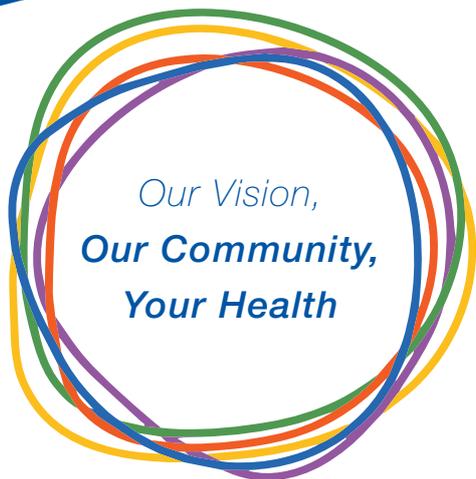


# Portland District Health Quality of Care Report 2016/17



**PORTLAND**  
DISTRICT HEALTH



*Our Vision,  
Our Community,  
Your Health*

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If you would like more information on any of the contents of the Quality of Care Report, please contact Portland District Health on 03 5521 0316.



### **We Value Wisdom**

We use knowledge, experience and understanding to make the decisions that matter.



### **We Value Compassion**

We care about people – their safety matters above all else. Every person's need is different and is respected. Our service quality is second to none.



### **We Value Courage**

We are fearless and courageous in making things happen, embracing opportunities and creating solutions.

# Quality, Safety and Risk Management Committee

The Quality, Safety and Risk Management Committee's primary function is to assist the Board of Management to ensure a high standard of health care, drive continuous improvement in service delivery, and to maintain an environment that supports clinical excellence at Portland District Health. This committee meets monthly with a number of committees reporting to the Board of Management via the Quality, Safety and Risk Management Committee.

## 2016-2017 Members of the Quality, Safety and Risk Management Committee

Prof Paul Yelder – Board Director (Chair)

Anita Rank – Board Director

Pam Stringer – Board Director (resigned November 2016)

Ann Miller – Board Director (commenced December 2016)

Andrew Levings – Board Member

Christine Giles – Chief Executive Officer

Ros Jones – Executive Director of Corporate Services (resigned April 2017)

Ros Alexander – Executive Director of Nursing

Fiona Heenan – Executive Director of Primary and Aged Care Services

Dr Cathy Bones – Executive Director of Medical Services (resigned March 2017)

Loren Drought – Director of Quality, Safety and Risk

Annette Hinchcliffe – Quality Officer

Ellie Lane – Community Representative

Ms Rachel Stoneman – Executive Administration

## Distribution

200 copies of the Quality of Care Report are printed and distributed at the Portland District Health Annual General Meeting along with the Annual Report. If you would like a copy of the report please contact the Quality Department on 5522 1189. An electronic copy of the report is available to read or download at Portland District Health's website [www.pdh.net.au](http://www.pdh.net.au)

## Feedback from the 2015-2016 Quality of Care Report

Portland District Health welcomes feedback on the Quality of Care Report from the community. Some of the comments received on last year's report were:

- Good to hear what has been happening in the local hospital
  - new services, births
- More stories on volunteers and volunteer activities
- Good information about the hospital and what is going on

Portland District Health looks forward to receiving your feedback on the 2016-2017 Quality of Care Report. You may do this by completing the feedback form provided with this report, by providing feedback via the Portland District Health website [www.pdh.net.au](http://www.pdh.net.au) or contacting the Quality Department on (03) 5521 0316. We hope you have found the information useful and that your knowledge of Portland District Health has grown.

# Welcome

Welcome to Portland District Health's Quality of Care Report for 2016-2017. This report is published each year in conjunction with the Portland District Health Annual Report. Whilst the Annual Report focuses on the financial aspects of our organisation, the Quality of Care Report is our opportunity to share with you how we provide accessible, safe, quality healthcare. This report is developed in line with Department of Health and Human Services guidelines and minimum reporting requirements.

We thank the numerous contributors to this year's report, with a particular thank you to the consumers who have agreed to tell their stories and share their experiences with the community.

## How We Care for You

On behalf of the Portland District Health (PDH) Board of Management, staff and volunteers, we are pleased to present the annual Quality of Care report. This report is an opportunity to showcase that we care about our community and our consumers, it also is an opportunity to highlight the challenges that PDH faces.

PDH staff and volunteers are dedicated and committed to improving the safety and quality of the care, treatment and service we provide to the community. There are examples of the excellent improvements achieved this year, such as planning a new Ophthalmology Service including outpatients and operative procedures, increasing the number of sessions to enable more patients to access local chemotherapy services, and developing good connections with our neighbouring health care providers to make sure patients can access highly level of care easily when needed.

We acknowledge that there are some complex areas that are difficult to address in a short time frame. We are working hard to recruit and retain a skilled workforce of Doctors, Nurses, Midwives and Allied Health staff but continually face the challenge of losing staff to the metropolitan areas. We now have a dedicated Board of Management subcommittee to look closely at how we develop and maintain our highly skilled workforce into the future as we recognise that to address this challenge is the key to ensuring we continue to provide safe high quality services.

In our strategic plan, we acknowledge that our skilled staff are the heart of our organisation, their dedication to lifelong learning is what allows us to meet our consumers and community's needs. This year we have been encouraging our consumers to tell us about the staff that have made a difference for them, because these are our role models to build our values around. We have received a fantastic response to this initiative and each person receives a personal letter acknowledging their commitment. We also showcase how they have made a difference by adding the story to the special book at our front entrance for everyone to read.

This year we have also been working on developing a comprehensive strategy to strengthen the health service response to family violence. This is a National issue that requires commitment from everyone in our community and we are committed to respond to the challenge. The One Million Stars to end Violence project was very well supported, starting many conversations across the community about recognising and acting on domestic violence. We easily reached our target of 10,000 Stars which have been sent for display at the Commonwealth Games.

Providing a safe, quality service underpins everything we do. We closely monitor care and service throughout the organisation, our Board of Management is focused on how well we care for our community and consumers. We have a comprehensive program of objective measures of the safety and quality of clinical services, including comparing our results with other high performing health services.

This year we continue to promote our it's OK to ask initiative, we invite consumers, carers and others to ask our staff those difficult questions. If someone feels like they are not improving or we are missing something we invite them to ask us and provide many ways to facilitate this, including by directly phoning the senior nurse on duty to discuss these concerns at any time. We know the importance of our consumers being the owners of their own health and wellbeing, it is the best consumer safety net we have, we are committed to inviting questions and answering them to ensure we are working together to achieve the best outcomes.

PDH is not just about our acute or bed based services, we are also committed to the health of our community members, and continue to work with our partner organisations to reduce the prevalence of chronic disease. We know the numbers of people that are obese or overweight in our community is higher than it should be and we are continually looking for innovative ways of tackling this very challenging issue. SEA (sustainable eating and activity) Change is our local program and the number of groups and initiatives being fostered by our passionate community members is making a difference. Our aim is to reduce the rapidly rising rates of obesity in our primary school aged children, to achieve this will touch nearly every member of our community into the future.

We would like to take this opportunity to congratulate the staff and volunteers at Portland District Health for making sure we surpass the expectations of our patients, consumers and community in providing the best services and care possible.

**Chris Giles**  
CHIEF EXECUTIVE OFFICER

**Michelle Kearney**  
PRESIDENT BOARD OF MANAGEMENT

## Vision, mission and values of Portland District Health

- Our Vision:** Our Community, Your Health
- We Value Wisdom:** We use knowledge, experience and understanding to make the decisions that matter.
- We Value Compassion:** We care about people – their safety matters above all else. Every person's need is different and is respected. Our service quality is second to none.
- We Value Courage:** We are fearless and courageous in making things happen, embracing opportunities and creating solutions.

## Our Commitments

- We Surpass:** Your experiences in our care will be safe and the highest quality they can be.
- We Connect:** Our collaborations, partnerships and relationships are vital to our success.
- We Learn:** Our skilled team are the heart of our organisation; they are dedicated to lifelong learning, allowing us to deliver high quality healthcare.
- We Create:** Discovering and developing innovative solutions is our way of delivering the best care we can.
- We Are Responsible:** We work hard to meet or exceed expectations and comply with what is required of us.

## Services Provided by Portland District Health

- Asthma Education
- Breast Care
- Cancer Support
- Cardiology
- Chemotherapy
- Community Nursing
- Community Rehabilitation
- Community Transport
- Continence
- Counselling / Psychology
- CSSD – Central Sterilisation
- Dermatology
- Diabetes Supply Scheme
- Diabetes Education
- Dialysis
- Dietetics
- District Nursing
- Drug and Alcohol
- Emergency Medicine
- Exercise Physiology
- General Medicine
- Geriatric Medicine
- Gynaecology
- Hospital Admission Risk Program
- Health Promotion
- Hospital In The Home
- Infection Control
- Lymphoedema
- Maternity Services
- Meals on Wheels
- Needle Exchange Program
- Nephrology
- Occupational Therapy
- Oncology
- Orthotics
- Palliative Care
- Pharmacy
- Physiotherapy
- Post-Acute Care
- Podiatry
- Medical Imaging
  - OPG / Cone Beam CT
  - Ultrasound
  - CT Scanning
  - General X Rays
  - Doppler Ultrasound
  - Mammograms
  - Fluoroscopy
  - Bone Density
- Residential Aged Care
- Respite Care
- Sleep Studies
- Surgical Procedures
  - Dental Procedures
  - Ear Nose and Throat
  - Endoscopy
  - General Surgery
  - Gynaecology
  - Obstetrics
  - Oral Surgery
  - Ophthalmology
  - Orthopaedic
  - Plastic Surgery
  - Urology
  - Vascular
- Speech Therapy
- Stress Testing
- Stomal Therapy
- Telecare
- Transition Care Program
- Volunteer Support Programs

## Other Services Provided at Portland District Health

- Dental
- Endocrinology
- Pathology

## In 2016-2017 Portland District Health

- Treated 6861 emergency presentations in the Urgent Care Centre
  - Performed 2235 operations
  - Performed 2482 CT examinations
    - Delivered 56 babies
  - Provided 11607 District Nurse visits
  - Provided 3030 Community Palliative Care visits
  - Delivered 4039 meals to clients in their homes
- Served 86417 meals to inpatients and Harbourside Lodge residents
  - Employed 427 staff

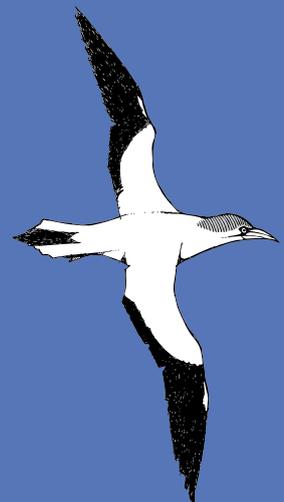
## Keynote Activities

- Launch of the 2017-2020 Strategic Plan
- Community fund raising activities: Community Market, Annual Golf Day
- Contributed 12,973 stars to the “Star Weave Community” as part of the One Million Stars to End Violence Project
- Commencement of a new Haematology service by Dr Jennifer Brotchie
- The opening of a public Ophthalmology service by Dr Robert Harvey
- Additional visiting services for Urology, Plastics Surgery and Orthopaedics
- The signing of a new Memorandum of Understanding with Dhauwurd-Wurrung Elderly and Community Services Inc
- The opening of the new learning centre – Ngathoo Wampa Tyama-Ki Teen (I Take Knowledge Here) – with the support from Gandel Philanthropy
- Sharing of our stories on Facebook with now over 1100 followers
- Over 50% of staff attended “Take a Stand” training as part of the organisational approach to responding to family violence
- SEA Change continues with an alcohol and drug preventative program developed
- All OH&S Reps have undergone the 5 day training for OH&S Reps as approved by WorkSafe

## Our Community Population Profile

According to the 2016 population data for Portland (source: Census Data 2016):

- 49.1% of the population are males
- 50.9% of the population are females
- 30.3% of the population completed year 12 or equivalent
- 26% of the population are engaged in volunteer activities
- 13% of the population are employed in health care and social assistance
- 7.6% of the population need help in their day-to-day lives due to a disability
- 2.7% of the population are Aboriginal or Torres Strait Islander persons
- 65% of the population are aged 18 to 69
- 11.2% of the population are aged 70 to 84
- 3.4% of the population are aged 85 and over
- 2% of people speak a language other than English at home



## Urgent Care Centre

On presentation to the Urgent Care Centre, a nurse will assess your medical condition and assign an “urgency” or “triage” category. There are five triage categories ranging from patients who require immediate resuscitation (triage category 1) to patients whose condition can safely wait up to 1 hour for medical assessment and treatment to commence (triage category 5).

If your condition requires more specialist investigation or care than can be provided at PDH, transfer may be required.

**The patient is responsible for the cost of ambulance transport.**



### Urgent Care Centre presentations 2016-2017 by triage category

Category	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Resuscitation	1	0	3	3	2	3	2	3	3	3	1	1
Emergency	68	41	57	44	71	64	60	70	48	45	62	42
Urgent	155	173	127	144	145	190	186	167	180	160	191	202
Semi-Urgent	296	284	253	244	269	282	370	293	306	293	237	223
Non-Urgent	58	61	54	56	59	77	106	56	103	63	61	74
TOTAL	578	559	494	491	546	616	724	589	640	564	552	542

### The number of transfers from the Urgent Care Centre in 2016-2017

Category	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Retrieval	4	1	5	3	2	1	4	4	8	3	2	1
Transfer	27	27	19	17	30	37	34	28	36	25	35	38
TOTAL	31	28	24	20	32	38	38	32	44	28	37	39

Retrieval is when a medical team providing specialist care during the transfer process is involved.

### What did you tell us about your experience in the Urgent Care Centre through the VHES Survey?

There were 4 key questions in the VHES Survey directly linked to the consumer’s experience in the Urgent Care Centre. Consumers who answered these questions gave a very positive response.

Question	Average Positive Response
How would you rate the politeness and courtesy of staff in the Urgent Care Centre?	100%
Do you think the amount of time you spent in the Urgent Care Centre was ok?	73%
Overall, how would you rate the care and treatment you received from your doctors in the Urgent Care Centre?	95%
Overall, how would you rate the care and treatment you received from your nurses in the Urgent Care Centre?	98%

Action from the survey results included communication to the community by the newspaper and social media on updated data of actual waiting times. Waiting times in the Urgent Care Centre are benchmarked and are shown to be within the Department of Health and Human Services timelines.

## Nurse Exchange Programs

Portland District Health Urgent Care Centre nurses have been involved in teaching and learning roles through their involvement in nursing exchange programs.

Heywood Rural Health nurses engaged in two days working alongside PDH nurses in the Urgent Care Centre, undertaking training with regular facilitated visits to the Royal Melbourne Hospital Trauma Centre.

PDH Urgent Care Centre nursing unit manager Deb Tozer said everyone was benefitting from the exchanges.

Approximately 12 Heywood Rural Health nurses worked at PDH for two days alongside Urgent Care Centre nurses to see how patients are assessed and how the centre operates.

Heywood has an Urgent Care Centre but doesn't have direct access to doctors after hours. The main aim of the program is to assist the nursing staff in developing assessment and treatment pathways for common presentations to Heywood Rural Health during these after hour periods.

"It's a way of refreshing their skills and improving their confidence on emergency patient assessment," Ms Tozer said.

The exchange also further consolidates the close working relationship between the two health services.

On the other side, PDH staff are spending time at the Royal Melbourne Hospital Trauma Centre to see how a busy metropolitan centre handles cases.

"It's all about sharing knowledge and resources and better understanding how things differ in different hospitals" Ms Tozer said.

"Urgent care nurses in small rural centres are often the first responders in time-critical emergencies and it is vital that we support best practice to ensure patients receive best quality care."



*HRH Nurse Training with PDH Staff*

## PDH Signposts Support for White Ribbon

Local health services are joining forces to promote the White Ribbon campaign to advocate for an end to violence against women.

Portland District Health, Western District Health Service, Glenelg Shire Council, Heywood Rural Health and Dhauwurd Wurrung Elderly and Community Health Service will be adding their voice to the White Ribbon Night community awareness campaign that encourages men to speak out and act to stop violence against women.

Portland District Health has signposted its support for the White Ribbon campaign by displaying a series of promotional posters advocating for an end to violence against women.

The posters call on people to take the White Ribbon Oath as a symbol of intention to ensure all women are treated with respect and to intervene safely when someone else doesn't.

The signs have been erected at the PDH Consulting Suites, Active Health Portland, the Urgent Care Centre entrance and the main entrance to Portland District Health.

Nearly 200,000 people have signed the oath.



*White Ribbon Campaign*

## Portland a Star in the Fight against Violence

Portland District Health challenged the local community to become a star in the fight against violence and build on PDH's involvement in the White Ribbon program which seeks to end violence against women.

PDH joined the One Million Stars to End Violence Project and achieved the status as a 'star weave community' by making a total of 12,973 stars.

A series of workshops were held to engage the community in the star making process.

Community Engagement and Fundraising Officer Carolyn Malseed said One Million Stars is a "community project about individuals, groups and communities joining in the conversation of ending all forms of violence across the world including violence against women, bullying and racism, and to weave one million stars by July 2017," she said. "There has been a lot of community spirit behind this project. It has been a lovely project to be part of and the support from the community and particularly several individual champions who came to the fore has been quite overwhelming. We pledged to make 10,000 stars and to go past that figure is a very impressive indication of the community support."

The One Million Stars project began in Brunswick Victoria, 2012 as a response to the rape and murder of a local woman. Since then, it has grown into an international weaving movement with stars being woven by communities in Australia, New Zealand, the Pacific Islands, Europe and the USA. The project organisers believe it is an opportunity to remind each other that we can do something about it and not feel paralysed. Every woven star reminds us that we have to make peace and safe spaces and that it doesn't just happen.

Stars were made of various materials including ribbon, magazines, newspaper, children's artwork, junk mail and others.



*Stars produced for the One Million Stars to End Violence Project*

The stars made locally will be part of an installation at the Gold Coast Commonwealth Games in 2018.



*One Million Stars Project*

## Great Tasting Food

Portland District Health's meals pass the taste test, as well as passing the Food Safety Audit with 100% compliance across all areas with no recommendations for improvements.

PDH Director of Corporate Services Ros Jones said food services supervisor Andre Wallace and the catering team deserved credit for the excellent outcome.

"The department has always fared well but this is the first audit where there haven't been any recommendations," Ms Jones said. "It's a great result and reflective of the hard work and dedication shown by Andre and his team."

"They work in a busy environment with constant deadlines to meet but are always up to the task."

Ms Jones said the meals which are supplied to the hospital, Harbourside Lodge and the Glenelg Shire Meals on Wheels service receive good feedback.

"We work closely with our dietitians to make sure the meals are nutritional and we regularly receive positive comments about their taste and preparations," she said.

## Great Tasting Water

Wannon Water and Portland District Health are partnering in a pilot project that will have broad benefits for community health and wellbeing.

The Great Tasting Water project aims to improve the taste of tap water at Portland District Health and encourage people to drink it as a healthy alternative to sugary drinks.

PDH Chief Executive Officer Chris Giles said the project was part of a campaign to work with the community to tackle health issues such as obesity.

Department of Health statistics show the rate of overweight and obese people living in the Glenelg Shire is 59 per cent – 10 per cent above the state average. In Portland, the rate of obesity has risen by 300 per cent in the past 30 years.

"As the largest local healthcare provider, Portland District Health is leading by example and plans to phase out sugary drinks in our facilities," Ms Giles said.

Wannon Water's General Manager Service Delivery, Ian Bail said the pilot project tied in with Wannon Water's corporate vision of "going beyond water for stronger communities".

"Portland's water is supplied from deep groundwater bores and although it is of high quality, we acknowledge there are low rates of customer satisfaction with the taste," Mr Bail said.

"We want to support Portland District Health in taking a leadership role on reducing community obesity by improving the taste of its drinking water supply at current pricing levels and eliminating the need for the purchase of bottled water."

Ms Jones said auditors from the Department of Health were impressed by the high standards of food safety practices.

"It is obvious that serving good safe nutritional meals to patients and residents in your care is of a high priority at Portland District Health," the audit stated.

Mr Wallace said the team of 23 makes sure meals are nutritious and tasty and delivered on time and prepared in a spotless kitchen.

"We have a good team environment and everyone is passionate about working in the industry," he said.



*Sampling water at the project launch*

The project will involve an upgrade of Portland District Health's existing water filtration plant which has until now been used to supply sterilisation and disinfection processes. The normal town supply will be blended with this filtered water to produce great tasting water, encouraging more staff and patients to drink it. It is anticipated the improved water will also extend the life of Portland District Health's infrastructure, resulting in financial savings.

Two drinking water fountains will also be installed outside Portland District Health allowing members of the public to "choose tap water" by refilling their own water bottles when they are out exercising or walking past.

The project launch included a taste test where Portland District Health employees and patients were able to sample a variety of filtered water blends to determine what "great tasting water" meant to them.



*Catering Team*

# Partnering with Consumers

## Patient says PDH Nurses Saved his Life

Portland District Health patient Jim Ralph had good reason to make a trip to the hospital to say thanks to nurses. "They saved my life," he says.

Mr Ralph has had a year he'd sooner forget when it comes to bad health. "For the past six months I've been having trouble," he said.

He spent 15 days in Geelong hospital after having his gallbladder removed. "I had very bad pains in my chest and have had previous heart troubles but the blood test showed I hadn't had a heart attack," he said.

He was flown to Geelong where it was discovered a gallbladder problem was causing the pain and an operation was needed. However, because he was on blood thinner medication they had to wait and Mr Ralph returned to Portland before going back to Geelong for the operation.

"They took it out and said it was one of the worst they'd seen," Mr Ralph said.

The complications continued as Mr Ralph remained in hospital 15 days when blood tests showed he had an infection. He returned home to Portland but it wasn't long before he started feeling sick.

Tests at PDH showed there was blood in his stomach and after a CT scan found he had an abscess, he was returned to Geelong.

Another 10 day stint in Geelong hospital followed before he returned to Portland with a drain and a bag attached to remove pus from the abscess.

"After they took out the drain I started to get really sick," Mr Ralph said. "I couldn't breathe and I passed out. I was gone."

He was rushed to PDH and Mr Ralph's wife Janice and two daughters were called to the hospital. "The doctor said they didn't think they could save me; you'd better come to the hospital," he recalled.

He had developed fluid in his lungs, but nurses led by North Ward Nursing Unit Manager Janice Baynes attached him to a BiPAP machine, a non-invasive ventilator which helped to inflate his lungs and remove the fluid.

"Here I am; living proof that they did the right thing and saved me" Mr Ralph said.

"I woke up and my wife and daughters were crying and I said, what's wrong with you, I'm all right."

"Without that machine I was dead."

Four weeks after another operation in Geelong to remove the abscess, Mr Ralph returned to PDH to personally thank the local nurses.



*Jim Ralph*

"I just said I'd be dead without them. I think they appreciated it. It's only a small hospital, but they're on the ball."

He was also impressed by the visiting District Nurses who cared for him at home.

Mr Ralph says the care at PDH couldn't be matched and he's now returning to good health, although he has dropped from 84 to 66kgs.

"I'm feeling really good. I'm up and about and starting to do things again. I'm better than I've been for six months."

Ms Baynes said Mr Ralph had been admitted and became acutely short of breath which rapidly progressed to an unconscious state and led to a code blue emergency response.

"He had an acute pulmonary oedema episode which means a rapid build-up of fluid in the lungs," she said.

Resuscitation consisted of oxygenation and airway maintenance, the use of intravenous medications to decrease the fluid and once rousable the use of a BiPAP machine to assist his breathing and help disperse the fluid from his lungs. BiPAP or CPAP is a machine that provides positive ventilatory pressure to help open up the lungs for better oxygen transfer in the body.

After several hours of BiPAP and continued medication infusions, Ms Baynes said Mr Ralph "was awake and giving cheek again".

He was transferred to Geelong the following day for further investigations and cardiac care.

"James walked himself up the stairs and into the ward to thank the nurses for saving his life," Ms Baynes said. "We were all very happy to see him looking so well and active."

## Transition Care Program

Returning home was a top priority for Beryl Kinghorn after having a hip operation in Adelaide last December.

Mrs Kinghorn was firstly keen to get back to Portland, her home since 1971, and was able to return to Portland District Health a week after her operation.

Six weeks later the next phase of her rehabilitation and return to a normal home life happened thanks to PDH's Transition Care Program. When Mrs Kinghorn was allowed to go home her care continued.

The Transition Care Program helps people to regain their independence and confidence as they recover from an acute illnesses while giving families time to decide if long-term care arrangements are needed for their loved ones.

The program uses a strong therapy focus with support from physiotherapists, occupational therapists and dedicated nurses and can help with shopping and other appointments, home help services and Meals on Wheels if required.

Mrs Kinghorn said she had made a good recovery from surgery and appreciated the support provided by the Transition Care Program.

"It made it a lot easier for me to return home. The specialist gave me the all clear. I use a walking stick to get around outside but otherwise I'm ok to walk around my home." she said.

She has now settled into her usual home life.

Mrs Kinghorn had a similar operation about five years ago before the Transition Care Program was introduced and said the recovery process was much easier this time around.

After the 12-week program which involves hospital and home-based care, patients/clients and their families are in a better position to decide on long-term care.

The program is aimed at older patients at the end of their acute and sub-acute hospital stay who require more time to recuperate and regain confidence before going home or into care.



*Right: Beryl Kinghorn*

## Laparoscopic Procedure a First for a Public Hospital

A Broadwater woman has made a quick recovery after becoming the first person to be operated on at a public hospital in Australia with a new range of miniature instruments.

The procedure using Percuvance laparoscopic, or keyhole, instruments was carried out by visiting Warrnambool surgeon Mr Phil Gan at Portland District Health.

Patient Teresa Herring said she had made a better than expected recovery after having her gallbladder removed with only one camera port and two of the Percuvance instruments.

"Within 12 hours I felt I could have gone home and I was up and pottering around the house a couple of days after the surgery," she said.

Ms Herring said she had some aches after the surgery but nothing to do with the wounds. "I couldn't even work out where they were."

Laparoscopy is where abdominal operations are performed using a type of camera called a laparoscope to see inside the abdomen. The surgeon looks at a television monitor and the internal organs are operated on using long instruments which the surgeon controls from outside the body. These instruments enter the abdomen through laparoscopic ports.

Mr Gan said patients recover from laparoscopic surgery much faster and have less pain and smaller scars than from traditional laparotomies, where surgeons make a large incision and operate inside the abdomen.

Mr Gan has become the first surgeon in Australia to use this new equipment to further minimise the port incisions. "Usually one bigger port is needed to insert a camera and for organ removal, but there is a lot of scope to make the other incisions much smaller," he said.

"The bigger incision you make, the more it hurts, so we are reducing the number of incisions and using smaller ports."

Mr Gan has recently introduced the Percuvance instruments made by USA-based medical device company Teleflex. They are 2.9mm in diameter and are inserted through a tiny skin incision without a port. After insertion into the abdomen, the tip of the instrument is brought out through the camera port and the surgeon can choose from a range of normal sized laparoscopic instrument tips to attach to the tip. This is then pulled back into the abdomen and used like a normal laparoscopic instrument.

The Percuvance has a cross sectional area which is about 12 per cent of the smallest standard laparoscopic port. "The incisions don't even need to be stitched," Mr Gan said.

The range of devices has been released through selected centres in the USA, then Europe.

Mr Gan became the first person to use them in Australia at private hospital St John of God Warrnambool and Portland District Health. South West Healthcare has also approved use of Percuvance.

Mr Gan has been operating in Portland for about three years and said he appreciated its support for surgical innovation and technology.

"Portland is an important part of my practice in providing a timely service to public patients and the theatre staff are very professional and supportive," he said.

Mr Gan hopes to introduce the minimally invasive approaches for other surgical procedures, such as bowel resections, hernia repairs and weight loss surgery.

"If we can get patients recovering faster, it's good for the patients and for healthcare delivery," he said.



*Teresa Herring and Phil Gan*

## Interpreter Services

2% of the population of Portland speak a language other than English at home.

Portland District Health (PDH) has an accredited interpreter service to ensure equity of access for consumers from non-English speaking backgrounds. The interpreter service is free and is available to everyone using a service at PDH. Information brochures are also accessible in different languages.

## PDH Rates Highly in Victorian Healthcare Experience Survey

If you have been admitted to Portland District Health (PDH) during 2016-2017 you may have been asked to complete the Victorian Healthcare Experience Survey. The survey seeks to discover the experience of people over the age of 16 who have been discharged from our health service during this time. Of the people who were sent the survey, an average 33% completed and returned the survey.

The Victorian Healthcare Experience Survey (VHES) shows PDH recorded some of the best results in the state and made significant improvements over the previous year.

In every category PDH was above the state average, in some cases by more than 32 per cent.

PDH's nurses were singled out for particular praise with 100 per cent of adult inpatients saying the care and treatment they received from nurses was good or very good, compared to a state average of 96.4 per cent.

Overall care received good or very good ratings from 98.5 per cent of patients, compared to a Victorian average of 93.2 per cent.

CEO Chris Giles said the results reflected PDH's commitment to providing safe high quality care.

"The results of the VHES are something we look at carefully every quarter as they provide a good indication of how our patients experience our services," Ms Giles said.

"We use this feedback to refine and enhance our programs and are reassured when they come back consistently high."

PDH excelled in comparison with local rural hospital peer groups, with 96.2 per cent of patients saying they were not bothered by anything during their hospital stay compared to the local rural average of 87.8 per cent.

Patients also praised their opportunity to talk to nurses and said they had sufficient information about managing their health at home.

A total of 85.1 per cent of patients said they were involved in decisions about their discharge compared to a state average of 57.7 per cent.

PDH's cleanliness was also singled out for praise with 95.7 per cent of patients saying the toilets and bathrooms are very clean, compared to a state average of 66.3 per cent.

PDH had made significant improvements in making arrangements for services on discharge, seeking permission if students accompanied a health professional and explaining the purpose of treatments before they were administered.

## Adult Inpatient Victorian Healthcare Experience Survey

PDH excelled in the survey with 98.5% of people admitted rating their experience as "very good" or "good".

Patients were very satisfied with most aspects of their stay at PDH, with particular reference to:

- Politeness and courtesy of UCC and admission staff
- The amount of information received regarding their hospital stay
- Care and treatment received by doctors and nurses in UCC
- Emotional support received during their stay
- Pain management
- Explanations regarding the delay in their discharge
- Patients were treated with respect and dignity

In completing the survey, our patients told us that when it was time to be discharged, sometimes there was a delay due to waiting to see a doctor or waiting for prescriptions for medication.

Most patients indicated they had to wait for 1 to 2 hours, however, the reason for the delay was adequately explained.

Patients also told us that they were given enough information about their care when they got home, and arrangements were made for additional services once they got home.

Areas identified for improvement included:

- The involvement of family in your care and the opportunity to talk to staff
- Discharge processes and the need for other services
- Staff explanation why you needed test(s) in a way you could understand
- Staff explanation of the results of the tests in a way you could understand
- The opportunity to talk to a doctor if you need to

## Community Health Victorian Healthcare Experience Survey

In 2016-2017 Portland District Health participated in the Community Health Victorian Healthcare Experience Survey. This is the first year the Community Health Survey has been undertaken across the state of Victoria.

This survey is designed to get feedback on a client's overall experience with a community health service rather than a specific program. The focus of the survey is clients 16 years and older, who receive community and primary health services either on-site at Portland District Health or through outreach programs within the last 6 months or less.

Community based and primary health services that are the focus for the survey include:

- Allied health and diabetes education
- Alcohol and drug rehabilitation services
- Community health program
- Community health nurses
- Complex care and chronic disease care
- Counselling
- District nursing

Portland District Health had a 16% response rate (360 questionnaires were sent out and 56 people responded) with an overall positive experience rating of 96%.

Recipients of Community Health Services were very happy about the following aspects of their care:

- health workers considered all needs such as health, culture, living and family situation, age
- how easy it was to make an appointment
- the politeness and helpfulness of the reception staff
- felt physically safe at the health service

Areas identified for improvement included:

- privacy for consumers at the reception area
- consistency of information received from different health carers
- the number of times when consumers had to repeat information that should be in their medical record
- not enough information about the cost for the health service

## Consumer Participation

To Portland District Health, participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community.

It is about having your say, and listening to the views and ideas of others. In working together, decisions may include a range of perspectives.

## Consumer Advisory Committee

The responsibilities of the committee are to:

- Promote the value of consumers, carers and community participation in the delivery of services at PDH
- Identify and advise the Board of Management on priority areas and issues requiring consumer participation
- Participate in relevant organisational opportunities
- Promote communication between PDH, consumers, carers and the community
- Advise on publications provided to the community

In 2016-2017, the following people have been involved in the Consumer Advisory Committee:

- Anita Rank – Board of Management representative, Portland District Health
- Ann Miller – Board of Management representative, Portland District Health (commenced December 2016)
- Hayley Dunning – Glenelg Shire Council Youth Officer (commenced October 2016)
- Fr Greg Tait – Ministry representative
- Ellie Lane – Volunteer representative
- Tiana Richardson – Maternity representative
- Julie Rogers – General patient representative
- Janice Huggers – Aboriginal community representative
- Judy Compt – Seniors and Veteran representative
- Ken Osborne – RSL and Veteran community representative
- Kimberly Carr – Aged Care Residential Sector and Youth representative
- Carolyn Malseed – Community Engagement Officer, Portland District Health
- Annette Hinchcliffe – Quality Officer, Portland District Health
- Claire Holt – Health Information Manager, Portland District Health

The Portland District Health (PDH) Consumer Advisory Committee met six times during 2016-2017.

The Consumer Advisory Committee is an advisory committee to the Board of Management and provides a central focus for all strategies relating to consumer involvement across PDH.

Members of the Consumer Advisory Committee range from the ages 23 to 80, thus covers the views of a myriad of people to ensure the health service continues to improve.

During its five years of operation, the committee has had a positive impact on the health service and influenced many outcomes to improve service for consumers.

It has been active on car parking, signage and health literature issues.

PDH aims to have representation from a broad cross section of the community on the committee.

The committee looks at service delivery issues that affect consumers and visitors.

Ms Rogers says it has had a significant impact. She came to the committee after lodging a complaint about PDH, but now her opinion has totally changed.

“The hospital is 1000 times better,” she said. “I’ve been to many hospitals and this is the best. There have been a lot of little improvements but they all add up to a better place.”

The members are happy to hear concerns from the community.

## Committee Works on Parking Issues

The Consumer Advisory Committee hopes to make it easier for consumers to park while accessing services.

The committee has been actively pursuing improvements to parking around PDH and has released details of special parking opportunities that can ease the burden on visitors.

The PDH parking map shows where people can park, including disabled parking, drop off points, permits for dialysis and chemotherapy patients, and other access points.

The committee helped to introduce parking passes for people undergoing chemotherapy and dialysis treatment. The passes approved under a joint PDH and Glenelg Shire Council initiative allow patients to stay in the two-hour parks close to the PDH entrance for up to 24 hours and not be fined.

Quality Officer Annette Hinchcliffe said the committee was working

“We want to make sure RSL members and the wider community have access to the right treatment,” Mr Osborne, 80 said. Ms Compt joined to represent the rights of older people.

The youngest member, Ms Carr, 23, actually joined when her grandmother went to Harbourside Lodge, but is now happy to bring a youthful perspective on needs.

Ms Richardson joined the committee because she wants a good hospital for her family and the wider community.

with PDH management to ease the pressure on parking.

“We understand that parking can be an issue and want to have the best options available to all people who attend PDH,” Ms Hinchcliffe said.

“There are a number of parks designated for disabled drivers, along with drop-off points near the Urgent Care Centre and the Consulting Suite to make access as easy as possible for people with mobility issues.”

Car parking around PDH is regularly monitored by council staff and PDH to ensure people are not misusing designated disabled and drop-off zones.

The parking map will be included in the new patient information handbook.



*Consumer Advisory Committee*

# Aboriginal and Torres Strait Islander People

Portland District Health's goals and strategies for improving the cultural responsiveness and safety for Aboriginal staff, patients and families include:

- Encourage and identify how PDH can improve employee self-identifying as Aboriginal and or Torres Strait Islander origin.
- Display of local Aboriginal artwork throughout PDH public areas.
- Acknowledgement of Traditional Owners and respect to our elders past and present displayed in entrances/foyers
- To provide resources for supervision, mentoring, cultural awareness training and project management.

Portland District Health offers all Aboriginal & Torres Strait Islanders the option to have an Aboriginal Hospital Liaison Officer (AHLO) from their chosen local Aboriginal Organisation support them whilst they are in attendance at Portland District Health.

The revised Memorandum of Understanding between Portland District Health and Dhauwurd- Wurrung Elderly and Community Health Services Inc. offers a 24 hour service 7 days per week. This Memorandum of Understanding allows consumers to have the support of an AHLO for their hospital admissions, Urgent Care Centre presentations, outpatient appointments, Day Stay Admissions, and throughout all departments of Portland District Health.

The Portland District Health Aboriginal & Torres Strait Islander (ATSI) Patient Liaison Officer will make contact with consumers, welcome them, provide a complimentary toiletry bag and support them as required.

PDH is proud to fly the Aboriginal and Torres Strait Islander flags next to the Australian flag at our main entrance



*Chris Giles, CEO and John Bell, CEO of Dhauwurd-Wurrung Elderly and Community Health Services Inc signing a new memorandum of understanding (MOU)*

## Aboriginal Public Sector Employment

The Portland District Health Aboriginal Employment Plan 2016-2019 is aligned with Kareeta Yirramboi – the Victorian Government's plan to improve public-sector employment and career development outcomes for Aboriginal people. PDH have increased the Aboriginal employment target to 2.5%, which is above the Department of Health and Human Services 2% goal. Currently 1.5% of the workforce, identify as Aboriginal or Torres Strait Islander.

PDH goals and strategies for achieving Aboriginal employment include:

- Actively seek funding to implement traineeships/apprenticeships/scholarships for Aboriginal & Torres Strait Islander people which will be advertised internally and externally.
- Ensuring the Aboriginal & Torres Strait Islander Workforce Officer is on interview panels with a known Aboriginal & Torres Strait Islander applicant.
- Ensuring all Aboriginal & Torres Strait Islander employees have career development plans, encouraging up-skilling.
- Identify and promote positions for Aboriginal & Torres Strait Islanders at PDH.
- Establish partnerships with TAFE, Registered Training Organisations and Secondary Schools.
- Develop workforce culture and environment that supports and maintains the employment of Aboriginal people.

# Celebrating our Volunteers

Portland District Health has 132 active volunteers who have contributed an average of 721 hours per month during the past financial year. Activities by volunteers included patient and administration support, delivering meals, client transport, activity support in aged care, Telecare and involvement on committees and with events.

PDH held two official functions in appreciation of the work of volunteers. During National Volunteer Week in May a morning tea was held, and an end of year get together celebrated International Day of the Volunteer. At these events members of the executive team and Board of Management interacted at the service to the volunteers. These functions were well received and attended by our volunteers.

## Portland District Health Total Volunteer Hours for 2016-2017

Service	Totals Volunteer Hours
Telecare	<b>340</b>
Community Transport	<b>2030</b>
Harbourside Lodge	<b>1450</b>
Meals on Wheels	<b>2876</b>
Hospital	<b>1014</b>
Palliative Care	<b>74</b>
Consumer Advisory Committee	<b>78</b>
Committee meetings (other)	<b>175</b>
Portland Therapy Dogs	<b>120</b>
Events	<b>577</b>
<b>Total hours for the financial year</b>	<b>8656</b>
Average volunteer hours per month over 12 months = <b>721</b>	

## Years of Service – Volunteers 2016-2017

### 30 years

- Ellie Lane
- Lyn Buchanan

### 20 years

- Heather Buckley
- Josephene Simpson
- Lodge of Memories
- Portland Rotary Club Inc
- Kevin Phillips

### 15 years

- Pat Barker
- Judy Dolheguy
- Linda Kenna
- Jeff Klar
- Ida Tevelein
- Irene Worwerk

### 10 years

- Jeanette Beaglehole
- Huon Beaglehole
- Ken Bridgewater
- Graeme Hayes

### 5 years

- Alan Ford
- Portland Bay School
- Uniting Church Group
- Dennis Hilder
- Kathleen Lewis

Portland District Health extends sincere thanks to all their volunteers. Patients, clients and staff all appreciate the time and effort they contribute.

## New Equipment Purchased with Thanks to the Support of the Portland Community

- Wheelchair
- Wheelie Commode Chair for Palliative Care
- Flexible cystoscope for Urology Surgical Service
- New air chairs for Harbourside Lodge
- “Random Act of Kindness” gift cards for cancer patients
- Wig Stands in the Cancer Nurse Office
- Specialised bed for Community Palliative Care patients
- Holter Recorder – Cardiac monitor
- Ophthalmology equipment
- Carescape Patient Monitors for the Operating Suite and Urgent Care Centre
- Laryngoscope – Anaesthetic Equipment
- Barkey S Line for Standard Infusion – fluid warmer
- Alaris Pump
- Three new beds for the Urgent Care Centre
- Mattress for South Ward
- Floor Polisher
- 2 Nonin Observations machines and stands
- Air Mattress and 2 pressure relieving mattresses for Sub-Acute Ward and North Ward

## Telecare

Jeanette Beaglehole has had a lot of “delightful conversations” over the past few years as a volunteer for Portland District Health’s Telecare program.

The people on the end of the line are the ones benefitting from the call, but volunteers like Mrs Beaglehole also enjoy their morning chats.

Telecare is a free telephone service providing reassurance and social support to an average of 20 Portland district people. It operates every weekday except public holidays between 8.30 and 10am and provides a friendly “good morning” call from a trained volunteer. If the participant fails to answer the phone, the coordinator implements a pre-arranged procedure to monitor their wellbeing.

Mrs Beaglehole said the callers form strong relationships with the Telecare clients.

“You get to know the people and have some delightful conversations,” she said.

“We go through a few regular conversation points to make sure they are okay, but they also like to know that we’re going well.”

The phone calls only take a few minutes but they provide an important sense of reassurance for the residents and their families.

“It is one of the services that help people to stay in their homes for longer,” Mrs Beaglehole said.

“They really appreciate the friendly calls and it’s a nice and easy way to check on things.”

Mrs Beaglehole has been a PDH volunteer for about nine years and also contributes to palliative care and helps each Thursday with other long-term volunteers in taking a kiosk trolley and flowers to hospital patients and helping with filing.



*Jeanette Beaglehole – Telecare volunteer*

There are now 11 volunteers supporting the program with daily calls to Telecare recipients. Telecare averages about 2200 calls per year.

The service invites people to join the volunteers delivering this valuable service to our community.

If this service would be of benefit to you, a family member or friend, please contact the Volunteers Coordinator, Trish Rawlings on 5522 1402.

## Two New Life Governors for PDH

Two volunteers, including one former GP, have been made life governors of Portland District Health.

Dr Geoff Hitchman and Heather Burton received the honours at Portland District Health's annual meeting in November 2016.

A life governorship is PDH's most prestigious honour and is made available to people who have made outstanding and continued contributions to the organisation.

Dr Hitchman practiced medicine as a proceduralist GP for 25 years at Portland District Health and has since continued in a voluntary role.

CEO Chris Giles described Dr Hitchman as a great role model and said recognition of his service commitment to Portland District Health and the community was long overdue.

Dr Hitchman retired as a GP many years ago but still regularly assists the education team by playing a patient role with simulated teaching.

"Geoff's commitment to educating the workforce of the future and the knowledge he shares of rural medicine and his experience as a GP is invaluable, and a powerful recruitment incentive to the student workforce," Ms Giles said.

Mrs Burton has been a long standing volunteer firstly with the Portland and District Community Health Centre and then, after amalgamation, with Portland District Health.

She started as a volunteer for the Telecare program in 1983 and remains part of a dedicated team who make phone calls to provide reassurance and social support to Home and Community Care clients living at home.

In 1996 Mrs Burton started volunteering with Portland Community Transport Program as a volunteer driver taking patient to medical appointments or access community services. She continued in this role for 10 years.

In 2015 Mrs Burton undertook an intensive nine-week program to become a Community Palliative Care Volunteer and continues to take on that role with compassion and empathy.

More recently she has been an active committee member of the Portland District Health community market.

Ms Giles said both Dr Hitchman and Mrs Burton had made significant contributions to the local community.

"We thank both volunteers for the endless hours they have given to the community and Portland District Health," she said.



*From Left: Chris Giles (CEO), Dr Geoff Hitchman, Heather Burton, Michelle Kearney (President PDH Board of Management)*

## Comfortable Chairs for Harbourside Lodge Residents

Three new air-chairs at Harbourside Lodge are making life more comfortable and flexible for residents, thanks to support from United Way Glenelg.

The new chairs were purchased through the Lewis Court Fund, which is administered by United Way Glenelg.

Nurse Unit Manager of Harbourside Lodge, Caroline Langford, said residents and their families were appreciating the chairs.

"It gives them easier access to outside and into the community and they're much more comfortable," Ms Langford said. "They're the first of their type that we've had at Harbourside Lodge and they're very user friendly."

The chairs feature extensions to fit all sizes. They can also be pumped higher and can recline into a bed for residents or can be set upright for eating at the table.

They are particularly helpful for residents unable to sit in a conventional chair.

Ms Langford said they featured hydraulics so they are easy to move with no strain on visiting family members, staff and volunteers.

"The residents and families are very happy with them; they are being used every day," Ms Langford said.

United Way Glenelg Executive Officer Nicole Angelino said the Lewis Court Fund is providing a unique opportunity to address the challenges facing an aging population in the Glenelg Shire both proactively and innovatively.

"Older people offer rich life experience, well-honed skills, knowledge and wisdom; qualities that significantly contribute to our community," Ms Angelino said.

"The chairs are proving an opportunity for older people to participate in the community and bring joy to their day."

The legacy of Lewis Court Home for the Aged continues with United Way Glenelg selected as custodians of the division of funds from the sale of the Lewis Court facility in 2013.

The Lewis Court funds support senior citizens in the Glenelg region to enhance care to the aged.



*Harbourside Lodge Residents testing out the new air-chairs*

## Wig Bank to Ease Distress of Hair Loss

Hair loss during cancer chemotherapy can be one of the most upsetting aspects of treatment due to its obvious visibility.

Now Portland District Health is helping patients to ease that distress with the creation of Portland's first wig bank.

Cancer patients are now able to choose from 16 different synthetic wigs in the Portland District Health wig bank.

Cancer support nurse Brooke Kelly said it was the first time a wig bank has been offered in Portland and it would save cancer clients from travelling to Warrnambool or beyond.

People accessing the service need to be a registered cancer client with Ms Kelly and need to be undergoing chemotherapy.

"We can make an appointment to try on different kinds of wigs and if they find something they're happy with we then give them education around how to care for it," Mrs Kelly said.

People accessing the wig bank will need to sign a consent form and pay a \$50 deposit hire fee which is refunded when the wig is returned.

It's something cancer clients have been asking about, particularly members of the support group," Mrs Kelly said.

She said that people undergoing chemotherapy go through many physical changes, including hair loss. "Their hair is an important part of their identity. This service means they can borrow something to help them feel better about themselves until their hair grows back."

The wig bank has different styles in long, medium and short lengths in grey, brown and blonde.

"We've tried to cover all different styles and types of hair," Mrs Kelly said.

Male wigs could be purchased if there was demand.

The wig bank has been supported by the Portland RSL Memorial Bowling Club Ladies Sub Section and Liz Farnsworth, Sheryl McCubbin and Sue Holmes have donated wigs they no longer need.

They are synthetic wigs, the most commonly used in wig banks.

For more information on the wig bank feel free to call Mrs Kelly on 5521 0674.



*Brooke Kelly & Ellie Lane holding the Women's Service Club \$500 Donation*

# Quality and Safety

## Feedback

Portland District Health (PDH) values consumer participation and encourages both positive and negative feedback. PDH aims to reassure you that your feedback is welcome and will be responded to fairly and in a timely manner. Consumer feedback is seen as an essential part of understanding your experience and provides information to PDH to support improvement in the delivery of services to our community.

Feedback may be received in a number of ways, including:

- Direct to PDH verbally or in written format via
  - comment forms
  - satisfaction surveys
  - service evaluation
  - Consumer Advisory Committee
  - e-mail
  - PDH website
  - meeting with a staff member
- Via the Health Complaints Commissioner

### Compliments and complaints recorded in 2016-2017

- 165 compliments
- 89 complaints

Category	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Compliments</b>	10	17	13	10	11	16	3	18	29	14	18	6
<b>Complaints</b>	11	9	11	5	2	4	7	5	5	11	7	12
<b>Acknowledged within 5 Days</b>	3	4	7	4	2	2	3	3	2	4	2	4
<b>Open &gt; 30 days</b>	8	9	5	10	8	5	5	8	6	12	12	11

#### Action taken as a result of consumer feedback includes:

- Improved signage of disabled toilets
- Review of family involvement in the Escalation of Care procedure
- Review of the payment process for private patients
- Review of the patient handbook – to include all services
- Review of parking and the printing of parking map
- Targeted education to staff
- Review of policies and procedures
- Wannon Water project
- Introduction of new staff roles

## People Matter Survey

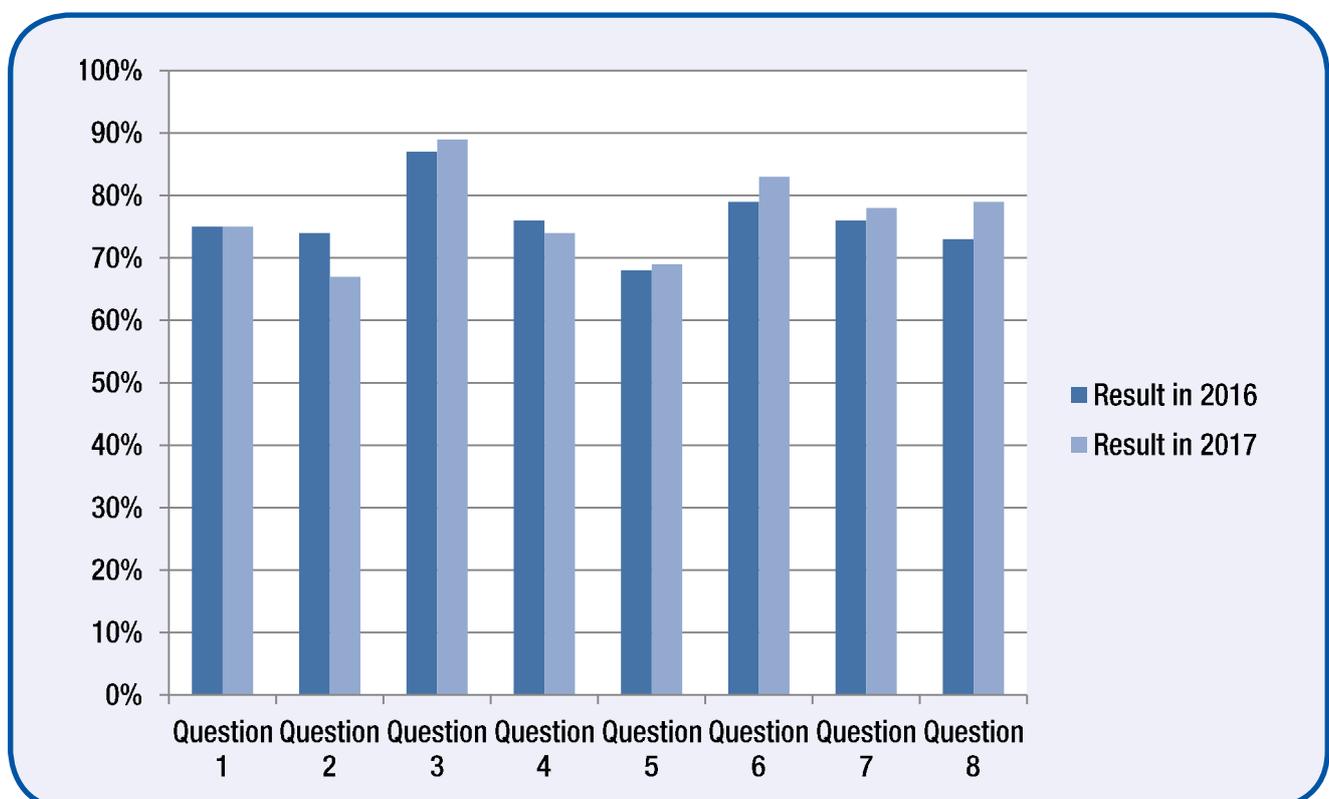
Portland District Health staff participates annually in the Victorian Public Sector Commission, People Matter Survey.

The People Matter Survey captures employee perceptions of their workplaces in the Victorian public sector. It is an important way of measuring organisational culture and features of the work environment.

The survey asks employees about how well Portland District Health:

- **Upholds the public sector values:** integrity, impartially, accountability, leadership, respect, responsiveness and human rights.
- **Upholds public sector employment principles:** merit, fair and reasonable treatment, equal employment opportunity, avenues of redress, and career public service.
- **Engages with their employees**
- **Addresses discrimination and bullying**

### Results from PDH People Matter Survey on patient safety culture 2016-2017



#### The key questions for staff to answer are:

1. Patient care errors are handled appropriately in my work area
2. This health service does a good job in training new and existing staff
3. I am encouraged by my colleagues to report any patient safety concerns I may have
4. The culture in my work area makes it easy to learn from the errors of others
5. Trainees in my discipline are adequately supervised
6. My suggestions on patient safety would be acted upon if I expressed them to my manager
7. Management is driving us to be a safety-centred organisation
8. I would recommend a friend or relative to be treated as a patient here

## Accreditation Status

The accreditation process provides a framework for health services to ensure they deliver safe, high quality health care to established standards for their patients/clients/residents. It is a continuous improvement process by which the achievement of standards must be demonstrated by means of an independent external peer assessment.

Accreditation is a mandatory process for all Victorian public acute health services and all providers of residential aged care services.

Portland District Health participates in a number of comprehensive accreditation programs.

Accreditation Authorities	Status
Australian Council on Healthcare Standards (ACHS)	Periodic review was completed with full compliance in 2016. An Organisational Wide Survey will be undertaken in August 2018.
Commonwealth Home Support Program	Full accreditation achieved in June 2017.
Aged Care Standards Accreditation Agency (ACAA)	Full accreditation achieved in August 2015 for a three year period.
National Association of Testing Authorities (NATA)	May 2016, four year accreditation in the Medical Imaging Department.
Post graduate Medical Council of Victoria (PMCV) Accreditation	Achieved accreditation June 2016.

## Adverse Events

Portland District Health (PDH) utilises the Victorian Hospitals Incident Management System (VHIMS) – a central, online register used to report incidents, consumer feedback and quality improvement activities.

A review of the Adverse Events Policy has been undertaken to ensure incidents are managed in accordance with best practice, as well as legislation and regulatory reporting requirements.

All incidents with an Incident Severity Rating (ISR) of 1 and 2 are managed in accordance with the Open Disclosure Guidelines. Open Disclosure ensures there is open communication with patients and their families. The Incident Severity Rating is determined by the level of impact / harm caused.

## Preventing and Controlling Healthcare Associated Infections

Healthcare acquired infections are infections which patients contract whilst in healthcare facilities. Each year millions of people worldwide are affected by HAI's, at the least half of these are thought to be preventable. Through monitoring and surveillance, we can identify any problems, review and improve our infection prevention and control strategies. The data from infection rate indicators are mandatorily reported externally each month to VICNISS (Healthcare Associated Infection Surveillance). This plays an important role in assisting PDH to improve infection control practices. During the 2016-2017 surveillance period, no episodes of Staphylococcus aureus bacteremia's were identified at PDH.

The Infection Control Department works collaboratively with all areas of the health service to provide information and implement changes that enhance patient outcomes by preventing the acquisition and spread of HIA's.

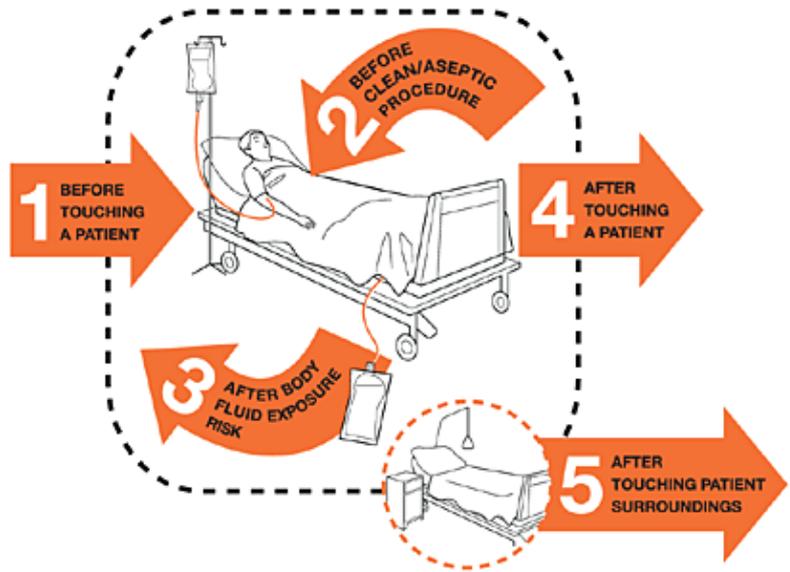
The Infection Control Department continues to partner with consumers such as disability support services, schools, medical clinics and community support groups in providing education, resources and support to various community groups within the region. This partnership ensures the continual sharing of knowledge on current infection control practices with the aim of keeping our community a safe place in which to live.

# Hand Hygiene

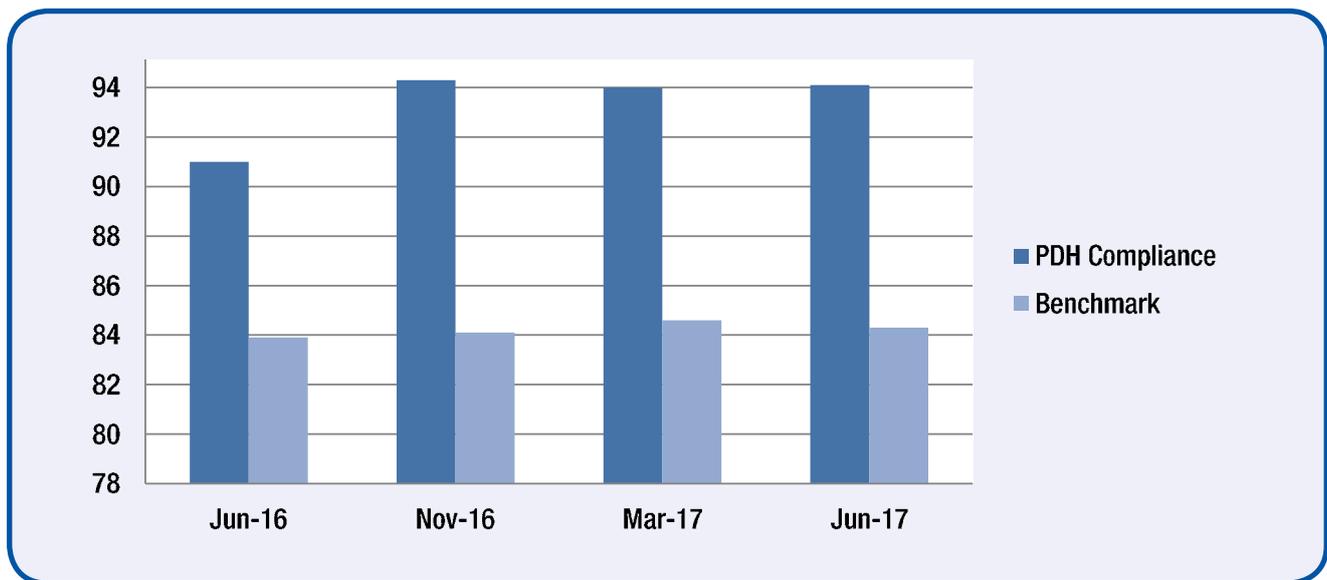
Hand hygiene is the single most effective method of intervention for preventing healthcare associated infections and reducing the transmission of infections. Portland District Health is actively involved in the global hand hygiene initiative called the Five Moments of Hand Hygiene, which was launched by the World Health Organisation in 2005.

**PDH consistently achieves compliance rates above the National average bench mark of 80% which all health services are expected to achieve.**

## Five Moments of Hand Hygiene



## Hand Hygiene Compliance Rates for 2016-2017



Hand hygiene product usage continues to significantly increase each year, with access to alcohol based hand rub products at all points of entry throughout Portland District Health and at the patient bedside. High hand hygiene product usage indicates that this has been a valuable addition to the hand hygiene program.

Visitors to Portland District Health also assist in reducing the transmission of micro-organisms within our facility by using the alcohol based hand rub at all entrances of Portland District Health. We thank everyone for assisting us to keep you and the staff at Portland District Health safe.

## Hand Hygiene product usage

Time Period	PDH product usage
2014	71 bottles
2015	356 bottles
2016	840 bottles
2017	1138 bottles

## Five Safety Indicators

Monitoring and reporting of the following five safety indicators provides Portland District Health (PDH) with an indication of the strength and effectiveness of quality and safety processes within the organisation.

Each of these indicators is reported throughout PDH via the committee reporting structure, including the Board of Management.

Results are discussed and actions implemented accordingly to ensure continuous quality improvement.

### 1. Staphylococcus aureus bacteraemia – bacterial blood stream infection

PDH continues with its exemplary infection rate reporting no Staphylococcus aureus bacteraemia in the 2016-2017 period. PDH takes these incidents very seriously and ensures the Infection Control Department undertake a comprehensive review which is reported to the Quality Safety and Risk Management Committee.

### 2. Medication safety

PDH clinical staff work closely with the Chief Pharmacist to ensure medications are correctly prescribed and administered to patients. A number of committees oversee this process with the Medication Management Committee introduced to specifically review medication errors. This committee provides a forum for medical officers, nurses and pharmacy staff to recommend action to promote improved health outcomes for our patients.

### 3. Preventing falls and harm from falls

PDH recognises that implementing timely strategies to prevent falls and harm from falls is an important part of the admission process.

On admission, an initial assessment is completed to identify the risk factors, and then appropriate management strategies are put in place.

PDH's Sub-acute ward has embedded the process of using the coloured "Little Men" as a visual identifier for falls risk. This initiative has been so well received by staff, patients and relatives that Northward have also implemented the program.

This involves the identification of each patient as a high, medium or low risk of falling using a colour coded system on admission to the ward. These coloured identifiers are also placed on communication boards in the patient's room and on personal walking aids to allow quick recognition of the level of risk, ensuring implementation of appropriate supports and controls.

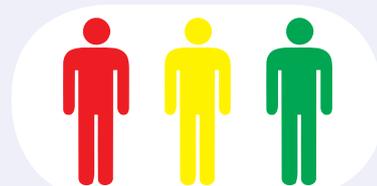
The continued use of red socks also supports the Falls Risk Identification Program.

All falls are reported and investigated by department managers and reviewed by a multidisciplinary Falls and Pressure Committee.



### Inpatient falls per 1000 bed days

Victorian benchmark indicated as red



- **Red – High falls risk**  
Assistance for mobility at ALL times
- **Yellow – Medium falls risk**  
Supervision required for mobility at ALL times
- **Green – Low falls risk**  
No assistance required for mobility

#### 4. Preventing and managing pressure injuries

Pressure injuries occur when an area of skin has been damaged due to unrelieved pressure. They usually occur over the bony areas, especially the heels, buttocks and toes.

Patients are assessed on admission into PDH and the risks of developing a pressure injury are identified.

Management strategies include:

- All mattresses are pressure relieving
- Patients at high risk are provided with an air pressure mattress
- Heel and body wedges are used along with friction preventing heel pads if necessary

PDH consistently reports low rates of pressure injuries.

Management and treatment of pressure injuries is supported by multidiscipline input at the Falls and Pressure Committee.

A recent Quality Improvement has been the introduction of coloured visual icons displayed over the patient bed to provide a quick guide of appropriate pressure care requirements to staff providing care

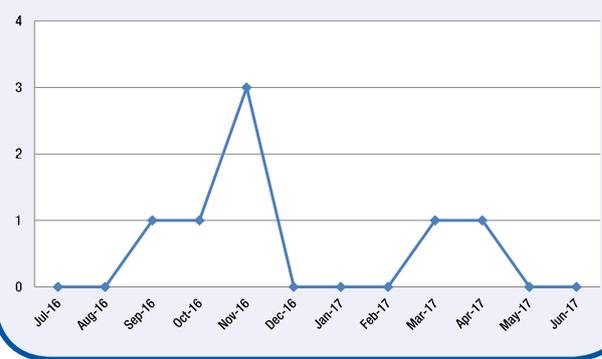
#### 5. Safe and appropriate use of blood and blood products

PDH is committed to ensuring blood and blood products are administered safely and appropriately.

An extensive review and audit is undertaken on the use of these products by specialist staff to ensure processes and policies have been followed. Reports are provided to the Drugs and Therapeutics Committee on compliance rates and this data that is also provided to the Quality, Safety and Risk Committee on a monthly basis.

Obtaining consent is a mandatory component prior to administration of blood or blood products. In an emergency, lifesaving situation, this is not always achievable but every attempt is made by staff to seek consent from the patient or next of kin.

New pressure injuries per month for inpatients



% of blood transfusions compliant with consent



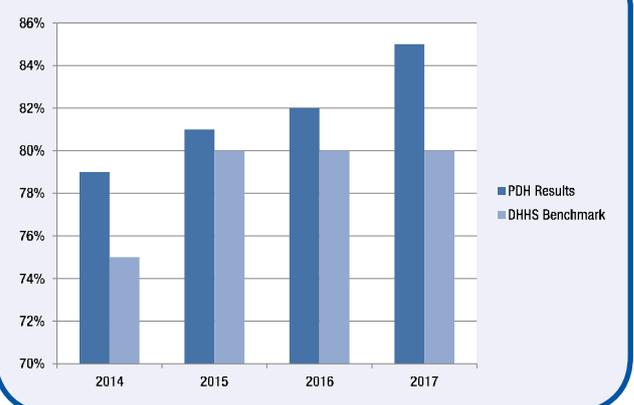
The two cases without consent were provision of blood in an emergency situation.

## Staff Health

Staff health and wellbeing is highly valued at Portland District Health. Up to date immunisation of staff is an extremely important factor in risk reduction. Immunisation is a safe, simple and effective way to provide protection for health care workers against serious diseases.

In order to provide protection against the spread of vaccine preventable diseases such as influenza, high immunisation rates are required.

Staff influenza vaccination rates for 2014 to 2017



# Victorian Perinatal Services Performance Indicators

Monitoring and reporting on the outcomes and experiences of women and their babies during pregnancy and childbirth in Victorian health services is a key Victorian Government commitment.

Portland District Health reports on a number of areas and is benchmarked against other Victorian hospitals of a similar size to compare our performance over time and determine any areas for improvement.

Over the 2014-2015 period 41 births occurred at PDH. The report from this period showed two areas where we fell below the desired outcome and there is potential for improvement.

1. Smoking during pregnancy
2. Breastfeeding in hospital

## Smoking during pregnancy

Women who smoke while pregnant have an increased risk of ectopic pregnancy, miscarriage, placenta praevia and pre-term labour, and are more likely to give birth to a low-birthweight baby compared with non-smokers.

Low-birthweight babies are more vulnerable to infection and other short- and long-term health problems. The damaging effects of maternal cigarette smoking on the foetus include reduction of oxygen supply, restricted growth and development, increased risk of cleft lip and cleft palate, and increased heart rate and disruption of the baby's breathing movements in utero.

Smoking in pregnancy is a preventable cause of obstetric and foetal complications. Pregnancy is therefore an important time for health professionals to help women to quit smoking, particularly given that women are motivated to protect their baby's health.

The average rate of smoking during pregnancy in Victoria before 20 weeks gestation in 2014 was 12.6% and after 20 weeks had dropped to 7.8% following advice and education about the harmful effects of smoking. Women birthing at Portland had a smoking rate of 24%, almost double the state average and of further concern we note that it remained at this high rate after 20 weeks despite advice and education.

## How can we reduce the rates of smoking during pregnancy?

To help reduce the number of women smoking during pregnancy the Maternity team are assessing the smoking cessation interventions they provide to women during pregnancy and identifying any gaps in service provision. We will also ensure ongoing monitoring of the competency and confidence of clinicians in providing smoking cessation advice and interventions.

Consumers are encouraged to ask health services about the level of support provided during pregnancy to help them stop smoking.

## Breastfeeding initiation in hospital

There are short and long-term health benefits for women and their babies associated with breastfeeding, and health services are responsible for promoting, protecting and supporting breastfeeding.

This indicator aims to identify whether women choose to breastfeed and the effectiveness of infant feeding support provided by hospitals in the immediate postnatal period

Breastfeeding provides optimal nourishment for a growing baby's physical, cognitive and immunological development and is known to improve the bond between mother and baby.

Babies who are breastfed have a reduced risk of respiratory illnesses and infections of the ear and gastrointestinal tract. Breastfeeding has also been shown to protect babies from sudden infant death syndrome (SIDS) and diabetes and heart disease later in life. Women who have breastfed have lower rates of cancer of the breast and ovaries, type 2 diabetes and obesity.

There are a variety of reasons why women are less likely to breastfeed. The Baby Friendly Hospital Initiative provides information and support to hospitals and community healthcare facilities to encourage exclusive breastfeeding and improve infant health

The vast majority of women in Victorian public hospitals initiate breastfeeding (94.7% in public hospitals and 96.7% in private hospitals) Portland District Health has a considerably lower number at 84%.

At PDH some strategies for improving our breastfeeding initiation rates include:

- Reviewing our policies and practices to ensure they align with the Department of Education and Early Childhood Development's (2014) Promoting breastfeeding – Victorian breastfeeding guidelines
- Analyse the factors associated with reduced rates of breastfeeding in hospital and ensure additional support is available or accessible, particularly for vulnerable groups of women
- Regularly audit the rationale for using formula in breastfed babies in hospital
- Ensure the use of formula for breastfed babies is limited to those who have a clear medical indication
- Assess and monitor the competency and confidence of Midwives in providing breastfeeding support and education
- Paying for membership to the Australian Breastfeeding Association to women birthing at PDH

In 2016-2017 there were 54 babies born at PDH, compared to 81 babies born at PDH in 2015-2016.

# Continuity of Care

## Residential Aged Care – Harbourside Lodge

Portland District Health provides high level nursing home care for 30 residents.

The quality of care at Harbourside Lodge is measured using the Department of Health and Human Services quality indicators.

These indicators are:

- Prevalence of pressure ulcers – our pressure ulcers rates are better than the state average. Pressure injuries that do occur are generally associated with a decline in mobility and general health.
- Prevalence of falls and fall related fractures – the falls rate at Harbourside Lodge is below the state average with one reported fracture as a result of a fall. All residents undergo a fall risk assessment on a regular basis.
- Suspected Deep tissue injury and unstageable pressure injury - there were no incidents to report under this category
- Incident of physical restraint used - there were no incidents of physical restraint in the 2016 -17 year.
- Incidence of residents who are prescribed nine or more medications – staff work in partnership with general practitioners to reduce the number of medications our residents take. Harbourside Lodge have continued to focus on the resident’s medication regimes being regularly reviewed with their GP and pharmacist. The rate at Harbourside Lodge has continued to trend downwards and currently sits about 45% below the state average.

- Incidences of unplanned weight loss in residents – all residents are closely monitored for weight loss. If a resident does experience unplanned weight loss, they are referred to the dietitian and other allied health professionals for assessment. Resident weight loss is a regular agenda item at the multidisciplinary Nutrition Steering Committee where Harbourside Lodge staff, dietitians and catering staff discusses how to achieve the best outcomes for residents.

A number of strategies are implemented to support quality and safety of the care for residents, visitors and staff at Harbourside Lodge. Such strategies include:

- Regular occupational and health safety checks of the facility
- Participation in training – hand hygiene, infection control, falls assessments
- Ongoing communication with residents, their carers and visitors.
- Participation in the Commonwealth Government accreditation process
- Ongoing monitoring of the Quality Indicators as per the Department of Health and Ageing requirements.

# Our Staff

The Portland District Health new designated learning centre opened in May 2017 with the support of \$20,000 grant from Gandel Philanthropy.

The new centre, known as Ngathoo Wampa Tyama-Ki Teen, which is an Aboriginal term meaning "I Take Knowledge Here" has been established in the old Quamby House building.

Previously the education team was based in north ward with no designated permanent space for training.

The recently modified building has an audio-visual room, clinical skills lab, study area and offices for staff.

Workforce Development and Resource Facilitator Robyn Nuske said the new centre was something to be proud of.

"It's fantastic," she said. "We now have everything set up in one place and it's easy for everyone to access."

Education Manager Lauren Newman submitted a successful application for funding and the audio-visual room was named after Gandel Philanthropy to recognise its generous contribution.

Two of the other rooms have been named after Roy Aitken and Bert Wilmot, long-time Board members and contributors to staff education at Portland District Health.

Ms Nuske said the learning centre would be used by undergraduate students, recent graduates and staff from all departments of the health service.



*Staff Development Unit*



*Hilary Saunders and Chris Giles outside the Ngathoo Wampa Tyama-Ki Teen Learning Centre*

## Staff Length of Service Awards

### 45 Years

Bev McIlroy

### 35 Years

Carolyn Speed

### 30 Years

Debbie Adams  
Dianne Johnson

### 25 Years

Erica Clarke  
Rosemary Cole  
Debra Tozer

### 20 Years

Pam Thomas

### 15 Years

Rhonda Bowers  
Elizabeth Farnsworth  
Patricia Goodes  
Rena Jarrett  
Michelle Jenner  
Rosalyn Jones  
Carolyn Malseed  
Laurel Morrissey  
Robin Parry

### 10 Years

Kathleen Bryant  
Sharon Cole  
Casey Eichler  
Nicole Evans  
Sandra Jennings  
Angela Lane  
Karen Malseed  
Chantal Millard  
Lesa Munn  
Kellie Pevitt  
Jennifer Preece  
Ratri Sadhwiti

### 10 Years

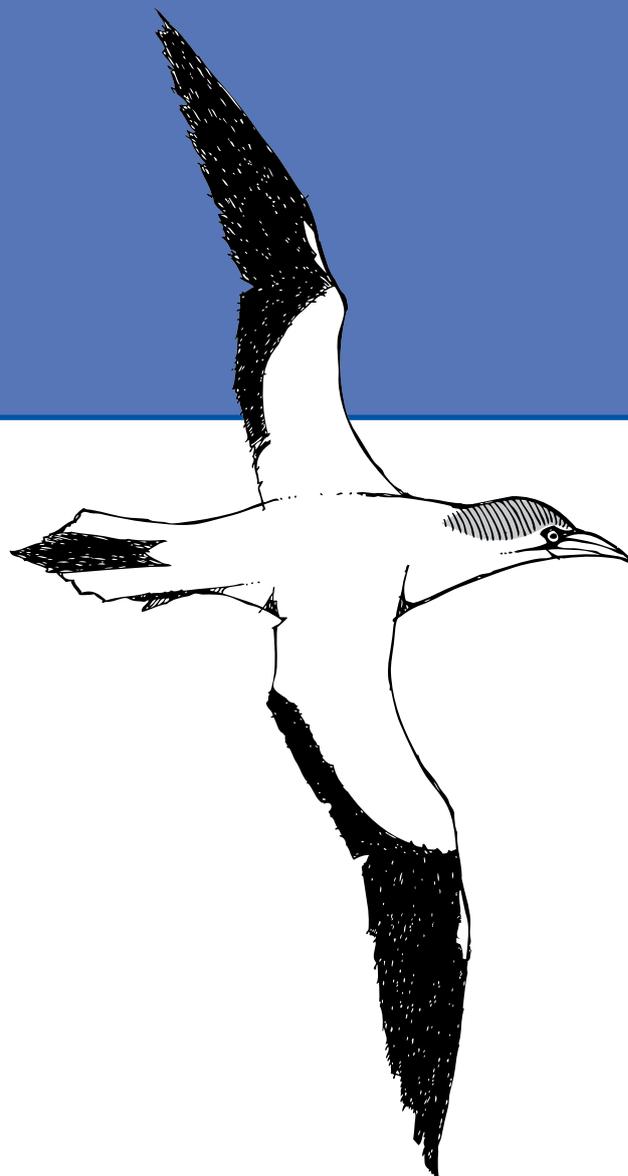
Alinana Shaw  
Susan Skewes  
Vivienne Stevens  
Alicia Tavare  
Andre Wallace  
Trevor Walmsley

## Key Achievements for 2016-2017

- Graduate program recruited 5 Graduates to the PDH program and 3 Collaborative Graduates to the shared rotation model in partnership with Moyne Health & Western District Health Service in 2016
- Implementation of PROMPT obstetric – Interprofessional Emergency Response (simulated practice) Training.
- Relocation of Staff Development Unit to newly refurbished education centre – fit for purpose learning & resource hub
- Implementation of new learning management system (GROW) that includes on line learning programs, a staff appraisal system and shared resources across the South West Region
- Design and facilitation of Leadership Development Program for middle managers and team leaders, this being a collaborative initiative with SWTAFE
- Enhanced learning opportunities – continued growth in student placement in Collaboration with Education Providers (Universities & Registered Training Organisations)
- 51 graduate applications for the 2017 Graduate program. 6 graduates for the PDH campus program and 3 candidates for the Collaborative Graduate Program
- Enrolled Nurse Collaborative program commenced November 2016. 4 Enrolled Nurses working across South West Healthcare Warrnambool & Camperdown, Portland District Health & Terang Mortlake Health Service.
- Regional Continued Nurse Midwifery Education (CNME) program – health service shared learning opportunities (workshops) supported by DHHS funding.

Portland District Health provided placement opportunities for 130 booked students in 2016 from the following disciplines:

- Work Experience – 10 students
- Speech Pathology – 1 student
- Occupational Therapy – 1 student
- Radiology – 2 students
- Paramedicine – 6 students
- Physiotherapy – 1 student
- Pharmacy – 4 students
- Medicine (Interprofessional rotation) – 12 students
- Nursing (Registered & Enrolled) – 77 students
- Medicine – 8 students
- Midwifery – 2 students





*Our Community,  
Your Health*



**PORTLAND**  
DISTRICT HEALTH

*Our Community,  
Your Health*

141-151 Bentinck St  
PORTLAND VIC AUSTRALIA 3305

Telephone: 03 5521 0333  
Facsimile: 03 5521 8162  
Email: [pdh@swarh.vic.gov.au](mailto:pdh@swarh.vic.gov.au)  
Website: [www.pdh.net.au](http://www.pdh.net.au)

