garden landscaping and construction of a water feature to create gardens that will bring comfort to everyone at the unit. Funding for the project has been made possible by donations from patients and their families.

**A Breast Cancer Journey**

The following ‘diary’ is a compilation of experiences from breast cancer patients at Frankston Hospital. This chronicle is, according to Peninsula Health’s Breast Cancer Support Team, a typical sequence of events for a woman who finds she has breast cancer.

**March 31**

Saw the doctor today. She said the biopsy was positive – I have breast cancer. Tomorrow is April Fools Day – how I wish this was all just some horrible practical joke. But it’s real. And I’m not laughing. Why me?

**April 8**

My surgery at Frankston Hospital is only a week away, so today I went to what’s called a pre-admission clinic. My head is swimming and I’m having trouble remembering everything I was told. It’s a good thing I took Mum along to support me.

The breast cancer nurse spent a lot of time with us. She said it would be natural for me to forget things and feel a bit overwhelmed because I am ‘shell-shocked’ after the diagnosis. She told me to ring her or her staff if I have questions. Actually, she was so kind and informative that I feel better than I have since I got the news last week.

I learned all about the surgery and things like drain tubes and arm exercises, and I found out that the test results will be available five days after the operation. It looks like I will probably just need the lump removed so I won’t be needing an artificial breast.

She gave me contact numbers for the Cancer Council of Victoria who can provide a volunteer to help me. I learned about the ‘Looking Good, Feeling Good’ program that will give me ideas on grooming, wigs and makeup when I’m feeling like an ugly duckling – a BALD duckling!

I found out I won’t be able to do my regular housework for about 4 weeks and that the nurses in the hospital’s Post Acute Care Team will assist me to get home help and child care. They also gave me a little booklet with suggestions on how to tell the kids about my cancer.

If the surgeon has to take nodes from my armpit, I’ll need to go to a lymphoedema clinic to learn exercises to reduce my risk of getting a swollen arm problem.

It’s good to know there are volunteers who’ll drive me to appointments – even take me to Moorabbin Hospital for radiotherapy if I need it. They also gave me the number of a psychotherapist who had a mastectomy 20 years ago (that time span was encouraging!) and who gives really great advice on how to cope with all this.

It was very comforting to find out how much support there is for me. The breast care nurse said she’d be with me at any stage. That’s so good to know.
Support services and staff available at Peninsula Health for women diagnosed with breast cancer

- Breast Care Team - Coordinator and Nursing Staff
- Chaplains
- Chemotherapy staff and volunteers
- Occupational Therapists
- Operating Theatre Staff
- Outpatient Clinics
- Peninsula Health Post Acute Care (PenPAC) Team
- Physiotherapists
- Pre-admission Clinics
- Medical and nursing staff
- Social workers
- Surgeons and Anaesthetists
- Ward Staff

April 17
Feeling quite a bit better today. The 15th was a blur, but I do remember the breast care nurse coming in to talk with me before the surgery – I appreciated that. They’ve been in every day since the operation to check on my wound and to give me moral support. I know I keep asking the same questions over and over, but they don’t seem to mind. They tell me most everyone does the same thing.

The social worker has also been in to talk to me about how I’m going to handle the financial side of all this since I’ll be away from my job for awhile. I hadn’t even considered that yet! An Occupational Therapist came in to see what changes I might need at home or what special equipment could help me around the house while I’m recovering. And the Post Acute Care people are arranging quite a few things to help me out once I’m home.

April 19
Came home yesterday. I’m glad to be back in my own home – but I’m glad to have all the supports here as well. The home helper has already been here to clean once. We’ve had a couple of meals on wheels deliveries (not bad food, either). And a breast care nurse has already rung to see how I’m doing. I’ll hopefully be doing better after tomorrow’s appointment at the hospital to learn the results of the tests on the lump they took out. I’ve asked the nurse to sit with me and Mum during that appointment.

April 20
Phew! I’m one happy lady. The tumour was cancerous like they thought, but they said it was a non-aggressive cancer that doesn’t spread fast. There was no cancer in the nodes they checked, and they are confident they got all the cancer during the operation. I’m so relieved. I don’t even mind having some chemotherapy just to be sure.

June 10
Today I had another chemotherapy session. Apart from my Andre Agassi hairstyle, I think I’m doing very well. Chemo patients even get hand – or foot! – massages from some lovely volunteers while we’re having our treatments. I’m going to miss those massages. But I have to admit I will be glad when the chemo is over.

All in all it’s been a much easier process than I thought it would be when I first learned I had cancer. There have been lots of people who knew what I’d be going through and what I’d need along the way – and they were prepared to help me with everything. I don’t know how I’d have coped, though, without the breast care nurses. They’ve given me so much support and been so understanding. I’m still calling them now and then to ask a question – or just have a quick chat to cheer me up when I get tired or down.

At first I thought I was all alone with this terrible new problem. But I wasn’t alone at all – a lot of great people helped me get through it and get on with my life.

Compassion for our staff...

Now in its third year, the Peninsula Health Employee Assistance Program offers independent confidential counselling to employees who are having difficulty coping with problems at home or at work. The counselling is provided by Commonwealth Rehabilitation Services (CRS), giving staff access to independent professional help through this voluntary program.

There were 170 counselling hours provided to Peninsula Health staff by CRS in the past year.

“For some time I’ve held down my job and been a carer for my disabled mum. When it all became a bit too much for me, I got valuable support from the Employee Assistance Program.”

(A Peninsula Health staff member)
Peninsula Health recognises, values and encourages the contribution of each person in an environment of fairness and justice that allows for individual opinion and underpins meaningful communication with its stakeholders, ensuring that each person is treated with dignity and respect.

Nobody wants to be just a number.

More and more we seem to be identified by numbers — mobiles, accounts, pins, birthdates, places in the queue. But we all value our individuality and want to be recognised for our personal qualities. At Peninsula Health we know that feeling valued and respected will improve your self-esteem and can impact on your health and wellbeing. Respecting each individual — patients, staff, the public and our partners — is a high priority at Peninsula Health and one of our organisational values.

The following articles illustrate our efforts to fulfill that goal.

*‘Koori’ is the term that refers to Victorian aboriginal people. Indigenous people in most other parts of Australia do not use that name.*

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**Reaching out to the Koori Community**

**Bea Edwards is a very busy lady.**

As Peninsula Health’s Peninsula Drug and Alcohol (PenDAP) Koori Worker, she provides advocacy for the Peninsula’s Koori people*, working to overcome traditional distrust toward mainstream service agencies. She helps with referrals to primary health services for Koori people. She offers support for the Koori community in the context of a holistic approach to health care. Part of her role might be to visit Koori patients in hospital and offer emotional and spiritual support after they are discharged. She draws on aboriginal culture to present information about health matters, and she teaches Peninsula Health staff and the community about Koori issues and the urgency of problems such as homelessness, poverty, prejudice and ill health.

It is a challenge to find time for all these tasks.

Being an Elder in the local Koori community puts Bea in a unique position to address the main issues that concern the
Sweet Rewards

While the free cappuccino is a treat, it’s the endorsement of co-workers that is especially satisfying for the Emergency Department’s (ED) ‘Team Player of the Week’.

Established early this year to support staff morale and sitting alongside similar initiatives in other departments, the ED award program honours individuals who go that ‘extra mile’ under often stressful working conditions. Any ED staff member can nominate a colleague, and staff themselves vote for a ‘winner’ who receives a certificate and voucher to the Dominos Café in the Integrated Health Centre.

Daphne Kennedy, who has for years provided clerical and reception support to the department, was an early award recipient. “Like everyone who’s earned this,” she says, “I was surprised and delighted. It’s especially pleasing to know that your co-workers recognise your efforts.”

- Mornington Peninsula Koori community. Some of these include emergency accommodation, having enough money to purchase prescriptions, respite services and assistance for some isolated community members.

Bea has worked at Peninsula Drug and Alcohol Program (PenDAP) for five years, during which time she has committed increasing numbers of hours to her wide range of support activities. She has become better known among the Koori people, who have come to respect and trust her, and her client load has increased dramatically. During those five years she has also made over 2400 ‘contacts’ with and for her clients – meetings, phone calls, home visits, crisis response, referrals, discussions with other service providers, etc.

Using the PenDAP bus, she arranges transport for Koori residents, ensuring they can attend meetings, appointments and social gatherings. She organised local aboriginal artists to paint the Koori consulting room at Frankston Integrated Health Centre, and she has improved Koori access to health services.

Q: In what ways have you used traditional aboriginal stories to assist with your role in PenDAP?
A: “I have developed a puppet presentation to kindergarten aged children to talk about the harmful effects of drugs on your body or your family. I call the two puppets Smoking Choking Cockatoo and Pill Poppin’ Possum.

For adults, I am developing a Dreaming connection strategy which incorporates dreamtime stories into the modern counselling structure.

Koori Community Drug and Alcohol worker Bea Edwards holds a certificate awarded to the Peninsula Drug and Alcohol Program by the National Aboriginal Islander Day Observance Committee. The certificate recognised PenDAP for “the valuable contribution made to the Peninsula Region Aboriginal Community in 2003”. Bea is standing by two panels of the triptych she painted for the Frankston Integrated Health Centre.

This cultural connection is then useful for both the client and the counsellor. However, I must stress that it is not suitable for all clients.”

“I also use symbolic animal stories such as the turtle, which promotes the idea of self protection, what you really need in your life, what you will accept and what you really do not want. Then we work to develop strategies to get these needs met. I often take clients to the beach and draw circles in the sand . . . with the last circle being the turtle. The circle is drawn from the inner safety – protection of the shell. The head provides direction, the legs provide a paddle to go forward and the tail is to rid us of what we do not want.”
Dealing with Drug Abuse

Few issues inspire more emotion than drug use.

Opinions range from ‘it’s a medical issue’ to ‘lock up the lot’. Reactions can include fear, worry, rage, disgust, desolation, confusion and caution, and families involved often experience sadness, hopelessness and frustration.

Drug use is an issue that affects all sections of our community. Those among us who struggle with addictions are often in dire straits, with employment, housing, health and relationship issues impacting heavily. Then, like ripples in a pond, the problems swell to include our communities. Violent behaviour and criminal activity concern us all and bring the police and courts into the picture. Community and business people demand that governments respond to these concerns. Educators and health professionals strive to provide enough information for people to make informed choices and to offer treatment and support.

Ultimately all of us in the community have a stake in effective approaches to the problems presented by drugs and alcohol.

This year our Peninsula Health Drug and Alcohol Services undertook several activities to raise awareness, promote recovery programs and assist people with problems and their families. These included:

- Peninsula Health’s Southern HIV/AIDS Resource and Prevention Service (SHARPS) arranged Frankston’s first National Overdose Memorial Service for people mourning the loss of friends and loved ones to drug overdoses. Over 50 people attended, lighting candles, placing photos and keepsakes on the church altar and contributing to the Perpetual Book of Remembrance. One such contribution is a poem written by 29 year old Danny Kelly for his friends who have been lost to overdoses.

- Organising a public health forum on Drug Abuse issues. Over 120 people listened to a distinguished panel of eight community leaders, including Bill Stronach, CEO of the Australian Drug Foundation and Jelena Popovic, Victorian Deputy Chief Magistrate.

- Launching the Frankston City Outreach Program at its Wells Street storefront. The program was established in coordination with Frankston City Council and Bayside Shopping Centre to offer conflict management training and guidance to shopkeepers and others who use the Frankston CBD. Staff will also assist people who, because of drug and alcohol issues, have difficulty with social behaviour. The children of these people are also targets for program support.

- Researching the feasibility of setting up Oxford House programs on the Peninsula. A great success in North America, Oxford Houses are used for people wanting to remove themselves from drugs and alcohol in a supportive home environment.

Primarily Efficient

No matter what your health problem, concern, goal or query, there is undoubtedly a local service that can meet your need. The tricky part can be in finding it. The Frankston/Mornington Peninsula Primary Care Partnership (PCP) was established to improve and coordinate primary and community health services in the region. This voluntary alliance of primary health care providers includes GPs, health centres, support groups, social welfare organisations and others who are working together for better services and easier access to them. The alliance is working to put a government strategy into action in our area. This will mean that all primary health care agencies use the same intake form and if you give permission, the agency can send the referral information on to other services that you need. This means you do not have to provide the same information again and again.

“It was interesting to attend and hear about how the legal profession is now dealing with drug and alcohol issues in our community. The panel discussion was enlightening.”

(Member of the audience at the Peninsula Health Drug and Alcohol Forum, June 2003)
The Community Voice

Peninsula Health likes to involve consumers in all aspects of its program and service development from service planning through to evaluation.

Our Community Advisory Committee members canvas friends, neighbours, businesses and organisations to learn about local attitudes and concerns about health care.

They monitor local conditions – from the fitness of the footpaths to transport routes to signage to shopping.

They speak to groups, lobby local agencies for health care support, challenge misinformation about health services and conduct research into their particular areas of interest.

They meet, serve on subcommittees and working groups, answer questions from Peninsula Health Board and Staff and represent sections of the community.

And now they’re going back to ‘school’. The Health Issues Centre this year conducted training workshops for CAC members that covered a range of topics including consumer participation, cultural diversity, advocacy and the Australian health system.

We would not be able to meet some of our goals without the contributions of our Community Advisory Committees and we tip our hats to this dedicated – and industrious – group of public-spirited volunteers.

“... suggested an open day so the public could see first hand the improvements and renovations made at Lotus Lodge”

(Southern Community Advisory Committee, August 2002)

We Salute our Talented Volunteers

Nearly 400 of Peninsula Health’s 700 volunteers attended the 2003 Annual Appreciation Lunch on July 4th. This year the theme of the event focused on the many talents of the volunteers. Crafts and artworks created by volunteers were featured on the day, and plucky performers sang, danced, recited and mimed as part of the crowd-pleasing Volunteer Talent Show. Peninsula Health auxiliary groups raise well over half a million dollars a year and donate countless hours to the Health Service. Each year they are feted at a luncheon where Board and Staff take the opportunity to formally thank them for their invaluable work.

“We Salute our Talented Volunteers

We Salute our Talented Volunteers

“Please ensure the Quality of Care Report is user friendly and avoids medical jargon.”

(Consumer Representative, Quality of Care Report Working Group 2003)

Rewriting the Web

Peninsula Health is in the process of modifying its web pages to make them more user friendly. This includes ensuring that people with disabilities can access the information. Among the strategies being investigated are spoken text facilities. Information about Peninsula Health, including the contents of the annual Quality of Care Report, can be found on www.phcn.vic.gov.au.
Peninsula Health
Value:
Excellence

Peninsula Health is committed to excellence by providing integrated services within a framework that guides sustainable, continuous improvement and best practice. A structure that enables a teamwork approach to service which will add value for all people of the community.

People want hospitals to help them get well. They don’t expect to come into hospital and suffer a bad fall or pick up an infection. They quite reasonably demand cleanliness and safety in their community’s health care facilities.

At Peninsula Health, we do too.

In our aim for excellence, we have this year tackled several traditional health care trouble spots. The following articles detail some of these efforts.

Flexing Each Day Keeps the

Look out - the senior set is maximizing its muscle.
While they may not have Olympic records in their sights, the men and women participating in Peninsula Health’s falls prevention activities are on their way to greater fitness, more mobility and better health.

Studies indicate that more than 1700 Peninsula residents over 60 sustain injuries from falls each year. Statewide, more injured people come to emergency departments for falls than for any other single cause. A majority of these are older people who will often have far ranging problems from falls injuries.

To help reverse that trend the Peninsula Health Falls Prevention Service has set up activities to help clients gain strength, balance and stamina. Research shows that with improved fitness, older people can delay the onset of frailty, prevent falls and reduce the risk of conditions like diabetes, heart disease and stroke.

“The program is helping me to build up my muscles”

(Falls Prevention Program client)
Hastings won’t be hasty anymore

The section of Hastings Road outside Frankston Hospital has for years been a real danger zone. Trying to cross from one side to the other on foot – or with pram, walking stick or wheelchair – has rivalled bungie jumping for sheer terror.

After much negotiation between Peninsula Health and local and state agencies, the speed limit on the roadway was this year reduced from 70 to 60 km/h. Then the State Government announced that it will fund the $170,000 needed to install traffic lights and a pedestrian crossing in front of the hospital. Now the Health Service has begun meeting with Frankston City Council and VicRoads to consider the realignment of Dundas and Clarendon Streets to further improve safety along this heavily travelled, dangerous route.

“I love the program . . . it’s good fun. We come to have a laugh and a dance. I’ve even learnt to do the bokey pokey”

(74 year old Stan Pilkington, Ageistrong participant)

Falls Away

Ageistrong

They say we’re never too old for the good things in life – like strong, flexible, energetic bodies.

During this year the Ageistrong project was established to encourage older people, including those with chronic health problems, to take up an exercise program. Partners in the program include the Falls Prevention Service, Peninsula Health’s Community Rehabilitation Centres and both the Frankston and Peninsula Community Health Services.

Neither age nor ability restricts participation in Ageistrong, which provides safe, supervised strengthening and balance activities, with modified exercise routines that can help prevent deterioration, keeping people on their feet and out of hospital.

Directories and Advice Lines

To help health providers and older people themselves locate physical activity programs in the community, the Falls Prevention Service has compiled an Exercise Directory that lists programs for seniors and has set up an Agesafe Advice Line with information on suitable preventative aged care and rehabilitation programs for older people.
Peninsula Health
Value:
Excellence

Karingal Hub Health Walks
While most people are getting in an extra forty winks, up to 75 people are rising early to join in a walking program at Karingal Hub Shopping Centre which is offered three mornings a week. The free program provides a perfect environment for older people and those with chronic health problems or disabilities – it’s out of the weather; it’s supervised by trained walk leaders; there’s no danger from traffic, mean dogs or muggers; it’s not crowded or hurried; there are great spots for a cuppa after the exercise; and the company of fellow walkers is a social bonus.

“The first few weeks I felt exhausted, but this morning I laughed as I walked through the door with a skip in my step. (I’m) really pleased I kept up regular attendance”
(Quote from Karingal Walking Group participant)

The program is truly a cooperative community effort as well. Peninsula Health’s Falls Prevention Service designed the program. The Mornington Peninsula Division of General Practice advises on clinical issues such as medical screening for participants. The Frankston Community Health Service coordinates the walks and trains walk leaders and volunteers. And the management of Karingal Hub offers the facilities free of charge and handles registration as well as paying for walk leader training.

A recent Peninsula Health evaluation of the program demonstrated that 92% of the participants experienced increased fitness, 50% had become stronger and 40% had improved their balance.

Thicker than Water
Doctors and nurses from hospitals across Victoria are coordinating efforts to make blood transfusion a safer process for patients. The ‘Blood Matters’ collaborative is reviewing transfusion policy and practices and establishing guidelines to improve decision making and reduce errors. As participants in the program, Peninsula Health staff have produced a brochure for patients with a straightforward explanation of transfusion issues; established education programs on blood product management for clinical staff; improved storage in the blood fridge and designed a regularly updated intranet site with the latest information. They have also introduced special cards that attach to staff identity badges and which outline the different blood products and procedures for transfusion so staff have the information close at hand at all times.

The Peninsula Health Team was recognised for designing and producing the Most Innovative Presentation at a seminar held last year by the Department of Human Services and our team T-Shirts were given particular praise.
Together for Safety and Progress

A “breakthrough collaborative” is a means of rapidly improving processes in health care agencies so as to improve patient safety. The Department of Human Services conducts a number of “breakthrough collaboratives” with its partner health agencies each year. The idea is to identify and document best practice and then spread this knowledge amongst health care agencies to bring about sustainable improvement. “Thicker than water” and “Intensive efforts” provide examples of Peninsula Health’s involvement in this type of patient safety project last year.

Intensive Efforts

The staff of Peninsula Health’s Intensive Care Unit (ICU) has joined with ICUs from throughout Victoria and South Australia to collaborate in developing service improvement strategies.

The ‘Intensive Care Breakthrough Collaborative’, sponsored by the Department of Human Services, began in April 2002 and aims to:

- reduce the number of patients awaiting transfer to wards by 70%
- reduce MRSA* infections by 50%
- reduce the number of pressure ulcers acquired in the ICU by 50% (working in close coordination with the Skin Integrity Nurse)
- ensuring that all ventilated patients receive the five key elements of care (known as the ‘ventilator bundle’)

We will report back to you on progress in next year’s Quality of Care Report.

* Methicillin Resistant Staphylococcus Aureus

Sign of the Times

Kudos to Bev Oldfield and her Blairgowrie Auxiliary. The group expressed concern that people travelling north along Pt Nepean Road had trouble finding Rosebud Hospital because of poor road signage. Bev worked with the local Council, state roads authorities and hospital staff to get three new signs installed along the highway.

“(There are) complaints from community members regarding signage for the hospital – especially when travelling from Portsea and Sorrento”

(Southern Community Advisory Committee, August 2002)

PATIENTLY WAITING

A great number of public hospital beds are taken up by elderly people waiting – sometimes for months – to get a permanent place in a nursing home or hostel. It’s a lose-lose situation, with weary patients, frustrated families, clogged hospital systems and angry communities.

Now a new team at Peninsula Health has been formed to address this situation by helping these patients more quickly secure residence in appropriate accommodation.

Members of the specialist Residential and Complex Care (RACC) Team have extensive knowledge of the Residential Care sector and use their expertise to assist patients and their families in securing placement in nursing homes or hostels. This effort is focused on three main approaches:

- helping families identify which nursing homes are most appropriate for their particular situation and encouraging them to send applications to those facilities.
- working closely with residential care facilities to improve assessment information. This means providing hostels and nursing homes with a broad range of information about the patients applying for placement – information about mobility, continence, social issues, medical conditions, rehabilitation needs and other data. As this is more information than the homes usually receive, they are more confident that they’ve been fully informed about the needs of potential residents, giving Peninsula Health patients a higher profile in the selection process.
- RACC staff are able to follow individual clients through all the steps prior to placement – acute hospitalisation, rehabilitation, interim care, therapies and so on. This makes sure that clients don’t have to start from scratch with each transition, losing progress on placement efforts because they are in a new facility and program.

Before the team was established in November 2002, the average length of stay in hospital for elderly people awaiting placement was 128 days. This has decreased dramatically as the team got underway and staffing numbers have increased:

<table>
<thead>
<tr>
<th>Month</th>
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<tr>
<td>DECEMBER 2002</td>
<td>73.8 days</td>
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<tr>
<td>FEBRUARY 2003</td>
<td>45.3 days</td>
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<tr>
<td>APRIL 2003</td>
<td>42.3 days</td>
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<tr>
<td>JUNE 2003</td>
<td>33.3 days</td>
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GERM is a Four Letter Word

While we know that germs are everywhere (they were the first on the planet after all and will probably be the last!) in hospitals, doctors, nurses and other health care workers go to battle daily to prevent these germs spreading to patients. Simple measures such as hand washing and cleaning of surfaces and medical equipment with soap and water are combined with more specialised procedures to prevent the germs from spreading.

Making sure that infections aren’t spread and that disease causing organisms don’t have opportunities to grow in food, air conditioning or anywhere else is the focus of Peninsula Health’s Infection Prevention and Control Unit. The team in the unit will quickly tell you, however, that giving the germs the brush off is not just up to them but to all staff as well as patients and their visitors. Hence the unit’s infection control awareness campaign of:

“infection control, it’s everybody’s business.”

Making Infection Prevention and Control Everybody’s Business is only one of the strategies for infection prevention and control. While we all know that not all infections are preventable, with the help of the laboratory service and ward staff, the infection control team can closely monitor patient infections so that any problems are quickly identified, investigated and controlled.

In 2002, in addition to regular infection control education, 13 health care workers completed a specialised training course in infection control. The course has proved so popular it has now been extended to both nursing and non-nursing staff with 38 enrolments for 2003. These specially trained staff assist the monitoring of compliance with infection control standards and guidelines in both clinical and non-clinical departments.

Peninsula Health now participates in the Department of Human Services, Victorian Hospital Acquired Infection Surveillance program (VICNISS). This program will allow us to continue to measure our performance with like sized hospitals. A 12 month review of intravenous devices used to deliver medications and fluids to patients in intensive care identified a low rate of infection.

“Infection control, it’s everybody’s business.”

“... (it’s) clean and doesn’t smell like some other homes”

(Frankston Community Health Service Community Advisory Committee, June 2002)

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Fine Parking

Nearly 250 new car parking spaces have brought the total car park capacity at Frankston Hospital to 1200. The expansion is necessary to help ease the rapidly rising demands for staff, visitor and client parking.

Peninsula Health’s Manager of Engineering Services, Geoff de Campo, applied his most innovative ideas to getting more parking spaces out of the existing ‘geography’.

The new spaces were gained when staff parking was realigned, and unused portable buildings along Dundas Street were moved and the area graded for parking. A Parking Officer has been engaged to enforce parking restrictions – starting with ‘courtesy notices’ issued to staff and visitors who park illegally or overstay the time permitted. As of September 2003, however, infringement notices will be issued to ‘repeat offenders’.

Peninsula Health regrets that visitors to our Frankston site have been finding it difficult to secure a car park – especially during afternoon visiting hours. We hope that extra spaces, new lighting, footpath construction and improved signage will relieve congestion and make access to our Frankston facilities easier and more pleasant. We thank you for your understanding – AND your parking fees, which provide us with funding for maintaining and upgrading our car parks. The funds we levy in fines help also, but we would prefer not to have to collect them!

The Eyes Have It

For several years health card holders in Frankston have been asking for low cost optometry services – with an average of six requests a week made to the Frankston Community Health Service. The only place these disadvantaged residents could get affordable glasses and other eye care services was in Carlton at the Victorian College of Optometry.

Until now.

In June the Minister for Aged Care, the Hon Gavin Jennings, announced that funding would be allocated to an optometry service to be located at Peninsula Health’s Frankston Integrated Health Centre (FIHC). Here the Victorian College of Optometry will offer a wide range of tests and treatments, and high risk patients like those with diabetes will be able to access supporting services from other Peninsula Health units at the FIHC.

“Optometry services are needed”

(Frankston Community Health Service Community Advisory Committee, June 2002)
**Helping Hands**

What’s ‘Golden Staph’? This is the name sometimes given to Methicillin Resistant Staphylococcus Aureus (MRSA). MRSA can cause serious infection in patients in hospital but is now also being found in people in the community. To prevent this germ from spreading we have commenced a hand hygiene campaign so far in two clinical departments and this will be “rolled out” across the health service later in the year as part of the “Everybody’s Business” campaign. In one ward we are already seeing evidence of a reduction in MRSA.

**Tackling TB**

Occasionally, patients may be admitted with suspected Tuberculosis (TB). Although many are later identified as not having TB, we need to ensure that we provide the best protection to other patients, staff and visitors. While we wait for the results of a special test, patients who are suspected of having TB are cared for in specially designed air-conditioned rooms (Frankston Hospital now has 3 such rooms which meet the Victorian Department of Human Services guidelines) and all staff and visitors entering these rooms wear special masks to protect them from infection. Pamphlets have been developed, with community input, to explain TB (and the special precautions required) to patients and their visitors.

**Hot Topic**

All sterilisation of surgical instruments and other equipment is performed in the Central Sterilising Departments at Rosebud and Frankston Hospitals. In the event of a breakdown in any of our sterilising procedures a strategy has been developed to identify and quickly recall any equipment before it can be used.

**Fresh Air**

The Engineering Department is introducing new air conditioning units at the Frankston Hospital site to eliminate the need for water-cooled air conditioning towers and, as a result, reducing the risk of Legionella infection. Monitoring of remaining towers continues in line with Health Department regulations.

**The Clean Team**

To monitor the cleanliness of areas within Peninsula Health, audits are conducted at least every eight weeks with an audit conducted once a year by external auditors. All areas are audited, from operating theatres to offices. The results of the audits are then compared to other Victorian Hospitals. This year we have shown a strong improvement in our audit results, achieving the third highest score of the ten health care facilities audited.

Peninsula Health was the first Victorian Health Service to respond to changes in food handling legislation. We have since trained 12 food safety supervisors who monitor food hygiene standards and practices across Peninsula Health.
Peninsula Health
Value:
Professionalism
Peninsula Health people will recognise and nurture each person’s individuality but will support each other and collaborate to build an outstanding service using learning and education to proactively improve practice and process.

When you enter a healthcare facility run by Peninsula Health, you can be assured that the health professionals who serve you are highly qualified and that they will apply this expertise to maintain or improve your health and wellbeing. The following articles illustrate our emphasis on skills, qualifications and continuing education and training.

Relieving the Pressure – when Resting is Risky
Most of us know them as bed sores – those nasty and painful wounds people can get from being confined to bed for long periods of time.

For example, if bedridden patients aren’t able to move or the surface they’re resting on is too hard, the bones in their feet can compress the skin and tissue of the heels. The blood has trouble getting to the tissue, which becomes damaged and a bed sore begins.

Hospital staff call these wounds pressure ulcers and know that at worst they can involve damage even to underlying muscles and bones.

The prevention and management of pressure ulcers is an ongoing issue in a health care setting. Many patients arrive at hospital with existing pressure sores, and staff must not only manage these but also prevent further ulcers developing.

As well, pressure ulcers are a serious risk to elderly people in aged care facilities where residents are often too frail to move about much and have skin that is already thinned and fragile with age.

Unfortunately, we have not yet eliminated the risk of a patient developing a pressure sore while in our care. But we’re working on it.

Since October 2001 Peninsula Health has employed a full time Skin Integrity Nurse to focus on the prevention and management of pressure ulcers across all sites.

Part of that management involves conducting surveys to determine the prevalence of pressure ulcers. The graph below left compares surveys done of patients in hospital in December 2001 and in October 2002. It demonstrates a reduction in all stages of pressure ulcers.

Several new initiatives introduced over the last year by the Skin Integrity Nurse in coordination with other staff helped the Health Service reduce these figures. The initiatives included:

- Purchasing 316 new ‘pressure reduction’ foam mattresses
- Requiring the reporting of all pressure ulcers and entering these reports on a database to help the Skin Integrity Nurse detect trends and provide advice and guidance to ward staff
- Producing an information sheet in May 2002 entitled “What is a Pressure Sore?” and offering it to all patients on admission. A consumer participation group helped develop a ‘user friendly’ format for the material
- Placing resource manuals, with the Australian Wound Management Association guidelines, in all wards and units
- Training 847 nurses last year in pressure ulcer prevention and management. This represented 75% of the total nursing workforce

“We like the professional and friendly manner in which we were greeted and treated …”

(Jean Turner Community Nursing Home Resident Satisfaction Survey, January-March 2003)
Learning & Development took many forms at Peninsula Health during the past year. Examples of non-clinical courses available to staff were: Recruitment & Interview Skills, Time Management, Developing Teamwork, Finance, Business Case Proposals and Submissions, Taking Meeting Minutes, Presentation Skills, Quality Tools, Performance Management and Customer Service, Managing Absenteeism, Boundaries in the Workplace and Conflict Resolution.

Peninsula Health strives to ensure that all its staff have access to relevant ongoing education and training. In Psychiatric Services, for example, management have a spreadsheet to manage all training records for staff and these are linked to workers’ job descriptions.

Peninsula Health also encourages and supports health professionals to maintain and expand their skill base through attendance at both in-house programs and external conferences. Maintaining strong links with educational institutions ensures that health service professionals deliver best practice health care.
Moving Forward with Safety

It sounds like the name of a video-game superhero, but a Gzunda is actually an electrical device for moving beds. Easier handling of beds means more patients can be transported to x-ray or between wards in their own beds instead of having to be transferred to a trolley.

While the equipment is essential to an efficiently run hospital, Peninsula Health experienced a problem when an untrained person attempted to operate a Gzunda.

The Clinical Risk Management Unit began an immediate investigation into the incident and Gzunda safety procedures. Along with representatives from Occupational Health and Safety and from departments using the Gzunda, the Clinical Risk Management Committee developed a new policy to ensure greater safety with the equipment.

A list of the skills needed to operate the Gzunda was compiled. Tests were devised to determine how well staff handle, drive and store the equipment, and a training program was designed for new staff and those who require extra experience.

Staff members now need to demonstrate mastery of all the necessary skills before they are issued with a Gzunda key, and reassessment and licensing will take place yearly.

At Peninsula Health, we are determined to learn from incidents like these. Rather than concluding this event by simply directing blame, we chose to use the results of the inquiry to improve safety on an organisation-wide basis.

Toning Down the Tension

An emergency department is a fast-paced, high stress environment where the tension can cause a whole host of troubles – hostility, anxiety, conflict, misunderstanding – all of which are best handled with a cool, calm and courteous approach.

Peninsula Health has noted a dual need in this volatile environment – supporting consumers by ensuring that our Emergency Department (ED) staff maintain a courteous and positive attitude and supporting staff in situations when patients or visitors become anxious, forceful or aggressive.

To achieve the first objective, Peninsula Health has started a Customer Focus training program for staff. The workshops are designed to improve staff performance and morale and, in turn, promote productive communication with health care consumers. All ED staff, from clerical to clinical, are eligible for the workshops, which are expected to become a standard part of in-service training at Peninsula Health.

To address the threat arising when patients or visitors become aggressive and violent, the Health Service is continuing its Aggression Management program. Since the program was established, aggressive incidents have decreased, front-line staff feel safer and more in control of aggressive incidents and patients are more secure as the Aggression Management Team and staff are better able to defuse incidents before they present a danger. The team is constantly reviewing how they deal with these situations.

“...members were concerned that children waiting for treatment in the Emergency Department were at risk of being exposed to violent behaviour”

(Northern Community Advisory Committee, April 2002)

“...very impressed with the professionalism of my (doctor) and all the doctors in emergency”

(Press Ganey Survey of Patients – Round 4)
Skills on Screen . . .

Two of Peninsula Health’s Renal Dialysis nurses have completed their Post Graduate Renal Certificates in studies that included the use of video conferencing links with The Queen Elizabeth Hospital in South Australia. The nurses, who earned High Achievements in their course, are part of the Rosebud Hospital team that last year provided 24 patients – including several clients holidaying on the Peninsula – with 1209 treatments.

. . . and Skills on Site

Providing training opportunities locally encourages staff participation and promotes professional growth. The Nurse Education, Support Services and Human Resources Departments all offer education programs and training courses within the workplace. Peninsula Health staff have access to several dozen different programs including No Lift Training, Cardio-pulmonary resuscitation, Semi-automatic Defibrillation instruction, Developing Teamwork, Fire Training and Aggression Management, with staff attendances tracked on a central data base.

For some courses, instructors are brought in to provide education in subjects such as Customer Service. Both Certificates in Business and Frontline Management Diplomas can be earned on site. In addition, volunteers are trained in fire and response codes and, where appropriate, in food handling safety.
We are Listening

Have a Query?
Would you like to learn more about Peninsula Health or any of its services?

Ring Public Relations on 9784 7821 for a copy of the Quality of Care Report, Annual Report or other material. Or look us up on the Peninsula Health website on www.phcn.vic.gov.au

Want to Discuss your Views?
Want to speak to a member of the Community Advisory Committees?
The Board CAC is chaired by Ms Diana Macmillan. Ring 9784 8211 to leave your name and number and a member will contact you.
For those living in the northern part of the region, the CAC chair is Ms Bernadine Hasler. Ring 9784 7695 for a call back.
If you live on the Southern Peninsula, your CAC chair is Ms Anne Jacques. Ring 5986 1661 to request a call.

Want to Express your Concerns?
If you would like to tell us about a concern, complaint or compliment about services received at Peninsula Health, ring Customer Relations on 9784 7051.

Want to Know your Rights?
If you would like to know more about your rights and responsibilities as a health consumer, ring Customer Relations on 9784 7051.

Want to Volunteer?
If you would like to learn more about becoming a volunteer in one of our more than 30 auxiliary groups, ring Public Relations on 9784 7821.
The Peninsula Health auxiliary and volunteer groups are listed in the 2003 Peninsula Health Annual Report and on our website.

Want to Know More?
If you have questions or comments arising from this Quality of Care Report, ring the Quality and Customer Services Department on 9784 7051.
Want to Read all About it?

Peninsula Health has a wide range of information materials available at no cost. These include The Quality of Care Report, the Annual Report and Financial Statements, Donation and Bequest brochures, Patients Rights and Responsibilities pamphlets, Peninsula Perspectives Newsletters and many other informative documents. Ring us on 9784 7821.

Want other Contact Numbers?

Numbers you may wish to contact for more health related information include:

- Department of Human Services 9616 7777
- Frankston City 9784 1888
- Mental Illness Fellowship 9783 1008
- Mornington Peninsula Shire 1 300 850 600
- Peninsula Community Health Service 5975 826
- Peninsula Hospice Service 9783 6177
- Brotherhood of St Laurence 9782 1000
- Salvation Army 9784 5000
- Royal District Nursing Service
  - Frankston 9783 8800
  - Rosebud 5986 8355

Feedback to Us on this Report...

You will find an evaluation questionnaire for The Quality of Care Report and reply paid envelope in the back of this report.

Reading this Quality of Care Report in conjunction with the Peninsula Health Profile, 2003 Annual Report, 2003 Financial Statements and Peninsula Health Research Report provides a comprehensive picture of public health and hospital services on the Mornington Peninsula.

Among the documents we used to gather material for the 2003 Quality of Care Report were:

- Board Community Advisory Committee minutes
- Complaints issues from Customer Relations
- Consumer Satisfaction Surveys
- Frankston City Health and Wellbeing Plan 2002-2007
- Frankston Community Health Service Consumer/Community Committee
- Frankston Community Health Service Customer Satisfaction Survey
- Mornington Peninsula Shire Municipal Health Plan 2003-2006
- Northern Community Advisory Committee minutes
- Press Ganey Reports
- Press Ganey Survey (Emergency Department)
- Public Relations & media feedback
- Quality and Clinical Governance Committee minutes
- Southern Community Advisory Committee minutes
- Victorian Patient Satisfaction Monitor, Rosebud Hospital and Frankston Hospital
Cover Shot:

Twenty year old Josh Crocker is among those fortunate people who love their work. He has a job with the parks service, helping maintain the bush, spending his working days in fresh air and sunshine.

But there was a time when this enviable career would have been nearly impossible because for almost 4 years Josh suffered from an addiction to amphetamines. A frightening reaction that sent him to hospital made him realise he needed help, and he sought out a recovery program through Peninsula Health’s PenDAP (Peninsula Drug and Alcohol Program). He successfully completed an 8 week relapse prevention course, utilised one on one counselling and is currently in PenDAP supported accommodation.

Josh decided to tell his story in this report because he wants others with addiction problems – especially young people – to know there’s help available.

In his recovery Josh has shown courage and determination, and he is positive and resolute in his goal to pursue his life drug free.

Now, for Josh, the sky’s the limit.