Peninsula Health

Quality of Care Report 2002

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On behalf of the Board and Staff of Peninsula Health, we are pleased to present the 2002 Quality of Care Report to the community.

This is the second Annual Report on our safety and quality systems and the clinical review processes we use to ensure "excellence in integrated care". It has been produced in collaboration with consumer/community representatives and reflects feedback provided from evaluations of the 2001 Quality of Care Report.

This year the Report is structured to reflect Peninsula Health's Strategic Goals, which were developed over the past two years. Community consultation was an integral part of the formulation of our Strategic Plan. Focus Groups, Community Advisors and staff assisted us in determining needs and service gaps and in prioritising actions.

The Goals are set out in this report to reflect our performance and progress with each strategy. The supporting data included is essential to our ongoing monitoring programs, helping us to identify strengths and weaknesses and determine strategies for improvement.

At Peninsula Health communication with health care consumers is essential to our service delivery. We seek opportunities for dialogue and for promoting a productive partnership with our community and this Quality of Care Report is an important tool in that objective.

An evaluation form and prepaid reply envelope are enclosed with this report and we would value your comments on our services, our goals and our community consultation activity.

We appreciate your interest in the healthcare infrastructure and service delivery we provide to the City of Kingston South, the City of Frankston and the Mornington Peninsula Shire community and we look forward to receiving your feedback.

Thank you for your participation in our consumer reporting processes as we strive to continually improve the care and programs we offer to you and the more than 300,000 people we serve.

Ms Stella Axarlis AM
Chair
Board of Directors

Dr Sherene Devanesen
Chief Executive
Community consultation and consumer feedback has told us that our consumers want to receive safe and quality services in our healthcare system. They want to be able to access services in a timely manner. They want to be seen by qualified personnel and have continuity of care. They want to know that staff are not overworked and are taking due care. They want to receive their care in clean, secure and hygienic surroundings with the best available equipment. They want to be well informed about their health condition and care. They want to have a say in the quality of the care and services they receive, but fundamentally they expect their health to be improved after receiving a health service.

To ensure that Peninsula Health has a consistent approach to improving safety and quality in its health care, a quality and clinical governance framework, based on the principles of quality measurement and continuous improvement was introduced in 2000. The framework, as outlined below left, has six dimensions of quality and five cross-dimensional issues.

The framework adopted is designed to make consumer care safer with a strong emphasis on improved risk management. This framework has established processes to monitor, report and respond to key aspects of our health care performance. A committee structure is in place to monitor and manage the quality of health care being delivered.

To enable quality improvement to occur, reporting strategies need to be effective. Reports to the Quality Committees must include:

- Performance data results
- Areas requiring attention
- Plan of actions for these areas of concern
- Results of Action taken
- Issues for the Board.

**INTERNAL MONITORING OF QUALITY AND SAFETY**

Peninsula Health has been working towards achieving improvements in consumer safety by responding to known problems and risks.
The focus during 2001-2002 has been:

- Reducing medication errors
- Reducing hospital acquired infections
- Reducing hospital-acquired pressure injuries to skin
- Reducing patient falls
- Demonstrating appropriateness of care in key areas.

There are three major patient safety committees in our quality and safety framework that monitor, report and respond to these key areas of risk. These committees are Clinical Risk Management, Mortality Review and Infection Control.

MANAGING CLINICAL RISKS.

A clinical incident occurs when there is a variation to standard practice guidelines and/or harm or potential harm to a consumer has occurred. All clinical incidents, which include medication errors, falls and pressure sores are reported to the Clinical Risk Management Committee via numerous mechanisms including: a clinical incident form, in person, telephone, fax, e-mail and through medical record review. The Department of Human Services (DHS) in July 2001 established a mandatory serious adverse event list and reporting mechanism. If one of these listed serious adverse events occurs, it must be reported to DHS within 15 working days and then a thorough internal investigation of the event by a multidisciplinary team is conducted. The report of the investigation including steps taken to prevent or minimise these events recurring is forwarded to DHS within 45 working days. Our rate of a reported serious adverse event for 2001/2002 was one in every 10,000 admissions. Peninsula Health also has a screening program where medical records of all inpatient admissions are screened for selected events. An example would be the transfer of a general ward patient to the Intensive Care Unit. These reports as well as external events and medicolegal activity are reviewed and the risk prioritised by the Committee using the Australian Standards risk assessment tool. Action plans are then developed by individual services to address any issues raised.

Improvements arising from the Clinical Risk Program are:

- Development of new Consent Policy
- Non-mercury thermometers purchased
- All needle (sharps) containers now fixed 900mm from floor
- Introduction of falls register to facilitate a culture of identifying opportunity for clinical management of falls rather than simply reporting the incident
- Establishment of a falls prevention protocol
- Establishment of colour-coding of gait aids eg. Red tape on a walking frame means the patient needs full supervision whereas green tape identifies the patient as being safe to walk without full supervision
- Establishment of a junior doctor focus group to ensure safety of medication prescribing
- Introduction of 2-week drug charts for long stay patients as opposed to 7-day charts. This reduces workloads and transcription errors
- Change of timing of warfarin, which is an anti-clotting medicine, from 6pm to 4 pm, when the day shift medical staff are still available. This allows better continuity of patient management and reduces errors
- Introduction of palm pilots (hand held computers) to pharmacists. The number of clinical interventions recorded has increased from approximately 120 per month to 500 per month and ward pharmacists can now answer drug information queries quickly and accurately
- Promoting staff awareness of pressure injury, management and prevention through education. Pressure injury prevention is incorporated into all wound management study days and inservices. 535 staff attended education sessions from November 2001 to June 2002.
INVESTIGATION OF DEATHS

In spite our efforts, some patients do not recover from their illness or injury. When a death occurs, individual departments across the Health Service have regular unit meetings to review deaths.

To provide a further independent review, a Peninsula Health-wide Mortality Review Committee was established during 2001. The committee consists of senior clinicians representing all areas of medical practice in Peninsula Health. The Executive Director of Medical Services chairs this committee. The focus is on improving systems and has a no-blame approach. An independent senior doctor reviews all in-hospital deaths. Any death unexpected or reportable to the Coroner is sent with a pro-forma to the relevant Clinical Director for a full case review. This case is then discussed at the next Committee meeting and an appropriate action plan is initiated. We also try to learn from deaths in other hospitals. All coronial reports from other health services are presented to the Mortality Review Committee. We compare our practices and protocols with findings from these cases and make changes if necessary, to ensure safe and appropriate practice. During 2001/2002, there were 1022 deaths across Peninsula Health. Forty-two were reported to the Coroner and twelve other deaths were declared unexpected.

CARE IMPROVEMENTS AS A RESULT OF CORONIAL REVIEWS:
- Reviewed MRI (Magnetic Resonance Imaging) Procedures to ensure that Radiology was following all the Royal Australian and New Zealand College of Radiologists (RANZCR) approved guidelines
- Implemented new Restraint Policy
- Suicide Ideation Pathway developed. This provides a guide for staff to identify care needs for any person who is at risk of suicide
- Reviewed and revised Not for Resuscitation Policy (NFR)
- Additional junior doctor rostered on night duty
- Removed dextrose 50% from all wards. Dextrose 50% is a high concentration glucose
- Reviewed and revised nasogastric tube policy and protocol.

INFECTION CONTROL AND PREVENTION

The Infection Control Committee is an integral process of the quality and safety framework of Peninsula Health. It is recognised that infections can result in serious consequences for individuals and place a significant burden on the health system. The five priority areas for the Infection Control Committee during 2001/2002 have been:

- Management Commitment, Leadership and Accountability
- Monitoring Infection Control and reducing infection rates
- Prevention of adverse events
- Protecting staff and visitors
- Surveillance (a monitoring system).

Infection control program achievements this year are:
- Over 300 inpatients immunised for either influenza or pneumococcal pneumonia. A significant improvement from only 20 inpatients immunised last year
- 36% (1123) staff immunised for Influenza
- Increased number of areas covered by infection control surveillance activity
- Maintenance of infection at a low rate which compares favourably with aggregate data from other hospitals.
CONSUMER PROFILE:
WHAT IS GOLDEN STAPH AND WHAT IS MRSA?
My name is Cliff. I’ve been in hospital for cardiac testing and I hear so much about picking up infections in hospital. What are my chances of getting something like “staph”?

Nicole, Infection Control Practitioner:
This is a question that is often asked and often misunderstood by members of the public.

Golden Staph is another name for a common bacteria called Staphylococcus aureus. It is also known as golden staph because when it is cultured in the laboratory it shows up as a lovely golden colour.

There are a number of different strains of Staphylococcus aureus, some of which have developed resistance to a number of antibiotics. One of these antibiotic resistant strains is Methicillin Resistant Staphylococcus Aureus (MRSA). It is called this because it is resistant to a number of antibiotics including methicillin, a powerful and effective antibiotic.

Staphylococcus aureus is present on the skin of 30% to 40% of the general population and the MRSA strain is present on the skin of approx 10% of the population. The bacteria can be present on the skin without causing any harm or infection. This is known as colonisation.

Staphylococcus aureus can also cause certain infections whether you are at home or in hospital.

The main way these bacteria pass from person to person is on hands. Therefore the main way to stop transmission is by regular handwashing.

Cliff: So what would happen if I had a MRSA infection?

Nicole: What happens would depend upon the type of infection you had, for example, a urinary tract infection or a wound infection. Most often when someone has a MRSA infection (not just colonised) we need to place you in a single room. This is to decrease the risk of spreading the bacteria to other patients, especially those who may already be very unwell. There are still some antibiotics that can be used to treat a MRSA infection. The Doctor who is looking after you would choose the most suitable antibiotics to use.

Cliff: So what does the Hospital do to minimise the risk?

Nicole: The risk of you contracting an infection from MRSA whilst in hospital would be extremely low. If you were very sick and had to spend an extended period of time in hospital with lots of intravenous lines and catheters in you, then the risk would be higher, as your body would be more vulnerable to infection. Some of the risk reduction strategies we have at Peninsula Health to minimise risk of infection whilst in hospital are:

• Improving handwashing practices, by staff, patients and visitors to reduce the spread of bacteria. Instructional posters have been displayed near all handwashing amenities
• Involvement of Infection Control personnel with new buildings and refurbishment of old areas to ensure adequate hand washing amenities and other facilities required to maintain compliance with Infection Control requirements
• Regular auditing of compliance by staff with Infection Control policies and guidelines
• Regular auditing and monitoring to ensure that all sterilisation and disinfection complies with Australian Standard 4187, the standard relating to disinfection
• Maintenance of an accurate tracking system of all sterilised items to enable reliable tracing of equipment if necessary
• Education of all Peninsula Health staff at orientation and at regular hospital inservice lectures to maintain a high level of Infection Control knowledge.
• Education of consumers by developing specific pamphlets on MRSA and other important infections or Infection Control issues. There has been consumer input in developing these pamphlets and they are available from all the wards and the Infection Control and Prevention Unit.
• Ongoing training and personal development of Infection Control staff to maintain expertise and ensure they are up to date with current Infection Control issues and latest thinking.
• Surveillance of targeted hospital infections by collection of data and benchmarking of this data against other hospitals. To ensure that we are comparing “apples with apples” this data must be risk adjusted and standardised methods of data collection including definitions of infection must be employed. We have participated in the Victorian Infection Control Surveillance Project (VICSP) which has studied and compared infection rates in hip and knee joint replacement surgery and caesarean sections. Our rates for orthopaedic infections compare favourably to the aggregate VICSP data. The statewide data for Caesarean section is currently being analysed so we are comparing our infection rates to the USA NNIS (National Nosocomial Infection Surveillance) project. This has shown our rate of infection is less which is very favourable.
• Ongoing trials and testing of new products that relate to Infection Control to ensure that Peninsula Health uses the most effective products in a cost efficient manner.

Examples of such improvements are:
• Improvement in time of receiving thrombolysis treatment from 77.6% to 94% within one hour by changing assessment practices. The Australian Council on Healthcare Standards aggregate rate for performance is 82%. Thrombolysis is a drug given to people who have recently had a heart attack. It reduces the amount of heart muscle damage.
• Policies on nursing observation and seclusion reviewed in Psychiatry.
• Information booklet developed for expectant mothers to explain guidelines for inductions of labor.
• Day surgery patients are now seen in the pre-operation clinic by the operating surgeon to reduce the likelihood of having to cancel patients who are not ready for surgery.
• Quarterly Quality Reporting to Department of Human Services (DHS) – Each quarter, we provide data to DHS on our performance against a range of quality indicators.
• External Auditing – To ensure legislative requirements are met, a number of external audits have been completed over the past year. These include areas such as Infection Control, Risk Management and Surgery and Operating Services. Action plans are developed as a result of these reviews.

Some improvements implemented have been:
• Quarantine area for sterile stock has been established at Frankston Hospital in the Supply area.
• Vision and goals developed for Operating Services. Quality Improvement Teams have been set up to address process issues such as requesting equipment and storage of sterile and non-sterile stock.

IN VolvinG CoNSuMeR S IN THE Quality CYCLE

FEEDBACK AND IMPROVING PERFORMANCE
Consumer and carers are encouraged to be involved in the monitoring of our performance and the improvement of our services in both informal and formal ways. Formal methods can include Consumer Satisfaction Surveys, Community Advisory Committees, or by lodgment of a written complaint. Consumers also participate in Health Service workshops and focus groups. Informal ways can be through making suggestions or telephoning or e-mailing the Customer Relations Manager with a compliment or concern. Posters are displayed in public areas encouraging this feedback.

EXTERNAL MONITORING OF QUALITY AND SAFETY

• Accreditation – All parts of the Health Service are accredited by the Australian Council on Healthcare Standards. All of our aged care facilities are accredited by the Aged Care Standards Accreditation Agency. Achieving accredited services is important to us as is recognition that standards have been met or being worked towards, and are monitored continuously by outside independent bodies.
• Clinical Indicator Reporting – On a 6 monthly basis, clinical indicators are submitted to the Australian Council on Healthcare Standards for aggregation and comparison with industry standards. Clinical indicators are a measurement of care that can alert us to possible problems or opportunities for improvement.
Satisfaction surveys are used across the health service to help us identify our strengths and identify areas where you would like us to improve. Two major surveys have been undertaken this year by external agencies, which have compared us to other health services in Victoria. Emergency Department consumers participated in the Press Ganey Survey and inpatients participated in the Victorian Patient Satisfaction Monitor.

Results from the Victorian Patient Satisfaction Monitor showed that 92.5% of our hospital patients were either very satisfied or fairly satisfied with their care. The overall State average result for satisfaction of hospital treatment was 95%.

The consumers who participated in the Patient Satisfaction Monitor identified a number of areas where improvements could be made to the service provided. One of the main areas was in Discharge Planning and Follow-up. Our consumers responded that they would like better discharge information in terms of how to look after their condition at home following discharge from hospital.

This issue will continue to be addressed by developing more Care Pathways, which include a Patient Pathway and Discharge Advice and Information. Care Pathways are developed from the best available evidence that we have and identify best practice for specific clinical conditions. They provide a multidisciplinary guide to care, identify care needs and coordinate activities among members of the care team. Using pathways, we can track outcomes and identify areas where changes might be made to improve care. Consumers are already involved in Patient Pathway development and the extent of their involvement will be increased.

Consumers could also comment on the service if they wished.

“If there was an Oscar for hospital treatment at Frankston, then you all receive one. Care and treatment was excellent at all times”.

“I stayed in the Short Stay Unit for 4 days. In that 4 days I learnt how excellent those nurses, cleaners etc are. Even though I was sick, I laughed so much and just for them to show and remind me that life is worth living.”

“Each patient has their own special needs, speaking for myself I couldn’t have received the care and understanding from a better group of people. Keep up the good work.”

“I was offered a beautiful, relaxing warm bath with nice smelling oils. This was completely surprising, very unexpected and also gratefully accepted.”

I have attended the hospital for a number of different reasons including five babies since I was seventeen. I have nothing but praise for the hospital and staff and I think we are very lucky to have such a great hospital.”

The Emergency Department Survey showed that 66% or two thirds of Emergency Department patients rated their care as good or very good. The percentage of care rated as “very good” was 32.2%, compared to the Australian Peer “very good” percentage of 53.9%.

Some of the comments made by our Emergency Department Consumers were:

“Even though they were busy, they were never too busy to make you feel important and looked after.”

“I was angry that people who came in one and a half hours after me, went in before me looking like their condition was not worse than mine.”
“The care and attention displayed by people under enormous pressure was most impressive.”

“Excellent care for our son who was in a lot of pain. We were put at ease and our son was treated very very well. We feel the care for children is excellent”.

“The main issue was the waiting time and no one seemed to be around. My daughter was in pain (broken leg). I felt very upset but once we started treatment, everything was OK”.

The survey highlighted some areas for attention including informing patients of waiting times and better pain control. These two issues have been addressed through the development of an Emergency Department brochure that informs patients how the department works and how patients are assessed so that the most urgent patients are seen first. The Emergency Department is participating in the National Institute of Clinical Studies Collaborative Program and has undertaken a project to reduce the time for receiving pain relief. A quality improvement focus team called the “The Pain Stoppers” as well as an education program for medical and nursing staff has commenced. Clinical Nurse Specialists have also been appointed to facilitate the “fast-tracking” of patients with simple injuries or illnesses.

Peninsula Health has a designated Customer Relations Manager who facilitates resolution of complaints and collects compliments and suggestions. Complaints, compliments and feedback on experiences are shared with staff. Timeliness in responding to complaints has been a goal in complaints management this year and the time to closure for routine complaints is now on average 7 days.

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We want to know if consumers or carers are dissatisfied with a service provided so that we can address the issue immediately in order to prevent recurrences. We want to ensure that your complaints are addressed and used to improve our processes and quality of care. A comprehensive complaints report is presented to the Peninsula Health Quality Committee and Community Advisory Committees for monitoring and management.

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Barriers to consumers making complaints have been removed so that a complaint can be made by telephone, in writing, in person or via e-mail and receive the same consideration and action.

**Issues Identified by Complainants 2001-2002**

Consumers and staff are encouraged to resolve complaints at the service delivery level at the time the issue occurs to enable speedy remedial action. We have a policy to intervene early to resolve complaints. A patient, in the Victorian Patient Satisfaction Monitor contributed an example of a satisfactory resolution of a complaint.

"My complaint was the ensuite in my room was not cleaned for 2 days, due to a day off of normal staff."
The casual staff did not do the job properly. I mentioned it to the permanent staff on her return, who was most apologetic and immediately spoke to her supervisor, who then spoke to me and was going to bring it up at the next staff meeting.”

**Initiatives as a result of consumer complaints have been:**

- Elective surgery waiting list bulletin to General Practitioners
- New Emergency Department trolleys
- Procedures following a death folder
- Interim Care information pamphlet for consumers and their families
- Review of the safe keeping of valuables.

**COMMUNITY ADVISORY COMMITTEES**

We have one Community Advisory Committee and two Community Advisory Groups (one for our northern catchment area and one for our southern catchment area). The community members volunteer their time and have a dual interest in improving the quality and safety of healthcare and advising the Health Service about community viewpoints. Community members also contributed to the content and design of this report. A Consumer Participation Plan and Implementation Strategy has been developed. Actions to be implemented over the next 12 months include:

- To conduct annual Community Open days at each site
- To conduct consumer and carer focus groups
- To establish training programs for Community Advisory Committee members in relation to their role on Community Advisory Committee(s)
- To establish a Community Advisory Group for our eastern catchment area.

**Improvements that have been facilitated by the Community Advisory Committees have been:**

- Community members involved in the strategic planning process of the Health Service
- Implementation of a bus service from Rosebud to Frankston
- A 1800 number has been installed to facilitate easier access for people outside the normal STD range (1800 858 727).

**Chairman of Northern Advisory Committee, Mr Jim Kerrigan**

“We have raised many issues and a number have been addressed with the result that we think that our committees have indeed made a difference”.

“…we share our experiences and voice our ideas and whinges, we are encouraged to have our say, and with the staff who attend, we share multi-intelligence. We also broaden the view of staff members.”

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**Achievements**

- Full accreditation status with Australian Council on Healthcare Standards for all Peninsula Health Services
- All residential aged care facilities accredited Aged Care Standards Agency
- Consumer representative on Peninsula Health Quality Committee
- Development of a Consumer Participation Plan
- Completion of an educational Falls Prevention CD for health workers
- Appointment of a Skin Integrity Consultant to facilitate reduction in hospital acquired pressure injuries
- Funding has been allocated in the 2002/2003 budget to replace old innerspring mattresses with pressure reduction mattresses

**Future Directions**

- Establishment of a framework to apply best available evidence to our practices
- Enhanced reporting and monitoring of adverse events, leading to improvements in care
- Enhanced reporting and evaluation of mortality and morbidity data.
- To assign nominated falls liaison workers in each ward setting
- To participate in the new Victorian wide infection control surveillance project and have benchmarking data available
- Implementation in July 2002 of a hospital wide electronic drug prescribing system. The system warns doctors at the time of prescribing, of potential patient allergies, drug interactions and duplicate orders. Electronic drug orders are transmitted directly to the dispensing system enabling quick and accurate dispensing of prescriptions.
We know through consumer participation and feedback that timely access to our health services is a critical issue for the community. We are constantly seeking ways to improve access to our services, including emergency services, surgery, rehabilitation, aged care services, community and mental health programs.

During 2001/2002, we have responded to a continuous increase in demand for services at Peninsula Health. There have been:

- Nearly 8% more hospital inpatients
- A rise in the number of patients admitted to Hospital from the Emergency Department from 8487 in 2000/2001 to 10489 in 2001/2002

**Achievements and Future Directions**

**Table 2** Summary of key actions in the area of

**Achievements**

- Direct phone link for local general practitioners to speak with the Emergency Department Admitting Officer to discuss patient management and referral.
- Introduced an early warning system to reduce the need for ambulance bypass (when an ambulance is directed to another hospital).
- Reduction in ambulance bypass by 54% from the previous financial year.
- Opening of an eight bed Emergency Demand Management Unit to accommodate low care patients awaiting transfer to a ward.
- Introduced a fast track service for less urgent, single illness emergency patients (Category 5).
- Reduction in the rates of critical care transfers (patients being transferred to other hospitals because of a shortage of critical care places at Frankston Hospital) from 5.1% in 2000/2001 to 2.2% in 2001/2002. This is partly due to the opening of a High Dependency Unit earlier this year.
- New interim care service commenced in May 2002 for patients requiring temporary residential accommodation while awaiting the nursing home or hostel of their choice.
- New Rehabilitation in the Home Program commenced in September 2001 which gives consumers needing rehabilitation the option of having therapy, nursing and medical needs provided to them in the safety and comfort of their homes.
- Compliance with response times for urgent mental health care has improved from 88% to 93% for all clients during the past 12 months.
- Mental health inpatient care capacity has improved by 12% over 2001-2002.
- Community Health has developed a single point of entry enabling an immediate response where caller issues are identified, appointments are made, or where relevant, information is mailed out to consumers.
- A record Day of Surgery Admission rate of 95% at Frankston Hospital and 98% at Rosebud Hospital. Admitting on day of surgery enables all hospital beds to be fully utilised.

Clinical Nurse Specialists have been appointed to facilitate the “fast-tracking” of patients with simple single injuries or illnesses.

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**PERCENTAGE OF CATEGORY 5 PATIENTS TREATED IN EMERGENCY DEPARTMENT IN UNDER 120 MINS.**

**DAY OF SURGERY ADMISSION RATE 2001-2002**

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- A rise in the number of Outpatient attendances from 14,723 in 2000/2001 to 17,097 in 2001/2002. The most notable activity increases have been in antenatal, oncology, diabetes and plastic surgery clinics. These exceeded our set targets by 14%.
- Emergency Department attendances increased by 4,000 this year for a total of 39,083 people treated.
- A 20% increase in the number of patients treated in our rehabilitation units.
- A 30% increase in the number of referrals to the Falls Prevention Program.

Future Directions
- Progressing the redevelopment of Frankston Hospital, which will mean the opening of more beds.
- Commencing from July 2002, Peninsula Health’s long waiting lists in orthopedics and urology will be offered early surgery at St Vincent’s Hospital and Western Hospital respectively.
- To distribute an Elective Surgery Waiting List Bulletin to General Practitioners on a quarterly basis commencing August 2002. The Bulletin will highlight initiatives to increase elective surgery throughput at Peninsula Health as well as providing General Practitioners with information on average waiting times by surgical specialty and most common procedures.
- To service plan for residential care needs.
- To review unmet needs in the provision of dental care, radiotherapy and outpatient services.

HOSPITAL INITIATED SURGERY POSTPONEMENTS BY SPECIALTY 2001-2002

- Patients requiring cataract surgery now have the option of going to Cranbourne Integrated Care Centre and over 164 people have been referred to date.
- Highest utilisation rate of the Hospital in the Home service in Victoria. This has increased the number of hospital bed-days available by 57% during the first six months of the financial year.
- Expanded Hospital in the Home service to Rosebud Hospital.
- Opening of 60 new beds at Frankston Hospital.
- Opening of additional four beds in Psychiatry.
- Expansion of short stay unit and post-natal general ward by 20 beds to enable more elective surgery to be completed.
CONSUMER PROFILE:
Hello my name is Babs and I live in Frankston. I need to have a hip replacement and I have had my name on the surgery waiting list since September 2001. I read in the papers that the lists are long and that there are a lot of cancellations. When will I have my operation?

Ann (Waiting List Manager): Peninsula Health faces constant challenges in trying to meet the demand for elective and emergency services. We are aware of the impact to patients and families when elective surgery is cancelled or delayed or the expectation regarding waiting times for surgery are not met. All patients placed on the electronic elective surgery waiting list are allocated an urgency category by their surgeon based on their level of need. You were assessed as Category 2, which means your surgery, is less urgent than Category 1.

Babs: Yes that’s right. I saw my surgeon in early September 2001 and he placed my name on the Category 2 waiting list. I received a letter from the Hospital at the end of the following week and was told that the Category 2 waiting time was often longer than the recommended time of 90 days. It also stated that I should contact my GP if I felt my condition had got worse or to ring you for further information.

Ann: Peninsula Health has very long waiting times especially for your type of surgery. We are constantly monitoring and evaluating the management of our elective surgery waiting lists. Each year an audit of our waiting list is conducted. To date this year, 480 names have been taken off the list as they have had their surgery elsewhere or no longer require surgery. Some of the strategies we have put in place this year to do more surgery have been:

- Expanded the available short stay beds by 10
- Continued high rate of day of surgery admissions which enables all hospital beds to be fully utilised
- Opening of new beds as part of the Frankston Hospital redevelopment
- Utilisation of a Supported Residential Service to provide convalescence to patients unable to be discharged home but no longer requiring hospital care.

Babs: I am worried that once I am given a date for surgery, that I might be cancelled.

Ann: That is a very real concern. Over the last 12 months our cancellation rate has been 9.9%. There are a number of reasons why surgery has to be
postponed. The major reason is that the hospital is already fully occupied by emergency admissions. Other reasons are:

- Operating theatres become unavailable due to emergency surgery
- More urgent elective patients need to be admitted
- An Intensive Care Unit bed may be required postoperatively and all these beds are occupied.

We do try to minimise the number of postponements of patients within 24 hours of their scheduled surgery. If surgery has been postponed after they have arrived at hospital, we try to schedule the surgery for the next day. We have also recently introduced a new system that if a patient has his or her surgery postponed on 3 occasions, we make every effort to admit within 30 days of his or her last postponement.

Babs: If you have to cancel surgery, how do you decide which people to cancel?

Ann: We look at the reason for the postponement of surgery being necessary, the clinical need of the patient, the postponement history of the patient and their length of time on the waiting list.

Babs: Who makes this decision?

Ann: It is a consultative process involving the Director of Surgery, nursing staff and the Waiting List Manager. The surgeon is always involved to ensure that all clinically relevant factors are taken into consideration. Category One patients who have already arrived at hospital must not be postponed without the permission of the Director of Surgery. No patient (regardless of their category) can be postponed a fourth time without the approval of the Executive Director of Medical Services.

Babs: Who will contact me if my operation has to be cancelled?

Ann: If it is prior to the day of surgery, staff in the Waiting List office will call you.

If it is on the day of surgery, you will be notified by the Admissions/Discharge Lounge staff, but, if you wish, you may speak with a doctor to discuss any medical issues which may arise from the postponement.

Babs: You have been most helpful, but can you give me some indication of when I will have my operation.

Ann: A new service known as the Elective Surgery Access Service (ESAS) will commence after July 2002 as part of the 2002-2003 State Budget. This service will arrange for long waiting category 2 patients to be treated at health services with the capacity to treat additional patients in selected specialties. St Vincent's Hospital in Melbourne is the designated centre to treat extra orthopaedic patients. Peninsula Health is a target service to be involved in ESAS due to its long Category 2 waiting time for joint replacement and cataract surgery. The surgeon of those patients identified as suitable for referral will be consulted. The patient will then be contacted for permission to refer them to ESAS. There is a chance that you may be offered to have your surgery later this year.

Babs: That's fantastic news. My surgeon said I may need some rehabilitation after my operation. Where will I receive this?

Ann: The designated centre will provide all pre and postoperative visits, including rehabilitation.

Babs: Do I have to go to a designated centre?

Ann: No. You may choose to remain on the Peninsula Health waiting list if you want.

Babs: No I will literally jump (no pun intended) at the opportunity to have my operation. I have previously had a right hip replacement and a left knee replacement at Frankston Hospital and the results were fantastic. I was thrilled with the service I received from the Hospital.
Over the last 2 years, it has been our Health Service mission to provide “excellence in integrated care”: Our consumers want to be able to receive services that are coordinated, streamlined and without duplication. Many projects and quality improvement strategies have been implemented to enhance integration between service providers. In this report we will highlight some examples of integration programs that have been commenced or completed during the last year.

**REDESIGNING SERVICES FOR THE ELDERLY**

We participated in an 18 month Department of Human Services funded project that looked at re-designing the referral, assessment and transfer processes of older people with complex needs. This involved Frankston and Rosebud Hospitals and the Rehabilitation, Aged and Palliative Care Services of Peninsula Health. All the services had different processes and procedures for referring, assessing and transferring aged care patients. Consumers and staff were confused about these processes. We felt that the system could be streamlined to have consistent processes without unnecessary delays and duplication. A project team was put together including medical staff, nurses, allied health staff, care coordinators and consumers to re-design the process.

This Designing Care Project has been instrumental in achieving many improvements in streamlining the transfer of patients. The most significant achievement is that within a 10-month period, the percentage of transfers within 7 days from our Hospitals to our Rehabilitation Aged and Palliative Care Service has improved from 55% to 95%. Our patients are now able to receive the specialist aged care they require more quickly and hospital beds are available to accept more admissions from Emergency or elective surgery lists.

**Other achievements from this project have been:**

- Central point of contact developed for both in-patient and community for patients waiting for residential care to facilitate communication and better discharge processes
- Development of a tool for managing transfers. This tool is a list identifying all patients waiting for assessment and ready for transfer within Peninsula Health. It is now distributed to key stakeholders throughout the Health Service daily and facilitates the timely transfer of patients
- Since June 2001, geriatricians now conduct daily assessments at Frankston Hospital. Time from referral to assessment has improved from 42% within 24 hours to 90% within that time
- A Care Coordination Team now meet regularly with Nursing Home providers in the Community to discuss issues
- Reduction in patients waiting for residential care in the hospital setting from an average of 50 in June 2001 to 14 in June 2002.

**PAEDIATRIC PHYSIOTHERAPIST INTEGRATION**

A job share position to provide paediatric physiotherapy services across Frankston Hospital and Community Health was appointed during this year. Within the community health program the physiotherapist works within a multidisciplinary team providing services in our school transition program for children who have coordination difficulties. The physiotherapist, as well, works in our Behavioural and Early Childhood Development Program dealing with children who have multiple and complex disabilities in addition to having a behavioural problem. The physiotherapist also sees children individually who require specific physiotherapy treatments. Within Frankston Hospital, the physiotherapist provides specialist input to the Children’s ward team and has a key role in both the hospital management and discharge planning. The improvements to date are continuity of care from the hospital to the community health service and better communication with families.

**PRIMARY MENTAL HEALTH TEAM**

The Primary Mental Health Team has been established during the year to facilitate early intervention and provide support and education to General Practitioners and Community Health Services. A pilot project with 4 General Practitioner clinics has commenced across Frankston and the Mornington Peninsula region. This project will provide information as to how the team can help General Practitioners provide better mental health care to the community. The team has also been running education sessions with counsellors and allied health workers in local community health programs. The focus has been to assist the staff deal with consumers who have anxiety and depression problems.

**COMMUNITY FORUMS**

Keeping our community informed of the latest evidence on prevention and treatment of health conditions has been a priority focus for Peninsula Health. The Primary Care and Population Committee which has representatives from Peninsula Health as well as other service providers in our community decided to run 4-5 Community Forums a year to deal with health promotion and case management for various health conditions in our community. Some of the services involved in this Committee include representatives from Mornington Peninsula Shire, Frankston City Council, Mornington Peninsula Division of General Practice, Commonwealth Rehabilitation Service, Brotherhood of St Laurence, Frankston Peninsula Youth and Family Services and Royal District Nursing Services. During 2001/2002, 4 forums were held and the topics were:

- Diabetes Management
- Dementia
- Mental Illness
- Drug and Alcohol Issues
CONSUMER PROFILE: JAN’S STORY
(for anonymity, names have been changed but the facts are real)

Jan is 35 years old with a 10 year history of fairly heavy alcohol consumption - at least one cask of wine a day. Her two young children, aged 5 and 7 years have been removed from her care and now live with her mother. Jan is only able to see her children under supervised access. Her husband left her a few years ago. Parenting is a real struggle for Jan. She has never really bonded with her children as she has been intoxicated a lot of the time. She has lost contact with friends over the years and hasn’t been able to forge any new relationships. Jan says it all started about 10 and a half years ago when she started suffering from panic attacks. This then led to anxiety and depression. Alcohol made Jan feel better able to cope.

Earlier this year, Jan completed her third attempt to ‘detox’. This time The Detox Unit run by the South Eastern Alcohol and Drug Service referred Jan to the Peninsula Drug and Alcohol Program’s Post Withdrawal Linkages Program (PWLP). This is a new service which only commenced in March last year. This program helps provide follow up support after residential withdrawal. It links people into ongoing support services such as counselling and residential rehabilitation. Sally, the clinician from PWLP met with Jan whilst she was still in the residential detox program. Sally’s role at this stage was to assess Jan and work out the motivation behind her alcohol abuse and to establish some goals that Jan wanted to achieve. Jan set 2 goals. Firstly to get her children back into her care and secondly to abstain from alcohol.

The first support service that Sally linked Jan into was a general practitioner who could provide her with the ongoing treatment she needed for her alcohol addiction. The GP prescribed medications to lessen Jan’s craving for alcohol and also to treat her depression and anxiety. Sally attended the first few sessions at the GP with Jan to provide support. Jan’s general health also needed to be checked as she had neglected herself over a long period of time. Sally also linked Jan to the Southern Dual Diagnosis Service run by Southern Health. One of its Clinicians, Phil, has seen Jan about managing her anxiety and depression.

The Post Withdrawal Linkages Program takes a holistic approach to assist clients in achieving their treatment goals. In setting up a treatment program for Jan, Sally has incorporated exercise, relaxation and nutrition into her routine. Jan has seen the Dietitian and attended weekly relaxation classes at the Frankston Community Health Program. She has also attended the Karingal Hub walks run by the Community Health Physiotherapist. These groups have provided Jan with opportunities to meet other people. Sally has actively encouraged Jan to become more involved at her children’s school. She now helps out with reading and art classes twice a week. Whilst linking with all these services, Jan has also been attending the 6 week relapse prevention program run by PenDAP (Peninsula Drug and Alcohol Program).

It is now two month’s since Sally first had contact with Jan. With Jan’s permission, Sally has made contact with Child Protection and in two weeks will attend Court with Jan to advocate on her behalf. This will be one of the first steps to getting her children back. Jan has completed a Parenting Program with Anglicare and has been linked into AA (Alcoholics Anonymous) for ongoing support and social contact. Sally has had discussions with Jan about going back to work, something she hasn’t done for 8 years. Next week Jan has an appointment with a caseworker from the Commonwealth Rehabilitation Service to explore work retraining.

Jan still has a lot of hurdles to get over but now has an integrated support system in place to assist her to achieve her goals.

ACHEIVEMENTS AND FUTURE DIRECTIONS

Table 3 Summary of key actions for the Integration of Services

<table>
<thead>
<tr>
<th>Achievements</th>
<th>Future Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>One mental health worker is linked to each community health program across Frankston and Mornington Peninsula.</td>
<td>To implement a case management model to reduce readmissions and length of stay for hospital patients admitted.</td>
</tr>
<tr>
<td>Successful Ageing seminar organised for local residents. This was a collaborative project between Mt Eliza Aged Care Assessment Service, Aged Psychiatry Assessment Team, Frankston Community Health Centre, Frankston Council and Agesafe.</td>
<td>The ongoing evaluation of the consultation and education activities with General Practitioners and Community Health workers re mental health support.</td>
</tr>
<tr>
<td>A combined service event held at Mornington Park for Mental Health Week.</td>
<td>To provide more mental health information to young people by working through schools and youth services.</td>
</tr>
<tr>
<td></td>
<td>Next community forum – Multiple Medication Management – is in the planning stages.</td>
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</tbody>
</table>
Ensuring that our staff have the appropriate qualifications, skills and competencies as well as knowing that Peninsula Health is the place where they want to work is a high priority for the Health Service and our consumers. Attracting the best staff will ensure the highest quality of care for our consumers. We also believe it is essential that health care professionals are appropriately supported to deliver this safe care.

**HOW DO WE ACHIEVE THIS?**

- Executive Directors are accountable for professional groups and the professional development, behaviour and clinical competence across Peninsula Health
- An improved verification process of annual credentialling checks for all doctors and nurses has been introduced. Credentialling checks are done by on-line interrogation of the relevant Registration Boards' databases. These checks ensure that staff's registrations to relevant Boards are current. All nurses and doctors must also supply to the Human Resources Department, the original document of their registration with the Nurses Board of Victoria or the Medical Practitioners Board of Victoria. Employment will not occur unless Victorian Registration is substantiated
- Senior Medical staff have credentials checked by the Clinical Directors' Committee which is made up of senior medical staff of Peninsula Health. This committee also considers the applicant’s registration and standing with the relevant Specialist Colleges
- Allied Health practitioners, where registration is not a requirement, must present the original documents, to the Human Resources Department, to prove eligibility for membership of the relevant professional association
- Position descriptions clearly set out the educational qualifications, registration, objectives and key accountabilities required
- Annual appraisals of clinical staff
- Formal reference checking of all new applicants for positions
- Formal orientation program for all new employees
- A diverse on-going education program is available to registered nurses to ensure their skills are contemporary and at Best Practice ranking
- The Nurse Education Department provides an extensive continuing education program for all nursing staff as well as a variety of specialist post-graduate nursing courses, in conjunction with several universities. The courses include Critical Care, Peri-operative, Midwifery, Emergency and High Dependency nursing
- Clinical Nurse Educators provide ongoing monitoring of clinical competence
- Supporting newly registered Nurses by providing a 12 month Graduate Nurse program which gives the nurses the opportunity to gain experience across the services and sites of Peninsula Health
- A junior doctor coordinator, mentor and medical education officer are employed to facilitate ongoing support and development for medical staff
- Managers are provided with the opportunity to recognise and thank staff with movie tickets or gift vouchers
- Formal recognition of long service.

### ACHIEVEMENTS AND FUTURE DIRECTIONS

**Table 4 Summary of key actions to be employer of choice**

**Achievements**

- Development of a nursing recruitment strategy plan which incorporated an Overseas Nurses Recruitment Strategy. 80 offers of employment have so far been made to nurses from South Africa and United Kingdom and already 12 have commenced nursing at Peninsula Health.
- Significant promotion of Safe Working Environment for staff with the training of more than 300 staff in Aggression Management.
- Establishment of an Aggression Management Team at Frankston Hospital to protect our consumers, visitors and staff. Aggressive assaults have decreased from 147 in January 2002 to a low of 21 in June 2002.
- Absence Management Program implemented.

**Future Directions**

- To implement an information technology solution, called e-recruitment solution, that will involve a significant redesign of our recruitment processes.
- To develop a Flexible Hours Policy to promote a culture of flexible working conditions where it can be accommodated.
- To develop and implement an Employee Welfare program.
- To create an Employee Value Proposition where by we work out what attracts staff to our Health Service and then build a unique image that we wish to portray to potential candidates in the community.
- To establish a Succession Planning Committee. The Committee’s role will be to ensure that we have the right people in the right place at the right time.
**STAFF PROFILE:**

**Name:**  
Gerry Thomas

**Position:**  
OH&S & Emergency Preparedness Officer

**What is the main focus of your work?**  
Safety in the Workplace

**What are your qualifications?**  

**What is the main challenge for you in your position?**  
To change the way staff think and work in relation to their own personal and patient safety. To ensure Peninsula Health is fully prepared in the event of any internal emergency occurrence and to effectively manage the situation

**What do you most like about working at Peninsula Health?**  
The friendliness and support of the staff, my role and its challenges, the location and also its close to home

**Why did you choose to work at Peninsula Health?**  
I actually worked here about two years ago and left to gain experience in a larger health organisation.

**What were the reasons that brought you back to work here?**  
It's a great place to work. The staff are great. My role has a broader range of responsibilities such as Emergency Preparedness dealing with fire and other internal emergency procedures, training, evacuation, mock exercises and ensuring patient and staff safety in relation to these types of emergencies. I also look at the wellbeing or emotional side of staff safety, providing lots of exciting internal programs to involve the staff.

**What new skills have you brought back with you?**  
Skills that have been tried and tested. I have gained more experience in another large organisation. A stronger passion to meet the challenges head on.

**Have you enjoyed your return to Peninsula Health?**  
Yes the orientation and induction has been excellent and I have been very warmly welcomed.
STAFF PROFILE:

**Name:** Dr Youssef Abdel-Malek

**Position:** Senior Registrar in Psychiatry

**Qualifications:** Medical Doctor. Completed Degree in Psychiatry in Egypt. Migrated to Australia and applied to the College of Psychiatry for registration. Has since passed general medicine exams and written exam in Psychiatry. Will sit the final clinical exam this year and will then be qualified as a Consultant Psychiatrist.

**Why have you chosen to specialise in Psychiatry?** I like interacting with people. Most patients with psychiatric problems need a doctor who can support and advocate for them. I feel that I have good skills in this area.

**Why did you choose to work at Peninsula Health?** I was offered a good position in a sub-specialty that I liked most.

**What specialty is that?** It is Consultation Liaison Psychiatry. I work in all the general medical and surgical wards of Frankston Hospital seeing patients who have psychiatric problems.

**How long have you worked at Peninsula Health and are you enjoying your job?** I commenced here in February this year and the job is great. Staff morale and the quality of care is very good. My supervisors are highly regarded within the College of Psychiatry. The education and teaching program at Peninsula Health is of a high quality. My roster is not too arduous and safe working hours are strictly adhered to. I am also allocated 5 hours of paid study time per week.

**What are your work plans at the completion of this year?** Hopefully I shall pass my final clinical exams in Psychiatry and I shall then be a Consultant. I would like to continue work at Frankston Hospital for a few years and then maybe commence some part-time private practice work.
Name: Kathleen Felstead
Position: Registered Nurse

What is the main focus of your work? I work directly with patients in the ward.

What are your qualifications? I completed a 3 year full-time nurse training degree course at Monash University last year. I am now in the Graduate Nurse Program run by Peninsula Health. I was a mature age student as I had previously worked as a research assistant in genetics for 12 years prior to going into nursing.

Why did you change your career? I wanted to be in a job where I had more people contact. I wanted to help people. I think it must be in my genes as I have a lot of nurses in my family.

Have you made the right decision? Yes definitely. It is very rewarding, although at times you have very difficult people to deal with and it can be emotionally draining. Also, I’m still getting used to shift work!

What do you like most about working at Peninsula Health? I have done clinical placements in larger hospitals where I felt isolated and unsupported. Peninsula Health is more community based and everyone on my ward works as a team. There are a lot of experienced nurses on my ward who provide great support. Also as part of the Graduate Nurse program I have a mentor on the ward. She helps me a lot. I also have one education session per week on a topic related to my specific work area. The other bonus is that it is close to home!

As a relatively new employee what do you think of the quality and safety of patient care at Peninsula Health? We sometimes have a lot of demented patients in the ward so that means extra diligence needs to be paid to safety risks such as falls. We do implement the No Lift Policy which is good. The pressure area care on this ward is excellent as well as the strict adherence to double checking of medication. Pharmacy staff also regularly check the patients’ drug charts which is an important safety check to minimise medication errors. I would like to see printed drug charts rather than handwritten charts, as the writing is rarely legible, so I know to check with the medical staff before I administer any medications.
An extensive building and refurbishment program has continued across many of the Peninsula Health sites during the past year. The largest of these building programs was the opening of the first phase of the $21 million Frankston Hospital Redevelopment. This encompassed a 10-bed coronary care unit, 20 cardiac step-down and general medical beds, a 4 bed High Dependency Unit and 22 respiratory and general medicine beds. Also opened has been a new kiosk, “Pinkies” which is staffed by our very hard-working volunteer Pink Ladies Auxiliary, a Chapel and a new Admission reception area. The second phase of rebuilding will be opened before the end of the year and will include a 17 bed Paediatric Unit, a Special Care Baby Unit, a 19 bed Midwifery Unit plus 8 birthing suites, and a 16 bed observation unit in the Emergency Department.

MONITORING OF BUILDING WORKS
The Infrastructure Management Committee, chaired by the Executive Director of Infrastructure monitors all building and maintenance work conducted throughout the Health Service. A works assessment audit of all facilities is completed annually. All works are prioritised in agreement with Executive Directors and are then undertaken, subject to funding.

A team of people called a Project Control Group monitor all building projects funded by the Department of Human Services.

WHO IS IN THE TEAM?
The Project Control Group consists of:
• Department of Human Services’ Representatives - Capital Works Management Branch
• Architects
• Cost Consultants
• Project Managers
• Consultant Engineers
• Peninsula Health Staff User Group
• Infection Control
• Engineering staff

This team ensures that the buildings are in accordance to all relevant standards.

SAFETY MEASURES DURING BUILDING WORKS
During hospital building works, large amounts of dust can be generated, which can potentially harbour a fungus called Aspergillus. This type of fungi is found worldwide in the environment. It can be found
in soil, decaying fruit and vegetables, household dust, building materials, ornamental plants and water. As Aspergillus spores are common organisms in our environment most people are naturally immune and do not develop any disease. Some people, however, can become colonised with the spores. This is more common in people with chronic lung diseases such as Asthma. Colonisation is when an organism is present in the body but does not cause any harm or disease. Aspergillus however can cause significant disease and even death in people who have lowered immune systems (eg Leukaemia). The main cause is through inhalation of the spores into the lower respiratory tract, and occasionally through a wound in the skin. Aspergillus diseases cannot be passed on from person to person.

To reduce these risks during the extensive building program at Frankston Hospital, barriers between patient care areas and construction areas were erected, entrances and exits were dedicated to builders, and cleaning regimes were followed to keep dust and dirt to a minimum. Infection Control staff also conducted routine monitoring of Aspergillus isolates during construction to ensure that problems were identified and acted upon quickly.

HOW CLEAN ARE OUR FACILITIES?

Our consumers have told us that it is important that our health facilities are comfortable, clean, safe and secure. New cleaning standards for Victorian Public Hospitals were introduced during 2000/2001. Independent audits of our performance against the cleaning standards are undertaken annually.

Cleaning audits are also conducted internally every 6 weeks for very high-risk categories and every 8 weeks for high and moderate risk areas. The results of these audits are reported to the Quality Committee and to service areas for monitoring and action if required. Independent food safety audits are also conducted throughout Peninsula Health with Frankston and Rosebud Hospitals Food Services achieving 100% compliance. All our Aged Care facilities will be audited in October 2002.

Surveys such as the Victorian Patient Satisfaction Monitor are also used to measure our performance. The survey identified areas for improvement for both Frankston and Rosebud Hospitals in areas such as room cleanliness and cleanliness of toilets and showers. The survey also identified strengths. Frankston Hospital meal quality was rated the highest in its category of similar sized hospitals (81% vs 72%).

Improvements that have been as a result of this monitoring have been:

- Purchase of new cleaning equipment - vacuum cleaners, wet floor signs and a lot of high dusting/cleaning equipment.
- Cleaning team introduced to assist with all high cleaning eg. Light fittings, vents and ceilings.
- Increased cleaning shifts in areas where building works are taking place.
- 90% of all support services staff (cleaners, food monitors) retrained in cleaning standards, methods of cleaning, infection control and safety data sheets.
- Change of food menu from a 3 week to 4 week menu. This has enabled more variety of foods which is especially of great benefit to the residents in our aged care facilities.
### ACHIEVEMENTS AND FUTURE DIRECTIONS

#### Table 5  Summary of key actions to enhance physical facilities

<table>
<thead>
<tr>
<th>Achievements</th>
<th>Future Directions</th>
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</thead>
<tbody>
<tr>
<td>- Continued roll out of the $21m Frankston Hospital Re-development.</td>
<td>- $500,000 has been allocated to continue upgrading facilities at Rosebud Hospital Emergency Department.</td>
</tr>
<tr>
<td>- $750,000 refurbishment of Lotus Lodge Hostel, our aged care facility in Rosebud.</td>
<td>- Planning for the re-utilisation of the old midwifery unit at Frankton Hospital.</td>
</tr>
<tr>
<td>- Total of $1.7m undertaken in minor works.</td>
<td>- Securing funding for the upgrading of internal roads and carparking facilities at the Frankston Hospital site.</td>
</tr>
<tr>
<td>- The adult inpatient psychiatry unit refurbished. This project combined with the 15 bed aged acute psychiatry unit completed in 2000 has seen more than $3.7 million spent on enhancing the physical facilities in our mental health services.</td>
<td>- Expand the cleaning team.</td>
</tr>
<tr>
<td>- Development of a service wide comprehensive Preventative Maintenance Program encompassing essential services (regulatory requirements), critical plant, planned and reactive maintenance.</td>
<td>- To introduce an electronic audit tool, The Palm Pilot, which will make the monitoring of our cleaning standards quicker.</td>
</tr>
<tr>
<td>- Development of a risk management plan to minimise potential exposure to legionella from the cooling towers.</td>
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<tr>
<td>- Asbestos audit of the Health Service facilities and a consequential management plan.</td>
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<tr>
<td>- Fire audit of all sites to assess compliance with latest fire regulations.</td>
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<tr>
<td>- Introduction of a two-tiered formal orientation program to better ensure the safety of workshop staff and contractor trades people.</td>
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<tr>
<td>- Introduction of compulsory Work Method Statements and Job Safety Analysis Sheets to ensure improved compliance with Occupational Health and Safety requirements.</td>
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<tr>
<td>- Upgrading of kitchen facilities at Frankston and Rosebud Hospitals to keep up with the increased number of meals required.</td>
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CONSUMER PROFILE:
Pictured are Cliff and Annette who live at Lotus Lodge, our aged care hostel in Rosebud. Cliff has lived at Lotus Lodge for 3 years and Annette 6 years. Annette and Cliff are now engaged and the romance commenced when they met at Lotus Lodge. A date for the big day has not been set as yet as Annette has recently had surgery but everything is going well.

Lotus Lodge has been undergoing extensive refurbishment this year which has included 2 adjoining rooms for Annette and Cliff. One room has been remodelled into a living room while the other room is the bedroom.

"There has been vast improvements and they've made it into a home".

"We are very fortunate. The staff are all friendly".
We recognise the importance to develop services and responsive relationships to meet the special needs of particular groups within our community. Groups identified during the past year have been the aged and ageing, chronically ill, youth, people with physical and sensory disabilities, indigenous people and people of culturally and linguistically diverse backgrounds. Highlighted are some of the achievements during the year.

**BETTER CARE FOR STROKE PATIENTS**

A Stroke Project, auspiced by the Royal Australasian College of Practitioners and funded by the Commonwealth was completed during the last year. The improvements to our care include:

- **Reduction in length of stay for patients in hospital from 19.9 days to 11.4 days.** This has been achieved through the appointment of a Neurologist, a Stroke Liaison Nurse, improved processes between the hospital and our rehabilitation and aged services and the establishment of a stroke rehabilitation program at the Frankston Rehabilitation Unit.

- **Reduction in complications to our patients from 10% to 4%.** Common complications with stroke patients are subluxed (dropped) shoulder and aspiration pneumonia (fluid or food gets into the lungs). Aspiration pneumonia has been reduced significantly through the development of a Swallowing Assessment Tool, which has received much interest nationally and internationally.

**GREATER ACCESS TO INTERPRETERS**

Ten percent of the population on the Mornington Peninsula is from a non-English speaking background and last year nearly 4,000 people from non-English speaking origins were admitted to Peninsula Health. Meeting the needs of the non-English speaking population is the focus of a new program developed by Peninsula Health’s Social Work Services. Following two years of research into demographic and medical record figures, staff determined that a significant number of health care consumers were not having their needs met because of communication and cultural issues.

### Strategic Goal 6
**Providing services for Identified Groups**

**Future Directions**

- To be able to provide more timely access to interpreters for people who come to the Emergency Department.
- To explore and further develop interim care options for older people including people waiting for hostel care and people with dementia.
- To develop a centre for aged care population medicine.
- To establish guidelines for the care of dementia.
- To support the development of carer support groups.
- To provide leadership in the determination and delivery of services for young people.
- To progress 3 DHS funded projects under the Hospital Admission Risk Program. These projects are:
  - Self Managing Chronic Cardiac Failure
  - Increased Coordination between Psychiatric Services and Primary and Tertiary Services.
  - Diabetes Disease Management Model.
“To address this situation, we are starting with a major staff awareness program”, explains Social Work Services Manager, Sue Goonan. “We’ve displayed posters about accessing and using interpreter services and have scheduled staff training sessions that will outline major cultural issues that impact on health care delivery.”

These could include special dietary traditions, specific grieving rituals and basic communications strategies.

In addition, staff are learning how to access an interpreter service for their clients and the basic rules of an interpreter service, such as speaking softly and in complete sentences; and not engaging in private conversation with the interpreter in front of the patient.

Social Work Services also maintain a central interpreter booking service for Peninsula Health through the Central Health Interpreter Service (CHIS). There is no charge to patients for this service and an interpreter is usually available within 24 hours of notification.

INTERVIEW WITH ROB BERWICK
PRIMARY COMMUNITY KOORI ACCESS WORKER

Tell us about the Primary and Community Health Koori Access Program.
It is a new service that was set up in March this year to work with the Aboriginal population within Peninsula Health’s catchment area to facilitate health prevention as well as improving access to acute hospital care. I do see though that the major focus of my role is on primary and community health promotion. Health is a holistic approach and presenting issues need to be dealt with in an Aboriginal culturally appropriate manner.

What is the Aboriginal population in the Frankston and Mornington Peninsula?
We have little knowledge on the true numbers of the population in the Frankston and Mornington Peninsula. What we do know is that the Aboriginal and Torres Strait Islander community is fragmented demographically throughout the Frankston and Mornington municipalities. It is known that our community here has a history of transience and they tend to come from all parts of Australia. As such, some have little understanding of their family groups and do not have strong family supports. Access to services becomes a major issue due to the Aboriginal community’s transience. Unless you can provide a service within a fortnight to four weeks, the person has most likely moved elsewhere.

What do you see as the greatest challenge of your role?
Getting the health workers to understand the culture and sub-culture of the aboriginal community. I have commenced Aboriginal Cross-Cultural training for all the staff of our Community Health program as well as to nursing students at Monash University.

Although your position is only very new, what are your achievements to date?
There has been a lot of interest from my colleagues at Peninsula Health, Frankston Integrated Health Centre. The intake of aboriginal people to services is occurring better. There is now much better access to services such as Physiotherapy, Audiology, Podiatry, Family Therapy Services and Psychiatry.

What are the program’s goals for the next 12 months?
I would like to see the Koori Access Worker as the first point of contact for all Aboriginal people wanting to access a health service at Peninsula Health, Frankston Integrated Health Centre. This would then allow me to follow up all appointment times and ensure services are attended. I would like to see more timely access to services and a decrease in costs for the Aboriginal community.
Peninsula Health is striving to be an innovative organisation. We are keen to introduce programs that assist our people in their innovative endeavours as well as recognise and reward learning and innovation.

During 2001/2002, three such innovative programs have either been commenced, trialed or adopted by other services.

**CORE OF LIFE PROGRAM**

This is an early intervention program for secondary school students on emerging attitudes to pregnancy, birth, breast feeding and parenting. At the time of Core of Life’s ‘conception’, the Mornington Peninsula area was experiencing a very high teenage pregnancy rate of 6.8% as compared to the State average of 3.2%. Midwives at Rosebud Hospital designed the program with the aims to:

- alleviate teenage pregnancy rates,
- improve low breastfeeding rates,
- encourage better health outcomes and resiliency for young families and
- strengthen the link between health care providers and the adolescent/school community.

The program is run in schools, facilitated by 2 midwives using multimedia and education strategies. The program commenced in 1999 in 5 secondary colleges on the Mornington Peninsula, expanded to 8 schools in 2001 and in 2002, has been introduced to new schools in the areas of Frankston and Casey/Cardinia. The first phase of a major expansion has commenced with the development of a "Train the Trainer" package for use by school nurses across Victoria. The education of 70 new facilitators has started to engage 60 new schools throughout Metropolitan Melbourne and regional Victoria.

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**NUMBER OF BIRTHS TO YOUNG MOTHERS UNDER 20 YEARS OLD**

<table>
<thead>
<tr>
<th>Year</th>
<th>Frankston Hospital</th>
<th>Rosebud Hospital</th>
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<tbody>
<tr>
<td>1995</td>
<td>6%</td>
<td>4%</td>
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<tr>
<td>1996</td>
<td>6%</td>
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<td>4%</td>
</tr>
<tr>
<td>2001</td>
<td>6%</td>
<td>4%</td>
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</table>
An independent study of the program has been completed. It concluded... "...considerable changes in knowledge and attitudes surrounding birth options, advantages of breast feeding, ranges of psychosocial support available during pregnancy and parenting...students were mostly enthusiastic about the content finding it 'confronting' yet 'useful'.”

As illustrated by the graph (bottom left), the number of births to young mothers at Rosebud Hospital has decreased significantly since the commencement of the 'Core of Life’ Program without any corresponding rise to figures at Frankston Hospital, which is the next closest hospital.

PILOT OUTREACH PROGRAM WITH THE METROPOLITAN AMBULANCE SERVICE

This program was commenced by staff in our Emergency Department and their colleagues in the Metropolitan Ambulance Service in response to:

• an all time high number of people attending the Frankston Hospital Emergency Department;
• an increase in the number of times that the Emergency Department had to go on Ambulance Bypass and
• feedback from the Metropolitan Ambulance Service, that 20-30% of their calls would not need to be brought to hospital, if alternative response options were available in the home.

The 6-month pilot program during 2001/2002 provided allied health support (eg. Physiotherapy, Occupational Therapy and Social Work) to patients in their homes. People assessed by the Metropolitan Ambulance Service as not requiring transportation to hospital if they could be supported at home with intervention, would be seen in their homes by Frankston Hospital Allied Health staff known as the RAD Team (Response, Assessment and Discharge). The RAD Team would contact the patient within 1 hour of referral and attend the patient within 3 hours. All follow up was in conjunction with the patient’s General Practitioner.

A survey to the patients, carers, General Practitioners and staff involved with this project was one measurement of performance to assess the effectiveness of the program. Ninety two percent of patient/carers surveyed rated their overall satisfaction with the program as excellent and all of General Practitioners surveyed wanted to see the program continue. Comments included:

"Helpful, understanding, supportive, informative, reassuring, absolutely wonderful”.

“A well needed program”

“Better result for patients that need medical consultation but don’t need acute hospital care”.

“It was good for establishing links with Metropolitan Ambulance Service”.

This program has now received on going funding and will continued during 2002/2003.

IMPROVED PATIENT CARE USING INFORMATION TECHNOLOGY

INTERVIEW WITH BOB RIBBONS, CLINICAL INFORMATION SYSTEMS PROJECT OFFICER
Tell us about the new electronic discharge system that commenced on June 17 2002

Peninsula Health is a trial site for introducing a web-based information system that is our first real investment in an information system designed specifically for clinicians. The system will enhance patient care, assist in ensuring a safe system for our patients and improve our communication with General Practitioners across the Mornington Peninsula.

What is this clinical system?
Providing a patient’s General Practitioner with comprehensive and timely information about a patient’s hospitalisation is an important element in a successful recovery. This new software will ensure that discharge summaries have more information, are consistently legible and are received in the shortest possible time. The report will include admission data, diagnoses, lab and radiology tests, other supporting services, prescriptions, referrals, treatment notes and other information that has been collected during a patient’s hospitalisation.

How does the General Practitioner get the report?
The discharge summary is automatically faxed to the patients’ GP or alternatively is transmitted directly to their desktop PC using a secure Internet-based private network. Printed versions of the report can also be given directly to the patient at the time of completion. This is in stark contrast to the old discharge processes, which could take days or sometimes even weeks to complete.

Is the information sent really secure?
Yes, most certainly. The security of information in this system is ensured through a system of passwords used by participating medical and nursing staff and the use of secure coded links to send information. No information is ever sent by e-mail, which is not secure.

How does this technology help the medical staff?
Using wireless technology, clinical staff will be able to take small lap top computers to the patient’s bedside without the need to plug into data points. Results will be visible and further tests can be ordered quite simply, all whilst standing next to the patient. In the near future, all pathology and radiology tests will be ordered electronically and the system will warn the doctor if a test has already been ordered within a certain period of time.

This will greatly reduce the over ordering of multiple tests.

What do you see as the greatest benefit of this technology?
The greatest benefit of this technology would be the introduction of electronic ordering of medication. Apart from the fact that the ordering system is directly linked to the pharmacy system (we are the only hospital in Australia and New Zealand to achieve this) and therefore greatly enhances efficiency, it also provides decision-making information for medical staff. Doctors will be warned of possible drug interactions, duplicate orders, and even have two drug databases available on screen to view, should they want to know more about any drug. In addition, we are hoping to significantly reduce transcription errors as medication charts on the wards will be printed rather than handwritten.

Is this system being used in all Peninsula Health facilities?
Not as yet. A trial is currently being conducted in two wards at Frankston Hospital. Following a review we hope to roll this out to all sites of Peninsula Health over the next 12 months.

Where do you see this technology heading?
This type of system will potentially provide ‘at the bedside’ data entry and clinical decision support to clinicians throughout the organisation. Eventually, it may even replace our paper-based medical record and ensure patient related information is instantly available in a secure form to clinical staff from Chelsea to Rosebud.

RESEARCH AND IMPROVED PATIENT CARE
Support for research and development is an important goal for Peninsula Health. Research is vital in order to maintain and develop excellence in clinical knowledge. During 2001/2002, thirty-seven research projects were presented to our Research and Ethics Committee for approval. This Committee assesses all protocols covering research involving patients, adhering to the guidelines in the National Health and Medical Research Council Statement on Human Experimentation. The assessment considers the ethical and relevant technical and methodological issues of the proposed research and reports to the Board of Directors. Representatives on the Committee include a Theologian, an Ethicist, a Lawyer, community
Achievements

- New Nursing Models of Care have been developed and will be implemented when the new purpose built facilities for our Women’s, Children’s and Adolescent’s Health Service is opened later this year. All maternity services from the beginning of the pregnancy right through to beyond discharge will be centralised within one geographic area (a “one stop shop”). This includes all antenatal clinics, childbirth education, combined birthing and postnatal area (including a family birthing room), lactation and home care service, with the Paediatric ward adjacent to the Special Care Nursery area.

- Model of Care changed to Family Focused Care in Paediatrics and the new Unit has been built to accommodate this. This model of care will be a partnership between parents and professionals that support parents in their central caring role.

- Research completed on the effect of using sedation scales in our Intensive Care Unit has led to patients being ventilated for less hours which has resulted in the patients requiring less sedation and pain relief.

Future Directions

- To set up a program to recognise and reward learning and innovation for junior medical doctors.
- To increase internal research approvals
- To implement the new web-based information system to all sites of Peninsula Health.

Carmel Mellican, Oncology Day Unit Manager “We are now participating in around 17 International Clinical Trials with approximately 100 patients enrolled. This has meant that our practice is evidence based and equates to the best in the world. We are constantly being monitored to check our work therefore we know that our facility and work practice are of an extremely high standard.”

New mums like Amitha Sudarshanam will benefit when new facilities for Women’s Children’s & Adolescent Health open this year.
Financial viability is essential to any organisation. For Peninsula Health, financial viability means being able to continue to provide the best health care possible. It means that vital medical equipment and supplies can be purchased and replaced as required to maintain excellence in health care.

WHERE DOES PENINSULA HEALTH PRODUCE ITS REVENUE TO RUN SERVICES?
90% of our funding is generated from the Department of Human Services via the State Government. The Government funding is allocated based on achieving a number of service targets. These agreed services targets include treating inpatients and outpatients, producing specific bed day levels and incentive funding to produce a managed result in balancing demand for elective surgery and emergency services.

By producing all the agreed service outcomes Peninsula Health generates revenue that enables it to maintain financial viability.

Financial viability is essential to any organisation. For Peninsula Health, financial viability means being able to continue to provide the best health care possible. It means that vital medical equipment and supplies can be purchased and replaced as required to maintain excellence in health care.

We will continue to deliver and enhance a robust budget system that will help control expenditure in the organisation as well as maintain strong internal control through strict observance of internal policy.
INTERVIEW WITH DIANA WARD
BOARD MEMBER

What is your role on the Peninsula Health Board of Directors? Deputy Chair

How long have you been a Board Director? Since July 2000 when the organisation became known as Peninsula Health. I had previously been a Board member for Frankston Hospital and its former name of Mornington Peninsula Hospital for 13 years prior to 1995.

How do you become a Board member? Vacancies are advertised in the local papers. You need to apply through the Chief Executive Officer of the Health Service and there is a prescribed format for handling applications. Recommendations are then made to the Department of Human Services.

Why did you apply for this role? I am interested in Health Services, I live in the area and make a living in the area. I wanted to make a contribution to the Community. I also did a lot of fundraising for Frankston Hospital in the early ’80s and I wanted input as to how the funds raised were spent.

What is the role of the Board of Directors? To monitor the management and operation of the Health Service. You have to be accountable to the Department of Human Services and to the community. It is like a public company. The Board of Directors is there to represent the shareholders - the employees, Department of Human Services and the community. The reporting process is very thorough. The Board of Directors is responsible for setting the policies of the Health Service and ensuring the policies and programs are properly implemented and monitored. It is vital that planning is in advance to identify trends in the community. We rely heavily on statistics and data such as the Burden of Disease report to identify areas of health concerns.

What reports do the Board of Directors receive? All the Board Directors attend different committees within Peninsula Health. The one Committee that I can think of that all the Board members receive the agenda and minutes for is the Quality Committee. All Board members want to have input to the Quality and Safety of care provided by Peninsula Health.

What is the most important role of the Board of Directors? To ensure that the services needed are provided cost effectively and with the best equitable access.
It is hoped that this report has given readers a clearer idea about the procedures and safeguards that are in place to ensure that Peninsula Health provides quality care to its consumers. The report has also highlighted the achievements during 2001/2002 and future directions against our Strategic Goals.

Some readers may have had their interest sparked by the information presented. If so, we encourage them to contact the following personnel for further information:

- **Peninsula Health Quality and Customer Services Unit** - 03 9784 7051 (for information on this report, accreditation, performance targets, clinical risk issues, consumer satisfaction and the complaints process)
- **Peninsula Health Infection Control and Prevention Unit** - 03 9784 7722 (for any infection control information)
- **Peninsula Health Public Relations Unit** - 03 9784 7821 (for information about recognising outstanding service, joining an auxiliary or volunteer group, making a donation or bequest to Peninsula Health, general issues regarding services)
- **Peninsula Health’s website address** - http://www.phcn.vic.gov.au
- **Better Health Channel** - http://betterhealth.vic.gov.au. This is a public information website that gives Victorians access to reliable, up-to-date information on health conditions, services and events
- **The Health Issues Centre** - http://home.vicnet.net.au/~hissues/. This is a non-government health policy analysis group which researches consumer perspectives on health
- **National Resource Centre for Consumer Participation in Health** - http://www.participateinhealth.org.au. This website contains up-to-date information about consumer participation in health. It is a resource for consumer groups, health service providers and policy makers.

Our Quality of Care Report is freely available to anyone requesting it. We intend to distribute this report widely throughout our local community. A copy will be sent to local community agencies and placed in bedside lockers for patients within the service. It will also be distributed with the Annual Report and along with the Annual report be available on our website at http://www.phcn.vic.gov.au

As this report is aimed primarily at our consumers, we would be grateful for community feedback. Was the report clear and informative? Did it address concerns? Are there other issues that should be covered? A brief questionnaire is enclosed in this report that would help give us input to improve next year’s Quality of Care Report.

We thank readers for their interest in Peninsula Health and the public health services available. Through their consideration of the issues surrounding quality care and the performance of health providers, they are participating in a collaborative effort designed to ensure the highest standards of health care.

We value their opinions and contributions to our service delivery and, with their input, will continue to develop health care services that meet the community’s needs and expectations.
Individuals on the cover of the 2002 Quality of Care Report represent many of the demographic sections of our community. Each has used or provided specific health services, and their stories help us illustrate the programs, achievements and quality measures that promote progress at Peninsula Health. We extend sincere thanks to them for their participation.

**COVER DETAILS Right to Left:**

- **Dr Hung Nguyen**, a second year Hospital Medical Officer at Peninsula Health, who is planning to pursue General Practice training
- **Ryan Jamieson**, 8, has used Emergency Department services
- **Babs Wright** has had a knee and a hip replacement at Frankston Hospital for her severe arthritis. She is currently waiting for a second hip operation
- **Bea Edwards**, a local Aboriginal artist who produced three spectacular murals now on permanent display in the Frankston Integrated Health Centre. She also serves as an Aboriginal Outreach Worker for Peninsula Health
- **Megan Jamieson**, 6. Like her brother Ryan, Megan has been treated in the Emergency Department. She has also been an inpatient in the Paediatric Unit
- **Andrea Delahoy**, a consumer representative on Peninsula Health's Community Advisory Committee and an active participant in the development of the Quality of Care Report
- **Robert Berwick**, Peninsula Health's newly appointed Koori Liaison Officer
- **Diana Ward**, Peninsula Health Board Director, member of the Audit and Finance Committees and former President of the Mornington Peninsula Hospital Board of Management
- **Cliff Maughan**, a local resident, who received cardiac testing at Frankston Hospital’s Department of Cardiology