Quality of Care Report 2008
Welcome

Peter Mac is committed to providing safe and high quality health care services to all our patients. Our 2008 Quality of Care Report again reflects this commitment and highlights the key role played by our patients, as we strive to improve our services.

Many clinicians, patients, carers and community representatives were involved in preparing this year’s report. I am especially grateful to the Community Advisory Committee for their contributions.

We have reflected on the feedback we received from last year’s report and have incorporated many of the constructive comments we received into this year’s report.

I hope you approve of these changes and find our 2008 Quality of Care Report to be both informative and useful. As always, we are interested in your feedback and hope that you will take the time to let us know what you think.

Craig Bennett
Chief Executive Officer

Distribution

This year we have printed 3,000 copies of the report. Many will be sent to our wide network of community and consumer groups. Copies will be distributed to all Peter Mac campuses and will be available in our patient clinics, waiting rooms and wards. The report can be downloaded from our website: www.petermac.org

The Peter MacCallum Cancer Foundation sends out a quarterly newsletter to nearly 20,000 generous supporters and members. A link to the online version of the 2008 Quality of Care Report has been included in the Foundation’s newsletter. Copies of the report can be obtained by calling: (03) 9656 1046

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About Peter Mac

Peter Mac is a public hospital and Australia’s only dedicated cancer treatment centre. Our main site at East Melbourne has 96 beds and we saw 8412 new referrals over the past year. The majority of patients were aged between 60 and 79 years as can be seen in figure 1.

There are 11 clinical services that provide care and treatment for patients the distribution of referrals to these services can be seen in figure 2. We had 206,492 outpatient attendances over the past year. This included patients attending for specialist clinic appointments, diagnostic tests and treatment and also allied health appointments. Our inpatient services discharged a total of 21,935 patients, this has increased from 21,490 for 2006/07.

Peter Mac at East Melbourne provides chemotherapy, radiotherapy, surgery and supportive care services. Our multidisciplinary approach to cancer care means we work together as a team to ensure patients receive the best care and treatment.

We also have four satellite centres providing radiotherapy care closer to our patients’ homes. These centres are in Box Hill, Moorabbin and Bendigo, as well as in Richmond, where we have a private facility at the Epworth Hospital.

Box Hill Campus

The redeveloped Box Hill campus, opened by the Federal Minister of Health in May 2007, provides an improved environment for patients, an efficient work environment for staff and bunker space for two linear accelerators. These state-of-the-art linear accelerators mean we can offer radiotherapy techniques, such as Image-Guided Radiotherapy and cone-beam CT, both of which have the potential to improve the accuracy of treatment delivery.

Our Box Hill team is both efficient and caring, as we exceeded our weighted activity target by 2.3% and won the Peter Mac team award for compassion.

We hold multidisciplinary patient care planning sessions for several tumour streams in our new multimedia meeting room. These sessions ensure optimal patient care and strengthen our close liaison with Box Hill and Epworth Eastern Hospitals.

Julie Wills, Deputy Site Director, Head of Radiation Therapy Services, Box Hill Campus

Moorabbin

The past year has been particularly busy at Moorabbin, with an increase in patient referrals despite the opening of a new private radiotherapy centre in Frankston. This reflects the community’s high regard for Peter Mac in the Southern Melbourne and Peninsula regions.

We have established new multidisciplinary meetings for colorectal cancer and upper GI cancer at Monash Medical Centre, and have started discussions with Southern Health to establish a new head and neck cancer service at Moorabbin.

We have appointed a new research officer who will be responsible for coordinating the research program at Moorabbin. This appointment means we will conduct more research at Moorabbin, including clinical trials, supportive care studies and radiotherapy technical studies.

Most of the radiotherapy equipment at Moorabbin has now been upgraded, with the recent addition of two linear accelerators, a CT scanner, an Acuity simulator and an Eclipse planning system, which allows us to use cutting-edge techniques such as PET/CT and 4D CT for radiotherapy planning.

Associate Professor Trevor Leong, MB BS, MD, FRANZCR, Director of Radiation Therapy Services - Moorabbin
How we ensure quality of care

Clinical governance is at the heart of all health services. In recent years, it has become embedded throughout hospitals. Clinical governance involves ensuring quality assurance, quality improvement and patient safety are part of everyday routines and practices, as well as being characteristics of every team that provides care. Board members, the hospital executive and all clinical staff are responsible for making sure that this happens.

To put clinical governance into action, there are specific areas of work that hospitals do, which are depicted in figure 3. By successfully implementing each component, we know we are delivering a high quality service for our patients. The jigsaw design shows how the four different components are linked around a central focus on patient care.

We have divided this report into the four coloured sections from the jigsaw. Each section gives you examples of the work that we do to make sure patients receive high quality, safe and effective care at Peter Mac.

What’s new at Peter Mac

Some of the initiatives we introduced in 2007/08 include:

- **The Sensory Garden** - our Volunteer Service established a wheelchair-accessible area where inpatients and outpatients can enjoy spending time in a natural outdoor setting, surrounded by appealing sights, sounds and smells.
- **Cutaneous T-Cell Lymphoma Clinic** – this clinic, which is the only one of its type in Australia, was established as a joint initiative between St Vincent’s Hospital and Peter Mac.
- **Contemporary Australian Art Displays** – these displays, selected from the Peter Mac Art Collection, have been extended to Moorabbin, Box Hill, Bendigo and the Tattersall's Cancer Centre for the enjoyment of patients, visitors and staff. The art creates visual interest, provides diversion, stimulates conversation and generates a sense of optimism.
- **Electronic Radiotherapy Chart Project** - multidisciplinary teams use a computerised version of a patient's record to support the management of the patient through the radiotherapy treatment process, which ensures treatment-relevant radiotherapy information is available in real time on every computer in the Peter Mac network.
- **Skin Service See & Treat Clinic** – with this clinic, patients can have their skin-related day procedures dealt with at one visit. The clinic also promotes increased GP involvement in patient follow-up.
- **Transthoracic Echocardiogram and Spirometry Service** – this service provides tests, which some patients need to have to check the function of their heart and lungs, in our specialist clinics, reducing the need for our patients to travel elsewhere for these services.

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**Tattersall’s Cancer Centre, Epworth Hospital**

The Tattersall’s Cancer Centre is a leading radiotherapy treatment facility. It was established in 2003 by the Epworth Hospital in partnership with Peter Mac. The Tattersall’s Cancer Centre is situated on the fourth floor of the custom-designed Epworth Centre.

We provide some of Australia’s best radiotherapy facilities including Australia’s first treatment room verification CT scanner, which offers the highest level of accuracy for highly-focused image-guided radiotherapy.

The number of patients receiving treatment at our centre continued to increase in 2007/08, with 633 new courses of treatment started during that time.

The Tattersall’s Cancer Centre provides radiotherapy treatment for patients with cancer from across Victoria, interstate and internationally, including 70 patients who came from New Zealand in the past year.

Laura Sparks, Acting Deputy Site Director - Tattersall’s Cancer Centre

**Bendigo Radiotherapy Centre**

The Bendigo Radiotherapy Centre provides consultative and radiotherapy treatment services for patients in Central Victoria who have cancer. We have a strong focus on multidisciplinary care, working closely with Bendigo Health and the Loddon Mallee Integrated Cancer Service.

We have treated a growing number of patients from Central Victoria, including Loddon Mallee and greater Bendigo district, with 670 patients receiving radiotherapy treatment in 2007/08. This growth reflects our increased capacity, gained when we added a second linear accelerator in 2007 and recruited new specialist medical staff in 2008.

The team at Bendigo continues to lead Peter Mac’s effort in implementing the Electronic Radiotherapy Chart project. We recently used electronically available information to support our multidisciplinary allied health meeting.

Judy Andrews, Head, Radiation Therapy Services, Deputy Site Director, Bendigo Radiotherapy Centre

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**Figure 3: The four elements of clinical governance have a central focus on improving the quality of patient care.**
“Being Open” recognises that as clinicians we can often make assumptions about what we think our patients and consumers feel are important. We value the participation of consumers – patients, relatives, carers, friends and members of the community - and encourage “being open” at all levels.

This part of the report is all about the things that are not necessarily perceived as clinical care but those that can make or break your experience of our service. To ensure consumer participation we have a Consumer Advisory Committee, Cultural Diversity Committee and a Consumer Register all designed to ensure we involve and engage consumers at all levels across Peter Mac. We have consumer representatives on many of our committees including the Clinical Governance Committee, Ethics Committee and Board Quality Committee.
The young people in the photographs are from different cultural backgrounds. Some have survived civil wars and extreme poverty. Others were orphaned in their homeland and now live alone in Australia. But they all have at least one thing in common. They are living with cancer.

OnTrac@PeterMac Exhibition

Twelve young adults tell their stories as part of a photographic exhibition, “A Series of Photos By and About Me”, which has been put together by the onTrac@PeterMac Victorian Adolescent & Young Adult Cancer Service. The service is Australia’s first coordinated and integrated oncology service for adolescents and young adults aged 15 to 25 years. Peter Mac pioneered this specialist service in 2004 to better meet the needs of young adults with cancer.

“A Series of Photos By and About Me” tells the wider community about what it is like to be young and face treatment for a life-threatening disease. Importantly, it also celebrates the cultural diversity of the 500 adolescents and young adults being treated by onTrac@PeterMac.

Kate Thompson, Manager of onTrac@PeterMac, said: “Young people often experience isolation because of a cancer diagnosis and the impact of its treatment. They can be isolated from other young adults in the health system, their peers, school, employment and community. Some of them have had limited experience of hospitals before their cancer diagnosis and it can be an incredibly frightening experience for them to encounter so many different groups of hospital staff, strange machines and complex treatments”.

OnTrac@PeterMac helps young people come together to share their stories, while undergoing familiar treatment routines. OnTrac@PeterMac also assists young people with learning how to successfully work together with their treating teams throughout their treatment period.

We invited the young adults featured in the exhibition to take photos of the cultural and religious traditions they have called on to help battle their cancer. Each exhibit features 10 to 15 photographs taken by the person, a story they have written and a portrait taken by Peter Mac’s Language Services Coordinator, Kerrie Dunn. One young woman took photographs of food and how it has helped her. An African refugee collected photographs of his ‘new’ Australian family to show how they are supporting him through his treatment.

The cultural diversity of the patient group at onTrac@PeterMac reflects the broader community. Exhibitors come from Australia, Africa, South Korea, Sudan, Thailand, Scotland, Sri Lanka and Turkey. They also have a range of cancers.

“These young people all show great signs of courage and resilience during their treatment – they are amazing”, Kate said.
Learning about our community

People from around the world, who now call Australia home, come to Peter Mac to receive cancer treatment. Our patient community is culturally diverse, as shown in figure 4, with patients speaking a variety of languages and following different religious and cultural practices.

The Cultural Diversity Committee at Peter Mac organised and supported many activities throughout the year to help raise staff awareness of cultural diversity and improve the quality of patient experience at Peter Mac. The activities the committee organised included:

- **A Grand Round**, a lunchtime lecture focusing on cultural diversity – the lecture, which was attended by 70 clinicians and allied staff, explored ways of creating an environment at Peter Mac that is inclusive of everyone and raised awareness of the changing demographics of the Australian population.
- **Working with Interpreters**, a training session for staff delivered by the Springvale Community Aid and Advice Bureau - the session helped Peter Mac staff better understand the role of interpreters and how improved communication is linked to a patient's treatment compliance and outcomes.
- An invaluable session on how to communicate with deaf and hard of hearing people, delivered by David Peters from the Victorian Deaf Society.
- A series of information sessions around illness, death and dying – this included a session that looked at Sudanese rituals, Sudanese responses to illness and death, and other aspects of the culture that might impact on a patient's care, and
- Staff profiles in the hospital’s weekly e-bulletin – profiled staff are invited to share the cultural and religious festivals they celebrate, their favourite foods and their cultural background.

Caring for Aborigines and Torres Strait Islanders

We cared for 34 Aboriginal and Torres Strait Islander people this year, 10 of whom were inpatients. These patients came from across Australia, including from the Northern Territory, NSW, Tasmania and Western Australia. Fifteen came from metropolitan Melbourne.

Peter Mac has introduced initiatives to make sure Aboriginal and Torres Strait Islander patients receive the best care possible, guided by the Department of Human Services’ Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program. These initiatives include:

- delivering a staff training program that ensures patients are accurately identified when they are admitted and that they are given appropriate support throughout their stay
- establishing improved referral arrangements to ensure hospital staff make effective referrals to community services and seek the involvement of Aboriginal workers and agencies when necessary.

We also want Aboriginal and Torres Strait Islander people to feel welcome when they first come through our doors. To help achieve this, we have displayed Indigenous art works in prominent areas in the hospital and widely distributed resource material.

Cultural snapshot at a glance...

3,342 of our patients were born in another country.

Peter Mac provided interpreters on 3,495 occasions in 42 languages in 2007/08.

The top five languages requiring an interpreter are Cantonese 25%, Greek 23%, Mandarin 21%, Italian 16% and Vietnamese 15%.

The demand for Mandarin interpreters grew more than for any other language – in 2007/08 Mandarin interpreters were required on 474 occasions, which was almost double the demand in 2006/07 (218 occasions).

We interpreted the Karen language for the first time in 2007/08.
Noala Flynn, AM, first came into contact with Peter Mac 35 years ago when her young daughter, Christina, was being treated for leukaemia. Sadly, after many months of treatment her three-year-old daughter died. Despite her tragic loss, Noala always felt a ‘connection’ with Peter Mac and she didn’t hesitate to join the hospital’s Board of Directors when she was asked to in 2000.

It was in the early days of her Board involvement that Noala, who at the time was the Director of a community-based palliative care service in the Western Region of Melbourne, helped establish the Community Advisory Committee. This year she retired from the CAC after serving seven years, including a number of years as Chairperson.

“When the committee was first established, there was some resistance from staff to having community members involved in any way, so lots of education was needed. Now that has changed dramatically and staff are keen to involve a community representative whenever they are setting up a new group or committee”, Noala said.

Over the years, Noala has seen a remarkable change in the consumer’s role at the hospital.

“In my working life I saw the value of community participation and I knew it would also benefit Peter Mac to hear the voice of the people. Members of the CAC are advocates for people who cannot speak for themselves and they ask the questions and raise issues that staff don’t always recognise”, Noala said.

As well as serving on the CAC and the Board, Noala was on the Peter Mac Board Quality Committee and chaired it until her retirement. In May 2008, she retired from all Peter Mac committees and now wants to spend some time travelling with her husband and raising funds for ovarian cancer research – a disease that claimed the life of her younger sister, Joan, last year.

“It has been a great privilege for me to work with community members and watch them accept the challenges that they encountered. So many people want to give back to Peter Mac and that is so inspiring to be a part of” – Noala Flynn, AM

Peter Mac’s chapel, a sanctuary for hundreds of people over the years, has undergone an image change. It has been renamed the Place of Peace and all religious symbols have been removed. A prayer room, next to the Place of Peace, now offers Christian, Islamic and Jewish sacred texts, prayer books, a cross and prayer mats. You can take these items into the Place of Peace for your personal use.

The changes follow lengthy consultations by a working group that included members of the Jewish, Islamic and Christian faiths, as well as community representatives. The recommendations from this multi-faith committee were reviewed and discussed at the hospital’s Community Advisory Committee. The Place of Peace name was chosen following a survey of patients and their families.

The Place of Peace is on the ground floor of the East Melbourne campus. It is open 24 hours, seven days a week. It is widely used by people in the hospital who are welcome to attend a Sunday Christian ecumenical service.

Reverend David Dawes has officiated at several marriages in the Place of Peace. He believes the changes will encourage more people to use the space for reflection, meditation and prayer.
All in a day’s work for Pat

Pat Moran spent 50 years as a butcher in Newport serving people and listening to stories about their day-to-day lives. Now in retirement he listens to the highs and lows of people who are going through some of the toughest times in their lives. Pat is a volunteer in the Peter Mac Patient Information Support Centre (PISC).

Every Friday Pat spends hours at the Centre with new patients, showing them to the various clinics and talking with them about some of the practicalities of being a new patient at Peter Mac. He also gives them information about the range of support services available.

Pat gets to know some of the regular patients and listens with compassion as they tell him about their illness, fears and hopes. Pat understands them, as he was diagnosed with melanoma and underwent treatment a few years ago. “Sometimes it feels like you are a condemned person coming in to find out if you have been given the death sentence or if you can go free. Certainly, that’s what it felt like for me”, Pat said.

Pat loves his weekly ‘shift’ at Peter Mac and being a part of the place he describes as a big community, where extraordinary people come to work and be treated. As well as being a volunteer at PISC, Pat became a member of the Community Advisory Committee this year. In that role he feeds the views of patients, carers and the wider community back to the hospital.

“You have to treat being a volunteer at Peter Mac like a job and learn to leave it behind when you finish, because some of the stories people tell are very sad, especially a young mum who might have breast cancer”, he said. Pat is one of 165 volunteers across Peter Mac’s five campuses. After he finishes each Friday, Pat heads up to the volunteer offices and debriefs with some of the other volunteers. Pat’s way of leaving the job behind takes a few steps – first it’s a coffee and some lunch, then he stops at St Patrick’s Cathedral to say a prayer.

Six new members joined CAC this year after several longer-serving members retired.

Three of the new CAC members are already volunteers in the hospital and together they have provided 20 years of service to Peter Mac – they have day-to-day contact with patients and families and can feed this knowledge back to the committee.

CAC members are the community voice on a growing number of Peter Mac committees and focus groups – at last count CAC members were involved in almost 20 different committees, research projects and focus groups.

CAC members speak at public events, conferences and forums to strengthen existing links with other hospitals and organisations.

The first CAC information brochure was produced this year to explain the role of the community members and encourage others to participate in day-to-day life at Peter Mac.

A training program on “How to be an effective committee member” has been developed for staff and community representatives.

If you want to be involved, you can apply to join our Consumer Register - a panel of community members who participate in many ways and share ideas with hospital staff to improve the care for Peter Mac patients and their families. You can get an application form from the Patient Advocate and find more information on the Peter Mac website Community Links page. We currently have 30 consumers on our register.

Volunteers at Peter Mac help by being members of committees, by supporting patients in the hospital and by devoting time to raising funds.

Our East Melbourne and Port Melbourne auxiliaries raised funds and purchased equipment to the value of $124,665 in 2007/08.

As well as getting involved with the auxiliaries, volunteers at Peter Mac provide many support services for patients including:

- the convenience trolley
- hairdressing, manicures and massages for patients
- the headwear service
- the wig library
- Patient Information Support Centre.
Monitoring patient satisfaction

Peter Mac regularly surveys patients to find out what concerns they may have, what needs to be improved and how our staff can do better. Along with every Victorian hospital we participate in the Department of Human Services, Patients Satisfaction Monitor twice a year (this survey does not include patients attending Specialist Clinics at Peter Mac).

This year 196 adult patients completed the survey and results show an increased level of satisfaction for all the areas of care except access and admission. The access and admission category deals with the patient's arrival and how they settle into the hospital.

We take notice of the survey results and, where possible, make improvements. In this survey we asked inpatients what they thought of:
- discharge and follow-up (79% level of satisfaction - last year 78%)
- physical environment (73% - last year 71%)
- complaints management (85% - last year 84%)
- treatment and related information (82% - same as last year)
- general patient information (86% - last year 85%)
- access and admission (76% - last year 77%)
- overall care (80% - last year 79%).

Figure 5 shows Peter Mac's patient satisfaction score, compared with the 10 other similar sized hospitals and all statewide hospitals surveyed.

As figure 5 shows there were high levels of patient satisfaction across all indices of care. Out of the questions asked, more than 90% of those surveyed reported that their length of time in hospital was 'about right'. The courtesy of nurses was scored at 100% satisfaction and the doctors came in at a close second on 99%.

The survey also asked patients three questions about how involved they were with their own care and treatment decisions while in hospital. Answers to these questions form what's called the Consumer Participation Index.

This year Peter Mac scored 84%, for the Consumer Participation Index, which was up slightly from the previous survey results of 83% and well above the average score of 78% for the 10 other hospitals that we are compared against, as shown in figure 6.

Patients are invited to make comments in the survey and some frequently mentioned issues were the quality of the food, mixed gender rooms and waiting times. In response to this feedback we have started several initiatives designed to improve these issues. These include the establishment of a Food Services Quality & Safety Committee to ensure we meet patient expectations regarding our food services. To improve waiting times for specialist clinics we are participating in the Outpatient Improvement and Innovation Strategy, which is funded by the Department of Human Services.

Occasionally patients attending Peter Mac encounter problems with the services or the care they receive. The Patient Advocate receives formal and informal complaints and feedback from patients.

In 2007/08 there were 145 complaints compared to 167 in 2006/07. Most of the complaints relate to problems with communication (65), access to services and waiting times (34), and treatment (25), as shown in figure 7.

It is important that we learn from the issues raised and act on these to improve our services. Often, improvements come through the development of long-term programs such as the Communications Skills Training Program, for staff, which began this year.

Following feedback from the parents of one of our young radiotherapy patients, the Radiotherapy Department introduced a handheld monitor that allows parents in the waiting room to see their children as they undergo treatment. This helps both the parents and the child to feel a little more secure knowing that Mum and Dad can see what's happening.

Figure 5: Patient Satisfaction Monitor 2007/08

Figure 6: Consumer Participation Index

Figure 7: Complaint Issues at Peter Mac

Figure 7: A comparison of complaint issues in 2007/08 and 2006/07
Introducing Mac Feedback

To try and meet your needs, and to help us fulfil our commitment to continuous quality improvement, Peter Mac has developed the Mac Feedback, *Tell us what you think* brochure.

The brochure contains a questionnaire that any patient, relative, carer, friend or member of the community can fill out. The Patient Advocate collates all Mac Feedback and reports the information to Department Heads and managers. If you would like to give us feedback, you can choose to remain anonymous.

At our East Melbourne Campus, you can find the brochures at the front desk reception and outside the Patient Advocate’s office. There is a feedback collection box near patient registration on the ground floor.

We are currently rolling-out Mac Feedback at our satellite services. The brochures are also being translated into four different languages.

Improving communication

It can be very difficult listening to, and understanding, news about health and cancer treatment. It is also sometimes hard for clinicians to find the right words to tell patients the information they need to hear.

We now have a Communications Skills Training Program, funded by the Pratt Foundation’s “Harnessing Inner Strength” initiative, to help our staff learn how to communicate effectively with patients. The program was rolled-out last year after extensive planning and collaboration with organisations such as The Cancer Council of Victoria and the National Breast and Ovarian Cancer Centre. Eleven workshops were run in 2007, with 15 more planned for 2008. Each workshop involves eight to 10 participants, with staff attending from all clinical departments.

Justine Diggens, a clinical psychologist and project manager of the Communications Skills Training Program, said families often suffer great stress, fear and anxiety when dealing with a diagnosis of cancer. Excellent communication skills are a vital part of the delivery of high quality patient care.

The training comprises a four-hour workshop that involves role-play with a professional actor (who plays the patient role). The role-play focuses on:

- breaking bad news
- eliciting and responding to emotional cues
- discussing the transition to palliative care
- discussing sexuality
- discussing complimentary and alternative medicines.

Feedback surveys have shown there is 100% staff satisfaction with this program.

Specialist clinics survey – a first

This year, for the first time, we surveyed patients who attended clinics at our five campuses (East Melbourne, Bendigo, Box Hill, Moorabbin and Epworth). The mail survey of 1,623 patients was conducted over a 10-week period with 958 patients completing the survey (a 58% response rate). Almost half of the patients who completed the survey were between 65-79 years of age and 20% identified themselves as speaking a language other than English.

Peter Mac is participating in the Statewide Outpatient Improvement and Innovation Strategy. Members of the specialist clinics management team, nursing and medical staff, community representatives and clinical governance staff are working together to address the issues identified in the survey. Based on the survey feedback, work is currently being planned, or is underway, to:

- improve the information given to patients about waiting times
- reduce the waiting time from referral to first specialist clinic appointment
- provide clearer instructions for patients about what to expect during their first visit
- reduce the waiting time at patient registration
- improve signage and the comfort of the waiting area
- improve follow-up instructions given to patients.

Staff in the specialist clinics have also recently undertaken training to improve their customer service skills.
Peter Mac's pioneering Legal Assistance Program won this year's prestigious Australian Council on Healthcare Standards Award. Almost three years ago the hospital’s social workers and lawyers from Baker & McKenzie joined forces to provide a pro bono legal service to patients.

What began as a pilot program has now become a valued service at Peter Mac. To date, more than 110 legal matters have been completed, many dealing with early access to superannuation.

In fact, prompted by the financial struggles facing many of the people they helped at Peter Mac, Baker & McKenzie spearheaded a lobby group that helped achieve legislative change in the area of superannuation and terminal illness. That change now lets people with terminal illness access their superannuation tax-free.

Social work staff work with clinicians before referring a patient to Baker & McKenzie for help. Gaye Barnewall is one of the many Peter Mac patients who has received legal help.

“Being diagnosed with cancer of the larynx on top of my existing multiple sclerosis was devastating”, Gaye said. “My husband had to take so much time off work to care for me, and the financial pressure was enormous. We didn’t have the energy to take on a fight for access to the superannuation we needed so much. The Patient Legal Service stepped in and had it sorted out for me in no time. Having the extra funds available to help relieved a huge burden.”

Pharmacy keeping patients informed

Pharmacy has a new TV screen, which lets patients know how long they’ll have to wait for their prescription. Patients are given a number and can see on the screen what stage their order is at, and how long it will take to complete.

Many patients now leave the pharmacy knowing they have enough time to get a coffee or to do something else. Other patients choose to wait, but appreciate knowing the progress of their prescription.

Patients weren’t the only ones monitoring the screen when it was installed. Clinical pharmacist Brett Janson realised that every so often the screen went to a screen saver mode. He thought it was a great opportunity to provide patients with some valuable information. Brett has now developed 22 different coloured slides that appear at different times for five to 10 seconds. They feature important information for people on medications, such as:

- “Are you taking any herbal or complementary medications? These could interact with your other medications”
- “Are you allergic to any medicines (or anything else)? Have you ever had any ‘bad’ reactions to any medications? If so, please let us know.”
Clare Oliver never set out to be a modern-day heroine. Tragically, it just happened.

**Clare Oliver Story**

Clare Oliver died of melanoma in September 2007, aged 26. But before her death she waged a very brave and public battle against the use of solariums, which she believed contributed to her illness. She was joined in the battle by clinicians and staff from Peter Mac, The Cancer Council Victoria and journalist Heather Ewart who helped tell Clare’s story on the ABC’s 7.30 Report.

Clare’s campaign from her hospital bed at Peter Mac, strengthened The Cancer Council Victoria’s long-time battle against solarium use. The Director of the Council’s Education Unit, Craig Sinclair, said at the time: “The evidence is very clear that sunbed exposure contributes to the risk of melanoma.”

“Only this year (2007) the International Agency for Cancer Research, the peak international research agency in cancer, published a report that showed that anyone who used a solarium under the age of 35 increased their risk of melanoma by 75%. If there is any reason to restrict access to young people, then this evidence should clearly be enough.”

Although Clare sadly passed away in September 2007, the struggle against solariums has continued to gain momentum. Ultimately Clare did have victory over the solarium industry. Soon after her death, the Victorian Government introduced legislation, which tightened control of the industry. The new laws require operators to be licensed, doing away with the industry’s voluntary code of conduct. The licence has many implications for operators, including a ban on anyone under 16 years from using tanning beds. Clare’s campaign and the movement that built in Victoria as a result, also led to other states introducing changes.

Clare shone a spotlight on an industry that many believed was unsafe. Perhaps her greatest victory was in changing the perceptions of millions of people about the need to get a tan.
“Being Right” ensures that the clinical services we provide for our patients are proven to be the most effective available. Clinical Effectiveness includes doing the right thing, in the right place, in the right way to the right person at the right time. Clinical audit provides the method by which clinical effectiveness can be monitored, evaluated and progressed.

We audit our clinical events, make decisions about clinical care based on evidence, set targets for the standard of our clinical performance and we continually redesign our services and make improvements. In this part of the report we highlight some examples of the activities that we do relating to this component of clinical governance.
Improving our services

Peter Mac has recently developed several new processes, which are designed to make visits to our specialist clinics and stays in hospital easier to manage.

An audit last year revealed that referrals from doctors to Peter Mac specialist clinics did not always contain all the important information needed. With the support of funding from the Department of Human Services, we have now developed a referral system for GPs and other specialists to use when referring patients to Peter Mac clinics.

When the system goes live this year, GPs and other specialists can go to our website and fill in a referral form. They will be asked to enter all test results and other relevant health information, then to print out the form and fax it to Peter Mac. In the future, we hope the whole process will be electronic.

The new referral form asks more questions of the referring GP or specialist, so that Peter Mac clinicians can provide the best possible care to their patients. This referral system will ensure that Peter Mac staff can make sure everything is ready for the doctor before patients come to their appointments.

The final part of this project is a communication plan that will give GPs and other specialists information about the new system.

We have also received funding from the Department of Human Services to review clerical roles in specific areas of the hospital, with the aim of improving the way we handle patient information, bookings and follow-up appointments.

Celebrating our successful accreditation results

Peter Mac is accredited with the Australian Council on Healthcare Standards (ACHS). Accreditation is a formal process that all hospitals go through to ensure the delivery of safe, high quality health care to the community. Accreditation reviews occur every year and follow a four-year cycle, which includes some onsite visits by surveyors.

In November 2007 surveyors assessed key clinical, corporate and quality and safety aspects of our service. The feedback was very positive. Out of the 14 criteria we were measured against, we achieved an ‘Outstanding Achievement’ rating for our corporate and clinical risk management. This is the highest rating that can be given. We also achieved 11 ‘Extensive Achievement’ ratings, the second highest level. The review also gave us some improvement ideas.

Another important initiative funded by the Department of Human Services this year was to test an alternative way to follow-up patients.

In February 2008, Peter Mac started a nurse-led telephone follow-up clinic for some low and intermediate-risk prostate cancer patients, who have completed their treatment. The nurse coordinator of the service, Mary Leahy, said patients from across Peter Mac’s five campuses would use the phone clinic.

The nurse-led initiative creates a more efficient follow-up service. For example, rural patients sometimes have to travel hundreds of kilometres to see the radiation oncologists for a brief consultation. Now, a nurse coordinator phones the patient to monitor their progress and also provides health advice and information they need over the phone.

All prostate cancer patients return to the hospital to see a radiation oncologist six weeks after they complete their radiotherapy treatment. It is at this point they are assessed as being at low or intermediate-risk or at high-risk by medical staff. Patients who are at low or intermediate-risk are followed up by the nurse-led telephone clinic three to six months later. High-risk patients continue to see a doctor at the Peter Mac clinic.

In the follow-up phone appointment the nurse asks open-ended questions about general health that gives the patient the chance to share information or concerns. The nurse can also educate the patient about managing specific issues.

The nurse, who also has access to recent blood tests and PSA (prostate specific antigen) levels prior to the consultation, then asks the patient a set of questions relating to their condition. There are strict criteria around clinical issues. If the patient falls outside these criteria they will be referred back to a physician-led clinic.

An important part of this initiative is to assess patient satisfaction with the nurse-led telephone follow-up, compared with the satisfaction of patients attending the clinic at Peter Mac. After the phone consultation the patient receives a questionnaire in the mail to assess their satisfaction with the nurse-led phone clinic.

Approximately 300 patients with prostate cancer per year are treated at Peter Mac. While the nurse-led follow-up clinic is new for Peter Mac, the practice is common in some of the world’s best cancer treatment centres.
Cancer treatment can be painful and have side effects that can change a person’s life even after treatment finishes. Many patients can have difficulties eating or drinking during and after treatment. One patient group particularly affected are patients with head or neck cancers receiving radiotherapy.

Anna Boltong, Manager of the Peter Mac Nutrition Department, said 85% of head and neck cancer patients have difficulty eating or drinking because of their swallowing difficulties, pain caused by mouth ulcers, mucositis, altered tastes or the damage to their salivary glands. These patients often require tube feeding.

We involve dietitians, a speech pathologist and a nurse coordinator with patient care right from the start of treatment. Enteral nutrition (HEN). Many patients have to be fed, using a complete nutrition solution, directly into the stomach via a percutaneous endoscopic gastrostomy (PEG) tube inserted through the stomach wall, or a naso-gastric tube through the nose. This alternative method of feeding can last for a few weeks, months or even a year.

Some people, who are at high risk of malnutrition, will go straight onto tube feeding. Others will try a series of dietary changes and oral supplements as a first option. Some patients use a PEG tube or naso-gastric tube for part of their nutrition and fluid, while still having food orally.

“The time when patients are first identified as needing a feeding tube is very intense because there is a lot of education involved. The patients, often with support from carers, learn to manage their own feeding at home, they don’t need to be in hospital to be tube-fed because in other aspects of their medical management, they may be doing quite well. Evidence tells us that a head and neck patient who gets nutritional support from tube feeding is more likely to meet their nutritional requirements, and therefore have better outcomes, than a patient who tries to cope with oral intake alone”, Anna said.

Without tube feeding some patients would:
• suffer extreme fatigue and energy loss
• be at increased risk of requiring a break in their radiotherapy regime
• need to be hospitalised unexpectedly
• have reduced protein levels resulting in their bodies breaking down muscle stores.

“There are lots of emotional and psychosocial challenges that patients face when they have to start being tube fed and a lot of challenges for them when they are returning to oral feeding, partly because food doesn’t taste like it used to”, Anna said.

Most patients come off tube feeding gradually, slowly introducing certain foods and liquids orally. A speech pathologist and the medical team can also aid this transition.
Peter Mac recently opened its Digital Operating Suite. The facility, one of the most advanced of its kind in Australia, enables keyhole surgery to be performed more effectively on patients, leading to quicker recovery times. Dr Sandy Heriot, one of the Peter Mac's three consultant colorectal surgeons and Senior Fellow at Melbourne University, hailed the facility as a great step forward for cancer treatment in Australia because it allows more complex and cutting-edge surgery to be performed using the keyhole method. At the moment almost 70% of all bowel cancer surgery is done this way.

“Keyhole surgery is a less traumatic way of operating on someone because it reduces the trauma and means recovery is quicker,” Dr Heriot said. An open procedure can take three months' recovery time, compared with six weeks after keyhole surgery.

The Digital Operating Suite will be used across all the surgical specialties, including thoracic, urology and gynaecology. The facility is a fully integrated digital room, with a series of moveable monitors, making it more flexible for surgeons to use.

One of the other benefits of the new suite is its capacity to record all procedures and send digital images from the operating suite into the Peter Mac lecture room, where other surgeons can learn more about surgical techniques.

Dr Heriot has already scheduled a workshop at Peter Mac for eight Australian surgeons, in which he will use the high definition images of operations performed in the new facility.

“As well as leading in the care of people with cancer we are using that knowledge and experience to help teach others,” said Dr Heriot.

The demand for bowel cancer treatment at Peter Mac has increased in the past decade. In February 2006 there was one consultant colorectal surgeon at the hospital. Today there are three consultant colorectal surgeons, a colorectal fellow, a registrar and a stoma therapy nurse to meet the demand.

Bowel cancer kills around 90 Australians each week, according to The Cancer Council Victoria. However, the rate of survival for people with bowel cancer is improving slowly and depends largely on early detection of the disease. Tumours diagnosed at an early stage are generally treated using keyhole surgery.

PeterMac@Home nurses provide post-acute care to patients living 30km from Peter Mac in East Melbourne. But our PeterMac@Home Community Liaison Nurse Service goes way beyond that boundary. This year the Community Liaison Nurse organised, 1,133 visits to provide care for 137 patients (65 male and 72 female) living as far away as Tennant Creek in the Northern Territory, Campbelltown in Western Australia and Lakes Entrance in Victoria. Some patients remain a PeterMac@Home patient for several months before they are formally discharged.

Before a patient leaves hospital the community liaison nurse works with the doctors to determine what care is needed at home. Most common post-acute care involves dressing wounds, ‘flushing’ of chemotherapy lines and managing drainage tubes after surgery. Clearly, Peter Mac nurses can’t travel daily to Tennant Creek or Lakes Entrance to care for patients. Instead, they work closely with registered agencies in those areas, in particular RALLY, a department within the Royal District Nursing Service, to make sure the correct nursing care is provided. Peter Mac sends patients home with a kit that contains all the necessary paperwork and medical equipment for the agency nurse. The community liaison nurse is in contact with the agency nurse to monitor patient progress and keep hospital records updated.

Our community liaison nurse also organises interpreters, if necessary, to be present when the agency nurse visits and arranges practical assistance that some patients may need when they return home, such as physiotherapy, home-help and personal care support. In the past year, 228 Peter Mac patients had interpreters organised by the community liaison nurse.
Managing acute pain

Peters Mac staff have been involved in two projects that aim to improve the management of patients’ acute pain.

In late 2006 Peter Mac joined in a national quality improvement project aimed at improving the management of Acute Post-Operative Pain (APOP study). In 2007 surveys of Peter Mac patients found that we could improve the way we educate patients about pain before their operation and also the way we communicate pain management plans to GPs when patients are discharged.

We are now improving the way we manage patients’ pain to help achieve our goal of safe and effective post-operative pain relief for patients, with the ideal of a pain-free experience.

Staff are now using the Acute Pain Management Measurement Toolkit (APMMT) to better assess, manage and document patients’ pain. The Victorian Quality Council developed the toolkit and the Department of Human Services Victoria funded its implementation.

The APMMT is a group of pain assessment methods used to investigate and assess the level of acute pain in patients who are undergoing different treatments. It provides clinicians with different assessment tools that can be used, depending on the clinical situation.

An intensive staff education program, which included the use of posters throughout the hospital, had the added benefit of giving patients a clearer understanding of the questions staff asked about rating the intensity of their pain. Strong interdisciplinary relationships with the Pain and Palliative Care Service clinicians have been established, with all clinical areas being invited to participate in the Pain Steering Committee.

Peter Mac is continually looking at policies, procedures and resources to better manage patients’ acute pain by:

- including the APMMT in the orientation of new clinicians
- developing an audit program, focusing on pain assessment and documentation
- developing multilingual bedside resources, such as pain rating scales
- including pain assessment and management as a clinical topic in the Nursing Service continuing education program.

Facts about PeterMac@Home

8–10 on-road nurses each day covering the 30km radius.
Each nurse visits about eight patients each day.
Nurses made 16,688 visits to 1,150 patients this year.
Nurses treated people who speak 29 languages.

Brian’s appetite for a BBQ

Brian Cockayne’s PEG tube was put in just before his treatment for tongue cancer began in late 2007. The Peter Mac team knew that the daily regime of radiotherapy and chemotherapy would make swallowing and eating almost impossible. While news of the PEG feeding was a blow, Brian viewed it as one part of a long-term treatment plan that would hopefully keep him alive.

Brian had to deal with a number of treatment side effects during his seven weeks of treatment, which became a barrier to his eating. He experienced some mouth pain, lost his sense of smell and taste, his salivary glands were damaged and his tongue changed shape and texture. Unfortunately, Brian’s teeth had to be removed prior to his treatment but this isn’t always the case. As the weeks and months passed, his pain was managed and his energy levels returned, due largely to the nutrition solution supplied through the PEG tube.

“I felt no hunger at all when I was being treated and food just wasn’t something I was interested in, not even through the PEG,” Brian said.

Brian, 69, from Dandenong, said he resisted feeding himself because he felt so ill, but was constantly supported and encouraged by Peter Mac staff. They called him regularly, monitored his progress and made sure his nutrition levels were maintained. Since his treatment began Brian has lost 16kg, but in the past months he has been regaining some weight.

In May, with support from the dietitians, Brian began some oral feeding, eating small amounts of certain foods, such as scrambled eggs, soup and spaghetti. He now takes nutrition through the PEG three times a day and then eats normally for dinner, though his taste has still not returned.

Brian feels as though he has overcome the biggest hurdles and his recent PET (Positron Emission Tomography) scans found no cancer in his body. He hopes to have the PEG removed by the end of the year.

“One of the things I miss is the barbecue and I can’t wait to taste a snag again”, he said.
Don Miller could be forgiven for harping on about his health. After all, he has survived seven different cancers since he was first diagnosed with testicular cancer in 1964. He is now battling neuro-endocrine cancer, which was diagnosed this year. But instead of talking about illness, Don likes to talk more about tomorrow, next month and the year ahead.

Many people have shared a ward with Don over the years and they too must have been inspired, and perhaps a little envious, of his attitude. But he believes his positive and hopeful view on life has contributed in some way to his survival.

Don, a former Victorian who has lived in Cairns for eight years and is planning to move to Darwin, first came to Peter Mac 44 years ago. He was cancer free for several decades before his health took a turn for the worse. A summary of his health history follows:

- in 1964 he was diagnosed with testicular cancer
- in 1997 two unrelated breast tumours were found
- in 1998 he was diagnosed with cancer of the nipple canal
- in 1999 he was diagnosed with prostate cancer
- in 2006, and then in 2007, squamous cell carcinomas were found on his head, and
- in 2007 he was diagnosed with cancer of the pancreas.

All these cancers are in remission and the neuro-endocrine cancer is a secondary cancer after suffering the prostate cancer. It’s a daunting health history and his file at Peter Mac is massive, which is one reason he keeps coming back.

“I have been in all different parts of the world where there are very good hospitals, but I come back to Peter Mac because they specialise in what they do and they have a multidisciplinary approach to treating people”, Don said.

Don, 69, is one of Peter Mac’s longest-surviving cancer patients. He is now participating in a prostate cancer trial at the hospital.

Don has some advice for people who are being treated for cancer: “Throw yourself into life and surround yourself with positive people who support you. It is too hard to be around people who get emotional or who bring you down with their sadness”.

“I really recommend to people I have met over the years to set a goal. It might be going to a movie or out for dinner in a week’s time. Then set a medium-term goal to go visit someone in a month and then think of something you want to do in six months. Then as you are receiving treatment you have another focus and time passes and you have reached the point you set yourself. Then you set some more goals and aim for them”.

Don’s greatest support and reason for living is his wife, Kay, who he wants to spend many more years with. The couple are also keen to spend time visiting with, and getting to know, their three young grandchildren in Darwin and Thailand.
An Effective Workforce at Peter Mac

Effective workforce

“Being up to the Job” is how we make it possible for our staff to be, and remain, equipped to perform their jobs effectively. Workforce development is planned and encouraged. We ensure staff have the appropriate qualifications and experience, and expectations and standards of performance are clearly communicated.

Practical activities that support our workforce at Peter Mac include training and development, professional regulation, performance appraisals, and organisational development and leadership programs. We have a number of committees that lead this work across the organisation, including the Medical Appointments and Practice Scope Committee, Education Steering Committee, Nurse Leadership Group, and the Human Resources Steering Committee.
Peter Mac checks the qualifications, competency levels and ongoing professional development of all doctors, nurses and pharmacists, to ensure patients receive the best possible care.

Brett Janson has been a clinical pharmacist at Peter Mac for two years. Most of his time is spent in the Chemotherapy Day Unit helping to ensure our patients receive the best treatment for their condition. He checks the chemotherapy order, making sure the right drug, dose and form has been ordered before it is made by pharmacy staff in the cyto-suite. Brett then checks each patient’s discharge medication prescription to ensure the best medicines have been ordered for them to use when they go home. Pharmacists work closely with the doctors to make sure that all medications ordered are safe to use with other medicines patients may be taking.

Brett checks the medication of up to 50 patients a day in the Chemotherapy Day Unit. He is one of nine pharmacists working with patients receiving chemotherapy in the Chemotherapy Day Unit and the wards. Brett has gone through a rigorous credentials process that examines his academic qualifications and experiences, but also requires internal training in the specific area of oncology pharmacy practice.

To work in the Chemotherapy Day Unit Brett:
- successfully completed a four-year Bachelor of Pharmacy degree
- completed a one-year internship at a hospital working alongside, and supervised by, a senior pharmacist
- successfully sat the Pharmacy Board of Victoria’s exam and was registered to practice in Victoria
- renews his registration each year after completing 30 hours of Continuing Pharmacy Education
- completed the two-day chemotherapy training provided at Peter Mac
- successfully completed a log of 50 chemotherapy prescription checks.

The two-day chemotherapy training at Peter Mac includes a series of lectures from a senior pharmacist, three tutorials sessions using up to nine cases demonstrating and highlighting the checking processes and issues that can arise, as well as a written practical examination. Successful completion allows the pharmacist to be deemed competent in the theoretical checking of chemotherapy (Part 1 of the credentials process). Part 2 of the credentials process involves 50 actual current chemotherapy charts that must be checked first by the pharmacist and then by the senior clinical pharmacist.

Peter Mac has developed a high-tech electronic database, which tracks the credentials of all our junior and senior medical staff. This system went ‘live’ earlier this year after almost two years of planning and fine-tuning.

The development of the credentialling database followed the policy direction set by the Australian Council for Safety and Quality in Health Care in 2004. Victoria’s Department of Human Services has visited us to review our credentialling database and has invited us to present our system at a national forum to other hospitals because we are leading the way in this area.

All Peter Mac doctors, including those working in a temporary capacity, are required to be qualified and to have the skills to perform particular duties.

All Peter Mac doctors, including those working in a temporary capacity, are required to be qualified and to have the skills to perform particular duties. To credential, and define the scope of, clinical practice, involves a rigorous internal process as well as documentation from the Medical Practitioners Board of Victoria. The database features every medical staff member and lists their:
- credentials
- scope of clinical practice (what areas of medicine a doctor can perform)
- restrictions of practice
- performance appraisals
- qualifications
- contracts.

The database, developed by Peter Mac’s Deputy Chief Medical Officer Dr Erwin Loh, flags when credentials and performance appraisals are due to ensure we constantly monitor the process of maintaining skills.
“Being Able to Learn” describes how we use information arising from sources such as adverse incident data and complaints to evaluate situations, problem solve and change practice to improve quality.

At Peter Mac we promote a culture of openness, encouraging all staff to report near misses as well as occasions when things actually go wrong. We recognise the importance of learning from adverse incidents and any complaints we receive, and aim to reduce the likelihood of them happening again. This part of the report is all about how we continually strive to make our care safer for our patients.
Clinical Risk Manager Justine Mizen’s focus is on making sure that patients at Peter Mac are being cared for in a safe environment. She works with staff to ensure that clinical errors, safety risks and near misses are reported and investigated.

The most common incidents reported, as shown in figure 9, involve radiation therapy; patient falls; incorrect labelling of blood products and medication errors.

Justine supports staff across the hospital to investigate incidents and ensures that changes and improvements are made to avoid errors or safety breaches happening again.

Peter Mac staff use RiskMan, an online database, to report errors and to log outcomes and subsequent changes in practice. Once an incident is logged, RiskMan sends an email alert to several people, including the unit manager.

Once Justine receives a report of an error or near miss, she immediately looks into what has happened. The unit manager resolves most issues, but some are more serious and may need to be investigated widely and involve others, including the patient’s family and the patient advocate.

Over 2007/08, 1705 clinical incidents were reported compared to 1051 in 2006/07 and 662 in 2005/06. This increase does not necessarily mean that more things are going wrong; it reflects that these adverse incidents are now being reported by staff to ensure practice can change to prevent recurrence. A breakdown of the most commonly occurring incidents are shown in figure 9.

Figure 9: Most commonly occurring reported incidents in 2007/08

The RiskMan system lets Justine produce reports and look for any trends and themes that may become a cause for concern. These reports highlight where improvements or practice changes are required to ensure safety is maintained at all times. For example, after being notified about an increased risk of falls relating to some of our bathroom floors, we undertook renovations and installed new non-slip flooring.

More serious errors are referred to the Clinical Risk Management Committee comprising senior hospital staff, including the Chief Executive. These errors may not have resulted in serious harm to the patient but they may require
Preventing falls

We try to prevent falls so that our patients will not be injured. Some of our patients have a higher risk of falling because they have types of cancers that affect their balance. We established a Falls & Pressure Ulcer Committee, made up of a number of different health professionals, to look at ways of reducing the risk of falls to our patients. These include:

- screening every inpatient on admission and assessing their level of risk from low to super-high
- putting strategies in place on the ward, depending on the assessment
- reassessing each patient every day to ensure that the effects of treatment are taken into account – for example, a patient may be assessed as low-risk when they come to hospital, but new medication they have been given affects their balance and increases their risk of falling
- adapting the patient’s environment so they are not put at risk when accessing the nurse call system and other personal items and their bed is at its lowest position
- placing patients on a “high-low” bed if at high-risk and locating them close to the nurse’s station - these special beds mean patients can be lowered very close to the floor
- referring high-risk patients to physiotherapy for mobility assessment, gait re-education and provision of aids, as required - an occupational therapy referral may also be made to determine the need for advice or equipment to minimise falls in the patient’s home environment
- having the Falls & Pressure Ulcer Committee discuss high-risk falls on a monthly basis to ensure all interventions were in place.

Peter Mac has recently purchased a falls sensor system, which involves a detachable alarm fixed below the bed that is connected to the nurse call system. Once the sensor detects a patient’s legs moving from the bed and over the side, an alarm goes off.
Pressure ulcers can cause great pain and affect a patient’s recovery. A pressure ulcer, or bed sore as it is more commonly known, is an area of skin and underlying tissue that has been damaged because of prolonged or unrelieved pressure.

Peter Mac’s Falls & Pressure Ulcer Committee has implemented a prevention strategy for pressure ulcers, as well as a treatment plan for patients who come to Peter Mac with a pressure ulcer.

A screening tool is used to assess every patient admitted to the hospital. Patients who are considered at risk are placed on a special pressure-relieving mattress. Patients continue to be assessed every day while in our care to ensure the right steps are taken if their risk level changes.

The Department of Human Services this year funded 14 special thermo-contour mattresses to be used for patients who have, or who are at risk of, pressure ulcers.

Our approach to pressure ulcers is multidisciplinary and we work closely with the hospital’s occupational therapists and physiotherapists to develop an intervention if we think a patient is at risk, or if they develop a pressure ulcer. If a patient develops a pressure ulcer, it is reported on the RiskMan database and the nurse unit manager investigates to determine if any measures could have been taken to prevent the sore developing. These reports are then referred to the monthly meeting of the Falls & Pressure Ulcer Committee for review.

Reported Pressure ulcer rates for patients are shown on a monthly basis in figure 11.
Hand hygiene plays a major role in protecting our patients, staff and visitors from transmission of infections such as colds, flu and gastroenteritis. This year the Department of Human Services funded the Hand Hygiene Program that was first initiated by the Victorian Quality Council in 2004. The aim of the program is to increase the quality and frequency (up to 55% compliance) of hand hygiene practices among our staff. The use of alcohol-based hand rubs, which have been introduced across Peter Mac, is encouraged.

To begin the program we conducted hand hygiene audits of health care workers on two wards. The results were:
• in one ward, 44/108 good hand hygiene practices were observed, so compliance was 40.74%.
• in the other ward, 53/124 correct procedures were followed, so compliance was 42.74%.

After the audit, we began an intervention program, which involved:
• distributing a variety of new hand hygiene posters to wards/clinical areas
• installing 240 brackets at the end of each patient bed/trolley in all inpatient areas, as well as on entry and exit, to hold containers of alcohol-based hand rubs
• educating health care workers in wards 2, 3, 7, 9, the Day Chemotherapy Unit, ICU and Surgical Oncology.

This work continues to improve our hand hygiene practices and results of audits undertaken.

After a third audit, we found:
• in one ward, 102 opportunities for hand hygiene were observed, with 66 correct, so compliance was 64.71%.
• in the other ward, 102 opportunities were observed, with 77 correct, so compliance was 75.49%.

Total results for all audits are shown in figure 12.

The Hand Hygiene Coordinator, Ms Susan Harper, intends rolling-out the program to all ambulatory care settings (non-inpatient) such as outpatients, as well as making the alcohol-based hand rubs available to all visitors when they enter the hospital.

Hand hygiene, along with hospital cleaning, environmental controls and screening, are strategies used to reduce Methicillin-resistant Staphylococcus Aureus (MRSA) and Vancomycin-resistant enterococcus (VRE) infections. MRSA and VRE are types of multi-resistant organisms that can cause infections that are difficult to treat.
**Preventing medication errors**

Medication errors do happen and they can cause serious problems for patients. We are constantly looking for ways to prevent these mistakes.

Peter Mac has recently installed new computer software to its 150 intravenous drug infusion pumps. The new wireless software, MedNet, is a ‘safety net’ that responds with an alert symbol to any programming by a nurse or doctor that is contrary to existing drug protocols. This means that if a staff member programs a pump to give above the recommended amount, or at a rate contrary to protocols, an alert will sound to notify the user.

The alert sound is accompanied by a warning symbol on the screen prompting the nurse to check the dosage and override the alert, or make changes to correct the error. For example, if a nurse programs the pump to give a patient 100mg of a drug in an hour, but the protocol is for 50mg an hour, the alert is triggered. If the nurse programs in 1,000mg instead of 100mg, it is also triggered. The new software responds to instructions, but it does not prescribe any drug to any patient.

Peter Mac is the first Australian hospital to introduce the MedNet wireless software. The wireless capacity means updated protocols can be sent to the pumps at any time and will not cause interference in the equipment.

The software also produces reports, which lets us monitor how often the wrong information is programmed into the pumps and if the alert is overridden, or the instructions changed.

In February/March there were 80 incidents of staff programming in an amount of a drug that exceeded the limit. Each time the instruction was changed. By April/May, as staff became more accustomed to the new software, that error rate halved to 41 incidents.

MedNet is helping us to reduce medication errors at Peter Mac, as shown in figure 13.

**Helping patients manage their medicines**

Peter Mac has launched a new consumer initiative called the Medication Reconciliation Project, which is funded by the Department of Human Services. The project helps patients take greater control of their own medication by understanding more about their drugs, thereby reducing patient medication errors.

Many patients come into Peter Mac with boxes of tablets or lists of tablets, which are often written by a carer. Some patients are taking different dosages to what is prescribed or they have decided to stop taking some medication.

The project, currently being trialled in the surgical ward, involves all surgical patients who come in for their pre-admission appointment, which could be a month before they have surgery. During the pre-admission appointment a nurse, trained for this project, discusses what medication the patient is currently on.

Each patient is also given a chart to fill out, which they bring back with them when admitted for surgery. Then on admission, nurses trained for this project on the ward, provide further education to patients to raise awareness of medication errors and encourage patients to keep accurate records of their medicines so errors can be reduced.

The chart aims to ensure staff know what medicines their patient was taking before they were admitted into hospital. This helps Peter Mac pharmacists discuss with patients the purpose and benefits of their particular medications, such as those for diabetes or blood pressure. Together with the patient’s doctor, the pharmacist can also advise patients about continuing medications once they are discharged from hospital. Posters are also on display on the ward to reiterate to staff, patients and their carers the importance of safe medicine use.

To provide ongoing support for patients following discharge from hospital, the pharmacist will contact patients to help them confidently manage their medicines when at home. This specifically helps patients who have requested a follow-up phone call or those who have had many changes made to their medicines during their hospital stay.

It is hoped that this project may be introduced to other areas of Peter Mac.
Thanks

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Tell us what you think!

Complete our on-line survey at www.petermac.org
or contact our Patient Advocate on 03 9656 1870
or email patientadvocate@petermac.org