DELIVERING THE BEST IN CANCER CARE

Quality Account
2016–2017
Our vision

The best in cancer care, accelerating discovery, translating to cures.

Our values

Our work is guided everyday by our values of excellence, innovation and compassion.

We strive for **excellence**, ensuring that clinical practice is evidence-based and patient-centred and is provided by qualified and experienced staff who are accountable and appropriately credentialed.

We strive to ensure that **innovation** is fostered by supporting research and a learning culture.

We adhere to the strongest ethical standards to ensure a culture of openness, mutual respect and trust; **compassion** is at our core.
FROM OUR CHIEF EXECUTIVE

Every day Peter Mac strives for better care, treatment and cures for cancer. Our strengths in laboratory research, clinical research, cancer care and education, and our laboratory bench-to-bedside service model, is unique in Australia and our quality standards are world-class.

While Peter Mac’s major site enjoys a strategic position in the heart of Parkville, the public services we provide in Box Hill, Moorabbin, Bendigo and Sunshine are vitally important to the Victorian community.

We provide many cancer services through valuable partnerships with other health services, strengthening our capability and, in doing so, providing greater access to cancer treatments for our community.

This year we implemented new programs and initiatives to further integrate cancer prevention and wellbeing; which help reduce barriers to timely care and appropriate interventions for patients and their families requiring support for their mental health and wellbeing.

We continue to seek and respond to feedback from the community, our patients and their families. According to the Victorian Healthcare Experience Survey, perceptions of our care remained very positive, 94% of survey respondents said they were satisfied with their overall care at Peter Mac, and our performance on a range of key measures remained above average, when compared with our peers in the health sector.

We are always heartened by the support of our patients in what we do at Peter Mac, and we are often humbled by their strength and courage in helping us with the pursuit of our mission, and to break new ground and change lives.

Thank you for taking the time to read this Quality Account, a reflection of our excellence, innovation and compassion in everything we provide to our patients, every day of the year.

Dale Fisher
Chief Executive
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ABOUT US

Peter Mac is one of the world’s leading cancer research, education and treatment centres. We are also Australia’s only public hospital solely dedicated to caring for people affected by cancer.

Peter Mac Melbourne is our main centre, located in the Victorian Comprehensive Cancer Centre (VCCC) building in Parkville. Here we work to deliver the very best in cancer care to patients from across Victoria, alongside our colleagues at The Royal Women’s Hospital and The Royal Melbourne Hospital.

We also have four centres co-located with health services in Bendigo, Box Hill, Moorabbin and Sunshine.

In 2016-17, we saw 35,277 patients, around 13% more than last year. Our clinical activity also grew overall, with more than 155,000 specialist clinic appointments and 65,932 inpatient bed days.

SNAPSHOT

2,700+ staff (including 580+ laboratory and clinical researchers)
180 volunteers
50+ consumer representatives
5 sites
35,277 patients
155,000 specialist clinic appointments
65,932 inpatient bed days
One year in our new home

One of the most telling signs of a successful move is how quickly the new space begins to feel like home. For us, Peter Mac is definitely home.

Each day, around 4,800 staff, patients, carers, family and community members visit this facility, purpose-built to drive innovations in cancer research, treatment, care and education.

Dr Kara Britt, Team Leader in our Cancer Genetics and Genomics Program, said the new home was better for research and its location in the Parkville precinct has ‘changed the game’ for collaboration.

“As a researcher, the new building has improved our ability to do both our bench research but also to translate it back to the bedside,” she said.

“I have used the move to strengthen my ties with my clinical breast cancer collaborators... Our meetings are now shared by our partner organisations, which is fostering ongoing fruitful collaborations between institutions.”

While the new building is undoubtedly eye-catching, it’s the intelligence of the design that makes the difference.

“The patients look to be loving our bright new building and amazingly placed waiting areas and chemotherapy day beds. We really are attempting to make what is a hard journey for our patients as hopeful and comfortable as it can be,” said Kara.

“Teamwork forms the foundation of this building.”

“The collaborative practice is not just evident in how we all work each day, but is now also reflected throughout the building design and precinct set up,” added Associate Nurse Unit Manager Nadine Borschmann.

“Teamwork forms the foundation of this building.”

Since we moved it has become more apparent than ever that Peter Mac isn’t necessarily a physical place. Peter Mac is the people who love working here. It’s the people who come to be treated, and the families and friends who bring with them endless supplies of love and support. It’s the breakthroughs and triumphs and, sadly, the losses that make us even more determined to keep working to find a cure for cancer.

We are proud of what we have achieved in this first year in our new home, and look forward to a future with great promise and opportunity.
PATIENT, STAFF AND CONSUMER EXPERIENCE

A symbol of healing and support

Aboriginal and Torres Strait Islander patients affected by cancer can be physically wrapped in culture during their time in treatment at Peter Mac. The power of this simple gesture in improving spiritual – and physical – wellbeing cannot be overestimated.

Our possum skin cloak – the first of its kind in a Victorian health service – was handmade by Aboriginal and Torres Strait Islander women who are cancer survivors. It’s a tangible symbol of healing and support.

The cloak was proposed by a panel of Aboriginal and Torres Strait Islander women who are also cancer survivors. They recommended it as a cultural practice that could be incorporated into our care environment to make an impact in improving the health and wellbeing of Aboriginal and Torres Strait Islander patients and their families. It also paves the way for other health services to also incorporate traditional practices into their care and treatment.

“Culture is connected to wellbeing,” said Vicki Couzens, a respected Aboriginal artist who oversaw the creation of the cloak. “If you have the revival of culture, health outcomes improve. We know that.”

A joint initiative of the Breast Cancer Network Australia (BCNA), Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Peter Mac, the cloak was created over three days by 16 Aboriginal women in our Wellbeing Centre. The ritual of making the cloak was an important process for the participants.

“Being here at Peter Mac we are sewing our stories into the cloak. That in itself is a healing process,” said VACCHO Chief Executive Officer Jill Gallagher AO.

Through an Aboriginal Cultural Safety Audit, we identified that traditional cultural practices to support spiritual wellbeing are vital in improving cancer outcomes for Aboriginal and Torres Strait Islander people. That’s where the possum skin cloak comes in.

“I think it can be a powerful weapon as part of your healing,” said one of the workshop participants. “Not just the chemotherapy, not just the radiation therapy but also how strong you are in your beliefs and culture. To have access to country, to your cultural beliefs is so important for your spiritual wellbeing.”

The possum skin cloak’s creation was funded by BCNA and via a bequest to Peter Mac.
AN INCLUSIVE ENVIRONMENT

Providing the right care for our patients means ensuring our services are personalised, specialised and inclusive for people from all cultural backgrounds, family situations, abilities and orientation.

We have built on our existing relationships with consumers from Chinese, Vietnamese, Italian, Greek and Arabic backgrounds to develop culturally relevant activities to improve their wellbeing, such as healthy cooking for ethnic cuisines, art and music therapy using traditional techniques, cultural dance and sports.

These activities, and extensive consultation with consumers across Victoria, also informed the development of our new consumer and community engagement framework. This framework is helping us to create an engaging culture that proactively involves patients and the wider community, including those from culturally diverse backgrounds, in decisions related to planning, delivery and evaluation of our services.

We are also proud to be a member of the Parkville Aboriginal and Torres Strait Islander Working Group, which is focused on improving the delivery of health care to Aboriginal and Torres Strait Islander communities through collaboration and sharing of resources, ideas and activities.

Photo: Aunty Pam wearing the possum skin cloak
Safe and youth-friendly cancer care

Navigating the highs and lows of adolescence is hard enough. Imagine going through it with a cancer diagnosis. Not only can there be significant physical issues to contend with, but the emotional and social effects can be just as challenging.

Recognising that young people aged 15–25 years who are diagnosed with cancer, and their families, face specific challenges, we developed ONTrac at Peter Mac, a Victorian adolescent and young adult cancer service.

“The experience of cancer during such a critical time in a young person’s life has the potential to disrupt their healthy growth and development,” said ONTrac Manager Kate Thompson.

“This can include physical function, fertility, body image and emotional health; family, peer and partner relationships; school and career plans; and future prospects for adulthood.”

The largest multidisciplinary service of its kind in Australia, ONTrac at Peter Mac gives young people access to healthcare professionals who are skilled in working with this age group all in one age-appropriate place.

That place is the ‘You Can’ Youth Cancer Centre at Peter Mac. With funding from the Sony Foundation and in partnership with young people, we established a safe, youth-friendly environment with:

• four outpatient consultation and interview rooms
• video conferencing and meeting room
• patient lounge
• fully equipped kitchen
• entertainment rooms
• dedicated space for school, study and group activities.
Importantly, the You Can Centre is where young people can go to take their minds off cancer. “We appreciate a cancer experience is different for young people,” said Kate. “It is essential that we continue to listen to young people and their families, and hear their feedback to ensure services and hospital environments respond to their particular needs.”

In 2016-17, more than 450 young people accessed the services provided by ONTrac at Peter Mac.

"It is essential that we continue to listen to young people..."

YOUTH CANCER ADVISORY BOARD

The Youth Cancer Advisory Board is a group of young people aged 15-25 who come together to share ideas, discuss key issues and have their say about the care of young people at Peter Mac. In 2016-17, the group’s priorities included:

- advocacy to promote access to affordable fertility preservation
- participation in the development of age appropriate resources to support school, study and work
- consultation of the delivery of inclusive cancer care for Lesbian Gay Bisexual Transgender Intersex (LGBTI) young people
- engagement in the design of an exercise, health and wellbeing program for young people
- consultation in the development of adolescent and young adult research priorities
- participation in the development of online learning modules for nurses.

The Youth Cancer Advisory Board is convened by ONTrac at Peter Mac, with strong support from the Peter Mac Executive.

TOP FIVE REASONS YOUNG PEOPLE GO TO THE YOU CAN CENTRE

1. Attendance at an appointment with a member of the clinical team and/or attend one of the weekly clinics.
2. Participation in group programs.
3. Waiting for appointments in a youth friendly, relaxing environment.
4. Spending time off the ward while receiving treatment as an inpatient.
5. Opportunity to meet other young people and participate in some of the activities available (movies, gaming, skyping family and friends).

VICTORIAN CHILD SAFE STANDARDS

Peter Mac is the only paediatric radiotherapy provider in Victoria and Tasmania. That’s why it is critical that Victorian Child Safe Standards are part of our everyday practice. In line with our new Child Safe Policy, we extended our Working with Children checks and made child safety part of our patient charter.

According to this year’s Paediatric Integrated Cancer Services survey, 87.5% of our paediatric patients reported they felt secure at Peter Mac, offering no suggestions for improvement.
A focus on prevention and wellbeing

There’s an oasis of peace and calm on level one of Peter Mac. In a busy hospital, it’s a place that, in the words of a patient, is “brilliantly humanising”.

Peter Mac’s Wellbeing Centre is a sanctuary from treatment and the stresses associated with having cancer. It features a garden, access to computers, volunteer support, a quiet room, a lounge for patients and families and a kitchenette with tea and coffee making facilities.

“The space is very warm and welcoming and wonderful to use. We have a four-year-old and it was great to let him play between appointments,” a patient commented.

The wellbeing model also includes regular events like yoga, meditation and knitting circles, as well as public education forums, which help people with cancer to understand and manage their care and treatment.

Overseen by our Director of Wellbeing, Geraldine McDonald, our wellbeing services are expanding to include initiatives to improve care for people from different cultural backgrounds. We’re also developing an LGBTI action plan and consolidating our culturally safe and inclusive plan for our Aboriginal and Torres Strait Islander community.

We’ve also established a Psychosocial Oncology Program to help patients cope with the various challenges of cancer by assessing and treating their mental health in the context of their cancer journey.
A PLACE OF COMFORT WHEN IT’S GOOD NEWS OR BAD

For Elizabeth Teese, Peter Mac is not just a hospital, it’s a wellbeing place.

Diagnosed with cancer five years ago, Elizabeth didn’t begin her treatment at Peter Mac but when she walked through the doors for the first time, she knew it would be different to the other hospitals.

“I realised instantly that people were there for the same reason as me – cancer,” said Elizabeth.

“People smiled at each other and I didn’t feel alone,” she said.

“I had to have radiotherapy and that’s when I met Professor Ball. He was the first doctor...

...HE WAS THE FIRST DOCTOR THAT STARTED WITH ME AS A ‘PERSON’...

that started with me as a ‘person’. This care has continued, with Professor Ball at the helm of ‘my amazing team’, making me feel special and looking after all my needs, including learning to play the bongos in music therapy!

“The Wellbeing Centre is the core of Peter Mac on the days when I have a lot of time between appointments or am waiting for a lift home. It is also a place of comfort, when I get good news or bad news, providing space to deal with issues privately or to relax.

“Staff seem to know when you want to be alone or need to chat, and there are so many things I can do in the Wellbeing Centre that time flies. A rare find in such a big hospital.”

Elizabeth can be found listening to the soft jazz playing in a corner, toes tapping or looking onto the garden on a cold winters day, or relaxing in the centre’s meditation space.

“I don’t always have family around when I come to Peter Mac but I never feel alone with the wonderful people around me,” said Elizabeth.

“I can go into Peter Mac and be me in any shape and form. I can do things that make me feel normal. There’s no pressure, no clock watching. I feel like I am the only patient here and certainly leave feeling I have achieved so many things in the comfort of the Wellbeing Centre. It really keeps me going.”
Helping people deal with the challenges of cancer treatment

Being told you have cancer is one of the worst pieces of news most people can imagine – news that can have a significant psychological impact.

In fact, about two thirds of people with cancer experience high levels of distress, and about a quarter have a mental health problem, usually anxiety or depression. This means that, in addition to undergoing treatment for cancer, many people also need to deal with managing their psychological wellbeing.

“There are a whole lot of barriers to why people don’t access mental health services,” said Steve Ellen, Director of Psychosocial Oncology at Peter Mac.

“We know there is a significant number of patients we don’t see and we want to make sure as many people as possible know about our psychosocial services. Our goal is to make sure there’s no stone unturned in helping people deal with the challenges of treatment for cancer.”

Our Psychosocial Oncology Program exists to help people feel strong, calm and ready to face the challenges of cancer. Run by an integrated team of social workers, psychiatrists and psychologists, the program includes psychological therapies, music and art therapies, family therapy, group therapy, and support groups. It helps patients deal with cancer diagnoses, treatment, long-term hospitalisation and can assist with social problems like finances or housing.

Restructure and expansion of the Psychosocial Oncology Program in 2016 changed the way people are able to access our services. Once attached to specific units, psychosocial services are now available to all patients.

Instead of waiting for a referral from a doctor, around half of our patients are now being referred to our psychosocial services by nurses and allied health staff. Patients are even able to refer themselves. “We’re also working closely with our Wellbeing Centre to provide a holistic space where people can address their wellbeing while being treated for cancer in a clinical sense. At Peter Mac we consider wellbeing and psychosocial care to go hand-in-hand,” said Steve.
A SOUNDTRACK TO GETTING BETTER

Long-term cancer patient Annette Nudel found the support of the Psychosocial Oncology Program invaluable. By talking with her psychiatrist, she was able to alleviate her anxieties about her treatment. Her psychiatrist was then able to speak with her clinicians and ensure they understood how her mental health was impacting her recovery.

“I don’t think I could’ve done it without them because I was really, really alone there,” she said.

Confined to her bed for four months, Annette wasn’t able to go to the hospital’s Wellbeing Centre, so the Psychosocial Oncology Program arranged for music therapists to visit her.

“I didn’t realise how much the music therapy would affect me,” she said. “The first time they sang to me I was very ill and I just laid there listening to them and I started crying. I couldn’t believe how much it helped me.

“What got me through was the music therapy, talking to my psychiatrist, doing some exercise. It was having a balance, basically, and a lot of support from the hospital.”
Pet therapy at Peter Mac

You know it’s Wednesday when Baz the Spoodle patters through the Peter Mac corridors. Wearing his official ‘pet therapy’ uniform, the volunteer pup and his owner Cath Flanagan bring a weekly dose of joy to patients and staff.

Baz and Cath are volunteers with the pet therapy program, a partnership between Lort Smith Animal Hospital and Peter Mac’s volunteer service. It’s a simple concept – volunteers and their pet dogs visit people in hospitals and other care facilities. Cath and Baz were the first pet therapy team to visit Peter Mac when the new building opened in August 2016 and the number of volunteers has since grown into a dedicated group.

“WE TALK ABOUT THINGS THAT DON’T HAVE ANYTHING TO DO WITH THEIR ILLNESS”

The mood lifts instantly when Baz enters a ward. “We talk about things that don’t have anything to do with their illness,” said Cath. “We’re there to say hello, to talk about their pets at home or pets they’ve had in the past, and to take away what’s on their mind.”

Pet therapy is based on well-documented evidence of the therapeutic benefits of the human-animal bond. Whether sharing some cuddles with a patient, placing a gentle head on the lap of someone in distress or by having a bit of fun, the positive impact dogs have on patients can be profound. Cath witnesses this regularly.

“In the young person’s unit there might be an adolescent who doesn’t want to talk to anyone. We make contact with Baz and suddenly they’ll start talking almost without thinking about it.”

As both Peter Mac and Lort Smith volunteers, Cath and the other pet therapy volunteers go through rigorous training so they can support patients, and they debrief after intensive interactions. Cath said the support they receive is exceptional.

“We have an informal debrief with the volunteer coordinators when we finish our shift, which is fantastic. They pick up on anything that we might have an issue with,” she said.

Lort Smith Community Outreach Coordinator Megan Nutbean said happy volunteers make reliable volunteers.

“We are grateful to the volunteer program staff at Peter Mac for the welcome and support they offer to our volunteers,” said Megan.

The positivity that Baz brings into Peter Mac also affects staff.

Cath said nursing staff, medical staff and social workers all look forward to his weekly visit.

“By patting Baz, staff switch off from being operational and have a bit of a recharge and a laugh. It really is pet therapy for lots of different people at different levels.”
OUR VOLUNTEER NETWORK

Our volunteer network grew significantly in 2016-17 to accommodate the changing needs of our patients in Parkville.

We now have more than 180 volunteers who visit patients regularly at Peter Mac, contributing their time and compassion, and providing services such as hairdressing, ward massage and reflexology to help us create an experience that extends beyond cancer care and treatment. Another 1500 individuals, community groups and organisations donated goods and services.

Our volunteer services also purchased many items throughout the year for staff and patients, such as microwave safe cookware for patient accommodation. Money raised through our auxiliary store was used to purchase equipment, including virtual reality headsets for the dental oncology department, which are used to distract patients who are having painful dental procedures, and rehabilitation equipment for perioperative and pain medicine.
Care for body and soul

People arriving on level two of Peter Mac Melbourne are greeted by a magnificent explosion of orange, yellow and red – a five-metre wide tapestry by one of Australia’s most celebrated contemporary artists, John Olsen AO OBE.

Called Life Burst, the tapestry was commissioned for Peter Mac, woven by the Australian Tapestry Workshop and made possible through the generosity of the Australian Hotels Association, Mrs Anne Robertson and Mr Mark Robertson OAM and Mrs Janet Calvert-Jones AO and Mr John Calvert-Jones AM.

Chief Executive Dale Fisher said the Olsen tapestry was the centrepiece of Peter Mac’s collection of more than 800 contemporary Australian artworks donated since 1998.

“We see every day how art can help cancer patients and families through their treatments and the healing process,” said Dale.

“We feel deeply privileged to be able to house this incredible work created for our patients, carers, families and visitors to our centre. We have no doubt that it, along with our broader art collection, will bring joy, hope and comfort to our patients during their time with us.”

Many patients attend Peter Mac regularly and for lengthy periods, and the quality of the environment is vitally important. The artworks in our collection, many of which are created by some of Australia’s best known contemporary artists, provide visual interest, stimulate conversation and offer a pleasant diversion for those attending Peter Mac.

According to Svetlana Karovich, Peter Mac’s Art Collection Curator, works of art displayed at our five centres contribute greatly to humanising patient areas, enlivening interiors and creating a more welcoming environment for all.

“Over the years we’ve had very positive feedback from patients who really appreciate the fact that we think about both the level of care that they’re given and the spaces in which they’re treated, to make them as welcoming and as attractive as possible,” she said.

Peter Mac is a recognised participant in the Australian Government’s Cultural Gifts Program, which encourages gifts of art from private collectors to enhance the collections of public galleries, museums, libraries and hospitals. Gifts made under this program also attract significant tax benefits for donors.
Recognising excellence for women in research

When it comes to recognising women in research at Peter Mac, Dr Kylie Gorringe stands out. The winner of the inaugural Lea Medal for excellence for women in research at Peter Mac, Kylie has spent more than 10 years working on innovative and groundbreaking research into links between genomics technologies and clinical questions in breast and ovarian cancer.

Named for the Latin word for Lioness, the Lea Medal endows promising women researchers with financial support to enable opportunities for career advancement. The award recognises the issues and needs around gender equity in the medical research sector, particularly the loss in the number of women in research from mid-career onwards.

Kylie said receiving the medal was a wonderful validation of both her research and her role among Peter Mac’s world-renowned research staff – including the formidable cohort of female researchers.

“It’s a huge recognition of me as an emerging research leader, particularly since I can see how many talented women there are working around me,” she said. “To be counted as a leading member of that group is astounding.”

Kylie is passionate about the benefits of the Lea Medal in expanding the breadth of Peter Mac’s research program and collaboration, and ultimately increasing the quality of care for our patients.

“It enables me to attend conferences and meetings that I might not otherwise attend, and it helps my research group by sponsoring their attendance at events and training courses,” Kylie said.

The award also offers Kylie and her team more flexibility in their research, particularly in expanding understanding of the genetics of breast and ovarian cancer.

“The Lea Medal provides flexible research funds to support the occasional risky but high-potential experiment that wouldn’t get funding through the normal channels,” she said.

Her message to other women looking to pursue a career in research? “Study what inspires you, have confidence in your abilities and don’t be afraid to ask your senior mentors for guidance.”

“STUDY WHAT INSPIRES YOU, HAVE CONFIDENCE IN YOUR ABILITIES AND DON’T BE AFRAID TO ASK YOUR SENIOR MENTORS FOR GUIDANCE.”
CONSUMER AND COMMUNITY ENGAGEMENT

A culture of listening and engagement

To provide the world’s best cancer care, we must meet the needs and expectations of our patients, their families and carers. That’s why we highly value their input and involvement, and constantly strive to embed genuine community and consumer engagement into the culture of our organisation.

Peter Mac has long recognised the importance of involving all our patients, their families and the wider Victorian community in major decisions related to planning, delivering and evaluating our services. By listening and talking to each other we can:

• learn about experiences and expectations
• gain input and advice from those that use, or could use our services
• draw on the expertise and advice from other sectors on ways we can improve our services
• help us understand how well we are tracking and where we can improve.

Our Consumer Advisory Committee helps to ensure our major decisions consider community views.

We seek input and feedback on issues, changes and important plans – before decisions are made – through our consumer register. The consumer register also provides opportunities for people to tell their stories and use their experiences to assist with staff training.

Consumer representatives also have the opportunity to share experiences and learn from one another. Members of our Consumer Advisory Committee and representatives from our Consumer Register have attended a series of networking forums held in partnership with other local health services. These forums provide opportunities for consumer representatives to come together to learn and share resources and tools to help develop advocacy skills.

BECOME A CONSUMER REPRESENTATIVE

Contact our Consumer Engagement Team

(03) 8559 7518
commparticipation@petermac.org
OUR PATIENT CHARTER

To achieve the best possible health outcomes, we believe in a genuine partnership. It allows patients (both adults and children), families, carers and healthcare providers to work together and share an understanding that helps build and achieve high quality health and safety outcomes.

World’s best cancer care

Our world best cancer care goals set out a number of objectives to help us achieve them.

Goal: Patient centred care

Care and services are designed and delivered to be collaborative, responsive and create the best possible experience for each individual (we are partners in your care).

Objectives

1.1 Every person we care for, their families and carers, are included as partners in care and; wherever possible, have the information and opportunity to make informed choices about their care.

1.2 Our service is compassionate and understanding and values the rights of patients to be treated without prejudice.

1.3 We identify and respond proactively to individual care needs.
Putting the patient experience at the heart of Peter Mac

Our Consumer Advisory Committee is made up of around 10 community representatives and people with first-hand experience of cancer to ensure our major decisions include community views.

Take the patient meal ordering process, for example, a seemingly simple part of every patient’s stay. Developing the touch-screen system required vast amounts of work, including insights from consumer Stuart Rodda. Stuart is experienced in simplifying technical language into plain English. When it came to the meal ordering system, he felt the original version had more information than a patient needed.

"Initially they had the calorie value of each component and they had the overall calories of a whole meal," he said. “Somebody who is being treated for cancer – who may not have much of an appetite anyway – just wants to have a meal they’re going to enjoy.”

"Our consumers provide insights that can be useful in the clinical context, and their voice is very strong,” she said, adding that the diversity of voices and a regular turnover of members are important to providing those insights.

"It’s a network, a family of various personalities, experiences and backgrounds. When we put something together we build it to have an effect on as many different people as possible.”

Heather Watson has been involved with Peter Mac as a consumer for more than 10 years, most recently on the development of four geriatric oncology education modules.

As the project team’s consumer representative, Heather raised an issue that conventional language about patient support systems only recognised family or carers, while her own research found that many people had no family or lived on their own and generally relied on support people such as friends, neighbours or health professionals for their caring needs.

“Because I was coming from a consumer perspective, I was talking about this quite a lot,” said Heather. “Now, as part of this project, discussions with consumers include families, carers and support people.”

Health Literacy Manager Tanya McKenzie said the ability to identify and focus on what is most important to patients, in a language that is easy to understand is what makes consumer input so valuable.
Geriatric Oncology (GO) Nursing Education Modules

GO is a free resource for nurses who work with older people affected by cancer. Sixty per cent of people who have cancer or who are cancer survivors are aged 65 years or older. As people age, cancer becomes more prevalent, more costly to treat, and the physical and psychosocial impacts more complicated to manage.

With no online educational resource to support nurses to improve outcomes for older adults with cancer in Australia, GO helps to integrate geriatric oncology into the training programs of healthcare professionals.

The GO project was launched in December 2016. It was developed in collaboration by Peter Mac, Western Health, The Royal Women’s Hospital and The Royal Melbourne Hospital, Education Resources Online, Cancer Institute NSW, The University of Melbourne, Western and Central Melbourne Integrated Cancer Service, Queensland University of Technology Institute of Health and Biomedical Innovator.
Better together

To ensure we provide the world’s best cancer care, we give patients, their families and the community the opportunity to be involved in making decisions about our services. We also listen when the patient experience could be improved.

John* was receiving treatment at Peter Mac. Administrative errors meant that on more than one occasion John and his wife travelled to Peter Mac in Melbourne from country Victoria only to discover that their appointment had been incorrectly scheduled, or cancelled.

Understandably frustrated, John complained to Consumer Liaison Officer Marisa Marioli.

“It was the best thing that could have happened to us,” said John. Marisa and the consumer liaison team supported John and his wife whenever they needed help or reassurance, and with their knowledge of John’s history, stepped in when they felt it would help put John at ease. John was satisfied to have someone available who could listen to them and take decisive action.

Marisa said that relationships with patients and their families can quickly become intimate in Peter Mac’s specialised hospital environment, and that honesty and transparency are critical to delivering the best possible outcomes.

“You see the patients and their families over and over again. They need us to get it right the first time and, if something is escalated to me, it’s about getting it right as quickly as possible.”

As well as responding to complaints, we collate feedback to identify patterns and make recommendations to services accordingly.

“We’re about real outcomes for our patients,” said Marisa. “It’s never just lip service.”

Happily, we also field plenty of compliments.

“Compliments are responded to quickly as well because someone has taken the time to write absolutely beautiful, kind words to the team looking after them.”

*For privacy not real name.
A CLEAR AND SIMPLE COMPLAINT PROCESS

We accept complaints in the following ways:

- **Call our Consumer Liaison Office** on (03) 8559 7517
- **patient.liaison@petermac.org**
- ‘Your Voice’ feedback pamphlets (available in seven different languages)
- **In person**
- **Social media** – i.e. Facebook, Twitter, Instagram
- **Mail** – Consumer Liaison Office
  Locked Bag 1 A’Beckett St
  Melbourne, VIC 8006
- **Other organisations, including government**
- Use the **Contact Us** form on our website at [www.petermac.org](http://www.petermac.org)

HOW WE RESPOND

- All feedback is treated confidentially
- Complainants usually receive a unique response within 30 days
- We respond by offering family meetings, verbal and written responses

JANUARY 2017 - JULY 2017

- **268 compliments**
- **453 complaints**
- **94% complaints resolved within 30 days**
Community science at work

When 28 year old Clare* learnt that a genetic mutation ran in her family that made her and her loved ones susceptible to cancer, it was a shock.

Clare's mother had died from breast cancer when she was younger, but it wasn’t until her own breast cancer diagnosis at age 27 that she found she was herself a carrier of the genetic mutation.

When she was asked to donate her cancer tissue to research Clare felt an overwhelming sense of passion and purpose.

"It made me feel as though there could be some good that might come from me experiencing breast cancer – that maybe I could contribute to knowing more about these genes, about future treatment possibilities, and that maybe I could contribute to finding a cure," said Clare.

Clare carries an hereditary genetic mutation in the BRCA2 gene, which is responsible for repairing damaged DNA. When BRCA2 is mutated, errors in the DNA can build up in a cell and lead to cancer.

Her family participates in a program run by kConFab, a bio-specimen collection agency based at Peter Mac, dedicated to the collection and characterisation of DNA from families with a strong history of breast and/or ovarian cancer.

Clare is one of more than 6000 patients and members of the public who have generously donated their tissue to Peter Mac’s cohorts, which include kConFab, Lifepool, the Australian Ovarian Cancer Study, the Melbourne Melanoma Project and Cancer 2015, for cancer research in the last 12 months.

De-identified data and bio-specimens are made available to researchers for use in peer-reviewed, ethically-approved, funded research projects.

Tissue donation has been instrumental in driving hundreds of major research projects across Peter Mac and the world, including into melanoma, breast, ovarian, gastrointestinal and prostate cancers.

"Without the generous donation of tissue from individuals affected by cancer it would not be possible to study and understand human cancers to the extent that we do now," said Peter Mac Associate Professor Sarah-Jane Dawson.

"Patients are a crucial part of the research process."

Clare said there are literally no downsides or negatives to donating your tissue to cancer research.

"My experience of having breast cancer, as compared to my mother’s, is vastly different because of this research," said Clare.

"It has led to better treatment outcomes, and the difference between survival or not, in so many cases. I urge you to donate your tissue."

*For privacy not real name
Our supporters

Peter MacCallum Cancer Foundation supporters helped raise many millions of dollars for cancer research this financial year by making donations, participating in fundraising events or by including Peter Mac in their will. The funds raised play a vital role in enabling Peter Mac’s cancer researchers to discover new ways to prevent, detect, treat and cure cancers.

Alison Jones is a Peter Mac patient and one of our many passionate fundraising supporters.

“What I remember most clearly from my day of diagnosis with multiple myeloma is my utter shock, denial and disbelief,” said Alison.

“The haematologist’s words spilt over me. He told me I had a blood cancer of the bone marrow. I heard the words ‘stage 3’, ‘incurable’, ‘radiotherapy’, ‘chemotherapy’ and ‘you’ll be unable to work for at least a year’. But I also heard him say ‘the disease is so advanced you qualify for a drug trial’.

“At a later appointment that day a nurse explained to me: ‘A few years ago money at Peter Mac was directed specifically towards research about myeloma, and there are now many more treatment options. Patients are doing better than ever before.’

“I slowly repeated the words. ‘Because of cancer research, myeloma patients are doing better than ever before.’ There was a chink of light. My life may not be over.

I know what it’s like to sit in that chair, hear the dreaded word, and be overwhelmed with anxiety. I know what it’s like to wonder if you’ll be alive in three months. I know what it’s like to be paralysed with the fear that you won’t be able to raise your kids, and you will miss their milestone events.

“And I know what it’s like to be given hope. Because of cancer research at Peter Mac, there are now improved outcomes for many diseases.

“...I WANT OTHER DESPAIRING PATIENTS TO BE GIVEN HOPE, JUST AS I WAS.”

“I raise funds for cancer research so that other patients sitting in that chair can also be told that because of cancer research their chances of staying alive have improved. I want other despairing patients to be given hope, just as I was.”
HELP FUND CANCER RESEARCH

If you or your family and friends would like to find out more about how you can help, visit petermac.org/foundation or call 1800 111 440
CONTINUITY OF CARE

Same faces, different places

For a person with cancer navigating outpatient appointments, occasional inpatient admissions and life on a ward, there can be a lot of variables. So it is a small but welcome gesture to have familiar faces appear along the journey.

At Peter Mac, we offer our patients coordinated, tailored treatment according to their cancer type. We organise our wards and our multidisciplinary teams of doctors, nurses and allied health professionals into 13 cancer streams, which cover different areas of the body and cancer types. These teams specialise in a tumour type and develop comprehensive and coordinated treatment plans for patients.

For example, a patient with melanoma might undergo surgery, radiotherapy or systemic therapy with the melanoma tumour team. If that patient suffered complications from their systemic treatment and was admitted to a ward for further treatment, they would most likely be cared for by the staff who looked after them during their initial surgery.

This continuity of care also benefits staff, who are able to get to know patients and families and provide personalised care based on familiarity developed over the course of a person’s treatment.

“In our roles as nurses, we can develop quite close relationships with patients and families,” said Donna Milne, Advanced Practice Nurse, Skin and Melanoma Service.

“When I go to the ward to see one of our patients who’s been admitted, I might be able to tell the nursing staff something about the patient and the family that will help in their care. It might even be something that they’re concerned about that adds to the overall picture and the overall care that’s delivered.”

Nursing staff are also able to learn and become more proficient in specific cancer streams.
Improving the patient discharge experience

Discharge summaries are important for clear communication, continuity of patient care, safe transition between the hospital and community, and minimising adverse events.

To meet our key priority area of finishing discharge summaries within 48 hours after a patient is discharged, we formed a diverse working group of junior medical doctors, consumers and consultants.

The working group went right back to basics to look at what we were doing, what was and wasn’t working, and how we could make discharge summaries better.

We soon recognised that if we modified the entire process, we could ensure that summaries were completed by the time of patient discharge. This would allow our junior doctors to go through the summaries with patients before they leave Peter Mac.

“Discharge summaries are often really technical,” said Deputy Chief Medical Officer Dr Amir Rahimi. “By discussing the discharge summary with the patient, our junior doctors could explain any technical information and allow the patient to leave hospital with a copy of their report.”

To give our junior doctors the best chance of completing discharge summaries by the time of discharge, we needed to make it the responsibility of all divisions. We started the improvement project with three areas – cancer surgery, haematology and medical oncology.

These units looked at why existing processes weren’t as effective as they could have been and made changes to their workflows, rosters and structures to accommodate the changed requirement for patient discharge summaries.

A new, simplified template for the discharge summary has also made reporting easier and has dramatically reduced the number of overdue discharge summaries for each division. It’s a work in progress, but we’re well on our way to improving patient discharge summaries at Peter Mac.
Improving access to cancer care

Whether it’s family or work commitments, access to transport, fear of hospitals, health concerns, side effects of treatment, or the cost of parking, petrol and tolls, there can be many challenges for our patients in getting to hospital.

These barriers to treatment have a significant impact, with 37% of Peter Mac patients coming from rural and regional Victoria – including 1,045 regional Victorian patients who spent 18,000 hours travelling 1.2 million kilometres for their haematology appointment in 2015-16.

Since May 2017, in response to patient feedback and with the support of Department of Health and Human Services, we have been providing a video consultation service (telehealth) for our rural and regional patients.

With no more than a computer, tablet or smartphone and the internet, our patients and their families, GPs, Aboriginal health workers and other support people can be connected to their Peter Mac specialists.

More than 75 patients have already used our telehealth service. For these patients, there’s a substantial level of relief in being able to see their specialists during often very challenging times.

“The whole experience was positive,” one patient reported. “I didn’t wait long for my appointment, the specialist was easy to communicate with and I didn’t have to travel.”

With consultations available at home, at a local health service or the local GP, telehealth enables family members to take part in important discussions. Our clinicians can also use telehealth to better support and mentor local GPs in managing short or long-term care.

Sixty-six per cent of our telehealth consultations to date have included a local clinician, such as a specialist oncology nurse or GP, as well as the patient. Thirty-four per cent were with a patient at their home.

We run regular haematology telehealth clinics to Bendigo, and consultations with other specialist areas, building on the efforts of the Late Effects Service.

In 2017-18, we’re expecting telehealth to continue to grow, with a particular focus on skin and haematology services, working with regional partners in the Grampians and Hume regions, and trialling options for video review appointments for patients on active chemotherapy treatment.

Telehealth is currently available to rural and regional patients only and when clinically appropriate. Find out more and do a test call [www.petermac.org/telehealth](http://www.petermac.org/telehealth)

Peter Mac is committed to ensuring that all Victorians have equal access to our services, including people who have mobility or other access issues. Our Community Advisory Committee actively ensures that people with access issues have a voice in all aspects of our program planning and service delivery.
TELEHEALTH AT PETER MAC

- Launched May 2017
- Used by 75 patients and 24 doctors
- 66% of telehealth consultations were with local clinicians
- 34% of telehealth consultations were with patients in their home
Radiotherapy expands for Bendigo and beyond

People being treated for cancer in Bendigo and the Loddon Mallee community have access to even better care following Peter Mac’s move to a purpose-built cancer centre at the state-of-the-art Bendigo Hospital.

As Peter Mac’s rural campus, Bendigo is one of our five centres that provide radiotherapy services to patients across Victoria. In partnership with Bendigo Health we have offered services to patients in Bendigo and surrounds since the 1960s, with a larger service in place since 2002.

That service expanded in January 2017 when we moved from Bendigo Radiotherapy Centre to the Regional Integrated Cancer Centre at the new Bendigo Hospital. We’re now co-located with Bendigo Health oncology staff.

According to Judy Andrews, Bendigo Radiation Therapy Services Campus Manager, this co-location is a huge benefit to those patients undergoing radiotherapy and chemotherapy at the same time.

“Around 15% of the patients we treat would have concurrent chemotherapy and radiotherapy treatment or adjuvant treatment, so being co-located makes things easier for those patients,” she said.

At the Regional Integrated Cancer Centre, we can continue to offer the latest in radiation therapy technology, with the ability to expand when required.

“In our old campus we had two bunkers with two Linear Accelerators,” said Judy.

“We’re built for expansion in the new centre so we’ve got two linear accelerators and three out of four bunkers fitted out,” she said.

We are now also able to offer radiotherapy techniques that weren’t previously available locally, like volumetric modulated arc radiotherapy (VMAT), a radiotherapy treatment technique.

“We’re now treating all of our prostate patients with VMAT as our standard of care,” said Judy.

As our staff have settled into their new home at the Regional Integrated Cancer Centre we have continued to look at ways we can better support people being treated for cancer in the Loddon Mallee region. We continue to run an outreach clinic service at Goulburn Valley Hospital at Shepparton and, together with Bendigo Health Medical Oncology, have established a new consultation outreach clinic in Kyneton.
Speaking the language of better health

Think of a language and chances are we have an accredited interpreter able to speak it at Peter Mac. In the last year, we have provided interpreters across 70 different language groups, with Greek, Italian and Arabic languages increasing the most since we moved into our new home.

In fact, our move to Parkville has seen our interpreter service increase, providing services to almost triple the number of patients of the previous year. That’s 8,409 in 2016-17, which includes in-house and phone interpreters across all Peter Mac sites, and 3775 patients serviced through our external interpreting service. Our in-house Mandarin/Cantonese interpreter helped 507 patients alone.

Since we moved to our new building, we are not only providing interpreter services for more patients, we are also better at the way we provide those services.

“We are more accurately capturing the list of patients who require an interpreter, especially within the specialist clinic areas,” said Language Services Coordinator Kerrie Dunn.

Previously, each department was responsible for requesting an interpreter from the interpreter service. By running daily reports on appointments the interpreter service is able to see which appointments are scheduled and organise interpreters in advance. It’s a system that makes life easier for patients and their carers, as well as our staff.

### TOP 10 LANGUAGES AT PETER MAC

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<th>Language</th>
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<tr>
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<td>Vietnamese</td>
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</tr>
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<td>Italian</td>
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Delivering the best in cancer care | Quality Account 2016–2017
A workplace culture to value

Almost 65% of eligible Peter Mac staff responded to the People Matter survey in October 2016, more than double the number of the previous year. The survey results gave us ideas for what we can do better, while confirming that our team remains committed to offering high quality services, continuously improving these services, and building and maintaining public trust.

Teams across Peter Mac reviewed their People Matter survey results, identified focus areas from the results, and are developing initiatives to improve team engagement and performance.

For example, instead of its strategic planning day, the Moorabbin Radiation Therapy team ran team workshops to establish common values and expected behaviours.

The team established a cultural engagement pilot program, which looked at what Peter Mac’s values of excellence, innovation and compassion actually mean in the working day.

Nurses, administration staff, medical staff and radiation therapists took part in workshops to determine appropriate behaviours, which became the team’s charter.

Education Coordinator for Radiation Therapy Services Kristie Matthews said the Moorabbin team was highly engaged with the initiative. “There’s so much energy. This has really made a difference to how they communicate with each other. There’s a visibility about those positive behaviours and celebrating the good things as well as recognising the good work.”

The Moorabbin team has been working with the organisational development team to deliver a tailored version of the program at other Peter Mac campuses.

“Values are always slightly different,” said Kristie. “That’s a good thing. It’s personal for each team, so they can own it. It’s their words and not something imposed on them from elsewhere.”

ENCOURAGING RESULTS FROM PEOPLE MATTER SURVEY

- 75% agree that Peter Mac fosters an environment where all staff are treated fairly and with respect.
- 6% experienced discrimination in the workplace (compared with 9% at similar health services)
- 14% reported bullying incident (compared with 20% at similar health services)
- 8% experienced behaviours that may constitute sexual harassment (compared with 12% at similar health services)
PREVENTING BULLYING, HARASSMENT AND DISCRIMINATION

Working at Peter Mac is more than a job. It’s a place where people can and do make a difference in their pursuit of Sir Peter MacCallum’s vision – “Nothing but the best is good enough in the treatment of cancer”.

That’s why we strive to create and maintain an environment where the best staff aspire to work. We want our people to flourish, to be their best and to treat our patients with care as we unite to fight cancer.

To be the ‘best cancer workforce’ we need to always try to improve. Our Chief Executive Dale Fisher established a taskforce to proactively develop an action plan to prevent bullying, harassment and discrimination at Peter Mac. The taskforce was made up of staff members from across all divisions and levels of Peter Mac, as well as a consumer representative.

We felt strongly about including a consumer voice to speak up for the patient, carer and community perspective. As consumer representative Lesley Serong noted, “if bullying, discrimination and harassment are accepted ways of behaving then not only will there be ramifications for staff but also for patients and/or carers”.

We also held a workshop with 40 staff members to ensure a diverse range of perspectives were considered in developing a truly collaborative action plan.

The final action plan covered three key areas: cultural change and leadership, education, and complaints management. It was presented by Maxine Morand, Peter Mac’s Board Chair, at the Victorian Government forum into Leading a Safe and Ethical Workplace Culture in Health.

Since its launch, we have implemented a formal feedback program and coaching initiatives. We have established an organisation-wide diversity and inclusion committee, refreshed training and created a user-friendly and well-publicised complaints escalation process. Our Board continues to closely monitor the measures identified by the taskforce.
How we measure up against national standards

The National Safety and Quality Health Service Standards (NSQHS) were developed in 2011 by the Australian Commission on Safety and Quality in Healthcare to improve safety and quality systems in health services.

Peter Mac is assessed against these ten standards to make sure we are continually improving the way we work and the standard of care we provide to patients, families and the community.

Peter Mac went through a comprehensive accreditation review in 2013. An onsite review was carried out in October 2016, following our move to the VCCC building in Parkville, and Peter Mac was found to be fully compliant with all core and developmental action items in the national standards.

“Our model of care for patients changed when we arrived in Parkville, to a more targeted approach to care delivery,” said Director Quality and Safety Katherine Burton.

“We needed to ensure our processes were consistent with the national standards and the collaborative approach to cancer care in the precinct,” said Katherine.

Peter Mac received four recommendations in October 2017 under standard three related to our auditing processes, and one recommendation remained from 2013, which related to the way we collate mandatory training records.

Following a recent accreditation survey, all recommendations were closed and we received full accreditation status.

THE RIGHT RESPONSE, EVERY TIME

Peter Mac’s quality and safety committee monitors and responds to adverse events that, on occasion, occur in our centres. This committee monitors progress against health, safety and wellbeing targets monthly, and takes action to address areas for improvement.

Eighty-five per cent of our staff would recommend a friend or relative be treated as a patient at Peter Mac, according to the independently assessed People Matter Survey.
Pressure injuries

The rate of hospital acquired pressure injuries decreased this year. Providing access to beds with inbuilt specialised pressure mattresses contributed to this decrease.

Blood products

Our red blood cell wastage is well below the national targets, thanks to meticulous inventory management, electronic cross-matching and other initiatives.

Medication safety

Incidents of our staff incorrectly prescribing or administering medication continued to reduce in 2016-17.

Staphylococcus aureus bacteraemia (SAB)

Our SAB rate is consistently below the national target, even though many of our patients are immune suppressed.
PATIENTS SATISFIED WITH OVERALL CARE AT PETER MAC

Our patients continue to feel very positive about their care, according to the 2016-17 Victorian Healthcare Experience Survey. Our performance on a range of key measures remained above average. Areas in which Peter Mac showed greatest improvement included length of time on waiting list, cleanliness and consideration of family or home situation when planning discharge.

PATIENT EXPERIENCE SCORE

Less than 42 responses were received for the period from October 2016-December 2017.
A rapid response to prevent falls risks

The best solutions come about when the right heads come together at the right time. That’s why Peter Mac initiated the falls ‘huddle’ – to convene the relevant people to understand how and why a patient has fallen and to decide on a course of action – quickly.

In a hospital environment, falls can – and do – happen. At Peter Mac we take patient safety seriously. When a patient is admitted we assess the risk of falling and put strategies in place to support patients deemed to be at high risk of a fall.

Not all falls can be prevented, however. It’s how we deal with these falls and try to prevent them from recurring that is critical.

The falls huddle is a new intervention. It’s a rapid response to a serious fall that helps us determine the best way to follow up and ensures that the patient and their family are kept up-to-date with what’s happened, next steps, and any treatment required.

It works like this: If a serious fall occurs, it’s quickly reviewed by a meeting of the nurse unit manager, Director of Nursing, representatives from the Quality and Safety Unit, and staff who may have either witnessed the fall or provided care after the fall. Crucially, the falls huddle nominates a representative to advise the patient’s preferred contact person about what’s happened and what we’re doing about it.

By convening the falls huddle, we make sure disparate teams are communicating as soon as possible, and follow-up action takes place.

“At the falls huddle is still a work in progress, but we’ve found it quite helpful to work better together as one team,” said Clinical Risk Manager Deb Goosen.

At Peter Mac we think it’s especially important for a fall investigation to be transparent. That’s why we advise and assure the patient and their family that we’re doing everything we can to understand and resolve their fall and, importantly, to reduce the risk of it happening again.

“WE’RE CONFIDENT THAT OUR FALLS HUDDLE WILL IMPLEMENT A SOLUTION, AND PERHAPS PREVENT OTHER PATIENTS FALLING”

“If we’ve found that there was a gap in systems relating to care, we’re confident that our falls huddle will implement a solution to help other people, and perhaps prevent other patients falling,” said Deb.

Peter Mac continued to reduce the number of falls that result in harm to patients.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of falls per 1000 separations</th>
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<tbody>
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</tr>
<tr>
<td>2016-17</td>
<td>2.0</td>
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</table>
VICTORIAN AUDIT OF SURGICAL MORTALITY

Each year, as part of our commitment to quality and safety, we participate in the Victorian Audit of Surgical Mortality (VASM) report – and identify actions we will take to reduce mortality and prevent adverse clinical outcomes at Peter Mac.

In June, VASM advised us that Peter Mac was again compliant with the Hospital Clinical Governance Reports, as well as with the first national Hospital Surgical Performance Reports.

We welcome these results and we will continue to respond to the areas of clinical priority identified by VASM. We are committed to maintaining our excellent results in deep vein thrombosis (DVT) prophylaxis action – reducing the likelihood of pulmonary embolus among surgical patients. During the 2012-2017 reporting period, the use of DVT prophylaxis treatment was appropriate in all cases.

We are also dedicated to implementing our award-winning surgical thromboembolism prevention (STEP) app – a clinical tool designed to reduce the risk of blood clots by recommending the most appropriate preventative strategy for surgical patients.

We have streamlined our data management systems so that our staff can more effectively monitor and balance our patients’ fluid intake and output – we know that fluid balance is critical to patient health, treatment and recovery.

Our participation in VASM – a reflective, educational exercise – highlights the valuable collaboration between Peter Mac, the Victorian Department of Health and Human Services and the Royal Australasian College of Surgeons and ensures Peter Mac continues to provide the highest standards of surgical care possible.
Hand hygiene – fighting infection one hand at a time

Our 66-strong army of hand hygiene auditors ensure Peter Mac is at the frontline in the fight against antibiotic resistance and preventing infection.

According to the World Health Organisation, hand hygiene is at the core of effective infection prevention and control programs to combat antibiotic resistance. An annual international Hand Hygiene Day brings the issue to the fore – such a simple action can save millions of lives across the world.

At Peter Mac, we are serious about our culture of excellence and compassion in everything we do. Our staff are passionate about our standout performance in this area, ensuring we consistently exceed the 80% compliance rates set by the Victorian Department of Health and Human Services. With average rates of 82.5%, we are ahead of the pack but we know we still have work to do.

We run in-house training programs to support our excellent results. The online hand hygiene learning is mandatory for all staff and our hand hygiene auditors program is active in both the inpatient and ambulatory care setting. Our team of qualified hand hygiene auditors emphasise that hand hygiene is everyone’s responsibility. At Peter Mac, we know there’s no room for complacency with our patients.
The PEER system

The people who know our patients best are our patients themselves – and their family and friends. This is why we have developed new systems to respond more quickly when patients notice a change that worries them.

Our Patient Emergency Escalation Response (PEER) system is a way for patients to raise concerns about their health, or for family members to ask for help if their loved one seems unwell or behaves in a way that is not normal for them.

Director of Quality and Safety Katherine Burton said the system ensures that patients, families and carers can contribute to the processes of escalating care at Peter Mac.

“The PEER system means that patients, families and carers know that their concerns are being heard, and that our recognition and response to any deterioration in someone’s health is timely and appropriate,” she said.

Family members are encouraged to ask for assistance from their nurse or doctor – or the nurse-in-charge – or make a PEER phone call if they notice a change that concerns them. Patients’ whiteboards now include information about PEER, while posters and information boards throughout Peter Mac promote the service in multiple languages.

One patient has used the service since it began – after experiencing pain from a surgical procedure, they returned to surgery.

“Peter Mac is focused on early intervention and so our staff check the status of each patient regularly,” she said. “We know how effectively our staff work – but this PEER system is a way for families and patients to share their concerns and provides a backup to the routine observations,” she said.

Katherine said the most important thing is making sure people know the PEER program is available and that their concerns will be listened to. “We will continue to survey our inpatients every four months about their knowledge and use of PEER, and to look for ways to share the service with their families and carers,” she said.

By listening to our patients and the community, the PEER program is another way in which we continuously improve the quality of our care. It is promoted in inpatient rooms, in our outpatient (specialist) clinics, and in the top five languages of our patients.
Respecting patient wishes

When 53-year-old teacher Ms Brown was seen in the Pain and Palliative Care Outpatients Department for metastatic sarcoma she emphasised that she did not want to be resuscitated under any circumstances, even if health professionals advised it.

Ms Brown gets anxious and nervous in hospital, so the palliative care consultant calmly discussed Ms Brown’s decision with her and together they completed an advance care plan.

The advance care plan included nominating a substitute decision maker, making sure that this decision maker understood Ms Brown’s health care values and priorities, and completing a statement of choices. Ms Brown felt so strongly about the issue of resuscitation that she also completed a refusal of treatment certificate.

The palliative doctor made appropriate notes in the advance care planning tab on the clinical viewer, which meant that an alert appeared each time a clinician accessed her medical record. The electronic documents were visible to all health professionals.

When Ms Brown was admitted to hospital, the alert was activated and the junior doctor became aware of her refusal of treatment certificate. The doctor was able to reassure Ms Brown that she knew about and respected her wishes, and the doctor completed a not-for-resuscitation form.

At Peter Mac we have taken steps to educate nursing, medical and allied health staff to better incorporate advance care planning into patient registration and admission processes.

“It’s everyone’s responsibility as part of providing best cancer care to ensure that patients’ wishes about future medical treatment are known and respected,” said Dr Sonia Fullerton, Palliative Medicine Consultant.

**ADVANCE CARE PLANNING SNAPSHOT**

- 13% of Peter Mac patients over 75 years have an advance care plan or substitute decision-maker
- Compared with 11% statewide average
- 50% national target

At Peter Mac we’re pioneering research into areas of palliative care integration with end-of-life care to improve patient quality of life and enhance communication and support for carers.

Two programs funded by the NHMRC and Cancer Australia are trialling the use of certain triggers to identify times for referral to early palliative care in five tumour strands: breast cancer, prostate cancer, lung cancer, blood cancer, brain tumours.

In the research we’ve designated trigger points within people’s illnesses, which see patients randomly assigned to either early or later palliative care intervention.

Both these programs are in trial stage.
RAPID Assist for end-of-life care

Almost three quarters of Victorians wish to receive care at home when faced with terminal illness but, for many reasons, less than a quarter achieve this. Our Responsive Acute Palliative Intervention and Decision Assistance (RAPID Assist) service is changing this by offering timely, needs-based care in the patient’s home or location of choice.

RAPID Assist is a one-of-a-kind initiative funded by the Better Care Victoria Innovation Fund. It ensures that comprehensive, urgent palliative care is provided to all patients of Peter Mac and The Royal Melbourne Hospital whether in hospital or at home.

Between its inception in November 2016 and June 2017, 194 patients were cared for by RAPID Assist, with 80% being at home or in residential aged care. By helping patients avoid unnecessary hospitalisations and get discharged from hospital to home whenever possible, the average figure for death at home by those seen by RAPID Assist has risen to 87% compared to a state-wide average of 14%.

This cross organisational, hospital and community rapid response palliative care service is one-of-a-kind in Australia. It employs a team of specialist nursing, medical and allied health staff to bridge the gap between acute and community care providers and improve collaboration between existing community palliative care providers and general practitioners.

By discharging 37 patients to home earlier, RAPID Assist ensured 127 in-hospital bed days were made available to other patients and averted 51 presentations to emergency departments. Most importantly, patients are happier, with survey results showing high levels of satisfaction with care received in domains of high-quality care, continuity of care and carer support.

RAPID Assist is the result of collaboration across the Victorian Comprehensive Cancer Centre, together with our partners in community palliative care, plus primary health networks, general practice and the Department of Health and Human Services.

END-OF-LIFE CARE

We’re meeting the National Consensus Statement: essential elements for safe and high-quality end-of-life care.

- Peter Mac has an end-of-life care policy as well as an end-of-life care pathway.
- We offer health professional and community teaching in palliative care through formal medical, nursing and allied health training, as well as community education through forums and local collaborations with primary health networks.

- Our precinct-wide palliative care consultation service offers supervision and support.
- As part of the Commonwealth-supported Palliative Care Outcomes Collaboration we receive a benchmark report for recounting quality of care and symptom management outcomes.
- High quality care, provided and assessed through patient reporting of outcomes, is benchmarked nationally and shows excellent management of pain and other symptoms.
TELL US WHAT YOU THINK ABOUT THIS REPORT

Your feedback helps us improve the way we communicate and share information about our services.

Send your feedback to petermacconnect@petermac.org