People/Opportunities
Discovery/Care

QUALITY OF CARE REPORT 2009
Peter Mac is unique for its dedication to one disease - cancer - with all its complexities and manifestations. Over 2,000 clinicians, scientists and allied health professionals work together to increase survival rates, improve quality of life for our patients, and decrease the burden of this disease on our community.

Our satellite services at Bendigo, Box Hill, Moorabbin and Epworth Richmond provide patients who reside in surrounding suburbs and rural regions access to comprehensive quality care close to their homes.

What makes Peter Mac a leader in cancer care is the people that work, visit, study, stay, and donate to us. In the words of one Peter Mac patient this year, Irene Lau, “when I walk through the doors of Peter Mac I feel safe and in the best care and I know that it is the only place for me to be right now.”
Welcome/Our Commitment

I am very pleased to introduce Peter Mac’s 2009 Quality of Care Report.

In this report, you will find many fine examples of our commitment to providing safe and high quality health care to all our patients. The Board’s Quality and Community Advisory Committees, along with our Clinical Governance Unit, have worked diligently over the past twelve months to promote a culture of continuous improvement across all parts of Peter Mac. A key element of this approach has been listening to, and engaging with, our community (broadly defined) in a timely and thoughtful way. We were encouraged by the feedback we received on last year’s Quality of Care Report and have taken great care to incorporate many of the useful comments and suggestions made into this year’s report.

I commend this report to you and hope that you will find it both interesting and informative. Thank you to all those who have shared their stories and helped prepare this year’s report.

We would again value your feedback, so please take a few moments to respond as outlined on the inside cover page.

Our patients are central to everything we stand for and do at Peter Mac. This has been the case for the past sixty years and will continue to be so as we work towards creating the Peter Mac of the future as a key part of the world-class comprehensive cancer centre to be established at Parkville over the next six years or so.

Craig Bennett
Chief Executive Officer

ABOUT US

Peter Mac provides multi-disciplinary patient services including haematology, medical oncology, surgical oncology, radiation oncology, radiotherapy, same-day chemotherapy, palliative care and pain management, clinical trials, familial cancer and specialist imaging including Positron Emission Tomography (PET).

Our Satellite services at Bendigo, Box Hill, Moorabbin and Epworth Richmond (for private treatment) provide a timely and responsive service to patients who reside in surrounding suburbs and rural regions. Through the investment in comprehensive care, state of the art equipment, implementation of best practice treatment protocols and staff training and support, patients have access to high technology treatments close to home without the need to travel to East Melbourne.

In 2008-09 Peter Mac cared for a total of 24,986 patients, an increase of nearly 1300 people on the previous year. Roughly a third of our patients were new referrals to Peter Mac (8,109) and two thirds were patients receiving ongoing treatment and care.

The majority of our services are able to be provided to patients on an outpatient basis. In 2008-09 we provided 202,515 outpatient occasions of service and 19,763 admitted (inpatient) episodes of care.

The average length of stay for overnight and multi-day admissions in 2008-09 was 6.5 days which is similar to the previous year. Surgical activity increased this year with the number of surgical procedures increasing by 13.7 per cent – a clear demonstration of the increased capacity our new fifth operating theatre has allowed.

PATIENTS BY SERVICE/EXTERNAL CAMPUS IN 2008-09

Presentations at tumour stream clinics
- Bone & Soft Tissue: 2.8%
- Breast: 5.1%
- Gastrointestinal: 6.6%
- Gynaecology: 2.8%
- Haematology: 6.3%
- Head & Neck: 6.2%
- Lung: 3.8%
- Neurology/Stereotactic: 0.8%
- Plastic Surgery: 0.8%
- Skin: 11.5%
- Urology: 10.2%
- Uterine: 0.8%

Presentations at external campuses
- Bendigo: 7.0%
- Box Hill: 7.8%
- Epworth: 7.3%
- Moorabbin: 15.4%
- Total: 100.0%
2008-09 held major significance for Peter Mac. As we marked our 60th anniversary, state and federal governments announced a $1 billion project that will rehouse Peter Mac in a world class cancer centre at Parkville, and we made excellent in-roads to improved patient care and knowledge of treating cancer.

STRATEGY AND REDEVELOPMENT PROJECT

An exciting year for planning with funding secured for our new home at Parkville in the $1b comprehensive cancer centre, to be built on the site of the former dental hospital. We’re working closely with the government and Parkville partners in this important endeavour. Demolition of the old buildings is now underway and the new facility is scheduled to open in 2015. Longevity of the facility is imperative, with the new cancer centre to provide the best treatment and research available in five years, and in 25 years. It must have capacity to adapt to new findings, and to changes in our population and the patients being cared for. Getting it right requires deep foresight, detailed strategy and extensive consultation.

Peter Mac’s world leading clinicians and senior researchers have been instrumental in contributing to the vision and planning for the new cancer centre. Consultations with our Community Advisory Committee (CAC) have helped the planning process remain centred on how we can improve the journey of cancer patients in the hospital environment. The group’s frank and fearless advice is valued and we thank them for their ongoing support.

Much planning and consultation went into ensuring improved navigation, and that the right type of information was available. Interviews were held with past and present patients, donors, CAC members, general practitioners, graduate nurses, and younger and older people to guide the site’s development.

Particular effort has been made to improve information available online for patients and families – including a refreshed patient guide for each of Peter Mac’s five locations, and links to many resources of the Cancer Council Victoria. All of the information resources of the Peter Mac Cancer Information and Support Centre are now also available online. There is also a link to email questions direct to a cancer support nurse.

We hope you enjoy using the new website. Feedback is very welcome via: webmaster@petermac.org.

PETER MAC’S WEBSITE REDEVELOPMENT

In May this year Peter Mac launched a fresh new website with over 400 pages of new and updated information about Peter Mac, services and staff.

Much planning and consultation went into ensuring improved navigation, and that the right type of information was available. Interviews were held with past and present patients, donors, CAC members, general practitioners, graduate nurses, and younger and older people to guide the site’s development.

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We hope you enjoy using the new website. Feedback is very welcome via: webmaster@petermac.org.
Peter Mac is home to Australia’s largest radiation therapy service – we have more than 190 staff at five sites across Victoria and last year 38 per cent of our patients attended one of our four satellite campuses.

SATELLITE CENTRE: BENDIGO
The Bendigo Radiotherapy Centre is a state of the art facility established in 2002 to provide consultative and radiotherapy treatment services for patients in Central Victoria. We are committed to a collaborative approach to patient care, working closely with Bendigo Health and the Loddon Mallee Integrated Cancer Service.

In 2008/09 we have continued to treat a growing number of patients within the community and surrounding regions with 727 patients receiving radiotherapy treatment at our centre.

Key quality initiatives in the past year have included:
- The introduction of a dedicated radiation therapist research position and development of an onsite research program.
- Installation of a new CT Brilliance scanner.
- Ongoing workshops supporting Living with Cancer & QUIT.
- Regional Radiotherapy Nursing Forum.

SATELLITE CENTRE: BOX HILL
Peter Mac Box Hill is a satellite campus of Peter Mac, located at the Epworth Eastern Medical Centre. It is collocated with Epworth Eastern Private Hospital and opposite Box Hill public hospital.

Our commitment is to provide seamless patient care throughout the treatment process and we aim to continue to improve access, quality, and coordination of patient care in close liaison with referring practitioners.

In 2008-09 the Peter Mac Box Hill team has treated and managed 834 new courses of radiotherapy which exceeded our weighted activity target by 25 per cent. Nursing staff facilitate coordination of care through liaising with Box Hill and Epworth Eastern Hospitals as well as local medical oncologists to ensure coordination of chemotherapy and radiotherapy schedules for optimal patient care.

Our radiation oncologists maintain high levels of expertise through participation in tumour stream educational and clinical activities at our East Melbourne site and are involved in research projects to further advance the accuracy and quality of treatment delivery. This year several of our staff attended and presented at numerous conferences both internationally and nationally, which both shares their experience and brings new knowledge to Peter Mac.

Highlights of the year include:
- Collaborative educational programs with Epworth Eastern Hospital to enhance continuous professional development for local GPs in various tumour streams such as breast and urological cancers.
- Working collaboratively with Epworth Eastern Hospital and Box Hill Hospital to inform local community groups on the latest treatment options available.

SATELLITE CENTRE: MOORABBIN
Moorabbin has had another busy year with an increase in referrals, outpatient attendances and radiotherapy treatments. Two new radiation oncologists commenced in 2008-09, both spending their primary clinical time at Moorabbin.

Peter Mac continues to work collaboratively with Southern Health in establishing multidisciplinary meetings and clinics and it is anticipated that we will commence treating patients from Southern Health with head and neck cancer later in the year.

In May 2009, Peter Mac completed the redevelopment of the first of the two original radiotherapy bunkers. The most recently commissioned machine was installed in this redeveloped bunker and has On-Board Imaging (OBI), Cone Beam CT (CBCT) and respiratory gating, all state of the art equipment which will enable us to implement cutting edge radiotherapy techniques with the potential to improve treatment delivery for some tumour streams.

We are looking forward to celebrating Moorabbin’s fifteenth anniversary on 1 December 2009.

SATELLITE CENTRE: TCC EPWORTH
The Tattersall’s Cancer Centre (TCC) is a leading radiotherapy treatment facility established in 2003 by the Epworth Hospital in partnership with Peter Mac. TCC provides radiotherapy treatment for patients from across Victoria, interstate and internationally. The number of patients receiving treatment at our centre continued to increase in 2008-09, with over 800 new courses of treatment started during that time.

Whilst there has been a significant increase in activity at TCC, the department’s strong focus on patient care has been sustained:

“Being greeted with a smile and a pleasant word. Being collected rather than called. Being amongst a cheerful and friendly group of people who everyday treat one as a person not a patient. And all the other small but important ways I was made to feel comfortable and relaxed made all the difference to my treatment experience. Most impressive. Thank you”

Bill (June 2009)

A wide range of continuous professional development activities were undertaken by TCC staff during 2008-09 demonstrating TCC’s ongoing commitment to ensuring the latest and best in care and treatment. Several of our staff are undertaking post graduate masters programs and one is completing the Imaging Advanced Practitioner Pilot Program, specialising in pelvic imaging. TCC staff are also supported and encouraged to attend a variety of conferences, courses and seminars and several presented their work at national and international conferences this year.
Peter Mac has long recognised the wisdom and value of involving patients, families, carers and the wider community in key decisions about the planning, delivery and evaluation of services. Our Community Advisory Committee (CAC) is in place to ensure we remain in touch with community views, and our Consumer Register enables us to gather feedback on a range of issues before decisions are made.

Peter Mac believes strongly that patient satisfaction and health outcomes are maximised when the hospital works with the community to meet their expectations of us.
 Someone that has made a remarkably worthwhile contribution to Peter Mac – not only in the past year but for many years previously – is our volunteer services hairdresser Sue Breen. Sue has been volunteering now for 10 years, and gives of herself above and beyond her designated day.

Sue’s hairdressing role includes advice regarding wigs and headwear, and regular hairdressing services. She takes care of the wigs for the wig library – washing, fitting and trimming wigs, so patients can leave Peter Mac feeling confident to face the world. Sue makes a real difference, and patients often return to show her their hair is growing again when they might have been reluctant to take headwear off when first meeting her. The nature of her role brings her close to patients as they share concerns, fears and their fragile side. Sue also contributes to the Look Good Feel Better Workshops held at Peter Mac. Her own personal grooming and presentation is always a delightful starting point for enhancing rapport with patients, and her bright charismatic personality, teamed with her compassionate nature draws people to her. Sue is also a remarkable listener for patients as they share their individual stories.

“Over the years I have met the most amazing people who possess such strong and positive attitudes. Such outlooks encourage appreciation within yourself of the simplest things you take for granted. Just recently I met a young woman who was coming to terms with her diagnosis, I fitted a wig for her and gave her some TLC. She was so grateful and said: “No one has treated me so kindly in all my life”. Patients often say, “You don’t know how much this means to me, it’s wonderful.””
—Sue Breen

Imagine you have lost all your hair, eyebrows and eyelashes – then you come to a Look Good... Feel Better workshop. You walk in the door, and silence reigns as most people sit subdued and tentative about baring their baldness to others. However, within a short space of time, there is much laughter, and such a sense of camaraderie in the room that facilitators need to ring the bell to get everyone’s attention, to take them to next step in the program.

Look Good... Feel Better is a free community service program dedicated to helping women undergoing treatment for cancer. The purpose of the program is to help them manage the appearance related side effects of chemotherapy and radiotherapy, thereby helping to restore their appearance and self image. The first program to run in Victoria was held at Peter Mac in 1991 and since that time over 70,000 women undergoing treatment for cancer, have been helped by the program.

Peter Mac won the Look Good Feel Better inaugural Award for Victoria and Tasmania Workshop Location of the Year in 2008. Workshops are held at Peter Mac about every six weeks, and are well attended. Using the words of one participant:

“Thank you so much for all the work that the volunteers are doing. Remarkable women, so positive, caring and supportive. I walked in feeling slightly ill because of chemo and walked out feeling energised and more confident.”

Volunteers in the Peter Mac Cancer Information and Support Centre assist the cancer support nurse by providing patients and families/carers with information and face-to-face peer support. The benefits of shared personal experiences between volunteer and patient are clearly different from professional support. They require specific skill sets and detailed preparation.

A three-day training program was developed from Cancer Council Victoria’s Cancer Connect Peer Support Volunteer training program. The comprehensive interactive training focused on role expectations, boundaries, debriefing, communication skills and providing support. Role play with simulated patients assisted development of appropriate skills. Assessment included a quiz and observation for specific competencies.

The trained peer support volunteers are better equipped for their role. All who completed training remain active volunteers in the Centre. Regular educational updates are scheduled. The program has been adapted for future volunteers.
Peter Mac is working to provide high quality health care and reduce any barriers to health care access, which may affect different groups.

Peter Mac has recently launched its Diversity Plan, which aims to reduce language and access barriers for those from diverse backgrounds. It focuses on increasing awareness and providing staff with the skills and resources to provide for the cultural, religious and linguistic diversity of patients, families and carers. A key component of the plan is active engagement with diverse communities - we are currently working with a number of organisations and community groups. The diversity and aboriginal health advisory committee provides support for staff in their provision of treatment and care that is sensitive to the cultural and religious needs of our patients and their families and carers.

Leading the Way in Patient Education and Support for Linguistically Diverse and Disabled Patients

Peter Mac is delighted to be the recipient of the Roche Research Education Grant. This grant will allow us to translate our Chemotherapy Patient Education DVD into 6 languages: Chinese, Malay, Italian, Greek, Vietnamese and Arabic and also in a hearing impaired format.

The DVD provides patients with valuable information on the treatment they will receive and what they should expect when receiving chemotherapy.

Peter Mac patients were heavily involved in the development of the DVD and participated in the filming of them. Due to the very positive feedback received from patients who have watched the DVD, we are proud to announce that the DVDs will now be distributed to all healthcare organisations across Australia to support all patients with cancer.

Research at Peter Mac: Improving Care for Culturally Diverse Patients

Australia has one of the most culturally diverse populations in the world. The 2006 Census showed that 24% of Australians were born overseas and a further 20% had at least one parent born overseas. Furthermore, over 3% of the total population spoke English poorly or not at all. Much of the Australian cancer research investigating how patients feel about their cancer treatment and the effect it has on their lives is done in English. Culturally and Linguistically Diverse (CALD) cancer patients are not highly represented in many research investigations. Virtually nothing is known about the rates of anxiety and depression and unmet needs in cancer patients within CALD communities in Australia.

To understand the effects of cancer treatment on culturally diverse patients and provide more suitable care, four research projects are being undertaken at Peter Mac:

1. Investigating the unmet needs of people with cancer from CALD backgrounds 2-5 years post diagnosis.
2. Investigating the unmet needs of people with cancer from CALD backgrounds in the first six months after diagnosis.
3. Examining the appropriate way to deliver poor prognosis to patients with cancer from CALD backgrounds.
4. Exploring interpreter experiences and challenges in oncology consultations.

The results of these projects will assist culturally diverse patients through their cancer journey and ensure that Peter Mac is able to provide the most effective support for all are patients.

Improving the Culture of Hospitals and Aboriginal Health

Peter Mac has joined forces with La Trobe University and the Cooperative Research Centre for Aboriginal Health and Torres Straight Islanders on a national project of continuous quality improvement in Victorian hospitals.

The project supports an ongoing reform strategy to ensure a sustainable approach to improving Aboriginal health in line with the key responsibilities of each state jurisdiction. It will also identify best practice in providing health care for Aboriginal communities and how this can be repeated in health services across Victoria. Working closely with Aboriginal communities, the project will explore relationships between health, community and culture, and how Victorian hospitals can work to provide services and close the health gap.

Welcoming environment

Peter Mac is a large number of Aboriginal Art work on display throughout the different campus. Art is a central part of the life of Australian Aborigines and takes many forms. Through the display of Aboriginal artwork, Peter Mac is aiming to provide our Aboriginal patients their families and carers with a sense of culture whilst welcoming them to the hospital.

Conventional designs and symbols are an essential part of the long traditions in Aboriginal art. When applied to the body of a person taking part in a ceremony or the surface of an object, these have the power to transform the object to one with religious significance. Dots are one of the conventional symbols widely used. The Aboriginal artwork has promoted a link with the Aboriginal community. With the launch of the Aboriginal and Torres Strait Islander Health Plan, Peter Mac aims to improve our relationship with Aboriginal communities and appropriately support Aboriginal patients through their health journey at Peter Mac.
Staffed by our dedicated Cancer Support team, the Peter Mac Cancer Information and Support Centre is a resource available to all who are affected by cancer whether you are a patient, family member or friend.

The information and resources available for you include: fact sheets, booklets, reliable website information, internet access, multilingual information and DVD’s.

**TRANSLATED PATIENT INFORMATION**
The information available assists patients through their cancer journey by providing useful evidence based facts on different aspects about cancer e.g. how to detect cancer early; cancer prevention; where to access further more detailed information and also information about support groups. Translated information is available in many languages: e.g. Arabic, Bosnian, Chinese, Croatian, Filipino, Greek, Italian, Khmer, Korean, Macedonian, Malaysian, Maltese, Polish, Spanish, Tigrinya, Turkish and Vietnamese.

The Cancer Information & Support Centre is located on the ground floor of the Smorgon Family Building, at the front of the hospital. Enter through the Outpatients Department. If the Centre is unattended ask nearby clinic staff to direct you to the Outpatients Nurse Unit Manager or please return at another time. Volunteers also provide assistance.

Call the Cancer Support Nurse on 03 9656 3754.

Email the Cancer Support Nurse at the Cancer Information and Support Centre PISC@petermac.org

**CULTURAL SNAPSHOT AT A GLANCE**
3,361 of our patients were born in another country
Peter Mac provided interpreters on 3990 occasions (including phone consultations) in 48 languages in 2008/09. The top five languages requiring an interpreter are Cantonese, Greek, Vietnamese, Italian and Mandarin. Malay and Chaldean languages were accessed for the first time.
The number of Aboriginal and Torres Strait Islanders registered in 2008/09 was 11.

New Registrations by Country of Birth (shown below).
MONITORING PATIENT SATISFACTION

Compared to all other similar sized hospitals across Victoria, our latest patient satisfaction levels are excellent. The results were presented in the latest Department of Health ‘Patient Satisfaction Monitor’, which Peter Mac, along with every Victorian hospital, participates in twice a year.

With 197 patients completing the survey in the past year, we witnessed an increased level or constancy of satisfaction for all the areas of care except for physical environment (see Table 1 below). We will be relocating in five years time to our new site at Parkville; however work will continue in the meantime at our East Melbourne site to improve and maintain the best possible environment for patients and staff.

Table 2 shows Peter Mac’s patient satisfaction score, compared with the 10 other similar sized hospitals, and all state-wide hospitals surveyed.

Overall Peter Mac patients have found that their involvement in their healthcare planning and treatment and also the quality of care they have received has improved in 2008/09 from 2007/08.

The Peter Mac Community Advisory Committee will use this information and work to ensure that we continue to improve patient involvement in their care and treatment. A number of working groups have been set up to ensure that patients receive the right information about their care. We aim to support patients so that they are fully informed about their care and so that they can be involved in as much as they feel comfortable with.

Some areas where we could improve our service were identified in the patient satisfaction survey report and include:

- Food services: A significant amount of excellent work has progressed this year in relation to our food service. This includes the establishment of the Food Services Quality & Safety Committee to drive and monitor continual improvement in this area.
- Patient privacy: Due to the design of our current building, patients cannot always be provided with a single room. However this will be considered within the context of the redevelopment of Peter Mac at Parkville.
- Waiting times: Whilst this is a problem for many public hospitals, a number of departments have taken action to reduce the length of time patients have to wait for treatment (further examples of this are highlighted on page 25).
FOOD SERVICES AND PATIENT SATISFACTION

The Peter Mac food service is committed to providing a menu that is appetising and nutritionally balanced to meet the clinical and cultural needs of patients. We have a strong customer focus, and hospital food is considered a major component of patient satisfaction at Peter Mac. Our patients have identified that having food with good nutritional value and a flavoursome taste are the two most important factors for meal enjoyment. Feedback from our patients has also led to special menu event days such as ANZAC Day and the AFL Grand Final Day.

To help ensure we provide a high quality service, we benchmark against other metropolitan hospitals. Survey comments such as “very good food for a hospital” and “excellent service – the meals were adjusted to my condition” help let us know that we are meeting patient expectations and also where we can improve.

Food Quality: results below

A TASTE OF THE EAST AT PETER MAC

Many patients find eating normal meals difficult during their cancer treatment. The guest chef initiative has been a valuable tradition at Peter Mac for the past 10 years to promote positive food experiences for patients. It brings a celebrity chef to Peter Mac to demonstrate an aspect of their work, and serve a special meal to a group of our patients. For this year’s 10th anniversary, renowned Chinese chef and cooking teacher Elizabeth Chong was invited to prepare an elaborate Asian-inspired lunch. One patient stated: “It was terrific going to Peter Mac without the usual dread or anxiety. The food, wine, service, company and Elizabeth Chong, were all fantastic.”

Elizabeth Chong, honoured as Guest Chef at Peter Mac.

MAC FEEDBACK

Peter Mac values its patients, their families and carers. Your feedback is a useful tool for us to improve services and ensure that we are meeting the needs of our patients. We want to make it as easy as possible for patients and their families to provide us with feedback. Patients and their families are able to raise their concerns or provide feedback to any member of staff who will attempt to resolve the concerns on the spot. If this is not possible and your concerns require an investigation; the member of staff will pass on your concerns to the appropriate manager for action. You will be kept informed of the progress of the investigation.

If you do not feel comfortable discussing your concerns with a member of staff, you may contact the Consumer Engagement Coordinator, Amrit Dhillon

Phone: +61 3 9656 1870
Email: feedback@petermac.org

This year we revised our ‘Mac Feedback’ forms. The new “Tell us what you think” brochure provides patients, relatives, carers, friends or members of the community with increased opportunity to provide feedback, including what action or outcome they would like to see as a result. It clarifies the feedback process, and how to address issues if not resolved to the individual’s satisfaction. The new brochures will be rolled out across the East Melbourne Campus at the end of 2009. The new brochures are available at the front desk reception and outside the Consumer Engagement Coordinator office. The feedback collection box is near patient registration on the ground floor.

Complaints received and action taken to improve care and services

Peter Mac received 329 complaints over the past financial year.

Communication:

167 complaints were received in relation to communication issues in 2008-09. We are committed to improving the communication skills of our staff across the organisation. We have an ongoing Communications Skills Training Program for staff, funded by the Pratt Foundation’s “Harnessing Inner Strength” initiative. All of our staff are encouraged to attend. Families often suffer great stress, fear and anxiety when dealing with a diagnosis of cancer. It can be very difficult listening to and understanding treatment and care options. Excellent communication skills are vital. The training comprises a workshop involving role play (with a professional actor who plays the patient role) and includes: breaking bad news, discussing the transition to palliative care, sexuality and also complimentary and alternative medicines. Further information is available on page 39

Access

72 complaints were received in relation to access; again this is an increase from last year. A number of steps have been taken to reduce patient waiting times and to make their wait more comfortable with the introduction of televisions in all waiting areas and also a pager system to allow some patients to leave the waiting area for a cup of tea or to have a breath of fresh air until its time for them to be seen.
Clinical Effectiveness

Clinical effectiveness is ensuring our patients get the most effective services available and all health resources are used effectively.

We monitor our standards, evaluate our services and improve our clinical effectiveness through the use of clinical audit.

**PETER MAC SPECIALIST REFERRAL PROJECT**

In 2008 funds were granted to Peter Mac by Western and Central Melbourne Integrated Cancer Services (WCMICS) for the development of online referral information for GPs and other referring clinicians.

The need for this project was identified following an audit, which revealed that referrals received from clinicians did not always comply with the existing standards for general practice (Royal Australian College of General Practice). It was found that sometimes referrals were illegible, missing relevant patient history or details that were required to ensure the right decision could be made about future care. A new web based portal, now available via our website, was created to provide referrers with the information that they need to refer a patient to Peter Mac.

In discussion with each of the cancer streams, referral guidelines were developed for GPs to try and improve the information received by the hospital. Consultation between Peter Mac and the GPs was vital. The GPs who took part in the consultation process, especially those from rural areas, were excited by the prospect of online cancer referral information. They gave robust feedback to assist the development of the web portal. Many referrals also come to Peter Mac from other health services, so these services were also consulted throughout the process to obtain ideas and feedback.

The establishment of these evidence based referral guidelines for cancer streams on our web based portal is assisting referring practitioners when they are making clinical decisions to refer. The guidelines have assisted in making the threshold for entry into specialist clinic services more transparent. As such, the number of inappropriate or incomplete referrals has been reduced, which in turn has assisted Peter Mac to achieve more timely appointment times for patients. The guidelines can be found at: http://www.petermac.org/ReferralsToPeterMac

**BILLING CHANGES AT PETER MAC**

During the past 12 months we have reviewed our billing practices, and implemented new processes. Our aim has been to maximise opportunities for Peter Mac to gain revenue for all the good work done, while also ensuring no inconvenience to patients, and little interruption to the flow of the clinical work in the specialist clinics. The new process has commenced, with more patients choosing to use the Medicare streamlined bulk billing option – no out-of-pocket costs and no chasing up of refunds or invoices.
Peter Mac has a strong commitment to clinical research in an effort to improve outcomes for patients. There are over 100 active clinical research projects underway currently within the hospital.

Our research delivers state-of-the-art diagnostic and treatment options, together with a focus on the psychosocial needs of patients. The clinical research program covers prevention, diagnosis and management of all types of cancer, from early stages to advanced disease.

Clinical trials test a large array of fields including novel treatments, new combinations of treatment, or new approaches to radiation oncology and surgery. Trials also look at diagnosis and treatment planning, pain control, supportive care and methods of either preventing cancer or detecting it at an early stage. It is the results of trials that leads to many new cancer therapies becoming available to patients.

Treatment studies that involve drugs or invasive procedures are conducted in phases.

- Phase I studies are often ‘first in man’ to test safety, determine safe dosages, and identify any side effects of an experimental treatment.
- Phase II studies assess the effectiveness of the new treatments in the medical condition being studied.
- Phase III studies are very large studies comparing effective treatments from Phase II studies to currently accepted treatments.
- Phase IV studies collect and compare data on approved treatments.
- Technical studies look at improving the planning and delivery of radiation therapy and improving patient care by reducing side effects using sophisticated techniques.

All clinical research must be approved by a specialised Human Research Ethics Committee to ensure the rights, safety and wellbeing of all participants involved in clinical research.

Our research involves clinicians, physicists, radiation therapists, research nurses, study coordinators, research assistants, allied health practitioners, pharmacists and statisticians.

Some of our trials are conducted in collaboration with the pharmaceutical industry and others are clinician initiated.

The Nursing and Supportive Care Research Group develops and tests supportive care interventions from diagnosis through to treatment and follow up.

The Centre for Molecular Imaging tests new agents to improve diagnostic accuracy and how tumours respond to treatment.

The Familial Cancer Centre research involves the identification and ongoing physical and psychological management of individuals at increased risk of cancer due to family history.

Research studies are open to all eligible patients at Peter Mac. Participation in clinical research is voluntary and patients must give informed consent before taking part in studies. Informed consent is the process whereby potential research participants are given sufficient information about a study in a format they understand, so they can decide whether to participate or not. They may withdraw at any time without affecting their treatment or relationship with the staff caring for them.

Clinical trials allow eligible participants:

- Play an active role in their health care.
- Gain access to new research treatments before they are widely available.
- Obtain expert medical care during the trial.
- Help others by contributing to medical research.
TOTA LLY SMOKE FREE: TWO YEARS ON

Since Peter Mac first went smoke free on 31 May 2007, strong evidence has emerged that there are numerous health benefits of quitting smoking when a person is given a cancer diagnosis. Advice and assistance from health care providers can effectively change behaviour, and motivate people to quit. Depending on the person’s disease status, they may experience benefits, such as increased longevity, decreased complications, and overall improved quality of life.

At a nurse-led smoking cessation clinic, patients receive motivational counselling, advice and assistance to quit smoking and are assessed for pharmacologic support. Patients who engage in the Peter Mac quit smoking program are provided with free therapeutic nicotine or medications.

In October 2009, we will be undergoing our most extensive evaluation to date, with a review by ACHS surveyors of the entire organisation including our satellite sites. Our Home and Community Care service will also be surveyed that week as part of the accreditation process. This quality and safety review ensures we identify areas for improvement across clinical, support and corporate aspects of the hospital. We look forward to reporting on the findings of this survey in 2010.

Our Pathology service at Peter Mac was awarded a three year accreditation in 2009 by the National Association of Testing Authorities (NATA).

EFFECTIVE AND EFFICIENT CARE IN THE BREAST SERVICE

A clinical audit of the breast service at Peter Mac in 2007 identified that follow up care for patients would be improved with the provision of approved care plans that better coordinated ongoing appointments and increased the involvement of the patient’s GP.

To ensure patient safety, the process includes plans being endorsed by the patient’s Peter Mac clinician, before being discussed with the patient and sent out to their GP. At the first follow up appointment, the breast care nurse provides the patient with a copy of their individual plan, and discusses it in detail to ensure the patient understands their medical follow up. Information is also provided at that time about support, survivorship and contact information so that in the event of any new symptoms or concerns arising in between scheduled appointments the patient will know what to do. Patients on clinical trials have appointments amended to ensure that their follow up schedules are consistent with trial requirements.

The outcomes of the project include:

• Access to the breast outpatient clinic has improved due to a reduction in unnecessary patient appointments.
• Feedback from referring GPs has been very positive, and provided an opportunity to improve the support the patient receives in primary care and enable GPs to become more involved in patient follow up care.
• Verbal and survey feedback from patients has been extremely positive.
• A more systematic approach to end-of-treatment follow up by the breast nurse coordinator has been developed and implemented, improving communication between the patient and breast care nurses about follow up treatment and survivorship issues.
• The risk of patients falling through the gap in terms of follow up care has been reduced, therefore optimising patient outcomes.
• Other cancer streams within Peter Mac, specifically skin and colorectal cancer, are hoping to follow this approach because of the significant benefits to patients.

In the words of one of our patients: “It is reassuring to know that my GP has a copy of this plan so that he is up to date with my treatment... very grateful for the new initiative and the care received at Peter Mac”.

SKIN & MELANOMA SERVICE: SEE & TREAT CLINIC

This innovative service was introduced to enable patients with a new skin cancer to be diagnosed and treated in a single visit to Peter Mac. The model of care and service delivery for patients is supported by a multi-disciplinary approach. The clinic has delivered significant outcomes for patients in terms of reducing waiting times for initial consultation and treatment, and reducing the need for multiple visits and inconvenience to many patients. In the words of one patient: “I was delighted to receive treatment for my lumps and bumps on the day of examination... to be treated the same day and save the extra travelling is wonderful.”
IMPROVING OUR SERVICE FOR OUR YOUNGEST PATIENTS

Peter Mac worked with the Paediatric Integrated Cancer Service (PICS) in the past year to engage a consultant in a review of services for children and adolescents at Peter Mac. The findings were grouped under three major headings:

- Provision of anaesthetics services.
- Strengthening the overall system including inpatient services.
- Governance and implementation of the recommendations.

Since the review, the following improvements have been implemented:

- Improved coordination of care between the Children’s Cancer Centre and Peter Mac.
- Improved resources for the provision of general anaesthetics to children, including better recovery processes and the availability of paediatric recovery nurses.
- Increased availability of paediatric trained staff in the hospital.
- Increased nursing resources on the paediatric unit.
- Provision of training for medical staff in basic life support for paediatrics.

Other initiatives in progress include a project officer to progress implementation of the review recommendations, and the creation of a Paediatric Steering Committee to provide governance and advice on further service enhancements.

In addition, the unit has been actively pursuing methods that limit the need for children to undergo general anaesthetics. An integrated program of information, known as Comfort First, together with music therapy and bespoke video production, often involving ‘Max von Puppet’ has had a dramatic effect. It has improved the ability of children to receive treatment without the need for a general anaesthetic.

A recent email from a parent concluded: “Thank you again for your support as well as Mary and the rest of the team at Peter Mac. We can only praise you all for the wonderful support offered to Emily and ourselves during treatment. Everybody was just wonderful with Emily, and Monique’s still talking about Pip, Dave and Max von Puppet”.

MUSIC THERAPY GROUP FOR YOUNG PEOPLE LIVING WITH CANCER

In 2008 a pilot research project was conducted by onTrac@PeterMac to evaluate the usefulness of a six week music therapy intervention for young people referred to onTrac@PeterMac. The project aimed to assess, develop, implement and evaluate a music therapy based songwriting intervention for young people, referred to onTrac@PeterMac.

The participants used the song writing process to express thanks to the people in their lives who were supportive during their cancer journey—family, friends, doctors, nurses and each other. The group resulted in the production of a CD called Sunny Summer.

“Before the group I felt really alone. Friends couldn’t relate to my experience... it’s good to meet other young people to get rid of that loneliness.”

“Thank you for running the group and helping me gain a little bit of confidence to go out and achieve what I hope in the wider world.”

“I think the project was wonderful. I enjoyed it and everyday I listen to it—Dave and Emily.”

The project was funded by onTrac@PeterMac and evaluated by an independent researcher. In 2009 a formal trial of a six week songwriting program for young people living with cancer was undertaken. The project sampled eight young people from five different treatment centres and involved a music therapy based songwriting intervention for young people referred to onTrac@PeterMac.

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CLARE OLIVER’S LEGACY

Over the past year, the impact of Clare Oliver’s actions has been evident; legislation has changed to better protect young people, and the level of awareness about the dangers of sun exposure has increased significantly. Brisbane-based Associate Professor Grant McArthur was awarded a Medical Media Award for his assistance to Clare’s campaign. Grant was awarded for his tireless commitment to the media to honour the memory of 26 year-old Clare Oliver – ‘that her message about the dangers of sun bed tanning must get as many people as possible.’

In January this year, the Minister for Health, Hon Daniel Andrews announced new measures to protect people from ultraviolet light.

People who use a solarium before the age of 35 have a 75 per cent greater risk of melanoma than those who don’t use solariums.

The new Victorian regulations builds on measures introduced last year, which led to the development of a national agreement to regulate tanning units across Australia. In addition to prohibiting people under 18 years of age from using solariums, the new rules insist on improved assessment of skin type needed to ensure a proper tanning bed and a determination of a maximum exposure time. Operators will still be required to display mandatory health warnings, supervise the use of solariums and be licensed.

More recently, figures from the Victorian government showed that the number of solarium sites had nearly halved since the laws came into force in February 2008. Both Associate Professor McArthur and Clare’s mother Priscilla remain involved with this important health issue. Clare wanted to tell everyone about the dangers of solariums and how glad others are now listening. Clare's mother wants everyone to suffer in this way.
At Peter Mac, we are totally committed to minimising risk to patients and staff. We believe the best way to do this is through promoting a culture of openness, and by encouraging all staff to report errors and accidents, as well as near misses. We do this to ensure we can learn and take steps to reduce the likelihood of them happening again.

Clinical Risk Management

Staff at Peter Mac have a strong focus on delivering high quality and safe patient care.

A number of methods are used to identify areas for improvement and to monitor the care we deliver, including:

- Monitoring and analysing clinical incidents and near miss events.
- Audit, mortality and clinical pathway reviews.
- Complaints monitoring.
- Review of coroner’s reports.
- Examination of recommendations from external sources.
- Monitoring medico-legal issues.
- Investigation into sentinel events.

A sentinel event can be defined as a relatively infrequent, clear cut event that occurs independently of a patient’s condition, commonly reflecting hospital system and process deficiencies, resulting in unnecessary outcomes for patients.

In the past 12 months, staff at Peter Mac have investigated two sentinel events, which resulted in improvements in how care was delivered. There have been no reoccurrence of these events.

As well as investigating events after they have occurred, it is important to examine areas where mistakes happen but do not result in harm to the patient, such as the scenario explained below:

In 2008, it was identified that there was an increase in the error rate across the hospital in the accuracy of blood sample labelling. Despite the many checks in place to prevent incorrectly labeled blood results being placed in a patient’s medical record, or an incompatible blood transfusion reaching a patient, there is a risk that these checks may fail. This could result in harm to a patient. The mislabelling of blood samples has resulted in some patients having to have their blood re-taken.

One department decided to look more closely at the issue and work out why the errors were occurring. The outpatient pathology staff analysed all the steps involved in taking a blood sample and identified 20 different steps. They then looked at one of these steps in detail - the labelling of blood sample tubes - and found there were several ways in which an error could occur. Once these areas were identified, the staff looked at how to streamline the process and implement changes that would reduce the risk of errors occurring.

Because of the work of the staff in Outpatient Pathology and their strong focus on providing quality care, the hospital is in the process of implementing:

- A review of the blood tubes used across Peter Mac.
- A review of the type of pens used to write on the tubes.
- A review of the criteria used for checking patient identification was undertaken and introduced the process of asking the patient to check the details on the blood sample once it has been taken.
- Redesign of the outpatient pathology room to improve patient flow and minimise interruptions.

Although simple changes, it is hoped that the new practices will make it easier for staff to safely carry out this important task.

Reporting Errors

Peter Mac staff use RiskMan (an online database to report errors and to log outcomes from investigations and the subsequent changes in practice. Once an error is logged, the system sends an email alert to several staff including the reporter, their line manager and the Clinical Risk Manager. The manager can usually help to investigate and resolve most incidents but some are more serious and may need to be investigated widely and involve others including the patient’s family and the patient advocate.

A breakdown of the most common types of incidents reported is provided in table shown below.
Comparison of our results with other hospitals demonstrates good compliance by our health care workers.
MEDICATIONS

Medications are an essential component of treating cancer, with nearly all of our patients being prescribed medications during their treatment, including chemotherapy, pain relievers, anti-nausea medications, antibiotics and a range of other medications. However, medication comes with some known and unintentional risks. We do our best to minimize side effects through close monitoring during treatment.

There is also the risk of unintentional harm to patients when medication errors occur. Peter Mac has a Medication Safety Committee charged with close monitoring of the systems and processes around medication use by our patients. This committee has been busy with a number of important projects over the past year aimed at preventing adverse medication events and improving safety. Some examples include a focus on preventing deep vein thrombosis (DVT) through redesigning our inpatient medication chart, providing nurses with decision support regarding the strength and volume of the product, and the rate at which it should be given. For high risk medications, the software prevents a medicine being infused faster or slower than is safe for the patient.

PRESERVATIVE ULCERS

Pressure ulcers, commonly known as bed sores, are caused by friction, rubbing and pressure on an area of skin, and occur more commonly in patients who lack mobility. Unfortunately if they occur they can also lead to an increase in interventions required and increase the patient’s length of stay.

Peter Mac is committed to decreasing the incidence of pressure ulcers for our patients. Peter Mac is involved with the statewide Pressure Ulcer Point Prevalence Surveys (PLUPPS) run by the Department of Health. In 2009, we initiated a self assessment for pressure ulcer point prevalence, which was held in May.

The pressure ulcer survey team invited all inpatients present on one day to participate. Patients received information inviting them to take part in the survey, and explaining why it was being conducted and what was involved. Consent was gained prior to their participation. Two teams of nurses went through the hospital wards assessing patients’ skin, end of bed risk assessment charts and medical records to check documentation of pressure ulcers. The hospital wide survey was completed on the one day with a patient participation rate of 68 per cent.

Results revealed 21 per cent of patients had a pressure ulcer, with a majority of 65 per cent at low level stage 1, which is defined as a persistent reddened or pigmented area. The survey showed trends in pressure ulcer incidents, location and interventions currently in place. The PLUPPS project outcome resulted in improved education programs for our staff, the introduction of new pressure relieving devices for our patients, and improvement in documentation to further prevent the occurrence of pressure ulcers. The survey will be repeated each year to ensure these interventions are sustained and the incidence of pressure ulcers reduced.

MEDNET PROJECT

In December 2007, Peter Mac became the first Australian hospital to implement a wireless medication safety software program within our infusion pumps. The software provides a framework for a customisable hospital-specific drug library, guiding clinical staff by specifying hospital defined best practice guidelines and safety rule sets directly at the point of care.

MedNet® IV medication safety software provides nurses administering intravenous medications with decision support regarding the strength and volume of the product, and the rate at which it should be given. For high risk medications, the software prevents a medicine being infused faster or slower than is safe for the patient.

Pivotal to the success of this project is the ongoing monitoring of the appropriateness of the library and compliance with the practice change. The MedNet® project team continues to monitor progress and work with clinical staff to overcome hurdles in regards to software uptake. Despite initial hurdles, MedNet® IV has diverted 2,803 potential medication errors in the past year alone.
Providing effective care for our patients requires an effective workforce. We ensure our workforce is equipped to provide effective care through: training and development, professional regulation, performance appraisals, and organisational development and leadership programs. We ensure all staff have appropriate qualifications and experience, and expectations and standards of performance are clearly communicated and reviewed regularly.

QUALITY & SAFETY AWARDS

The Peter Mac Quality & Safety Awards are an annual recognition of achievement open to all individuals, units, departments and services across the organisation including satellites. The awards recognise quality and safety innovation, excellence, successful outcomes and sustainability.

The awards provide an effective way for the organisation to share quality improvement initiatives, and offer inspiration for better practice. Awards submissions may highlight quality improvement projects, new technologies, service or system re-design demonstrating measurable, positive impact and sustainability.

In 2009 the Quality & Safety Awards recognised innovation and achievement in the 4 categories of clinical governance described below:

1. Clinical Effectiveness: Ensures that the systems and processes that underpin the services we provide are proven to be the most effective available. Activities include ensuring clinical care is evidence-based; establishing clinical performance targets and monitoring results; redesigning clinical services and implementing improvements.

2. Consumer Participation: Is all about the things that are not necessarily perceived as clinical care but those that can make or break the patient’s experience of the service. To ensure consumer participation we have a Consumer Advisory Committee, a Cultural Diversity Committee and a Consumer Register – all designed to ensure we involve and engage consumers at all levels across Peter Mac.

3. Effectiveness Workforce: Is about enabling staff to be equipped and remain equipped to perform their jobs effectively. Examples of practical activities that support this are training and development, peer review, ensuring credentialing and professional regulation, continuing professional development and performance appraisals, organisational development and leadership.

4. Clinical risk management: Describes how we use information arising from sources such as clinical incident data and complaints to evaluate situations, problem-solve and change practice to improve quality. Patient safety is of the highest priority in our service delivery and we continually strive to make our care safer for our patients.

All the nominations were judged by a panel made up of clinical and non-clinical staff from Peter Mac and a member of our Community Advisory Committee. Winners were announced by the CEO and celebrated by their colleagues and staff at Peter Mac.

The 2009 Quality & Safety Awards winners were:

- Clinical Effectiveness - The Breast Service – with their project: ‘Improving access to the Breast Cancer Service through coordinated clinical care’
- Consumer Participation - Patient Information and Support Centre – Volunteer Peer Support Training Program
- Effective Workforce – The Communication Skills Training Program
Effective Workforce/

DEPARTMENT OF HEALTH: FUNDED INITIATIVES

The Changing Face of Specialist Clinics

With funding from the Department of Health, Peter Mac East Melbourne specialist clinics implemented amenity upgrades to support patients who were awaiting an appointment. Chief areas identified as needing improvement included support to find the right clinic, comfort in the physical waiting space, and options for entertainment to pass time. The range of improvements implemented included:

- Provision of three large screen televisions, which refocused the waiting areas to allow for more privacy and distraction.
- Provision of 20 beepers, which enabled clinics to give patients the ability to be called back if they need or want to leave the clinic area for any reason.
- A ‘way finding’ screen to provide information about which way to progress to reach the intended clinic.
- Extra seating in the waiting areas with 24 new chairs added – all chairs meet necessary standards with non-porous and stain resistant materials, and adjustable height legs, and two structures to allow for those who may need a slightly larger chair.
- The database is considered to be highly applicable to other hospitals, with the potential to significantly decrease clinical risks.

Redesigning Care @ Peter Mac

“A new way to look at old problems.”

In early 2009 a new improvement program called ‘Redesigning Care @ Peter Mac’ was launched with four years of funding and support from the Department of Health. Redesigning Hospital Care Program.

This program uses ‘lean thinking’, an improvement methodology first employed by the Toyota car manufacturing company in Japan in the 1980s. The five key principles of ‘lean thinking’ in healthcare are:

- See the journey through the patient’s eyes.
- Make all the work visible so everyone knows what’s happening next.
- Identify and eliminate waste, errors and re-work to free up more time for care.
- Remove bottlenecks to help the process flow.
- Standardise work to reduce variation and even out workloads.

Redesigning Care @ Peter Mac explained: “The best thing about lean thinking is that it helps everyone involved in a patient’s care to view the entire journey, as the patient experiences it, and not just the part they deliver themselves”.

Danielle Murray, Manager of Redesigning Care @ Peter Mac said: “The strength of this improvement methodology is that it utilises the skills and knowledge of the clinicians that provide the care and the patients that experience the care to redesign the care.”

Two major projects are currently underway at Peter Mac in our day surgery and medical day units, with the aim of improving timely access to care.

CREDENTIALLING

Peter Mac has developed a credentialing database. This ensures that all senior medical practitioners with independent responsibility for patient care are appropriately credentialed and have their scope of clinical practice defined in accordance with their level of skill and experience. This is in accordance with the Victorian state-wide policy “Credentialing and Defining the Scope of Practice for Medical Practitioners in Victorian Health Services (2007-09)”. Dr Bernard Street, Director of Medical Services explained: “Since implementation in mid 2007, the incidence of incomplete credentialing has dropped from 36 per cent to almost zero. We have been sharing the database with other Victorian hospitals and we are exploring the possibility of commercial development.”

The database is considered to be highly applicable to other hospitals, with the potential to significantly decrease clinical risks.

IPOICY

Peter Mac has undergone a major review and update of the organisational policy and procedure system. This review has been conducted over the past two years and has provided some great results. A new governance framework for our organisational policies and procedures has been put developed. Along with the governance framework, newly developed document control software has been introduced across Peter Mac. The new software, iPolicy, is an internet based document control system. iPolicy provides quick search options for staff to find documents efficiently as well as an extensive alert system to aid with keeping documents up to date. iPolicy also provides reports which the clinical governance unit can utilise to track documents that are set to expire, or have expired. The new governance framework along with iPolicy will help staff at Peter Mac to maintain and access the organisational policies and procedures more effectively and efficiently.

SARCOMA NURSE COORDINATORS

Over the past five years the sarcoma service has grown to become a national leader. With over 100 new patients every year, and a busy program of clinical trials and translational research, we recognised the need to establish a clinical nurse coordinator to support sarcoma patients undergoing intensive medical treatment. A clinical database to monitor outcomes for the population was also deemed necessary. We are pleased to announce that Ms Esther Yeoman has been appointed clinical nurse coordinator to the medical oncology arm of the sarcoma service.
Effective Workforce/

A DIETITIAN LED CLINIC FOR HEAD AND NECK CANCER PATIENTS

A world first dietitian-led model of care for head and neck cancer patients was established at Peter Mac during 2008-09, to support the 400 patients per year typically treated for head and neck cancer at Peter Mac.

This program is very important due to the high rate of malnutrition, which occurs in about 50 per cent of head and neck cancer patients at the time of diagnosis. This can often increase during treatment due to the side effects of chemotherapy and radiotherapy treatment, which frequently leads to severe weight loss. Nutritional care is a vital component of head and neck cancer treatment.

With the help of a supportive care infrastructure grant from the Victorian Cancer Agency, a novel model of care has been developed. Head and neck cancer patients attend the dietitian-led clinic throughout their treatment and recovery.

Nutritional care is guided by evidenced-based care pathways developed by dietitians in collaboration with the head and neck team. Medical appointments that previously occurred in the period immediately following treatment, when nutritional problems were at a peak, have now been replaced with dietitian-led clinic throughout their treatment and recovery.

The Ward 2 POD is focusing on discharges, which follows up on work that identified gaps in the current discharge practice on the ward. The POD aims to investigate whether implementing event driven discharge, by introducing clinical pathways, could improve patient outcomes, length of stay and patient flow.

The Ward 2 POD is focusing on standardising nurse-led chemotherapy education for patients diagnosed with haematological malignancies. This project aims to implement processes to ensure patients diagnosed with haematological malignancy receive appropriate and standardised information to enable self care following chemotherapy and help managing predictable problems such as fever, nausea, vomiting and fatigue. It was identified that there was currently no standardised approach to the delivery of this information on Ward 2.

Both PODs have really enjoyed establishing collaborative relationships with other leaders outside their work areas, which has allowed POD members to learn from each other and the methodology behind quality improvement and change management.

NURSING PODS (PEER & ORGANISATIONAL DEVELOPMENT) AT PETER MAC

A Peer & Organisational Development (POD) initiative is a ward based collaborative, quality improvement project that aims to identify and address patient care needs through a structured change management framework. PODs comprise of the nurse manager, practice development nurse, nurse executive member, nurse educator, nurse researcher and quality representative. Meetings are conducted in the ward/unit clinical area. Two PODs are currently in progress in the inpatient areas.

COMMUNICATION SKILLS TRAINING

The communication skills training program at Peter Mac was established in 2007 to improve patient care by improving clinician communication skills. It has led to 32 workshops being run to date with 250 clinical staff, including doctors, nurses, radiation therapists, pharmacists and allied health departments. Workshop topics include:

• Breaking bad news.
• Discussing the transition to palliative care.
• Eliciting and responding to emotional cues.
• Discussing sexuality with patients.
• Discussing complementary and alternative medicines with patients.

The training is greatly valued by staff. This communication skills training is at the forefront of clinical training in cancer care and will remain a permanent part of professional development at Peter Mac.

The Ward 2 POD is focusing on standardising nurse-led chemotherapy education for patients diagnosed with haematological malignancies. This project aims to implement processes to ensure patients diagnosed with haematological malignancy receive appropriate and standardised information to enable self care following chemotherapy and help managing predictable problems such as fever, nausea, vomiting and fatigue. It was identified that there was currently no standardised approach to the delivery of this information on Ward 2.

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Last year we invited readers of the Quality of Care Report to complete a short online survey. Feedback to us was both informative and constructive to help us shape this year’s report. Here are some of the comments we received:

“The ‘About Peter Mac’ section is vital as many people (and patients) are unaware of other campuses and the extent of services offered.”

“Well constructed and enjoyable to read new practices and initiatives undertaken by the hospital and staff.”

Peter MacCallum Cancer Centre
St Andrews Place
East Melbourne Victoria 3002
Locked Bag 1 A’Beckett Street
Victoria Australia 8006
Telephone (03) 9656 1111
Facsimile (03) 9656 1400
www.petermac.org

Inside Cover Image
Peter Mac Women registrars

Front Cover Image
Look Good Feel Better workshop volunteer

Design by Canyon
Photography by Lynton Crabb

Printing Rothfield Print Management

For more copies of this publication or to provide feedback please contact:
Peter Mac Communications and Marketing
via publications@petermac.org