

Quality CARE

SHOWCASING WORLD-CLASS CARE
FOR YOU AND YOUR FAMILY



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Welcome

On behalf of everyone at Peninsula Health, we are delighted to present *Quality CARE* – our annual showcase of world-class care for you and your family.

Quality CARE provides a snapshot of the services we offer across all our sites, and showcases our wonderful staff and volunteers who make a difference everyday for patients and their families.

We are immensely proud of what we have achieved this year – from our daily work providing patients and their families with outstanding care, to our world-first research studies which will improve care for the future.

None of this would be possible without the outstanding contribution of our staff, volunteers and consumer representatives working across all areas of Peninsula Health.

Quality CARE is all about you, our patients and consumers, and how we work together to improve patient safety, care and experience. We welcome your input into this publication and invite you to complete the feedback form attached at the back. Your feedback will help us improve this publication to better meet your needs.

Peninsula Health is proud to be your local health service – and we are committed to continuously improving the safety and quality of the healthcare we deliver.

We hope you enjoy reading *Quality CARE*.

With best wishes,



D Heggie

Ms Diana Heggie
Chairperson



D Anderson

Mr David Anderson
Acting Chief Executive Officer

Snapshot 2016/17



300,000
people live in
our community



900
beds across
four main sites



95,275
people treated in our
emergency departments



800
volunteers



5,300
staff



18,971
operations



85,625
patients admitted
to our hospitals
for treatment



2,904
births



213,733
hours of care delivered
in the community

75

years delivering high
quality care to
Frankston and the
Mornington Peninsula

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When you come to Peninsula Health, as a hospital patient or through any of our other services, you expect us to take care of you effectively and safely. That's why we have a strong clinical governance system. This system is the structure that supports everything we do.

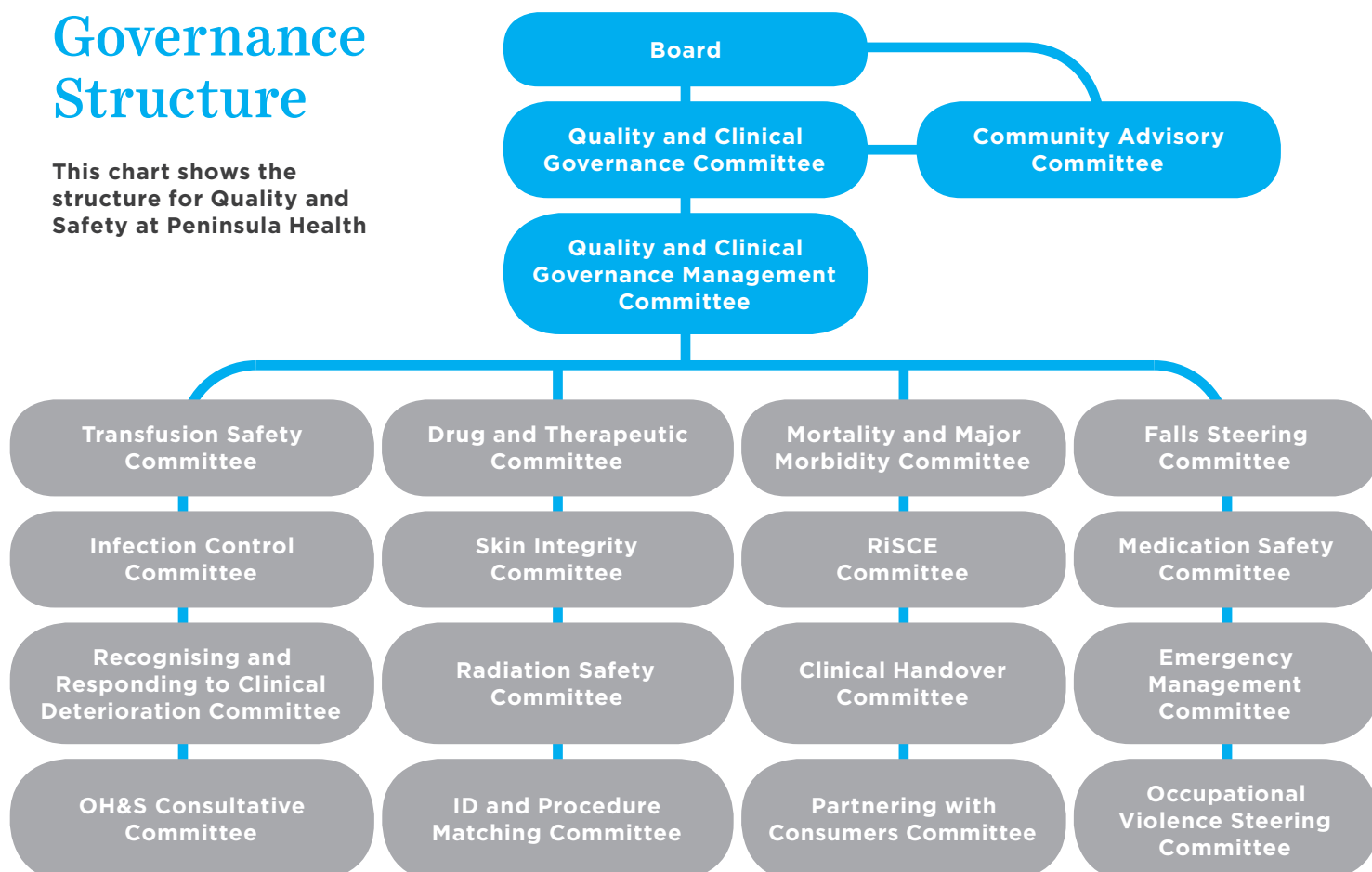
Our Clinical Governance system

We have a robust clinical governance system that ensures you receive the best of care. We will:

- Involve you and your family in decisions about your care
- Manage the risks associated with your hospital stay and medical treatments
- Give you the best clinical care that complies with Australian standards
- Work with other healthcare providers to provide the healthcare our community needs
- Help staff and volunteers learn new skills, work as teams, and find ways of improving the way we do things
- Work with key education and training organisations to ensure our doctors, nurses and allied health staff have the right qualifications and experience to deliver excellent quality health care
- Use the best available research to improve the healthcare we provide.

Governance Structure

This chart shows the structure for Quality and Safety at Peninsula Health



Nurse, Jo, with patient, Rex, at Rosebud Hospital



Meeting high standards

Accreditation is the process that ensures Peninsula Health meets and maintains prescribed standards of care. It is carried out by an independent quality assessment agency for the health sector.

Peninsula Health participates in regular accreditation of its services and uses the process to demonstrate the continuous improvement cycle we use to improve care. The standards cover the core day-to-day work done by our staff on all sites to deliver world-class healthcare.

Peninsula Health is accredited for all three of the relevant Australian healthcare standards: National Safety and

Quality Health Service Standards, National Standards for Mental Health Services, and Residential Aged Care Standards.

The assessment process is carried out every three years. Our last assessment was in 2015. We met all ACHS standards, and five areas were rated as ‘*met with merit*’. This means the healthcare Peninsula Health provides meets all best practice standards, and in some cases, is better than national standards. In their report, the assessors described Peninsula Health as “*person-centred, with effective and ongoing engagement with consumers*”.

Peninsula Health will be assessed again in November 2018.

“Our clinical governance framework directs the way we deliver safe, high quality care so we can meet each patient’s expectations for safe, effective healthcare. It also helps us to monitor our performance and most importantly, share practical solutions for improving patient care”, says Dr Tim Williams, Executive Director of Medical Services and Clinical Governance.



Over the last year, we worked across all areas of our health service to improve the way we deliver our services so you and your family receive the best possible care, close to home.

A speedier recovery

In January, we introduced a new model of care for geriatric patients called SPeED (Supported Patient Centred Early Discharge). SPeED is designed to help patients at The Mornington Centre – our aged care rehabilitation facility – recover more quickly, so they can return home sooner.

SPeED team members, Peter Hough and Stephanie Gleeson, explain how the program works:

“SPeED provides a greater intensity of allied health interventions such as physiotherapy and occupational therapy, and works with the patient and their family to make the discharge process and the transition from in-patient to outpatient services as smooth as possible,” says Peter.

Stephanie says SPeED was originally implemented as a six month trial to see if it would work for patients at TMC.

“It was so successful that it’s become a permanent program,” explains Stephanie.

SPeED is the first of its kind in Australia and has been hugely successful – significantly reducing the number of days geriatric patients need to spend in hospital.

“The average length of stay reduced from 24.9 days to 21.6 days – meaning patients were getting home quicker,” says Stephanie. *“And the patients achieved better functional improvement and were less likely to be re-admitted.”*

Peninsula local, Margaret Garret has been through the program and says it has prepared her well for going home.

“It was a bit overwhelming at first, but bit by bit I have been getting used to the rehab. I was concerned about not being able to get in and out of the car so the team practised that with me until I was able to do it,” says Margaret.

The team is now looking at ways to expand the program to even more patients, so they too can benefit from the impressive results.

SPeED was a finalist in the 2017 Victorian Public Healthcare Awards in the *Excellence in public sector aged care* category.



L-R: Matt Vickers with patient Margaret Garrett, physiotherapist Sally May and OT Catrin Kerlin



A positive change

The Infusion Centre was opened in August 2016 at Frankston Hospital to cater for a diverse range of day patients who need intravenous infusions and transfusions.

The idea to create a new Infusion Centre was developed by the increasing demand for beds in the Chemotherapy Day Unit, and from consumer feedback and input across the health service.

The majority of Infusion Centre patients have moved from Chemotherapy to receive their ongoing treatment, which is more specific and appropriate to their non-chemotherapy needs.

Patients are very happy with the new service, says Associate Nurse Unit Manager, Jo Hoyle, who has been based in the Infusion Centre since it opened.

“They enjoy receiving quality and timely care in the new positive, quiet environment,” adds Jo. “As the patients need to have regular ongoing infusions, a special bond is created with our small team of staff.”

“The nurses also have the opportunity to gain a detailed understanding of the patient’s condition and tailor their care to best support their needs,” explains Jo.

The numbers of patients treated in the Infusion Centre has increased significantly over the past year, and demand continues to rise. The significant investment and quality improvement means members of the local community can now receive their treatment in modern surroundings at Frankston Hospital.

We perform over 500 blood transfusions each month.

Rosebud bathrooms take shape

Sometimes it's the little things that make all the difference. For Rosebud Hospital, that little thing patients and staff were struggling with was the condition and size of the bathrooms.

With the renovations on Hillview and Walker Wards now finished, the new facilities are being warmly received.

"The renovated bathrooms are so much better than before for both nurses and patients," explains Kylie Bradley, Nurse Unit Manager of Walker Ward at Rosebud Hospital.

Before the renovations the bathrooms were too small, making it difficult for patients to use the facilities and for staff to help them, increasing the risk of falls.

"The new bathrooms have a modern design and are very spacious. You can now move inside them with a walking frame and they can fit a shower seat. All of our patients have been commenting about how much better they are," adds Kylie.

Grace from Rye was one of the first to benefit from the new bathrooms. *"The new bathroom means there is more space and comfort with fewer people sharing."*

The renovations have also improved patient safety, as nurses and doctors are now able to join patients inside the larger bathrooms to prevent falls and other injuries.

Community donations of more than \$90,000 helped make this important renovation program possible.

Nurse Unit Manager, Kylie, with patient, Grace, in one of the new Rosebud Hospital bathrooms



Faster emergency care

In the last year, more than 95,000 people were treated in our Emergency Departments.

As our Emergency Departments continue to get busier, we are constantly looking at ways to improve waiting times so people can be seen faster.

Nicholas McInnes is leading a number of projects to achieve faster flow through the Emergency Department.

“Waiting times in the Emergency Department can be reduced by improving the flow across the rest of the Health Service,” explains Nicholas.

“In order to call patients in from the waiting room, you need to have free cubicles in the Department. If these are occupied by patients waiting to be admitted to wards you get what is called ‘bed block’.”

Bed block is often caused by delayed discharges from in-patient wards.

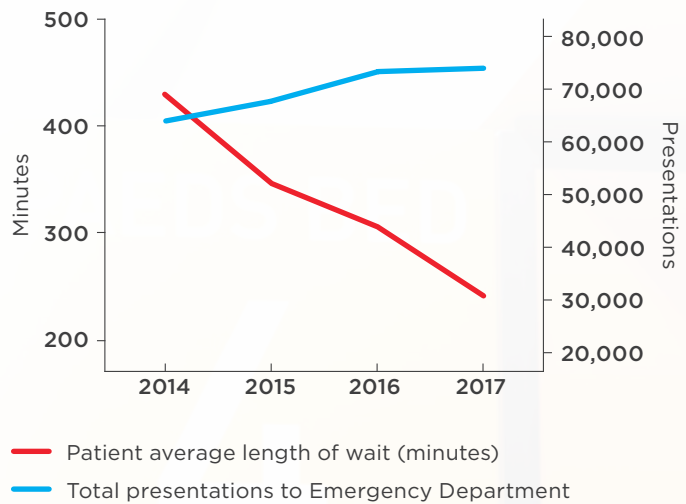
“Looking downstream from the Emergency Department is where we find a lot of bottlenecks, which we’re working to unblock,” says Nicholas.

“We’re working on streamlining our discharge process to reduce avoidable waits on the day patients are ready to go home.”

Read more about how we’ve improved our discharge process on page 25.

Faster care for you and your family

We are constantly working to improve so people experience the shortest possible waiting time.



PAEDS BED

3

2

1A.235



Surgeon David Hunter-Smith with patient, Brent, in the Dupuytren's Clinic at Frankston Hospital

Getting a grip on Dupuytren's disease

Around five per cent of people on the Peninsula have Dupuytren's disease, a progressive disease which causes a person's fingers to curl downwards, deforming the fingers and potentially restricting use of their hands.

Traditionally the treatment for Dupuytren's disease has been surgery – but a new study from researchers at Peninsula Health may soon change that, explains Peninsula Health surgeon, Associate Professor David Hunter-Smith.

"There's the traditional surgical approach where we make cuts down the fingers, peel back the skin and take out the disease," explains David.

"For many patients surgery can be very effective, but many patients have a very prolonged recovery that can be quite traumatic."

David and his team have recently started using a new treatment called clostridial collagenase histolyticum, which is far less invasive than the traditional surgery. The alternative method sees collagenase injected under local anaesthetic, which doesn't require any hospitalisation.

When David set up the dedicated Dupuytren's Clinic at Frankston Hospital in February 2016, we became the first

public hospital in the country with a dedicated clinic to treat Dupuytren's disease with collagenase.

"We know that collagenase is safe and effective in releasing contracture," says David.

"What hasn't been well studied though is 'patient reported outcome measures'. We know we can correct the contracture angles of the finger, but we don't know if that actually translates to making a difference to their quality of life."

"We want to focus on the whole patient and what matters to them, not just the contracture – it's all about person-centred care."

"By undertaking these studies we're making sure our patients have access to the best available contemporary care in the public health sector."

Three new patients are treated with collagenase in the clinic every week and will be followed up by the team at six weeks, three months and six months post procedure with plans to follow people for 18 months.

Hospital care in Australia is among the safest in the world – but patients can still be exposed to risks such as infections, falls or bed sores. To help keep you safe in hospital, we are always working to reduce these risks and to find ways of improving the way we do things.

Preventing infection

Peninsula Health's results for preventing infection are among the best in Victoria. Everyone plays a part – doctors, nurses, support staff, and patients and visitors.

What's new?

We trained our medical students on proper aseptic techniques for IV cannulations (also known as a drip) – we want our student doctors to learn good practices at the outset of their medical career so they develop good habits from the beginning.

How do we compare?

2016/17	Benchmark	Our result
ICU central line-associated blood stream infections	No outliers*	1.24/1,000 device days
SAB rate per occupied bed days	Less than 2/10,000	1.0/10,000
Hand Hygiene compliance	80%	87%
Healthcare workers immunised for influenza	75%	79.7%



Managing precious resources

Blood and blood products are used to treat many patients at Peninsula Health – some require an emergency life-saving transfusion during surgery or after having a baby, or they may have a medical condition such as leukaemia where they need regular transfusions as part of their treatment.

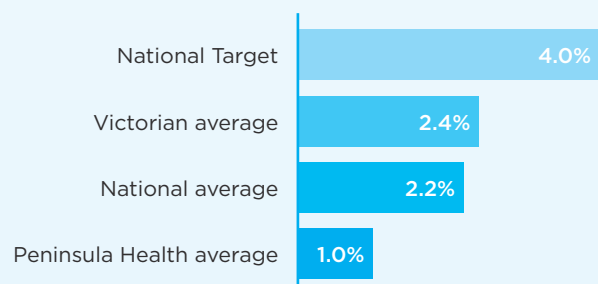
What's new?

Blood must be infused within four hours of collection. To ensure we can always meet this timeframe – and keep blood wastage to a minimum – we introduced a new procedure in August to ensure that when blood is retrieved from the blood bank, there is an accurate date and time stamp.

This gives the transfusion nurse on the ward confidence that the blood has not been out of the blood fridge for longer than four hours.

Blood wastage – how do we compare?

Peninsula Health is consistently below the National and State targets for blood wastage:



Medication safety

Medication-related harm is responsible for about two per cent of all Australian hospital admissions. These can range from minor allergic reactions through to life-threatening over-doses.

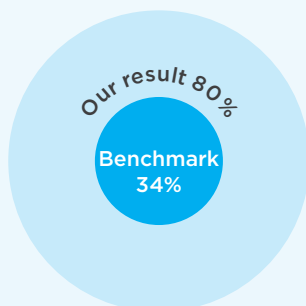
That's why we have strict processes to reduce or eliminate medication errors.

What's new?

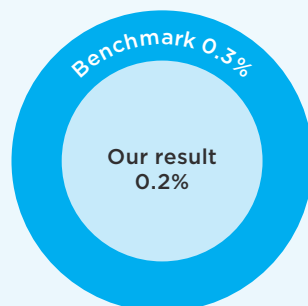
A pharmacist now contacts patients one week prior to their planned surgery to obtain a complete and correct list of medications. The same pharmacist then prepares the discharge prescription and ensures the patient's GP receives complete information on any changes to medication during their admission.

How do we compare?

By comparing ourselves with other hospitals, we can track our performance and remain at the forefront of best-practice in medication safety and medication errors.



Percentage of patients with medication history documented within 24 hours of admission



Medication errors that cause harm (per 1,000 days)



Prescribing change

Reducing medication errors is a key aim of all health services and at Peninsula Health, our Pharmacy team has been particularly active and successful.

In 2015, the Pharmacy team implemented an innovative new program called *Collaborative Pharmacy Prescriber*. Where previously a member of the Pharmacy team had been ward-based working largely in isolation of the treating medical team, now pharmacists and doctors would collaborate on a daily basis.

Pharmacists are credentialed and assigned to medical units so they are much closer to each of the patients they are prescribing for, and much more closely aligned with the treating team of doctors and nurses.

It has been enormously successful, with a more than 80% reduction in medication errors being recorded.

"We get patients' a complete medication history recorded as soon as possible after admission," explains Acting Deputy Director of Pharmacy, Alice Lam. *"So we confirm it to make sure it is correct. What the patient tells you is often incomplete or incorrect as people do forget."*

"Pharmacy Prescriber is a collaborative program between doctors and pharmacists to get patients' regular medications charted or prescribed," says Alice. *"The key is developing the trust between doctors and pharmacists, and that the pharmacists are able to prescribe the right medication."*

Patients benefit by getting all their regular medications recorded so an accurate record is assured for any medical problems they may have in the future.

"People often forget the medications they are on and these often only make it onto the medical record once patients are reminded of what they are taking," adds Alice. *"The new program helps eradicate many of these errors as everything is prescribed collaboratively and is recorded."*

Pharmacy Prescriber was highly commended in the 2017 Safer Care Victoria award for Excellence in quality and safety at the Victorian Public Sector Health Awards.

Preventing falls

Falling over can be a problem for many people, particularly as we get older. Falls can happen anywhere – at home, at the shops, or in hospital. Many of our patients are aged over 65 years – age and limited mobility increase the risk of falls. That's why we screen and assess patients who are at risk of falls, and take action to prevent falls.

Fewer than 3 per cent of falls in our hospitals result in a serious injury – while this is a very small number, we want the number to be zero.

What's new?

- Inappropriate footwear is the cause of many falls in hospitals – for example wearing socks or floppy slippers makes it easier to slip over. To help combat this problem, we have trialled special non-slip socks for high-risk patients.
- Our newly renovated bathrooms at Rosebud Hospital are also helping to reduce falls – read more about the new bathrooms on page 6.

How do we compare?

In-patient falls at Frankston Hospital

	Our peers	Our result
Total	0.31%	0.34%
Resulting in serious injury	0.01%	0.01%
Patients over 65 years	0.50%	0.57%

In-patient falls at Rosebud Hospital

	Our peers	Our result
Total	0.48%	0.38%
Resulting in serious injury	0.01%	0.02%
Patients over 65 years	0.62%	0.69%

Preventing & managing pressure injuries

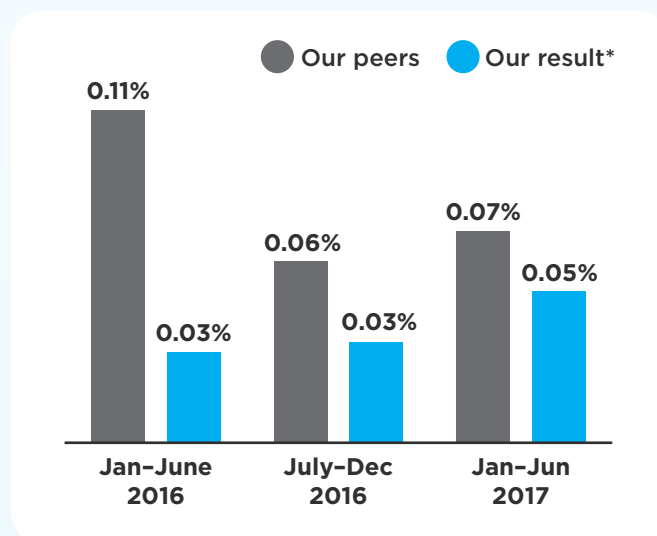
A pressure injury is an area of skin that has been damaged because of pressure or rubbing (sometimes called a bed sore). These injuries can be painful and often lead to longer stays in hospital. Patients of all ages can develop pressure injuries while in hospital.

What's new?

We know that more pressure injuries happen during winter, which is why each year we run a special *"take the pressure off this winter"* campaign to increase awareness among both staff and patients of the increased risk of pressure injuries over winter. This year, we held the campaign in June with staff and patients from across all in-patient areas involved.

How do we compare?

We collect and report pressure injury data for Frankston Hospital, Rosebud Hospital and The Mornington Centre. Our performance is benchmarked against similar hospitals throughout Australia and we regularly record fewer pressure injuries than our peer hospitals.



*averaged across the Health Service



Nurse Unit Manager, Joanne Stewart, with ICU Nurses Gemma and Lauren

Take the pressure down

One of the highest-risk areas for pressure injuries is our Intensive Care Unit (ICU).

A new device for keeping breathing tubes in place was introduced to the ICU in 2013. For a majority of patients, the new device replaced a simple piece of flexible tape to keep the tube in place.

But over the last few years, some clinicians became concerned about an increase in the number of pressure injuries around the mouths of patients requiring breathing tubes and mechanical ventilation.

“After using the device for two years, we felt that the incidence of pressure injuries had increased since the change in device, so we decided to investigate in more detail,” says ICU Nurse Unit Manager Joanne Stewart.

“We looked at the incidence of pressure injuries, in the time frame before and after the new device was introduced, and we found that pressure injuries had gone up,” explains Joanne.

The jump in pressure injuries was significant – from 1.5 per 100 intubated patients in 2010-2013 with the tape, to 3.73 per 100 patients in 2013-16 after the introduction of the new device.

“We wanted to make sure these discrepancies were not attributed to patient factors,” adds Joanne.

“When we compared the factors that can predispose for pressure injuries, we did not find them to be different between the tape and new device, so we believe the new devices are likely to have contributed to this increase in injuries.”

The team will now conduct a survey across other ICUs in Australia and New Zealand, to see whether they have experienced a similar increase in pressure injuries. From there, they will decide whether to go back to the simple tape or use a different product.

New theatre for our littlest patients

The peninsula's youngest patients now benefit from a new operating theatre at Frankston Hospital.

Paediatric procedures are prioritised in our new Short-Stay Theatre, alongside patients needing relatively simple operations, with the significant investment delivering better healthcare using world-class facilities.

The pioneering project was officially opened in February, allowing us to treat 10 patients every day, many of whom are children.

"We do a lot of paediatric surgery," says Nurse Unit Manager Sarah Warner. "So for the younger patients, instead of going up to the children's ward, they come straight to us," explains Sarah.

"It's a much better experience for them, and it's a better environment too, with a play therapist in the new space. It's much better for them and their families."

Many other community members will also benefit from the new theatre, as the Clinical Director of Surgery, Mr Bob Spychal, explains.

"The theatre is designed for most types of surgery but will focus on shorter stay and day procedures."

"We are using the latest technology in operating theatre trolleys, which minimise the transferring of patients on

and off trolleys before returning to a hospital bed," says Mr Spychal.

"This is an exciting time for Frankston Hospital as we continue to invest in the medical hub of the Mornington Peninsula," says Mr Spychal.

"This important new facility will free up much needed capacity in our other theatres for more complex operations."

"The Frankston Hospital Pink Ladies Auxiliary provided more than \$400,000 to help purchase the state-of-the-art hospital beds. Our partnership with the State Government and our generous community fundraisers has again delivered an outstanding new service for our community," adds Mr Spychal.



Operation: safety

All surgery carries some risk. The Victorian Audit of Surgical Mortality (VASM) is responsible for reviewing deaths that occur during surgery and sharing the learnings with hospitals and surgeons across Victoria.

Peninsula Health takes the findings of VASM very seriously. VASM reports are discussed by the surgical medical staff and provide an opportunity to improve care, change processes and develop research that leads to better patient outcomes.

How do we compare?

During the last year, Peninsula Health has not been required to implement any specific measures as a result of a VASM report, and continues to have one of the lowest level of preventable surgical deaths in Victoria.

Nurse Lauren Mapleback and one of newest patients



Looking after mums and bubs

We care for mothers and their babies during pregnancy, labour, and after the birth as well. Our Special Care Nursery cares for premature babies or babies who weigh less than 1.5kgs when they're born.

The Victorian Department of Health requires all hospitals to monitor their performance each month, and compare their performance against other hospitals. This helps us identify areas for improvement, so we can take steps to do better.

How do we compare?

Overall, we performed well in all areas. Below, we have included two results to show the areas where we do well, as well as the areas where we are constantly working to improve:

- Our *third degree vaginal tear rate* is consistently lower than the Victorian benchmark. Our rate is 1.37 per cent versus the benchmark of 3.11 per cent. This is the result of work over a number of

years to train and educate our midwives and obstetricians to better protect the perineum. Staff must also complete annual mandatory training in this area. Our work to reduce the *third degree vaginal tear rate* will soon be published in a peer-reviewed academic journal.

- Our rate of *severe fetal growth restriction* has significantly improved – in 2016 it was 40 per cent versus 29.7 per cent this year – which is in line with our other Victorian hospitals. *Fetal growth restriction* refers to poor growth of a baby during pregnancy, which can increase risk of death and long-term health consequences for babies. To protect the baby, it's recommended that severely growth-restricted babies are identified and born before 40 weeks'. Where a hospital has a high rate of severe FGR babies not born before 40 weeks, it could mean poorer identification or management of these pregnancies. We achieved this significant reduction by more closely monitoring and educating high-risk women in our antenatal clinics: women who've had previously small babies; women who smoke; very thin women; women who use drugs or alcohol during pregnancy; and women with poor nutritional intake.

240 babies are born every month at Frankston Hospital.

CARE Call

Serious adverse events such as unexpected death or sudden cardiac arrest are often preceded by observable physiological and clinical abnormalities.

Patients and family members can often recognise when they or their loved one is getting sicker, sometimes before the doctors and nurses caring for them – this is because they know the person better and can pick up subtle changes a stranger could easily miss.

That's why we've introduced CARE Call to all areas of our hospitals. CARE Call is for patients – as well as families and loved ones – to help you notify a staff member if you're getting sicker, feeling worried or feel like you're not being listened to.

What is a CARE Call?

A CARE Call puts you in touch with a senior clinician.

They will respond to your concerns and arrange for an immediate review.

CARE Call in action

Bill* made a CARE Call for his wife Betty*, who had an operation at Frankston Hospital recently and spent time on the ward to recuperate. Bill was concerned that Betty was in pain and unable to sleep. After discussing his concerns with Betty's doctor, Bill was still not satisfied – so he made a CARE Call.

The CARE Call was answered by one of our Head Nurses. The senior nurse listened to Bill's concerns, and requested the medication orders be reviewed. She also arranged for Betty to be moved to a new room so she could share with a female patient, rather than a male patient.

Bill told us that we was pleased with the response and thanked us for taking his concerns seriously.

* Names have been changed to protect patient confidentiality.

How does it work?

If you have concerns

Talk to your nurse

who will make an assessment and discuss your concerns with you.

If you are still concerned

Talk to your doctor

If you are still concerned, or cannot speak to your doctor

Talk to the Nurse in Charge

If you are still concerned

Make a  **CARE CALL**

Phone 9784 7777





Graduate Nurse Briesha

Code Blue

We have wonderful doctors and nurses at Peninsula Health, who strive each day to make a difference for patients. Sometimes, despite their best efforts, patients can deteriorate before their eyes.

Briesha is a graduate nurse at Peninsula Health – here she recounts the story of her first “code blue” (medical emergency):

I was having a “cruisy” day, my 8 o’clock observations and medications were done on time, my patients were up and showered and I’d had lunch and morning tea (something that doesn’t always happen). Now it was time for the 12 o’clock observations.

I checked my patients’ observations (blood pressure, heart rate and temperature) – they were all normal, so I moved onto my next patient.

As I was starting observations on patient number 2, the stable patient whose bed I had just left, began vomiting. I quickly went to their side to check they were okay – and saw that things were definitely not ok.

I pressed the emergency buzzer, and quickly turned back to see the patient was unconscious and very quickly falling forward onto the floor. I grabbed onto them, and gently lowered them to the floor, placing them on their side in the recovery position.

Very quickly the situation turned from bad to worse – the patient had stopped breathing. The patient’s airway seemed clear, but had they aspirated? I didn’t know.

I didn’t know if I should suction their mouth to be safe, or just start compressions. I went with my gut, started

compressions and the patient quickly regained consciousness. Within moments they were speaking again, as if nothing has happened, albeit confused about how they ended up on the floor.

By this stage, several senior clinicians had arrived. The short time it took them to arrive felt like a lifetime. They assessed the situation, thoroughly checked the patient, and made sure I was ok.

I love telling this story because it had a good outcome, and it was an amazing learning experience. I had just done the patient’s observations seconds before and they were all perfect – nobody could have predicted it.

You have to be ready for everything.

Did you know Peninsula Health is a major teaching hospital?

Each year, we have 300 student placements – training the next generation of doctors, nurses, and allied health professionals.

Mental health matters

Mental health is everyone's business. Almost half of us will experience mental illness at some point in our lives. All of us will have friends, family or colleagues who live with mental illness.

Peninsula Health's Mental Health service supports up to 450 patients at any one time across in-patient and community based programs. Mental Health is a complex area of medicine. We work with patients and their families to provide appropriate treatment and support, based on their individual needs.

Targeting zero restrictive interventions

Reducing the use of Restrictive Interventions has been a key focus for our Mental Health teams since 2006. This consistent focus has seen us maintain the lowest rate of seclusion and restraint in the Victorian public mental health system.







We try not to use seclusion or restraints to manage our patients' behaviour as it can be distressing for both the patient and their carer, but it is sometimes necessary to isolate or restrain a patient because they are being violent or threatening to do harm to themselves, other patients or our staff.

Michelle Shanti and Liam Shaw



How do we compare?

● Our peers ● Our result

2 West Adult Acute Ward 2016-17	1 West Aged Adult Acute Ward 2016-17
Rate of seclusion events per 1,000 bed days 10.7  2	Rate of seclusion events per 1,000 bed days 7.8  1.7
Number of times mechanical restraint was used No data available  21	Number of times mechanical restraint was used No data available  1
Number of times physical restraint was used No data available  47	Number of times physical restraint was used No data available  72

Peninsula Health Mental Health Services consistently outperforms other hospitals in Victoria and leads the State in reducing restrictive interventions and seclusions.

Sharon Sherwood with patient



Making room for better mental health

For years, Peninsula Health has led the way with its award-winning Mental Health services, with outdated in-patient facilities being its only drawback. That is, until now.

During the year, we built a new Psychiatric Assessment and Planning Unit (PAPU) and renovated the decades-old adult inpatient area known as 2 West.

Mental Health cases are forecast to rise by 10 percent in the next decade, so the investment is timely and greatly needed.

“I used to be a client of the Peninsula Health Mental Health Service,” explains Michelle Shanti, now the Consumer Consultant for mental health clients.

Michelle has drawn on her own experience, as well as her clients, to help design the new facilities.

“I asked clients what they would like the environment to be like. Many clients said: ‘why would I come to hospital to recover when it’s not even as nice as my own home’,” recalls Michelle.

“The colours and furnishings need to be therapeutic, rather than harsh and stark.”

Both the PAPU and the renovated 2 West have been designed with this feedback in mind.

Sharon Sherwood, Peninsula Health’s Chief Mental Health Nurse, says the six-bed PAPU is much needed and will be a great resource for mental health clients.

“Rather than being treated in the busy ED, they will go straight to the PAPU, for assessment, treatment and planning before being discharged into the community with appropriate support,” explains Sharon.

Not to be outdone, the newly renovated 2 West provides a much-needed boost, explains Nurse Unit Manager Liam Shaw.

“2 West was built in 1991 and was no longer reflective of contemporary mental health care or practice,” says Liam.

“We have a new dining area, a new outdoor space with a decked area and a grassed area for sports. We’ve also created an activity room, a lounge and a quiet room.”

A major feature of renovation is a large fish tank.

“Having a fish tank might seem strange, but in reality it provides a focal point and a calming environment for patients,” explains Liam.

“These two major investments strengthen Peninsula Health’s place as one of the leading mental health services in Victoria, and we will now be able to offer the full continuum of care to our clients,” says Sharon.

See the new Adult Acute Inpatient Unit online at peninsulahealth.org.au/2WestTour

Peninsula Health is proud to be one of the largest employers on the peninsula, providing careers for over 5,000 dedicated staff – many of whom live locally.

People Matter

Peninsula Health takes part in the annual *People Matter Survey*, an employee opinion survey run by the Victorian Public Sector Commission to help identify our organisation's strengths and weaknesses, as well as employee satisfaction and wellbeing.

In 2017, 24 per cent of staff – or 1,144 people – completed the survey, up from 15 per cent in 2016.

What did the survey tell us?

The majority of staff surveyed agree that as an organisation, we make patient safety a priority:

- 92%** said they believe their suggestions about improving patient safety would acted upon if they told their manager
- 90%** of staff feel that the management of Peninsula Health is driving us to be a safety-centred organisation
- 90%** of staff said they would recommend friends and family to be treated as a patient at Peninsula Health.

Overall results showed:

We are a strong team focused on safety and quality patient outcomes with shared values and a belief in what we do.

We learnt:

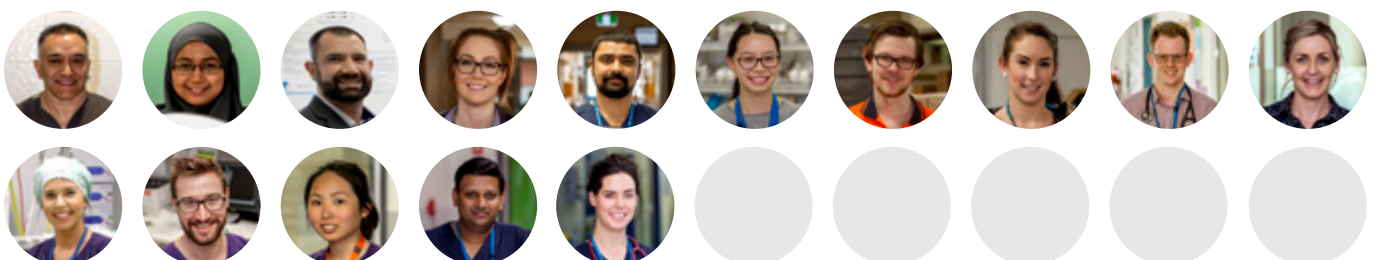
- Some staff are still concerned with bullying and harassment
- Staff would like to see improved communication and change management processes, and more opportunities to improve their wellbeing and stress.

Creating a positive workplace culture

Over the last year, we have implemented some new initiatives to ensure Peninsula Health is a positive place for everyone.

What's new?

- To help combat bullying and harassment, we rolled out a new face-to-face workplace behaviour training program for all staff to make it clear what behaviour is unacceptable.
- In response to feedback from staff about wanting more emphasis on wellbeing and stress, we expanded our *Employee Assistance Program* for counselling, career, conflict, lifestyle and financial support, and launched a new *Workplace Wellbeing* program where all staff can access discounted wellbeing services from local businesses, including gyms, massage and healthy eating.





Mark Carson

It's never OK

No matter the situation, violence towards our staff is never OK.

"Healthcare workers are particularly vulnerable to occupational violence because they deal with people in stressful, unpredictable and sometimes volatile situations," explains Fiona Reed, Executive Director of Nursing.

"Occupational violence in health environments is a serious issue with the potential for tragic outcomes."

"Peninsula Health continues to promote a safety culture in which the commitment to the safety of individuals is paramount and where the safety of our staff and patients are valued equally," says Fiona.

Mark Carson has first-hand experience of this.

As a member of the Ward Support Team at Frankston Hospital, Mark and his team assist clinical staff to de-escalate incidents, stop potential violence towards staff and provide support to patients.

"Based on the clinician's advice, we make sure everyone, including staff, is safe and deal with the matter in the calmest possible way," explains Mark.

"If staff members don't feel safe, or are in need of assistance with their patient, then the Ward Support Team or Security, or both, will respond as appropriate."

The rate of occupational violence across the health service, as well as the severity of incidents, is reducing.

"That's good news for staff, patients and the many visitors who come through our doors every day," says Fiona.

How are we improving staff safety?

- Behaviour contracts have been developed for patients who have a history of aggression.
- Additional environmental controls have been installed in high risk areas such as low stimulation rooms for some patients.
- Security has been increased, and our security guards now wear body cameras to record aggressive and violent behaviour – we have found that when aggressive patients or visitors see they are being recorded, they become less confrontational.
- A dedicated Ward Support Team, trained in ways to de-escalate aggressive or violent incidents, is in place.
- Staff who work out in the community now have duress alarms, so they can call for help if they feel threatened or unsafe.

How have these actions helped?

- Reporting of occupational violence incidents across Peninsula Health has increased. We can now identify 'hot spot' wards and other factors, such as time of day that may contribute to aggression and violence by patients or visitors.
- Since the *Occupational Violence Steering Committee* began its work in February 2016, the number of occupational violence incidents has fallen.
- High risk areas such as Mental Health, our Emergency Departments and some inpatient wards report reduced incidences or no incidences at all.

Whether you're visiting our Emergency Department, attending an Outpatients appointment or staying overnight in hospital, you have the opportunity to provide us with feedback about your experience.

Your feedback matters

Your feedback tells us the areas where we're doing a good job, or where we are falling short in meeting patients' expectations.

Victorian Healthcare Experience Survey

Each month, the Victorian Healthcare Experience Survey randomly selects people following their hospital admission or emergency department attendance in Victorian hospitals. This state-wide survey invites patients and carers to answer questions about their experiences.



Leaving hospital

Another important way we measure patient experience is the process of leaving hospital. The Victorian Healthcare Experience Survey gives Peninsula Health important feedback about how well we support patients when it's time to leave hospital.

How do we compare?

	Benchmark 75%
July-Sept 2016	74%
Oct-Dec 2016	78%
Jan-Mar 2017	73%
Apr-June 2017	79%

These results show that while most of our patients are happy with the hospital discharge process, there are some areas for improvement.

Feedback from the survey showed that:

- Our discharge letters didn't always contain enough detail about things like medications and what follow-up care was needed
- We didn't always give patients and their families enough certainty about when they would be discharged.

What did we do?

- We developed a working group with doctors, GPs and consumers (patients and family members) to design a comprehensive discharge summary template
- We implemented our new *Countdown to Discharge* process – and as a result patient and carer satisfaction with the discharge process continues to improve. Read more on page 25.

Our results

July–Sept 2016	91%
Oct–Dec 2016	88%
Jan–Mar 2017	91%
Apr–June 2017	89%

Benchmark 95%

What your feedback tells us

In 2016/17, the Victorian Healthcare Experience Survey was sent to 10,500 people who had been patients at Peninsula Health – and 2,225 people responded (21 per cent).

The survey asks a number of questions. One important question asks about patients' overall experience at Peninsula Health. We received the following results, which show the percentage of patients who rated their experience as 'good' or 'very good'.

Our feedback card

Although we get great feedback from the Victorian Healthcare Experience Survey, it does not include all patients and clients. So we developed our own feedback

card to help us improve. The feedback cards include inpatients, outpatient clinics, and home-based services.

Volunteers also visit patients at the bedside, and ask questions about their experience. All of the responses are read and then we develop actions plans to respond to the feedback.

Highlights from our feedback card

- Nursing staff are respectful and courteous
- Patients and families feel involved in decisions regarding their care

Based on feedback received from our patients and their families, we've made changes to our services and programs:

- We are working to reduce the number of overhead announcements, so patients can sleep better at night-time
- We are introducing free WIFI (wireless internet) for patients and visitors across all sites
- We now offer more healthy food options in our cafeterias, and have bolstered our Smoking policy to help keep Peninsula Health smoke-free.

Sometimes things don't go to plan

Sometimes in a busy hospital, things don't always go to plan. It's important to find out why and take action to prevent a similar event happening again.

What do we do when something goes wrong?

1 SUPPORT

The first, immediate step is to support the patient, carers and staff involved. We train our senior clinicians and managers to communicate openly and honestly. This is called 'open disclosure'.

2 LOG

We log the adverse event on a state-wide database. Each incident is given an *Incident Severity Rating*, which determines the type of investigation needed. The Department of Health is notified of the most serious events.

3 IDENTIFY

The investigators identify what led to the adverse event and recommend how we can prevent it happening again. They focus on building systems and processes that make it better for all patients.

4 MONITOR

We also monitor near-miss incidents as these are also a good learning opportunity.

Your feedback in action

We take all complaints very seriously and have strong processes in place to receive and respond to all complaints that we receive.

“The way we handle complaints reflects the personal side of care – how willing we are to listen, answer questions, hear suggestions for improvement, and respect people’s right to comment on their healthcare,” says Patient Experience Manager, Sue Fairley.

“Complaints often happen because there are communication difficulties during what is already an anxious, stressful time.”

What was the complaint?

Barbara* contacted Customer Relations to make a complaint following her recent surgery and admission at Frankston Hospital.

Barbara said her nurse had told her that her discharge summary – which explains how to care for herself at home following the surgery – would be posted to her, and that home support services would be arranged for her. But, the discharge summary never arrived and the home care support was not organised.

What happened next?

- We registered the complaint and sent it to the relevant senior staff members to start an investigation with Barbara’s treating team.
- We wrote to Barbara to acknowledge receipt of her complaint.

What did we do next?

- We thoroughly reviewed Barbara’s medical record, and discussed the issues with the staff involved.
- At their regular ward meeting, staff discussed the importance of communicating effectively. They also discussed the need to follow discharge planning protocols – including the discharge summary.
- Staff followed up the referral for home support services, and arranged a home visit.

What did we find?

- Barbara had undergone elective surgery. On day three after her operation, she was seen by the treating team who determined she was medically fit to go home that day.
- The discharge summary was not given to Barbara when she went home.
- A Social Worker saw Barbara before discharge, but did not complete the referral for home support services.

What did we change?

- Our Surgical Care Pathway is used to guide patient care. We strengthened this pathway so individual patient needs for services and follow-up care after discharge are more clearly identified.
- We developed a clinical pathway for Barbara’s specific surgical procedure to improve care for this procedure.

How did we follow up?

- Our social workers arranged a referral for urgent home support for Barbara, and contacted her every day for the first week after she went home.
- A senior nurse contacted Barbara to make sure she was receiving enough support.
- Barbara accepted our apology for not communicating well. She appreciated how we responded to her concerns and managed her complaint.
- She told us that until her last day on the ward she could not fault the care she was given.

* Name changed to protect patient confidentiality.





Counting down to discharge

From the day patients are admitted to hospital, our staff begin planning for their discharge using an innovative new process, where all members of the multidisciplinary care team can see how individual patients are travelling in their journey through the hospital.

Data shows that improved patient flow in the Emergency Department reduces mortality and that discharges earlier in the day improve patient flow.

Before *Countdown to Discharge* was implemented in May 2017, only seven per cent of patients were discharged before the target time of 10am. This impacts on the length of stay in the Emergency Department as inpatient beds remain occupied by patients waiting to be discharged.

"Countdown to Discharge is a great initiative – providing greater transparency around discharge for us and for our patients," explains Kim Heriot, Nurse Unit Manager of Ward 5GS at Frankston Hospital.

"It allows for more timely preparation and gives patients and their family more certainty about the date of discharge so they can plan the logistics of getting home."

Each patient has a countdown to the day of discharge, **Day 0**. In the days leading up to Day 0, nurses, allied health staff, pharmacist and doctors all work together to get the patient ready, so there are no surprises on the day of discharge.

Dr Liz Nye, Head of General Medicine, says it makes sure everyone who is involved in the patient's care is on the same page.

"It's a different style of thinking and it's been a really positive thing for everyone – it's innovative and it's different to what other people are doing," says Liz.

All of the information is entered electronically and can be viewed from anywhere in the health service. It's all displayed on an interactive whiteboard, with red, amber and green symbols tracking the progress of everything that needs to be done prior to discharge – from pharmacy to informing a family member.

"We also have a short ten minute meeting each day at 3pm and go through all the patients who are potentially going home in the next 24 hours," says Kim.

"We talk about 'are we on track for that to happen?' or 'do we need to make some changes to the discharge date?'."

After starting on the medical and surgical wards at Frankston Hospital, *Countdown to Discharge* is now being rolled out across the health service.



Kim Heriot and Liz Nye

Consumer voices

Our Consumer Participation Program is all about bringing the voices and wisdom of local people into the services so they reflect the needs of our local community.

We want to hear about the services our community needs, how you want us to deliver these services, and how you want to be involved.

Our Community Advisory Framework provides a formal structure for the Consumer Participation Program. The Community Advisory Committee sits at the top and is supported by 13 Community Advisory Groups from key services and geographic locations. Together, these committees give all consumers a voice.

View our Community Advisory Framework at peninsulahealth.org.au/communityparticipation



Dereen Wallace

10 years of getting involved

Dereen Wallace has devoted a decade of her life to Peninsula Health. She has not received a penny in return, but she couldn't be happier. *"In any organisation, you can think you know what's better for people, but unless you ask them you just don't know,"* says Dereen. *"So that's why it's important to have consumers, to bring a different perspective."*

Dereen has been a voice of consumer involvement at Peninsula Health since 2007, when she saw a job advertised in the local paper.

"It is an alternative form of volunteering," says Dereen. *"It's more suited to my lifestyle, and that's the good thing about the health service, there are so many roles and so many ways people can get involved, you can do what fits you."*

Dereen is the Chair of the *Partnering with Consumers Committee*, which meets monthly at Frankston Hospital.

"It's just being there and not being tokenism, you are listened to, you are respected, I wouldn't do it if were just tick the box," explains Dereen. *"I think we have been listened to as a whole and we have helped with some really important decisions. That's why I keep coming back!"*

Want to know more about becoming a Consumer Representative? Visit:
peninsulahealth.org.au/getinvolved



The *heart* of our health service

Over 800 dedicated volunteers help provide the best of care for patients and their families. They range in age from 18 to 80, have varied backgrounds, and bring a wealth of skills and experience.

Our volunteers contributed 221,832 hours of service during 2017. That's equivalent to 106 full-time staff members!

Volunteer Q&A

Volunteer Karen Budden tells us what it's like to volunteer at Peninsula Health.

Why did you decide to volunteer at the hospital?

I stopped working a year ago, so I decided to give a little of my time back to the community.

How long have you been volunteering for?

I started volunteering at Peninsula Health at the start of this year.

What's your volunteer role?

I work as a patient companion on ward 5FS and the Infusion Centre. I also work in the hospital library for a few hours each week, scanning and uploading historical documents into the online repository.

What does a patient companion volunteer do?

We assist patients who are unsettled, agitated or lonely. We help comfort them with a quiet chat, a board game or even a hand massage. If they don't have many visitors or family, we provide some companionship by sitting with them for a while.

What do you enjoy most about your volunteer work?

The best part is knowing you've made a small difference to someone's day.

What would you say to other people who are considering volunteering at Peninsula Health?

I would definitely encourage others to become a Peninsula Health volunteer. There is a range of options and the training and support has been fantastic. It gives a lot of personal satisfaction to be involved with such a wonderful team of people.

Interested in volunteering at Peninsula Health? Email our volunteer team: volunteers@phcn.vic.gov.au

Everyone has a role to play in keeping children and families safe. That's why we have a range of programs to address violence and abusive behaviour in our community.

Mari Barry



Violence is not the answer

Family violence in Frankston-Mornington Peninsula is among the highest in Victoria. On average, 11 incidents are reported to police every day.

Our Family Violence Service focuses on accountability and behaviour change. The **MENS** program (Men Exploring Non-Violent Solutions) is a 16-week program for men who have been violent and controlling.

The service works with perpetrators of family violence to help them change their behaviour, explains Program Manager, Mari Barry.

"We work with them to understand how their behaviour affects those around them and to show them how a loving, respectful relationship should work," continues Mari.

"It's a challenging role, but our aim is to keep children and women safe by working with men who have been violent or controlling to change their behaviour."

How does it work?

Working with men, the aim is to assist them to identify their violent and aggressive behaviours, working towards changing those behaviours, and eventually being able to engage in respectful and safe relationships.

The program challenges the men to be the best versions of themselves that they can be, becoming better men, better partners and better fathers.

Around 200 men completed the program in the last year.

What are the results?

Results show a sharp reduction in the nature and severity of violence over the duration of the program and this reduction has been maintained and improved upon in subsequent months and years.

Doctor, Joshua, with patient, Declan, on the Children's Ward at Frankston Hospital



ChildSafe

Child Safe is an initiative of the Victorian Government to help keep children safe from abuse and violence.

It commits organisations like Peninsula Health to adopt strict policies and procedures to prevent abuse by people in positions of power – including parents, teachers and healthcare workers – and to report any suspected abuse to relevant authorities.

Senior Nurse and Frankston Hospital Quality Manager, Rob Jewson, is leading the implementation of the new guidelines.

“ChildSafe is all about keeping children safe,” explains Rob.

“We have zero tolerance for child abuse at Peninsula Health, and want all children to feel safe, happy and empowered,” says Rob.

“We want to ensure our staff and volunteers are trained in how to detect children at risk as well as understand the correct procedures to report their concerns.”

What's new?

- We require all staff to undertake mandatory training programs to teach them how to recognise signs of abuse and then how to appropriately respond, including alerting police.
- We have implemented an electronic alerts system to document children identified as at risk, to ensure all members of the child's treating team have access to the information they need to know.
- We have updated our Code of Conduct to include specific principles about appropriate contact – which all staff must agree to as part of their employment contract.
- We have implemented a new Child Safe Policy which outlines our commitment to child safety.

Peninsula Health is committed to helping close the gap in Indigenous health outcomes and works with Community across the Peninsula to promote the health and wellbeing of Aboriginal people.

Delivering culturally sensitive healthcare

Cultural sensitivity can have a significant impact on peoples' experience of healthcare. Taking into consideration a person's culture and beliefs can greatly improve their health outcomes, which is why we take steps to ensure our service are culturally appropriate for our Aboriginal consumers.

What's new?

- In July, we launched our second Reconciliation Action Plan – *Innovate*.
- NAIDOC Week was celebrated across Peninsula Health.
- Cultural sensitivity training continues to be rolled out across all areas, with four sessions delivered during the year.
- Aboriginal artwork has been purchased and installed in our Outpatients clinic, Maternity Ward, and Dental service.
- We launched our new Aboriginal employment strategy in December, which is a three year plan to increase Aboriginal employment at Peninsula Health. We also have Aboriginal traineeships in Mental Health, Dental and Community Health, and hosted VCAL student placements for Aboriginal students looking to pursue careers in health.





Open wide...

While many Aboriginal people have good dental health, on average compared to the non-Aboriginal population, Aboriginal adults have twice the untreated dental tooth decay and higher rates of gum disease.

Tooth decay is preventable and, in the early stages, reversible.

Our *Koolin Liang Healthy Teeth* program is a new initiative of our Community Dental Service to provide free dental screenings for local Aboriginal people.

Dentist Dr Peter Kipnis says the outreach program has many benefits.

“It’s an opportunity for me to go out to community centres and gathering places to let people know about our service,” says Peter.

After performing a dental screening, people are advised whether they need a follow up appointment at one of our four community dental clinics based at Frankston, Hastings, Carrum Downs and Rosebud.

Peter acknowledges that many people avoid going to the dentist, but says the outreach visits are a good opportunity to remind people about the importance of good oral health.

“I’m realistic, I’m a dentist so I know people don’t like me,” laughs Peter.

“But Koolin Liang lets people know we’re here if they need us and it empowers Aboriginal people to be responsible for their dental health.”

Between January and June, staff did nine outreach sessions, each of which had around 50 attendees.

Our Community Dental Services are also now more culturally welcoming spaces for Aboriginal people. The Frankston waiting room has a special artwork on display that was created by the *Kooriez Space Youth Group* and *Baluk Arts* especially for the service.

Staff have also been working to engage Aboriginal children with puppets *Maggolee* and *Little Cuz* used for oral health promotion.

The number of Aboriginal people using the Community Dental Service is expected to continue to increase as the team further develop relationships with the local Aboriginal community and raise awareness of the service.





Some groups of people in our community don't enjoy the same level of health or quality of life as the rest of the population.

These groups are known as '*priority population groups*'. If we can identify these groups, we can develop ways of working with them to promote better health and healthy living, and ensure they have access to the best of care when they need it.

How do we reach them?

Assertive Outreach is a different way of engaging vulnerable and marginalised groups to ensure they get access to the right care. Rather than a '*one-size-fits all*' approach, Assertive Outreach finds more effective ways of reaching priority population groups. We go to the community, rather than waiting for the community to come to us.



Reaching out for better health

Proactive intervention in community health is an area where Peninsula Health makes a difference to vulnerable and disadvantaged community members. In Frankston, we operate an adult outreach service in a 21-bed Rooming House, which provides accommodation for 14 men and seven women in segregated areas.

The *Mobile Integrated Health* (MI Health) team deliver healthcare services to those who are:

- homeless or at risk of being homeless
- in insecure housing such as rooming houses, caravan parks
- facing eviction in private or public rental housing
- and who have complex health problems meaning many trips to hospital.

The MI Health team visit clients where they live and helps keep them connected to dental and health services, as well as the natural social benefits that their presence brings.

“It makes a big difference to have Peninsula Health involved, no-one would come out of their room,” says Malcolm, a Rooming House resident. “It’s getting me a little bit of social support, a little bit of healthcare support, and Anita is always friendly whatever mood I’m in.”

Anita Lloyd is a Community Health nurse at Peninsula Health, working in the MI Health and Chronic Disease programs.

“We know the social connection is important to health,” says Anita. “But it’s also important to link people into their GP to help them stay healthy and out of hospital.”

“Literacy is quite poor within the house, so people need help with how to navigate systems, and how to fill in paperwork and forms and that sort of thing,” adds Anita. “And that’s another area where we can help.”

The Peninsula Health *Rooming House Project* is helping with:

- Increased knowledge of health services and referrals to specialist areas
- Improved access to Allied Health and Primary Health services
- Decreased cost and increased engagement with health services
- Increased healthy behaviours, social engagement and skill development
- Reducing police and ambulance visits and Emergency Department presentations.

Peninsula Health has a strong Diversity Framework, which outlines our commitment to make sure everyone has equitable access to health services and resources.

Our aim is to meet the diverse health needs of everyone in our community in a person-centred, respectful, and responsive way.

Our Diversity Plan focuses on the specific needs of our diverse community – with a special focus on Aboriginal and Torres Strait Islander peoples, People with disabilities, Cultural and Linguistic Diverse communities, and our Rainbow community (Gay, Lesbian, Transgender, Bisexual, Intersex and Queer people).

Words become actions

We want all consumers, visitors, volunteers and staff to feel welcomed and included in our health service.

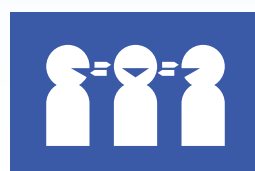
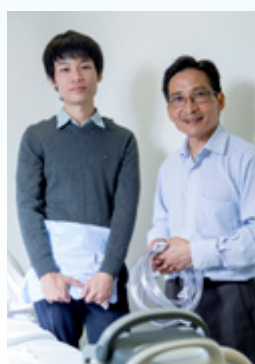
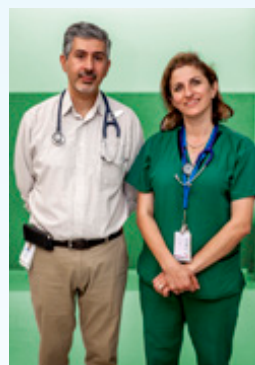
In the last year, we have completed a number of projects to better serve our diverse community of patients, consumers, volunteers and staff.

What's new

- New resources were developed for children with autism to help them better navigate the busy Emergency Department. Peninsula local Antje – who has two sons with autism – helped us develop the materials following a distressing trip to the Emergency Department.
- On Harmony Day in March, we launched our new Cultural & Linguistic Diversity Action Plan 2017–2020. The new plan commits us to ensuring our services are accessible for all patients – regardless of their background.
- We are working on a new Disability Action Plan for 2017–2020 to drive further improvements over the next three years.

Did you know?

10% of the Peninsula population speak a language other than English at home. That's why we provide an interpreter service – in over 60 languages – so people can understand their healthcare and make informed decisions.





Sarah Confoy (middle left) with Peninsula Health staff members

Access all areas

Sarah Confoy is passionate about improving the accessibility of Peninsula Health's sites and services for people with a disability.

"I like helping people in the community and advocating for people with disabilities who can't advocate for themselves," explains Sarah, who has been a member of Peninsula Health's Disability Consumer Advisory Group (CAG) for five years.

"I really enjoy being on the CAG and helping Peninsula Health improve its systems for people with a disability."

The 31-year-old has been involved in many projects, including making sure the design of the new Emergency Department, which opened in 2015, was accessible for people with a disability and also improving way-finding signage at Frankston Hospital.

"I have a lot of knowledge and hands on experience trying to read signage from my background as a person with a disability," explains Sarah.

"I have a visual impairment and I'm actually legally blind so I've been able to provide feedback on the colour of signage and where signage is situated."

Sarah, along with the rest of the CAG, has also been involved in developing our Disability Action Plan.

"The Disability Action Plan is important because it helps give Peninsula Health staff knowledge on how to deal with people with disabilities and how to best treat them," says Sarah.

The Lyndhurst resident has always wanted to work in health after volunteering with Peninsula Health and has worked as a receptionist in a medical clinic for almost a year now.

Sarah is looking forward to continuing her work with the CAG and working on new projects, such as improving the accessibility of the Peninsula Health website for people with a disability.

Diversity gets a Rainbow Tick

Peninsula Health has long been a strong advocate for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) consumers. We work with our LGBTIQ Consumer Advisory Group and other consumers, volunteers and staff to ensure our services are inclusive for everyone.

That's why we are so proud to have achieved **Rainbow Tick** accreditation, becoming the first health service in Australia to do so.

What is Rainbow Tick?

Rainbow Tick Accreditation is awarded to organisations who demonstrate a high level of inclusive service delivery. Organisations are assessed against six standards of health-care delivery:

- Organisational capability
- Workforce development
- Consumer participation
- Welcoming environment
- Disclosure and documentation
- Culturally safe and acceptable services.

Why is Rainbow Tick important?

Having the rainbow tick reassures LGBTIQ consumers and staff that Peninsula Health is aware of and responsive to their needs, explains Deputy Director of Quality and Patient Experience, Sue Sinni.

"Going through this process is incredibly important," continues Sue. "In general, members of the LGBTIQ community experience poorer health and wellbeing outcomes than other members of the community," she adds.

"This poorer health and wellbeing largely results from stigma and discrimination that people who are LGBTIQ often experience in their everyday lives."

"Rainbow Tick Accreditation is not about changing individual beliefs or personal values, it's about ensuring that everybody has equity in their access healthcare or place of work," Sue continues.

"It's about ensuring the services we provide at Peninsula Health are delivered in ways that are non-discriminatory, LGBTIQ inclusive and welcoming for everybody."

Being an inclusive service provider will help improve the health and wellbeing of the LGBTIQ community in the Frankston and Mornington Peninsula area.

Sue says Peninsula Health is working hard to be an ally to the LGBTIQ community.

"Being an 'ally' in LGBTIQ health and wellbeing means speaking up when a group is not treated equally, and providing services to all members of the community, regardless of who they are," says Sue.

What changes did we make to be more Rainbow inclusive?

All areas of our health service were involved in Rainbow Tick – from our Board of Directors, right through to doctors, nurses, allied health professionals, support staff, and the administration team. That's because everyone has a part to play in making Peninsula Health a warm, welcoming and inclusive place.

- Over 60 per cent of our staff completed training in **'inclusive practice'** – inclusive practice is not about treating everyone the same, it's recognising that everyone is an individual and may need a different treatment or approach.
- We installed LGBTI-friendly signage across all sites to create a welcoming environment and we installed gender-neutral toilets across all sites to give all consumers more options.
- We changed the patient registration process and the data we collect such as more gender options and more options for relationship status.
- We created a Rainbow Tick Action Plan 2017 – 2020 to ensure we keep making progress over the next three years.

What does Rainbow Tick mean to our consumers?

"I think it's one of the greatest things Peninsula Health has done," says Julian Conlon, a long-time member of the LGBTIQ CAG and Consumer Representative. "It's not just for the LGBTIQ community, but it's actually speaking on behalf of all marginalised areas."

Other members of the CAG are just as enthusiastic.

"My friends in the LGBTIQ community will feel a lot easier about coming here," says Noel Brown.

"It's also for people seeking employment," says Henri Hopmans. "That it is a very big issue if they are LGBTIQ."



Our work in this space won the 2017 Victorian Public Sector Healthcare Award for *Supporting LGBTIQ Health*.

LGBTIQ CAG members Henri, Penny, Anne and Noel with consumer advocate Julian Conlon



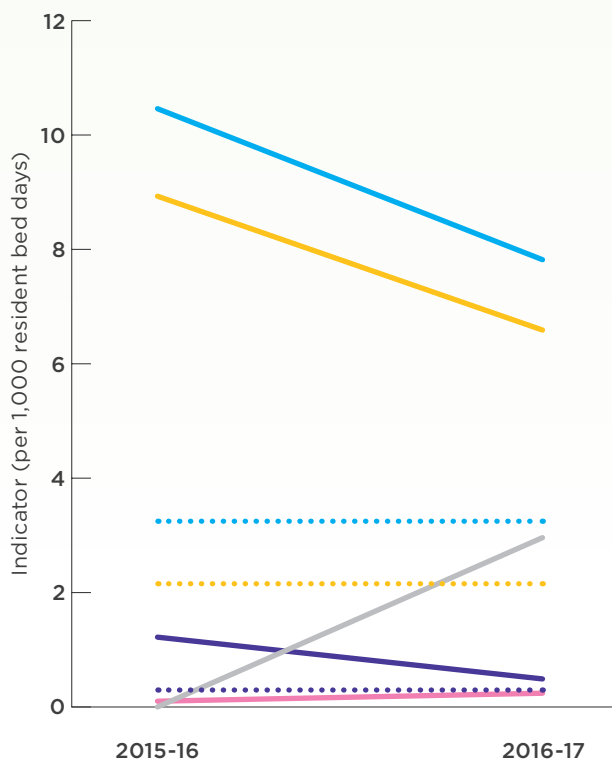
Peninsula Health's Carinya Nursing Home in Frankston is a 30-bed high care mental health facility for aged residents. Carinya cares for people with complex mental illness who are unable to be cared for in a general nursing home.

How do we compare?

Every three months, we report six key clinical care indicators to the Department of Health. This information helps us to benchmark our services against our peers and identify areas for improvement.

Pressure Ulcers (per 1,000 resident bed days)

	Benchmark 2015-16	Our result 2015-16	Benchmark 2016-17	Our result 2016-17
Stage 1	0.00	0.00	0.00	0.00
Stage 2	0.00	0.00	0.00	0.00
Stage 3	0.00	0.00	0.00	0.00
Stage 4	0.00	0.00	0.00	0.00



- Use of physical restraint (Benchmark = 0.00)
- Multiple medication use
- Benchmark
- Number of falls
- Benchmark
- Falls with fractures (Benchmark = 0)
- Unplanned weight loss
- Benchmark

What are we doing to improve?

- We have been working to reduce the risk of falls at Carinya in the past year. A weekly exercise group program has been introduced, run by our physiotherapy and diversional therapy team. The sessions are designed to increase muscle mass and strength, balance and fitness for everyday living and further preventing falls – poor balance and fitness increases the risk of falls.
- The team has also been more closely monitoring residents' weight and more promptly following up any fluctuations. Unplanned weight loss can be a sign of an underlying health concern so we need to monitor any changes closely. We have developed a new Weighing Protocol to ensure accurate weight values are recorded and have introduced a more streamlined process for our dieticians and speech therapists to be notified so they can develop an appropriate plan of action.



Marion Sparrow with patient Bruce Davies

Living with dementia

On a summer's night just after Christmas, Mornington man Bruce showered, got dressed and then disappeared into the vastness of his 25-acre property.

"We had to get the police involved – we had officers, the helicopter and the dog squad all out looking for him," recalls Lindy, Bruce's wife of nine years.

"They finally found him at about 4am. Bruce wasn't injured – he'd just been hiding."

This was the catalyst for Bruce being diagnosed with dementia after he was taken to Frankston Hospital.

Looking back, Lindy says Bruce had all the signs of dementia: *"There was confusion, not comprehending reading, becoming stuck on one particular theme and misplacing things."*

Since April, Bruce has been living at Carinya, our high care facility for patients with dementia.

Bruce has always been a hard-worker and a high-achiever, running several of his own businesses and doing community work.

"Bruce has never sat still for a moment in his life – he needs to be stimulated," says Lindy.

He has responded well to Carinya's diversional therapy program run by Marion Sparrow.

Marion says it is important to offer an individual program for residents to help them feel at home.

"When Bruce first came to Carinya he was constantly at the door wanting to go home but he is more settled now," explains Marion.

"He participates in a special gardening program which allows him to do more difficult tasks," adds Marion.

"He also comes on the scenic bus trips and participates in our Breakfast Club with other residents."

Bruce recently celebrated his 90th birthday at a party with his family, friends and the other residents.

While some things have changed, many remain the same. Bruce still loves his steak and chops and is hoping to throw a BBQ for all of the residents to enjoy.



Bruce & Lindy Davies

The quality of health care people receive in the last months, weeks and days of their lives can help to minimise the distress and grief associated with death and dying for the individual, and for their family, friends and carers.

Dying with dignity

There truly is only one chance to do it right, which is why our approach to end-of-life care (also known as *palliative care*) is holistic, individualised and compassionate. We may not be able to prevent the patient from dying, but we can make sure they die with dignity and minimal suffering.

What's new

During the year, Victorian Government introduced new legislation and guiding principles for end-of-life care for hospitals and health services like Peninsula Health who provide palliative medicine.

To help implement the new principles, we set up the **End of Life Choice and Care Steering Committee**, with representatives from oncology, respiratory medicine, community health, palliative care, social work and legal services.

The Committee has developed a number of recommendations, broken down into five categories of focus: person-centred care; working together as a team; goals of care; clear guidelines for when end-of-life care is needed; and Advance Care Planning.

The Steering Committee also created a new **Clinical Practice Guideline** (Care of the Dying Pathway) so all clinical staff know exactly what their role is in providing high quality end-of-life care.

Did you know?

Peninsula Health has a Health Expert service, where local clubs, groups and schools can book a health expert for their next event or meeting.

Visit peninsulahealth.org.au/findahealthexpert to book a speaker.

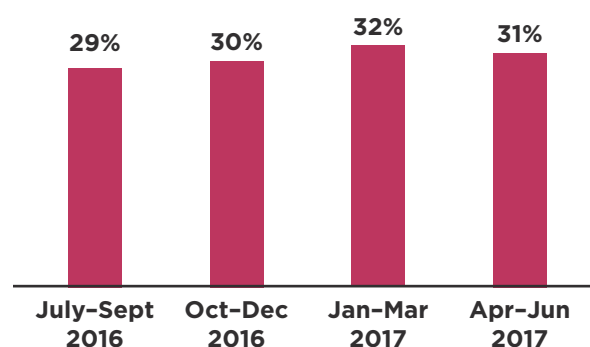
Make your final wishes count

Advance Care Planning is for everyone. It is a way to let your family and doctors know how you want to be cared for if you become unable to make decisions for yourself. It is about planning for a time when you may be very sick or frail – and cannot speak for yourself.

The Department of Health requires all Victorian public health services to record within a patient's medical record whether they have an advance care plan – this ensures that the plan is readily available when the time comes.

What were the results?

Patients over 75 with a recorded plan



What's new?

Over the past year, the number of patients with a recorded Advance Care Plan (ACP) has increased from about 10 per cent in 2016 to 30 per cent in 2017.

- We increased the size of the ACP team from three to six clinicians (doctors and nurses) – because this is such an important area, we want as many staff as possible involved.
- We have also streamlined our internal processes to make it easier for our staff to record these details in our medical record system.
- The team made regular presentations to community groups such as Rotary and Probus to help spread the message to the wider community.



Compassionate and supportive to the end

Every day our staff do everything they can to save lives, but sometimes there is nothing more they can do, except provide compassionate, end of life care to patients and their families.

Earlier this year, Dr Harmeen Kaur, a medical intern at Peninsula Health provided end of life care to a patient in hospital for the first time.

"I was called to review a patient, and as soon as I walked in the door I couldn't believe my eyes," recalls Harmeen.

"We were ready for this man to go home but now he was drowsy and struggling to breathe. I knew he had end-stage lung disease and an infection but surely, we thought, he should be getting better by now."

After recognising the deterioration, Harmeen escalated the case to the senior medical team.

Together, they spoke to the man's wife and daughter and explained that he was unlikely to improve.

"We asked them whether they had talked about end-of-life decisions as a family; whether they knew his wishes," says Harmeen.

"Their response was quite immediate – he wouldn't want any heroic measures but he would want to die peacefully in his own bed."

Dr Anmol Bassi, a senior doctor at Frankston Hospital, says it is important to have open and honest conversations with patients and their family.

"If you are convinced that it's an irretrievable situation, then you have to explain to the family why the patient should not be resuscitated and what the quality of life would be," says Anmol.

"Sometimes we call in a palliative care consultant to help have these conversations with families."

Dr Sandeep Bhagat, Head of Palliative Care, says he gives patients and their family the opportunity to say what they want to say.

"I give patients the chance to explain what has been happening in the last month, the last week and then ask what they think. In their own words they say: 'doc I'm dying'," says Sandeep.

"Once we recognise dying we can focus on the patient's comfort, their wishes and allow the family to have that precious time together."

After having these conversations, Harmeen and the team made sure their patient was as comfortable as possible.

He passed away later that day surrounded by his family.



Our Clinical Services

Aged Care

- Advanced Care Planning
- Cognitive, Dementia & Memory Service
- Continence Clinic
- Falls Prevention Service
- Geriatric Medicine
- Restorative Care
- Transition Care

Allied Health

- Audiology
- Dietetics & Nutrition
- Diversional Therapy
- Exercise Physiology
- Neuropsychology
- Occupational Therapy
- Pastoral Care and Chaplaincy
- Physiotherapy
- Podiatry
- Prosthetics
- Social Work
- Speech Pathology

Emergency Medicine

- Frankston Hospital Emergency Department

- Rosebud Hospital Emergency Department

Medical Specialties

- Cardiology
- Clinical Haematology
- Endocrinology & Diabetes
- Gastroenterology
- Infectious Diseases
- Intensive Care Medicine
- Neurology
- Oncology
- Pain Medicine
- Palliative Medicine
- Renal Medicine

Mental Health Services

- Youth (16-25 years)
- Adult (25-65 years)
- Aged (65+ years)

Paediatrics (Children's Health)

- Child & Adolescent Health
- Home & Community Care
- Asthma Education
- Neonates
- Special Care Nursery

Pathology

Radiology and Medical Imaging

- CT

- Interventional Radiology
- MRI
- Plain Film Ultrasound

Rehabilitation

- Inpatient rehabilitation services
- Elective Orthopaedic Pathways Program
- Movement Disorders Program
- Neurological Review Clinic
- Prosthetics Clinic
- Spasticity Clinic
- Stroke Detours Program

Surgical and Anaesthetic Services

- Anaesthesia & Perioperative Medicine
- Gastrointestinal Endoscopy
- General Surgery
- Maxillo Facial Surgery
- Orthopaedic Surgery
- Otolaryngology and Head & Neck Surgery (ear, nose and throat)
- Plastic & Reconstructive Surgery
- Stomal Therapy
- Breast care

Women's Health

- Gynaecology
- Obstetrics
- Maternity

Planning for the future

Judy* knows all too well the benefits of an Advance Care Plan. She was enjoying time with her family when she received a devastating phone call. Her 72 year old mother had suffered a major stroke.

Through all the stress and sadness, Judy took comfort in knowing her mother had an *Advance Care Plan* – that meant she knew exactly what her mother would want the doctors to do, even though she couldn't tell them herself.

That one small decision by her mother made all the difference for Judy.

"As we went through the plan and different scenarios, I was surprised by some of Mum's choices. She made it very clear she didn't want life-saving intervention if the outcome was likely to be full time care."

"By the end, I knew exactly what Mum's wishes were," recalls Judy.

As the medical power of attorney, Judy had to make all medical decisions regarding her mother's care.

"I kept second-guessing myself, because at such an emotional time your instinct is to make decisions for your mother's life to be prolonged. Having the document to refer to was a tremendous relief because it provided clarity to ensure decisions were made according to Mum's wishes."

Judy has now completed her own Advance Care Plan.

"The online toolkit was very detailed and I'm confident that, should the worse happen, both my husband and I know exactly what the other one would want."

Complete your own Advance Care Plan today

We offer a free ACP service for Peninsula residents.

Call 1300 665 781,

Email acp@phcn.vic.gov.au

Visit peninsulahealth.org.au/advancecareplanning

* Name changed to protect patient confidentiality

Our Community Health Services

- Aboriginal & Torres Strait Islander Health
- Alcohol and Other Drugs Services
- Cancer Rehabilitation Program
- Cardiac Rehabilitation
- Carer Support Program
- Children's Services
- Chronic Disease Services
- Community Kitchens
- Counselling
- Dental Services
- Diabetes Education
- Dietetics
- Domiciliary Care Services
- Exercise Physiology
- Family Violence Services
- Gambler's Help
- Health Promotion
- Home Care Packages
- Homeless Outreach Program
- Hospital Admission Risk Program
- LIFE Program
- MENS Program
- Nutrition
- Occupational Therapy
- Optometry
- Planned Activity Groups
- Podiatry
- Post-acute Care
- Pulmonary Rehabilitation
- QUIT Smoking Support Services
- Residential In-reach
- Self Help and Support Groups
- Sexual Health
- Supporting Vulnerable Victorians in Residential Services

For further information about our services visit our website:
www.peninsulahealth.org.au



Who we are

Peninsula Health is your public health service – we care for the people of Frankston and Mornington Peninsula providing world-class healthcare, on your doorstep.

Our sites include Frankston Hospital, Rosebud Hospital, The Mornington Centre, and Golf Links Rd Rehabilitation Centre and a range of home- and community-based services.

Our Vision

Building on our strong foundations of teamwork and continuous improvement we will be a recognised leader in the provision of person-centred care.

Our Mission

Building a healthy community, in partnership.

Our Values

Service · Integrity · Compassion · Respect · Excellence

Our Strategic Priorities

- **Person Centred Care**
We treat each person as an individual and involve them in their care
- **Timely and appropriate healthcare**
We provide the best of care, when and where it is needed
- **Partnering with the community**
We involve consumers to deliver the right healthcare for our community
- **Our workforce**
We are driven by our values and empower our people to be the best they can be
- **Safety and Quality**
We deliver safe, effective care & embrace innovation
- **Learning, teaching and research**
We foster a culture of research and continuous learning to improve patient care
- **Sustainability**
We manage our resources efficiently and find new ways to fund future needs





Sharing our improvements with you

The Department of Health and Human Services' 2016-17 policy and funding guidelines require all Victorian public health services to publish an annual *Quality Account* for the financial year 1 July 2016 to 30 June 2017.

Distributing our Quality Account

This *Quality Account* is made available to patients, clients, visitors, healthcare partners, local GP clinics, and community leaders.

You can also read the *Quality Account* on our website at peninsulahealth.org.au.

Complaints and compliments

We value feedback – both good and bad. If you have a complaint or a compliment, please let us know.

Phone: (03) 9784 7777

Email: customer.relations@phcn.vic.gov.au.

Post: Customer Relations, Peninsula Health,
PO Box 52, Frankston VIC 3199

For more information

For more information about our programs or services, please call us, send us an email or visit our website.

Phone: (03) 9788 1501

Email: corporate.relations@peninsulahealth.org.au

Website: www.peninsulahealth.org.au

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We would like to hear what you think.

1 What do you think of the information in this *Quality Account*? (please circle)

Poor 1 2 3 4 5 Excellent

2 What do you think of the way we have presented the information? (please circle)

Poor 1 2 3 4 5 Excellent

3 Is there any other information you would like to see in the *Quality Account*?

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Frankston VIC 3199.

You can also leave feedback at
peninsulahealth.org.au – click on
Feedback, Suggestions and Complaints.



**Help give the
best of care,
close to home**

GET INVOLVED

- Become a volunteer
- Join an Auxiliary
- Become a consumer representative
- Make a donation



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peninsulahealth.org.au/support



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**CHILD
SAFE**

We are proudly inclusive.