



# PORTLAND DISTRICT HEALTH



Main Entrance  
Use Accident  
Entrance in B  
Emergency Care

# 2017-18 Quality of Care Report



We  
Create

We  
*Surpass*

# We Learn

We  
Connect

## We are Responsible



# CONTENTS

|                            |    |
|----------------------------|----|
| CEO Report 2017 – 2018     | 1  |
| Partnering with Consumers  | 3  |
| Culture and Diversity      | 13 |
| Celebrating Our Volunteers | 16 |
| Quality and Safety         | 20 |
| Continuity of Care         | 25 |
| Our Staff                  | 27 |

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.

### 2017 – 2018 Members of the Quality, Safety and Risk Management Committee

Prof Paul Yielder – Board Director (Chair)  
Anita Rank – Board Director (until November 2017)  
Michael Bailey – Board Director (commenced November 2017)  
Pam Stringer – Community Representative  
Ann Miller – Board Director  
Andrew Levings – Board Member  
Christine Giles – Chief Executive Officer  
Karena Prevett – Executive Director of Corporate Services (commenced August 2018)  
Ros Alexander – Executive Director of Nursing  
Fiona Heenan – Executive Director of Primary and Aged Care Services  
Loren Drought – Director of Quality, Safety and Risk  
Kaushik Banerjea – Director of Medical Services (commenced February 2018)  
Annette Hinchcliffe – Quality Officer  
Ellie Lane – Community Representative  
Rachel Stoneman – Executive Administration (until December 2017)  
Adele Curran – Executive Administration (commenced February 2018)

## 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)

# CEO Report 2017 - 2018

## WELCOME

Welcome to Portland District Health's Quality of Care Report for 2017 - 2018. 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

It gives us great pleasure to present Portland District Health's (PDH) Quality of Care report. Each year we proudly showcase the highlights and achievements our staff have made to enhance the healthcare services we provide to our patients and our community. 2017/2018 has been a year of significant growth in activity across PDH, with increases in the numbers of patients treated in the majority of our service areas. The numbers are highlighted throughout this report, but in summary, we:

- Admitted 5207 patients to our ward areas a 5.7% increase on the prior year
- Treated 7535 patients in the Urgent Care (Emergency) Centre a 10% increase on the prior year
- Performed 2432 surgical procedures a 9% increase on the prior year
- Performed 62,132 Medical Imaging procedures a 20% increase on the prior year
- Welcomed 60 babies.
- Across our Primary and Community Health programs recorded over 22,900 contact hours with clients

2017/2018 is the first year in the last decade that PDH has achieved the acute activity target set by the Department of Health and Human Services, PDH actually exceeded the target by 4%. PDH continues to monitor elective surgical procedures waiting times to ensure patients are treated within the appropriate time as demand for our surgical services continues to grow.

PDH's achievements are not possible without the commitment and professionalism of our 450 staff, along with the ongoing support of our expanding team of Visiting Medical Specialists. As always, everyone works with the utmost diligence to ensure that care provided to our patients and community is the highest quality it can be, your health is our focus. In addition to our staff PDH has a very vibrant dedicated group of volunteers who are highly valued and provide a very important role

to our patients. We thank all our staff and volunteers sincerely for their committed contributions to our patients and the community.

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. In 2017/2018 we have published a suite of these measures on our website to inform our community how their health services is performing.

Of great importance to us is the satisfaction of people who use our service, along with the engagement and satisfaction of our staff. In the most recent Victorian Health Experience Survey (January - March 2018), 97% of patients were satisfied in the overall care they received. In addition to this, the annual People Matter Survey, conducted by the State Services Authority, showed 90% of our staff believe we are driving a safety centred organisation. We believe these results are excellent indicators of the culture of quality care within our organisation.

We continue to promote our it's OK to ask initiative, we invite consumers, carers and others to ask our staff those difficult questions. In 2017/2018 we launched our Influenza (Flu) Vaccination initiative inviting patients, visitors and community members to ask our staff have they had their flu vaccination, 95% of our staff had their flu vaccination this year.

PDH is not just about our hospital 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. SEA (sustainable eating and activity) Change is our preventative health program it is improving the health and wellbeing of our community across all generations. SEACHange is a world leading program, showing a reversing trend in the prevalence of obesity in our school aged children, we encourage everyone in the community to get involved in SEACHange.

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.

We recommend this Quality of Care report to you and have pleasure in sharing with you the achievements of our team during the 2017/18 year.

*Christine Giles*

**CHRISTINE GILES**

CHIEF EXECUTIVE OFFICER



# OVERVIEW

## VISION, MISSION AND VALUES OF PORTLAND DISTRICT HEALTH

|                             |   |
|-----------------------------|---|
| <b>Our Vision:</b>          | Our Community, Your Health  |
| <b>We Value Wisdom:</b>     | We use knowledge, experience and understanding to make the decisions that matter.   |
| <b>We Value Compassion:</b> | 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. |
| <b>We Value Courage:</b>    | We are fearless and courageous in making things happen, embracing opportunities and creating solutions.   |

## OUR COMMITMENTS

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

## IN 2017 – 2018 PORTLAND DISTRICT HEALTH

- Treated 7535 emergency presentations in the Urgent Care Centre
- Performed 2432 operations
- Performed 2867 CT examinations
- Delivered 67 babies
- Provided 8849 District Nurse visits
- Provided 2466 Community Palliative Care visits
- Delivered 6016 meals to clients in their homes
- Served 88632 meals to inpatients and Harbourside Lodge residents
- Employed 450 staff

## KEYNOTE ACTIVITIES

- Review of the 2017 – 2020 Strategic Plan
- Community fund raising activities: Community Market, Annual Golf Day
- Higher than state average result in key areas of the Victorian Health Experience Survey (VHES) for both Inpatient and Community Health services
- Continue to achieve higher than benchmark results for Hand Hygiene compliance rates
- Continue to achieve higher than benchmark results for staff influenza vaccination rates
- Risk Management Framework and Risk Register review in collaboration with Victorian Managed Insurance Authority (VMIA).
- Gaynor DenBoer and Vicky Barbary, PDH Diabetes Educators, presented an abstract on "Endocrinology clinic and its outcomes" at the 2017 Australian Diabetes Educators Association (ADEA) Vic Branch conference.
- Sonia Shelton, Aboriginal and Torres Strait Islander people (ATSI) worker presented 'Ka ree ta Ngoot yoong Wat nan da (Grow Healthy Together)' at the 6th National Closing the Gap Indigenous Health Conference in November 2017.
- Health and Safety Representatives have undergone refresher training as approved by WorkSafe

# PARTNERING WITH CONSUMERS

## 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

## SERVICES PROVIDED AT PORTLAND DISTRICT HEALTH

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

## 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.

# PARTNERING WITH CONSUMERS (Continued)

## 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 Portland District Health (PDH) Consumer Advisory Committee met five times during 2017 - 2018.

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.

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 2017 – 2018, 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
- Hayley Dunning – Glenelg Shire Council Youth Officer (until July 2017)
- Catherine Walder – Glenelg Shire Council Youth Officer (commenced August 2017)
- Fr Greg Tait – Ministry representative (until June 2018)
- Ellie Lane – Volunteer representative
- Tiana Richardson – Maternity representative (until October 2017)
- Julie Rogers – General patient representative
- Janice Lovett – 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 (until September 2017)
- Sue Miller – People with a disability 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 Consumer Advisory committee were involved in a number of activities during the year, including:

- Patient Handbook review
- Review of consumer information to ensure you can understand it
- PDH community market
- Attendance at staff training sessions
- Review process of the Strategic Plan
- Development of the community quality dashboard
- Accreditation process across the whole of PDH and Harbourside Lodge



Portland District Health Twilight Market

## URGENT CARE CENTRE

When you present to the Urgent Care Centre, a nurse will assess your medical condition and assign an “urgency” or “triage” category. The triage categories range 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. We remind all members of the community that you are **responsible for the cost of ambulance transport**.

### Urgent Care Centre presentations 2017 – 2018 by triage category

| Category      | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Resuscitation | 2   | 2   | 2   | 2   | 3   | 0   | 0   | 0   | 4   | 1   | 1   | 2   |
| Emergency     | 58  | 60  | 55  | 63  | 59  | 56  | 47  | 40  | 46  | 46  | 55  | 58  |
| Urgent        | 178 | 183 | 190 | 191 | 156 | 188 | 211 | 159 | 173 | 189 | 206 | 190 |
| Semi-Urgent   | 240 | 283 | 290 | 262 | 299 | 317 | 317 | 290 | 293 | 235 | 274 | 257 |
| Non-Urgent    | 56  | 43  | 50  | 68  | 45  | 64  | 61  | 46  | 68  | 52  | 52  | 43  |

### The number of transfers from the Urgent Care Centre in 2017 – 2018

| Category     | Jul       | Aug       | Sep       | Oct       | Nov       | Dec       | Jan       | Feb       | Mar       | Apr       | May       | Jun       |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Retrieval    | 3         | 2         | 2         | 2         | 4         | 2         | 3         | 0         | 7         | 0         | 1         | 0         |
| Transfer     | 35        | 37        | 46        | 49        | 28        | 45        | 44        | 48        | 49        | 50        | 50        | 48        |
| <b>TOTAL</b> | <b>38</b> | <b>39</b> | <b>48</b> | <b>51</b> | <b>32</b> | <b>47</b> | <b>47</b> | <b>48</b> | <b>56</b> | <b>50</b> | <b>51</b> | <b>48</b> |

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 Victorian Health Experience Survey (VHES) directly linked to the consumer’s experience in the Urgent Care Centre. Consumers who answered these questions gave a very positive response.

### The number of transfers from the Urgent Care Centre in 2017 – 2018

| Question   | Average Positive Response |
|--|---------------------------|
| How would you rate the politeness and courtesy of staff in the Urgent Care Centre?                           | 96%                       |
| 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? | 97%                       |
| Overall, how would you rate the care and treatment you received from your nurses in the Urgent Care Centre?  | 99%                       |



# PARTNERING WITH CONSUMERS (Continued)

## PATIENT NUMBERS INCREASE AT PDH

More people are turning to Portland District Health for their care, leading to the biggest increase in patient numbers for several years.

The influx of patients has included significant increases in oncology and elective orthopaedics.

This follows a long 'It's OK to Ask' campaign urging local people to ask their doctor if they can be treated locally.

"We've had about 50 discharges more for each month than what we would normally do," Director of Nursing Ros Alexander said. "This helps PDH because we make more money and that can then be put back into equipment and services at PDH."

The extra elective orthopaedic cases follow higher demand and need from the community, promoting PDH to add extra lists for visiting specialists. PDH has recorded an average 14 extra elective orthopaedic cases each month.

Physician and haematologist Dr Jennifer Brotchie, who visits each Tuesday, has increased her patient load requiring chemotherapy since starting at PDH earlier this year. There has been an increase of about 22 oncology discharges per month.

Local residents are asked to use their local health service whenever possible.

Ms Christine Giles, CEO, said the 'It's OK' campaign was launched because PDH was aware some people had been referred to Ballarat and Geelong for procedures that could have been done safely and quickly in Portland." Ms Giles added that research shows patients are better off if they can have procedures done close to home.

PDH is well supported by a wide range of visiting elective surgery specialists and the health service performs a comprehensive list of procedures, including orthopaedics, general surgery, plastic surgery, urology, ophthalmology, ear nose and throat surgery, obstetrics, gynaecology and dental surgery.

PDH is a safe hospital with exceptionally low surgical infection rates, a world class medication management system, 24-hour on call support from senior consultant physicians and anaesthetists, a doctor rostered onsite at all times, a skilled nursing and allied health workforce and modern facilities and equipment. PDH also has a comprehensive education program to ensure all staff have the skills to keep patients safe and well cared for.



Portland District Health's "It's OK to Ask" campaign is constantly refreshed to encourage consumers to be active participants in their care.  
Some of the focuses for the 2017 - 2018 year include:

**It's OK to Ask to escalate care**

**It's OK to Ask to have your surgery performed at PDH**

**It's OK to Ask if your Health care clinician has had their flu injection**

**It's OK to Ask to give feedback about your experience**

## QUALITY INDICATORS ON DISPLAY TO THE COMMUNITY

Portland District Health will better connect with the local community with the launch of a new Quality Indicators Community Dashboard.

The new initiative will provide information via the PDH website to inform the public of a list of key performance indicators that align with the organisation's key values: we connect, we surpass, we learn, we create and we are responsible.

The community is being encouraged to have their say in how the portal works and what information it shares.

Updated data is provided on a regular basis with an explanation so people can understand the results and how the data is used by PDH to make improvements.

Topics such as mandatory training for staff, staff vaccination, cleaning audits, and energy usage will be included.

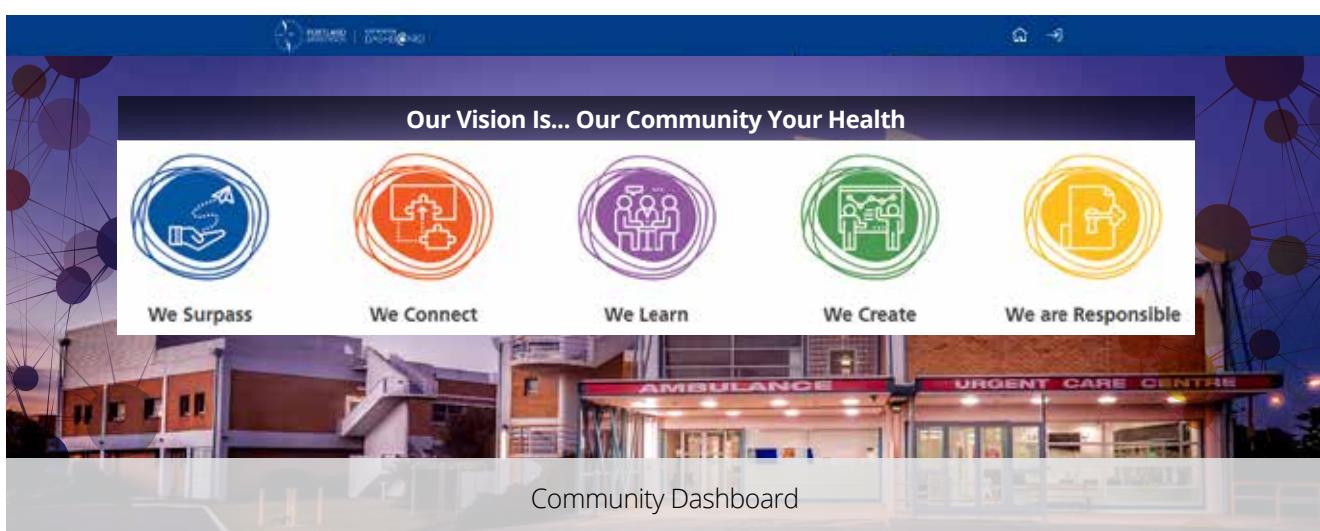
Ms Loren Drought, Director of Quality, is keen to hear from people in the community. "We want the community

to let us know how they find the site; is it easy to navigate, does it use the right terminology and easy to understand, are there other things you would like us to report on," she said.

The PDH Quality Community Dashboard can be accessed by visiting the About Us section on the PDH website at <http://bit.ly/PDHquality> or via the PDH Facebook page.

Ms Drought said that sometimes the data might show that PDH has not met targets. "We aim to be transparent and acknowledge that at times processes and programs are not working as well as we would like," she said. "When this happens there is a commitment to look at what can be done to improve and get back on track."

Feedback on this new initiative and other services may be provided directly via email to [quality.pdh@swarh.vic.gov.au](mailto:quality.pdh@swarh.vic.gov.au), the feedback link on the PDH website or via mail to the Quality Department, Portland District Health, Bentinck Street, Portland 3305.



## ESCALATION OF CARE

The escalation of care process has been introduced to enable patients, family and carers to escalate care when there are concerns regarding their own or a family member's condition.

On admission all patients and their family or carer are explained the process and posters are displayed in all patient bed bays for easy reference.

The poster contains clear instructions on the when, who, and how with phone numbers provided and has been reviewed in response to consumer feedback on suggestions to make the information easier to follow.

**Are you worried about your or your family members condition? If so you can speak to a nurse and request an urgent medical review.**

If you remain concerned please contact **Assistant Director of Nursing on 5521 0349**, who will assess the situation and organise further care as appropriate



# PARTNERING WITH CONSUMERS (Continued)

## SISTERS HAVE DOUBLE REASON TO RECOMMEND PDH

Sisters Brooke and Shauni Morrissey have double reasons to recommend Portland District Health's maternity services after having their babies within 10 days of each other.

Shauni and her partner Thomas had their first baby, Annie Pender, on January 7 and on January 17 Brooke and her partner Stephen gave birth to Arlo O'Brien, a younger brother for Ivy.

After Annie had to be readmitted to hospital with jaundice, Brooke and Shauni and their new babies got to share adjoining rooms.

Brooke had her first child in Warrnambool but was keen to have her second close to home and family.

"It was amazing. There weren't as many babies around so the staff could spend more time with you so I liked it more than being in Warrnambool," she said.

"It was nice to give birth in the town I live in. I work at the hospital so I knew everyone and people could pop in and see us when they wanted."

"I was referred to obstetrician Dr Yasser Diab and he was excellent, as were the midwives."

Shauni had a similar positive experience.

"I found it fantastic. As a first time mum they were very supportive and I'd definitely go back," she said.

Formerly from Terang, Shauni had planned to give birth in Warrnambool but after moving to Portland decided to consult the PDH midwives. "As soon as I had that appointment I knew I wanted to give birth here," she said. "They gave me so much support and help and I was glad I made that decision."

When Annie had to return to hospital with jaundice, it gave the sisters a chance to share their experiences.

"If Brooke had a shower I could wheel Annie's bassinette into her room so they could sleep next to each other. It was lovely," Shauni said.

PDH CEO Chris Giles is encouraging local mothers to ask their doctors for a referral to PDH.

"We're aware of instances where doctors have referred upcoming mothers to other hospitals when they could have safely and more conveniently had their children in Portland," Ms Giles said.

So far this financial year PDH has delivered 45 babies, including six in January.

In addition to Dr Diab, PDH has 17 midwives along with staff members working in other departments who have a midwifery qualification.

PDH is a level 2 maternity service and has a close relationship with South West Healthcare paediatricians which enables the hospital to keep babies at PDH utilising telephone consultation and treatment in some situations.



Sisters Brooke and Shauni Morrissey

## DOCTORS AND PATIENT PRAISE PDH STAFF

Alan Smith isn't often stuck for words but when it comes to the health workers who saved his life, it's hard to find what he needs to say.

When he wrote a letter to the Portland District Health staff who saved him he consulted a Thesaurus, but still didn't know what to write.

"What can you say when I wouldn't be here if it wasn't for the assistance of the staff at Portland District Health and Adult Retrieval Victoria (ARV)," he says as he recovers at Cape Bridgewater.

"What do you say to a group of nurses who saved your life? I'm just grateful, humbled and very thankful."

The reputation of what the PDH staff did to stabilise Mr Smith spread far and wide after he suffered a life-threatening heart attack late last year.

Dr Deb Maher from ARV later wrote to PDH to thank staff for their professional and courteous service and said they "worked brilliantly as a team".

Mr Smith heard similar praise from the teams at Footscray Hospital and Royal Melbourne Hospital.

"I had a number of doctors and nurses come up to say how lucky I was. Everyone was saying where's Portland? They have some bloody good nurses down there. It's not just me saying it; it's the nurses and doctors in Melbourne saying they saved my life and did more than they thought could happen at a small hospital like Portland."

After collapsing at home on December 1 and being driven to PDH by his partner Cathy, Mr Smith needed urgent medical attention including placing a wire in his heart to provide regular small shocks to stabilise its beat.

On two occasions his heart stopped and he had to be revived.

"I've heard and read about it but it actually happened twice," Mr Smith said. "I can remember one of the nurses saying `stay with us Alan, stay with us'. I was actually looking down on the table where I was. It was a horrible noise and I knew it wasn't right and then there was nothing."

"They lost me twice but brought me back."

There was difficulty placing the pacing wire so an X-ray was taken to help the Urgent Care Centre staff and ARV to ensure it was correctly placed in the heart. He was then stabilised and flown through stormy skies to Melbourne.

Mr Smith, 73, spent nearly four weeks in hospital where he had a double bypass and a pacemaker installed. He is now home at Cape Bridgewater and gradually returning to good health.

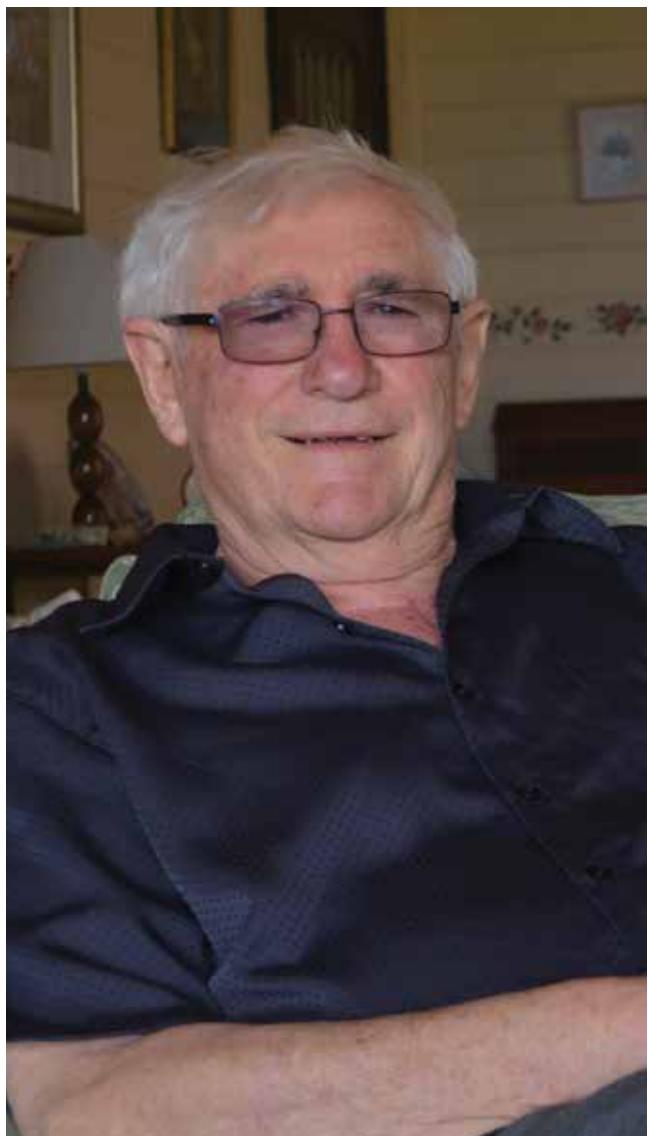
He's twice gone back to PDH and admits he becomes a bit emotional when meeting his life savers.

"One was going out on a date that night but stayed back; another came in in the middle of the night to help," he said.

"It's a night I'll remember for the rest of my life. All the accolades deserve to go to the hospital. I'm just very thankful."

PDH Director of Nursing Ros Alexander said this was another example of the excellent high quality care provided by PDH.

"I'm extremely proud of what the clinical team at PDH achieves all the time; this being only one example out of many," she said.



Alan Smith

# PARTNERING WITH CONSUMERS (Continued)

## PDH HELPS BALLARAT MAN TO RECEIVE NEW LIVER

Australia Day fireworks will always have a special place in Chrissie Warren's heart after this year's emotional connection.

As Chrissie hung up the phone from the Austin Hospital to hear her husband Devon's liver transplant had been a success, the January 26 fireworks started flashing across the Ballarat skyline.

"The timing was incredible; perfect for a celebration," Chrissie said.

The timing to get Devon from Portland to Melbourne for the transplant was also incredible and the couple have paid tribute to Portland District Health (PDH) staff.

Devon and Chrissie had been holidaying in Portland, with daily assistance coordinated by the Austin and PDH Hospital in the Home programs, to renovate their bus when news of the transplant came through.

Devon had been on the waiting list for 297 days after enduring a year from hell with cirrhosis of the liver.

He'd dropped from 106 to 61kgs, was in hospital every week for an acidic drip to drain fluid and was spending 85 per cent of his time in bed. Only 14 per cent of his liver was working and Devon had been told he had only a year to live.

Devon and Chrissie were due to return to Ballarat on January 21 but he fell sick the night before and was admitted to PDH.

Just as he was completing a five day course of antibiotics to treat a fluid infection and feeling well enough to spend some time out of hospital to visit his dog Archie, the transplant became available.

"They rang and asked where I was? I said Portland was about five hours away but they said they'd work out how to do it."

PDH and Austin staff worked together to make sure the transplant could happen in time and called in the emergency helicopter service.

"My first reaction was I need Chrissie; I need my rock," Devon said. "I rang her and said you'd better get back here to the hospital; she thought I'd had a failure but it was good news."

"From the minute they took the call, the staff at Portland did everything they could to have me ready for the air ambulance," he said.

"It was all hands on deck and they were amazing. I'll never be able to express our thanks and gratitude."

The flight took just one hour 27 minutes from PDH to the Austin where Devon was established to wait for the organ.

After an eight-hour operation, Chrissie was called by their surgeon Mr Graham Starkey about 9.30pm Australia Day.

"He said it had gone well and the liver was functioning well. I just said from the bottom of our hearts thank everyone in the room so much; this has changed our lives.

"Then as soon as I hung up the phone the Australia Day fireworks went off."

Devon made a better than anticipated recovery and was walking in less than 24 hours. "I've got the scars and the better lifestyle to prove it, but I don't know that I've really processed all that happened," he says.

"I looked like a skeleton wrapped in skin. I'm 46 and I've probably lost 10 years off my life but that doesn't worry me because of the quality of life I have now thanks to the liver donor and the Austin and Portland hospitals."

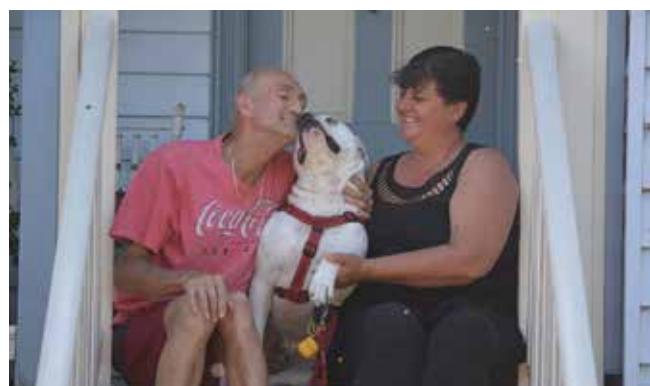
Having been through one previous 'dummy' run when they prepared for a transplant that eventually went to a child, Devon and Chrissie were relaxed and well prepared for the operation.

"When I saw the organ coming in a blue eski I realised it was going to happen," Devon said. "I was remarkably calm; I don't know why. I guess it had a lot to do with the way it was handled so professionally by everyone."

Devon is going through intensive recuperation and is ahead of schedule, though he faces of lifetime of monitoring.

Devon and Chrissie plan to plant a tree in a different part of Australia each year as a mark of respect for the donor and their medical carers. They also plan fund-raising activities and hope to inspire others to become organ donors.

They plan to write a letter to the donor, but the words won't come easy. "How do you say thank you for saving my life?" Devon asks.



Devon and wife Chrissie with dog Archie.

## HARBOURSIDE LODGE – PET THERAPY

Alfie is about making life more enjoyable and relaxing for the residents of Harbourside Lodge with the expansion of the pet therapy program. There are now four visiting dogs under the pet therapy program and activities coordinator Karli Cain said residents love the interaction.

"We've had one little dog, Missy, coming in for a long time and enjoying sitting on residents' laps, but the addition of new dogs such as Alfie is making the program even better," she said.

"Our residents have fallen in love with Alfie."

Alfie, a cross between a poodle and a golden retriever, is a new addition to the Portland District Therapy Dogs Inc.

Ms Cain said the arrival of dogs improved residents' mood. "It makes people feel happy and relaxed," she said.

They are also a calming influence. "Research shows that dogs can calm aggressive behaviour, which is something that can happen with people suffering from dementia," Ms Cain said.

Some residents like to pat or nurse the visiting dogs while others just enjoy watching them romp around.

"A lot of residents have had dogs in the past and really enjoy the interaction,"

Some residents' families bring their own pets for regular visits. This is encouraged as long as the dog is vaccinated and has an easy-going nature.

Cherree Benter from Portland District Therapy Dogs Inc said the dogs were chosen for their temperament and personality. They have to be at least one year old and handlers must be 18 or over.

"There's not a lot of obedience training; just common sense stuff to know the dogs will be suitable," Ms Benter said.

"People feel so much better after interacting with a dog," she said. "You can always start a conversation when you have a dog."

The Portland program has 30 dogs and 26 volunteers.



Alfie, the newest addition to Portland District Therapy Dogs Inc.'s pet therapy program

# VICTORIAN HEALTHCARE EXPERIENCE SURVEY

## PDH RATES HIGHLY IN NEW SURVEY

If you have been admitted to Portland District Health (PDH) during 2017 – 2018 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.

Again in 2017 – 2018, PDH was above the state average in all categories.

PDH's nurses were singled out for particular praise with an average of 98 per cent of adult inpatients saying the care and treatment they received from nurses was good or very good.

Overall care received good or very good ratings from 98 per cent of patients.

These results of the VHES are looked at carefully each quarter as they provide a good indication of how our patients experience our services at PDH.

The feedback is used to refine and enhance programs. PDH continues to improve working with consumers on 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

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

- Politeness and courtesy of Urgent Care Centre and admission staff
- Care and treatment received by nurses
- Doctors, nurses and other healthcare professionals explained things in a way that could be understood
- Patients were treated with respect and dignity
- Hand-wash gels were available for patients and visitors to use
- Friends and family were welcome to visit patients
- If assistance was needed, patients were able to get a member of staff to help within a reasonable time

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. We will work on this to improve the delays in discharge.

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 of 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 October to December 2017, Portland District Health participated in the Community Health Victorian Healthcare Experience Survey. This is the second year the community Health survey has been undertaken across the state of Victoria.

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

Examples of 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 57 people responded) with an overall positive experience rating of 98%.

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

- the politeness and helpfulness of the reception staff
- treated with care and dignity
- felt physically safe at the health service (100% of respondents)
- health workers were compassionate
- the cleanliness of the health service
- the health service felt welcoming
- there was enough privacy during their appointment
- consumers knew who to contact if there were any questions about the care received

Areas identified for improvement included:

- the number of times when consumers had to repeat information that should be in their medical record
- transportation facilities to get to the health service
- not enough information about the cost for the health service
- the inclusion of all of the relevant people involved in their care (family)
- knowledge of how to make a complaint about the service

# CULTURE AND DIVERSITY

## GROW HEALTHY TOGETHER INDIGENOUS ADVISORY SHOWCASED AT NATIONAL CONFERENCE

An initiative to improve the health and wellbeing of Indigenous people in the Glenelg region received national exposure at the Closing the Gap Indigenous Health Conference in December 2017.

Grow Healthy Together is a collaboration between Traditional Gunditjmara owners, local Aboriginal health organisations and local health services and brings together the local community to discuss and action initiatives to improve health and wellbeing of Indigenous people.

The GROW committee is also known as 'Ka ree ta Ngoot yoong Wat nan da' – which means Grow Healthy Together and was named by the traditional owners.

Portland District Health Aboriginal and Torres Strait Islander Workforce Officer Sonia Shelton and CEO Chris Giles outlined the development and success of the program.

The GROW initiative is a shared set of goals and actions to facilitate seamless culturally safe services delivery in local healthcare settings.

GROW has achieved some significant outcomes, including improving access to both primary and acute care for people with eye health issues, development of a healing therapy garden at PDH, naming the PDH education centre Ngathoo Wampa Tyama-Ki Teen (I take knowledge here), and developing an Aboriginal employment plan to increase PDH's employment participation of Aboriginal people to 2.5 per cent.

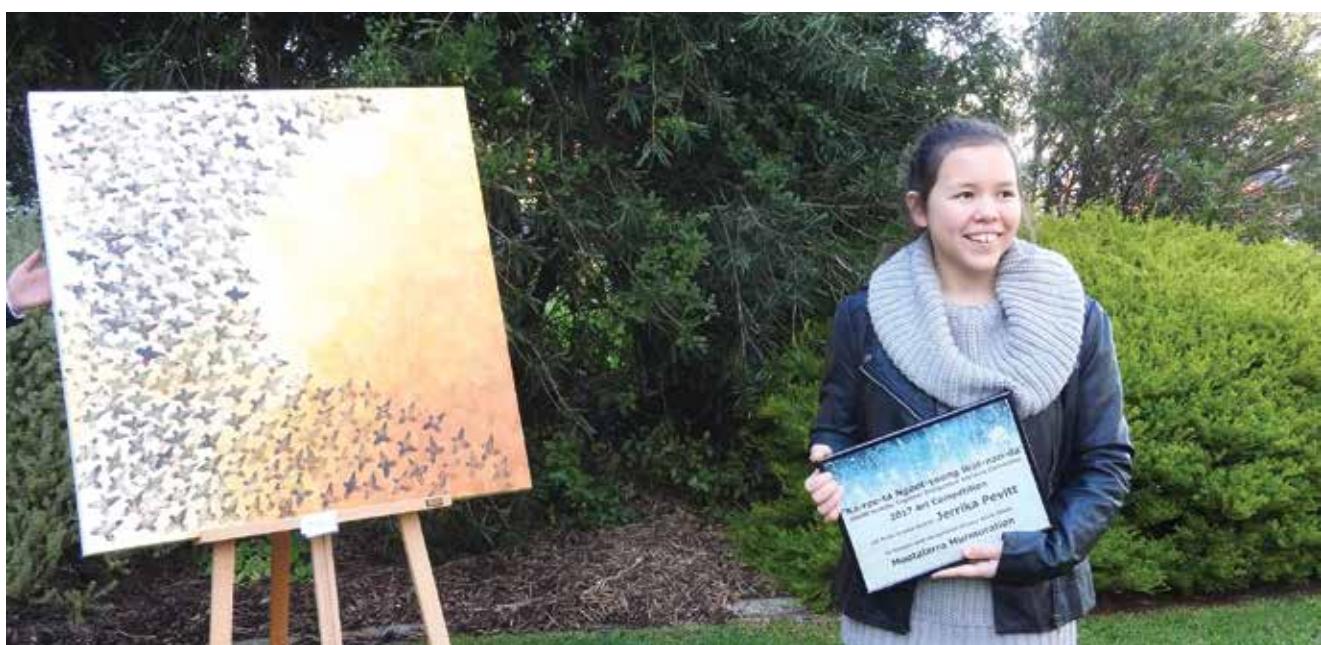
"Through the process of increasing Aboriginal employment participation, a greater understanding of cross-cultural requirements will be achieved to assist in developing the environment and systems for long-term Aboriginal participation across the organisation," Ms Shelton said.

Ms Shelton said a local Gunditjmara woman had designed new bibs for PDH's maternity services, and artwork had been chosen to display at all organisations in the Grow Healthy Advisory Committee to reflect the core business of health and each organisation's respect for the Aboriginal and Torres Strait Islander community.

An agreement with Dhauwurd-Wurrung Elderly and Community Health Services provides Indigenous people with access to an Aboriginal health worker or support person on an on-call system.

The formation of a Grow Healthy Together group aims to help close the gap for Aboriginal health in the Glenelg region.

Portland District Health, Dhauwurd Wurrung Elderly & Community Health Services, Winda-Mara Aboriginal Corporation, Gunditj Mirring Aboriginal Traditional Owners Co-op, Western District Health, Heywood Rural Health, and Casterton Memorial Health have formed the group which works cooperatively to address issues around Indigenous health in the region.



Jerikka Pevitt – winner of the Ka-ree-ta Ngoot-yoong Wat-nan-da (Grow Healthy Together) Indigenous Advisory Committee art competition.

# CULTURE AND DIVERSITY (Continued)

## 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 set an Aboriginal employment target of 2.5%, which is above the Department of Health and Human Services 2% goal. Currently 0.01% of the workforce, identify as Aboriginal or Torres Strait Islander.

PDH goals and strategies for achieving Aboriginal employment:

- 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.



Zoe Bannam, Associate Nurse  
Unit Manager Southward

## WORKING IN HARMONY

Portland District Health is proud of its multicultural workforce, with staff coming together to celebrate this diversity with a Taste of Harmony Day.

Meals from up to six different countries were prepared for a multicultural luncheon by the PDH catering team and by staff members from other countries.

PDH has Filipino, Indonesian, Irish, Sri Lankan, Pakistani, Indian, Bengali, English, Egyptian, Nigerian, South African and Dutch staff.

The event was organised by PDH Aboriginal and Torres Strait Islander workforce officer, Sonia Shelton, who said the luncheon was a way of bringing together all staff and celebrating different cultures.

Staff were also encouraged to wear orange on the day, the colour chosen to represent Harmony Day, signifying social communication and meaningful conversations.

"We wanted to celebrate how our differences make Australia a great place to live and, in particular, make PDH a great place to work," Ms Shelton said. "Our multicultural staff contribute so much to our organisation and to our community."

PDH hosts several functions during the year designed to bring together staff from all departments.

The event coincided with Harmony Day which was celebrated on March 21. The message of Harmony Day is that everyone belongs, and it aims to engage people to participate in their community, respect cultural and religious diversity and foster a sense of belonging for everyone.



Taste of Harmony Day multicultural luncheon.

## NEW BIRTHING CARDS HAVE AN INDIGENOUS THEME

Birthing identification cards for new babies born at Portland District Health have taken on an Indigenous theme.

The cards evolved from discussions with the Indigenous community and are presented free to all new babies.

Bibs with the same design have also been distributed to new parents this month.

PDH Aboriginal and Torres Strait islander workforce officer, Sonia Shelton, said the new cards and bibs were organised with assistance from SWAMP (South West Alternative Medium Project Incorporation), which is a local Indigenous community arts organisation specialising in fibre arts.

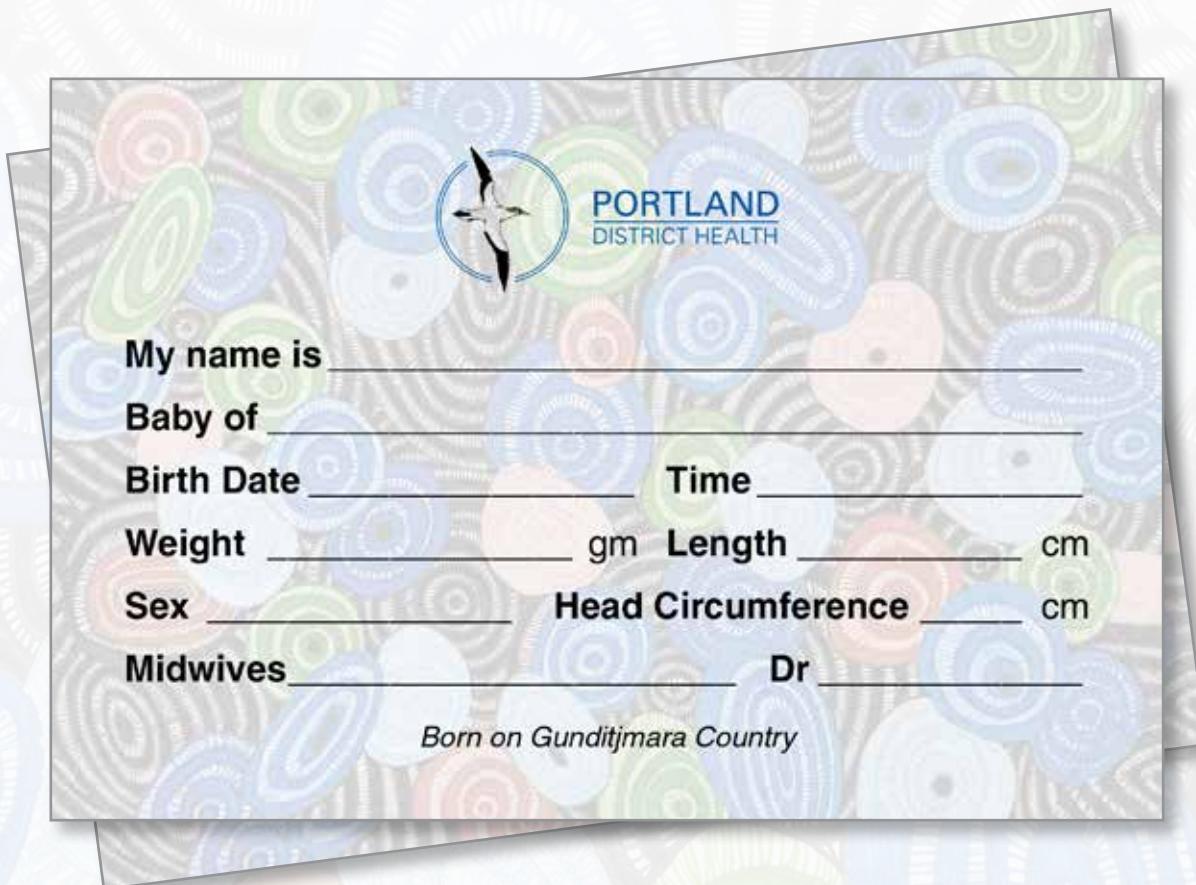
CEO Chris Giles said PDH was excited about the new design and enjoyed gifting these cards to newborn babies and their families.

The bibs and cards were designed by local Gunditjmara woman Kellie Frankland, a traditional/contemporary artist, who has been practicing her art for more than 20 years.

The newborn identification card has been designed to incorporate a 'seeds' design as the watermark and acknowledges being born on Gunditjmara country. Acknowledgement of the artist, and the meaning of the artwork, is printed on the back of the card.

Ms Frankland explains the story behind the design:

"I was walking through the bush one day with my children, a slight breeze flowing through the bush. My children and I were playing amongst the shadows and the warm rays of the sun that came through the treetops. We were laughing and playing. My children and I noticed thousands of seeds all dancing in the wind. The seeds were travelling to their destination where they will begin their new life. The seeds are like us I told my children. Like humans, seeds need the perfect environment, a piece of earth that gives the best chance for them to grow up strong and healthy."



# CELEBRATING OUR VOLUNTEERS

Portland District Health has 122 active volunteers who have contributed an average of 804 hours per month during the past financial year. Activities by volunteers included patient and administration support, delivering meals on wheels, client transport, Portland Therapy dog visits, activity support in aged care, Telecare and involvement on committees and with events.

Volunteers have undergone training including dealing with challenging behaviours, and grief and loss training.

To officially thank and show our appreciation there were two well attended functions held for the volunteers. In line with National Volunteer Week a morning tea was held and International Day of the Volunteer saw a presentation evening held. As part of this event a large number of the Executive Team and PDH Board members cooked and served the 2 course BBQ dinner.

## YEARS OF SERVICE - VOLUNTEERS 2017 - 2018

### 15 years

Shirley Dunn, Gwen Finck, Bob Gower

### 10 years

Anne Mewett, Allan Mewett, Rosemary Vagg

### 5 years

Sam Carter, Lynda Davis, Mick Doherty, Pearl Doherty, Dorothy Longley, Julie Rogers, Brian Tevelein, Beverly Turner, Maria Walker, Bernadette Wood, Assets Real Estate

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



Volunteers Huon & Jeanette Beaglehole,  
Andrew Levings & Chris Giles

## Portland District Health Total Volunteer Hours for 2017– 2018

| Service                                   | Totals<br>Volunteer<br>Hours |
|---|------------------------------|
| Telecare                                  | 253                          |
| Community Transport                       | 1770                         |
| Harbourside Lodge                         | 1841                         |
| Meals on Wheels                           | 2975                         |
| Hospital                                  | 1362                         |
| Palliative Care                           | 126                          |
| Consumer Advisory Committee               | 104                          |
| Committee meetings (other)                | 120                          |
| Portland Therapy Dogs                     | 168                          |
| Events                                    | 830                          |
| <b>Total hours for the financial year</b> | <b>9649</b>                  |

Average volunteer hours  
per month over 12 months = **804**

## New equipment purchased with thanks to the support of the Portland Community

- Cuddle Cot
- Supporting equipment for Simulation Lab in Staff Development Unit
- Maternity birthing bed
- Respirator Acute ward
- Patient monitors
- Neonatal phototherapy equipment
- Ultrasound system for Radiology
- Airvo 2 breathing system for Urgent Care Centre
- Wig stands and display cupboards for the Wig Bank
- Pressure relieving air mattress
- Blood pressure monitors
- Patient lifting equipment
- Diathermy machine
- Insulation testing device for laparoscopic instruments

## PDH VOLUNTEERS BRIGHTEN LIVES

Volunteers are an integral part of the service provided by Portland District Health.

Without volunteers PDH wouldn't be able to offer many little extra comforts and supports to help people in hospital and in the community.

From driving people to medical appointments and delivering meals to support those in aged care and helping at events, volunteers provide excellent background help for patients, clients and staff.

PDH hosted a barbecue during the year to say thanks to all those volunteers, with Board of Management members on cooking duties. The role that volunteers play in PDH is vital for our patients, staff, clients and residents and their contribution is highly valued by everyone."

Meals on Wheels is the biggest volunteer area, with more than 2800 hours contributed last financial year.

*Volunteers like Heather Burton provide a lifeline of support to the patients and clients of Portland District Health.*

### **Heather Burton**

Mrs Burton was recently a finalist in the Minister for Health Volunteer Awards, recognising her 34 years of achievement and contribution.

Now Mrs Burton and PDH want others to follow in her footsteps to continue supporting people in need.

Mrs Burton, 68, is a huge advocate of volunteering and says it can bring benefits to clients, patients, organisations and personally to the volunteer.

"I like to help other people and one day I might need facilities like this," she said. "I really enjoy talking to people and helping them; they tell you about themselves and you can get involved with what they're doing."

"I get enjoyment out of doing something for the community."

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

She has been involved with palliative care, the twilight market committee, fund-raising committees, Telecare and various events and was awarded a PDH life governorship in 2016.

Mrs Burton has also enthusiastically embraced training and has provided support for fellow volunteers.

Outside PDH she has been active with cubs, scouts, Masonic Lodge, and the Probus Women's Group and was awarded the 2017 Glenelg Shire senior of the year award to recognise her many community volunteering activities.

PDH's Director of Primary and Aged Care Fiona Heenan said volunteers like Ms Burton were an essential part of the service offered to the local community.

"Heather is a proud community member who loves to promote the local area and share her enthusiasm and knowledge of her community," she said.

Ms Heenan said PDH needed more volunteers, particularly over winter. "We have an ageing group of volunteers and many leave Portland for warmer weather over winter," Ms Heenan said.

"Those who volunteer with PDH they not only help local people they do something that they will find personally rewarding."

PDH has many different volunteering opportunities available.



Heather Burton and Hon. Jill Hennessy

# CELEBRATING OUR VOLUNTEERS (Continued)

## TWO NEW LIFE GOVERNORS FOR PORTLAND DISTRICT HEALTH

A former long-serving staff member and a dedicated volunteer have been made life governors of Portland District Health.

Ros Jones, who worked for Portland District Health for 22 years, and volunteer Maureen Allan received the prestigious life governor badges at the Portland District Health annual meeting on November 9 2017.

Ms Jones first worked for PDH in the 1980s as a division two nurse and returned in 2002 to take on several leadership roles, including acting CEO, Director of Corporate Service, Quality and Infection Control coordinator, Hotel/Environmental Services Manager and Registered Division 1 Nurse. She also worked tirelessly on the Blue Ribbon helipad project.

CEO Chris Giles said Ms Jones had shown dedication and leadership and undertaken exceptional work to maintain and improve the services and care Portland District Health provides. "We thank Ros for her passion and commitment to our health service," she said.

Ms Allan has been involved in the Portland District Health Telecare volunteer program for the past 23 years. She started as a volunteer with the Portland and District Community Health Centre in 1994 with the Telecare program and has continued in this volunteering role ever since. Telecare is a telephone service providing reassurance and social support for aged/disabled persons who live at home.

Ms Giles described Ms Allan as a strong advocate for volunteering and for the Telecare program.

"Maureen has promoted the program through involvement in outside community groups and on an individual basis, speaking informally to potential clients to make them aware of the program and the benefits they may experience, and we thank Maureen for her commitment and dedication" she said.

A life governorship is the most prestigious award available to a person providing outstanding and continued long services to Portland District Health. Since 1961, PDH has recorded 196 life governors. There are currently 37 surviving life governors.



Chris Giles, Ros Jones and Michelle Kearney.



Chris Giles, Maureen Allan and Michelle Kearney.

## FREEMASONS SUPPORT NEW BLOOD MONITORING UNITS FOR PDH

Patients at Portland District Health have new equipment to monitor their blood pressure thanks to support from Freemasons Portland and Freemasons Victoria.

The fund-raising work of Portland Freemasons Lodge No. 6 and the Freemasons Foundation has resulted in two new blood pressure and heart monitoring units being purchased by PDH.

PDH Director of Nursing Ros Alexander said the new units would provide continuous monitoring of patients' blood pressure in the sub-acute ward.

"We are fortunate to have this equipment in our Urgent Care Centre but we also needed blood monitoring units for use within the wards," Ms Alexander said.

"They are costly but vitally important machines so PDH appreciates the support offered by the Freemasons. The donation will help PDH to continue providing excellence in healthcare to our local community."

"They are a great addition to services for our patients. Feedback from our staff has also been extremely positive, they are a great addition to our equipment."

The two units cost about \$6400 in total.



Carolyn Malseed receiving donation from Portland Freemason Members Lionel Shelton (left) and Ken Bridgewater (right)

## \$5000 DONATION TO HELP BABIES

A \$5000 donation from Woolworths Portland will give locally born babies extra protection against jaundice.

The \$5000 is going towards an \$8770 bilirubin meter to test newborn babies in a non-invasive way. Portland District Health is seeking an additional \$3770 to purchase the machine.

Woolworths Portland store manager Chris Goodman said the money had been raised by staff members who were keen to support their local hospital.

"It's from the local team," he said. "We raised some money and decided to donate to our local hospital. We wanted to do something for kids and we came up with the idea of contributing to the bilirubin meter."

"It's a good thing that will help our local babies. We support the annual Royal Children's Hospital but we also take any chance we have to support our local hospital and anything we can do to help kids. With this meter they won't have to use needles for this test so it's much kinder for the babies."

Staff raise money through barbecues, drink machines and other local fund-raising activities.

A bilirubin meter offers a reliable non-invasive method for screening babies for jaundice. It dramatically reduces the need to take blood samples for testing and is a better option than visual inspection.

The bilirubin levels of new-born babies often peaks two to four days after birth, often after they have been discharged home.

Woolworths Portland Store Manager Chris Goodman and Assistant Store Manager Rob Jeffery presented the cheque to Ros Alexander, Director of Nursing and the midwifery staff.

Thanks to all the staff and Woolworths Portland for all your efforts in raising funds for Portland District Health.



Ros Alexander, Director of Nursing with some of the midwifery team receiving donation from Chris Goodman, Woolworths Portland Store Manager and Rob Jeffery, Assistant Store Manager.

# 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

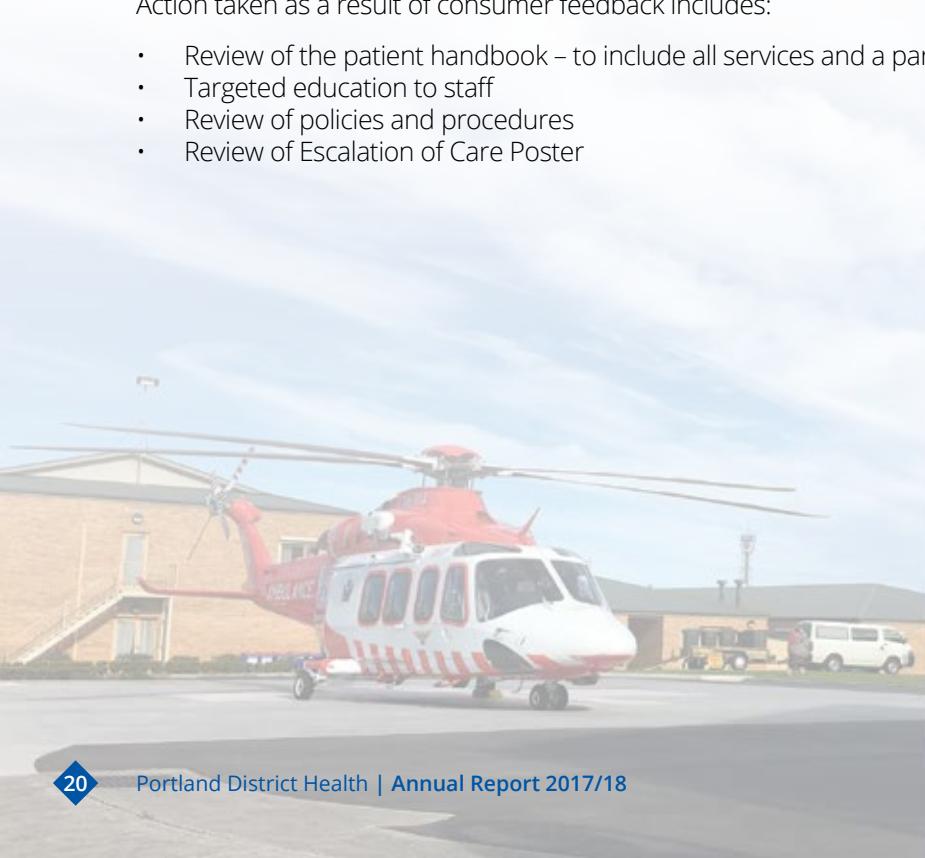
Compliments and complaints recorded in 2017 – 2018

- 183 compliments
- 110 complaints

| Category                   | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Compliments                | 14  | 20  | 15  | 8   | 21  | 9   | 21  | 13  | 18  | 15  | 15  | 14  |
| Complaints                 | 8   | 10  | 6   | 17  | 11  | 10  | 3   | 14  | 4   | 7   | 10  | 10  |
| Acknowledged within 5 Days | 2   | 6   | 5   | 5   | 4   | 2   | 2   | 10  | 4   | 3   | 2   | 7   |
| Open > 30 days             | 2   | 10  | 3   | 11  | 23  | 9   | 2   | 10  | 11  | 5   | 5   | 6   |

Action taken as a result of consumer feedback includes:

- Review of the patient handbook – to include all services and a parking map
- Targeted education to staff
- Review of policies and procedures
- Review of Escalation of Care Poster



## 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.

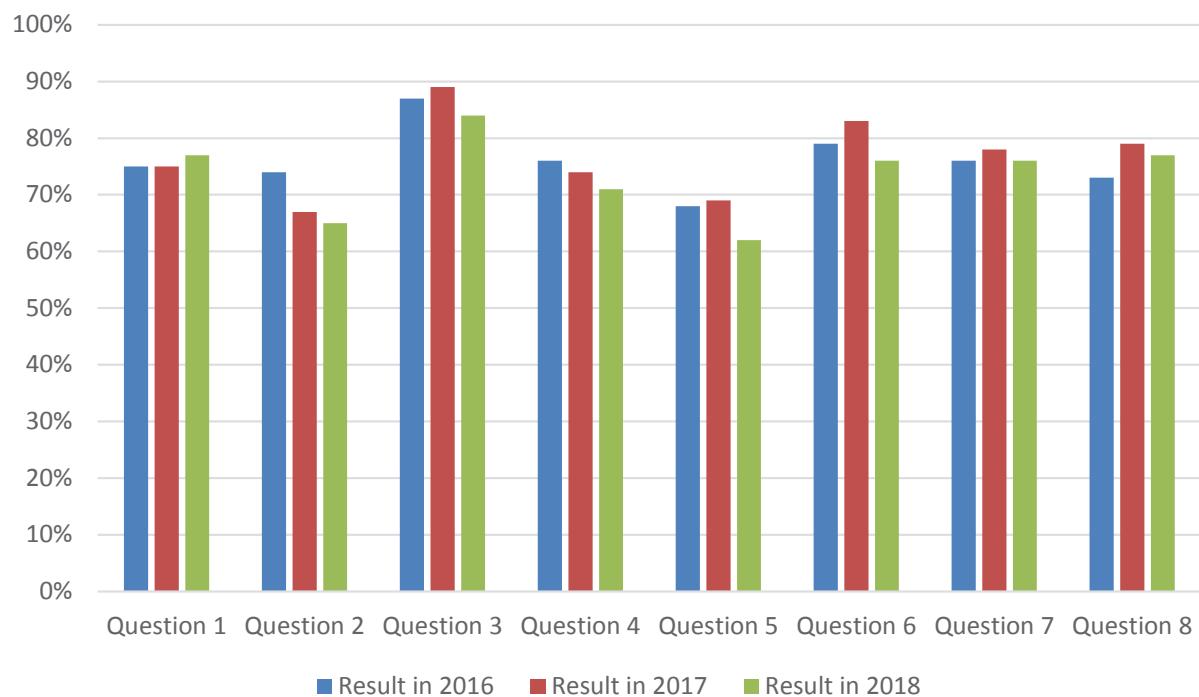
The survey asks employees about how well Portland District Health:

- **Upholds the public sector values:** integrity, impartiality, 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**

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

### Results from PDH People Matter Survey on patient safety culture 2016 - 2018



Actions taken as a result of the Peoples Matters Survey:

- Leadership Training
- Contact Officer Program
- Workforce, Culture and Development Committee working party to develop action plan on focus areas where results did not meet PDH expectations
- Board directed workforce culture review risk assessment

# QUALITY AND SAFETY (Continued)

## ACCREDITATION STATUS

Portland District Health participates in a number of accreditation programs that supports the delivery of 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.

| Accreditation Authorities                                      | Status  |
|--|---|
| Australian Council on Healthcare Standards (ACHS)              | An Organisational Wide Survey was undertaken in August 2018                                     |
| Commonwealth Home Support Program                              | Full accreditation achieved in June 2017  |
| Aged Care Standards Accreditation Agency (ACAA)                | Full accreditation was achieved in August 2015 and a survey visit was undertaken in August 2018 |
| 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.

High frequency events are reported to appropriate committees for review and evaluation. This ensures a comprehensive response is undertaken to reduce the incidence of these events.

## PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTIONS

Healthcare acquired infections are infections which patients contract whilst in a healthcare facility. Each year millions of people worldwide are affected by healthcare acquired infections, and at least half of these are thought to be preventable. Reducing the risk of getting an infection is a high priority at Portland District Health. Regular staff education, policies and procedures, quality improvement activities, auditing and surveillance are all undertaken to help to reduce these risks.

Processes are reviewed regularly to identify problems and to improve our infection prevention and control strategies. The data from infection rates are reported each month to VICNISS (Healthcare Associated Infection Surveillance). The Infection Control Department works across all areas of Portland District Health to provide information and implement changes that improve patient outcomes by preventing the acquisition and spread of infections.

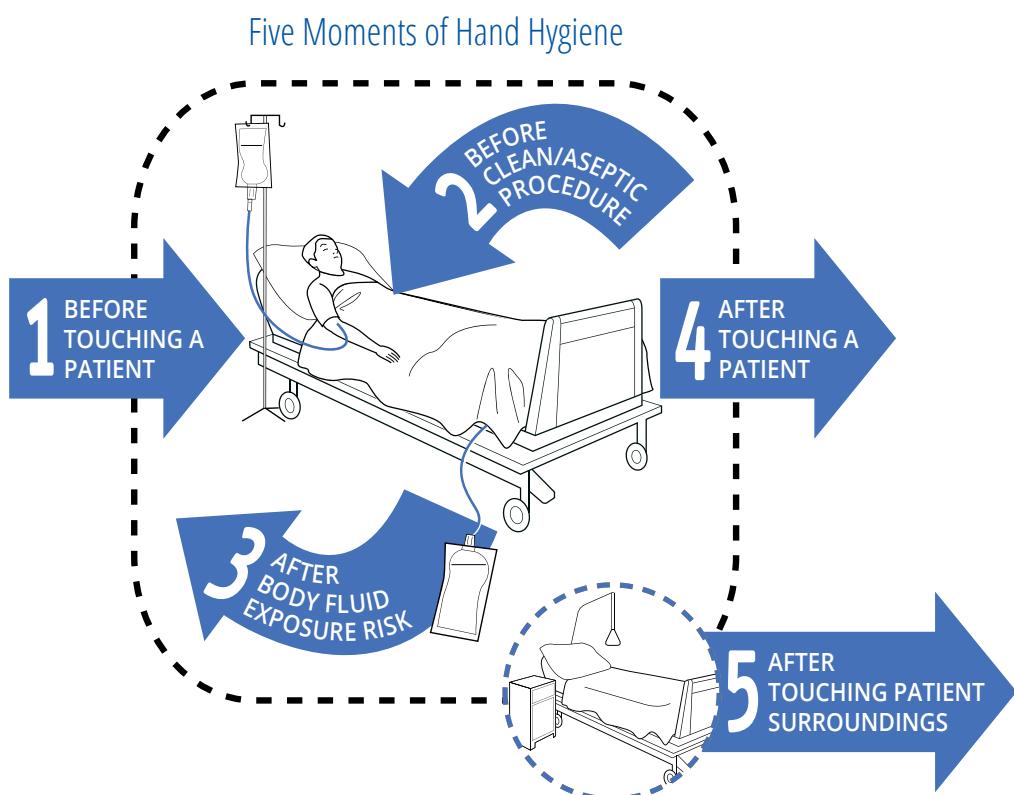
The Infection Control Department continues to partner with consumers in disability support services, schools, medical clinics and community support groups to provide education, resources and support. This ensures the continual sharing of knowledge on infection control practices with the aim of keeping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

## HAND HYGIENE

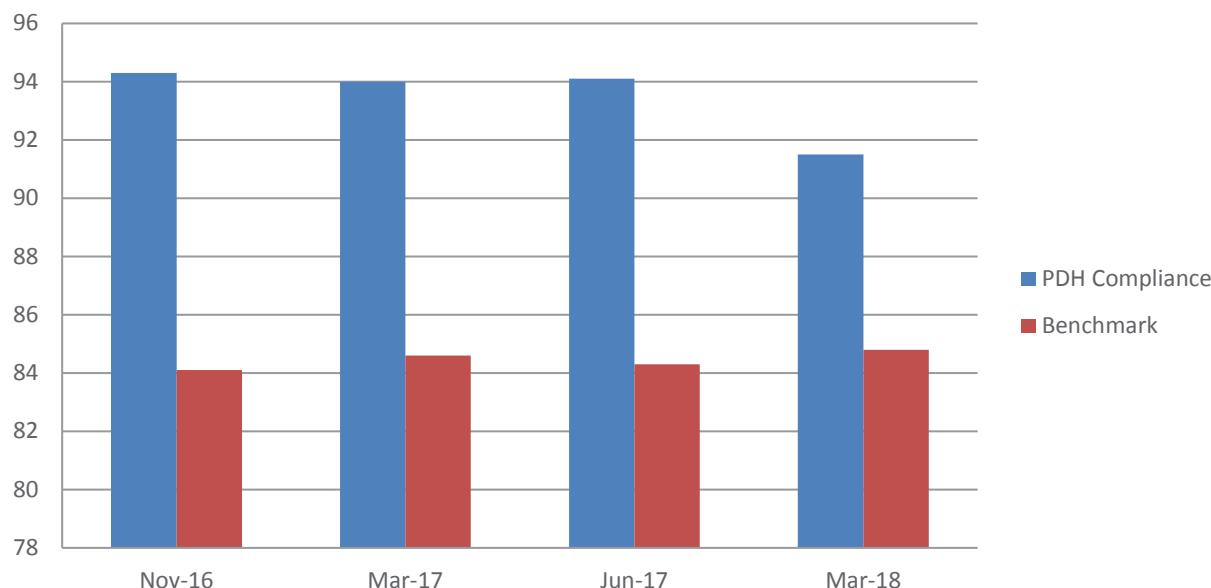
Hand hygiene is the single most effective method of intervention for preventing healthcare associated infections and reducing the transmission of infections. Portland District Health is actively involved in the global hand hygiene initiative called the Five Moments of Hand Hygiene, which was launched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

## HAND HYGIENE COMPLIANCE RATES

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



## Hand Hygiene Compliance Rates for 2016 – 2018



# QUALITY AND SAFETY (Continued)

## HAND HYGIENE PRODUCT USAGE

Hand hygiene product usage continues to significantly increase each year. Alcohol based hand rub products are available to visitors and patients at all points of entry throughout Portland District Health, at patient bedsides and other area throughout. High hand hygiene product usage has been a valuable addition to the hand hygiene program.

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      |
| 2018 to date | 1072 bottles      |

## STAFF HEALTH

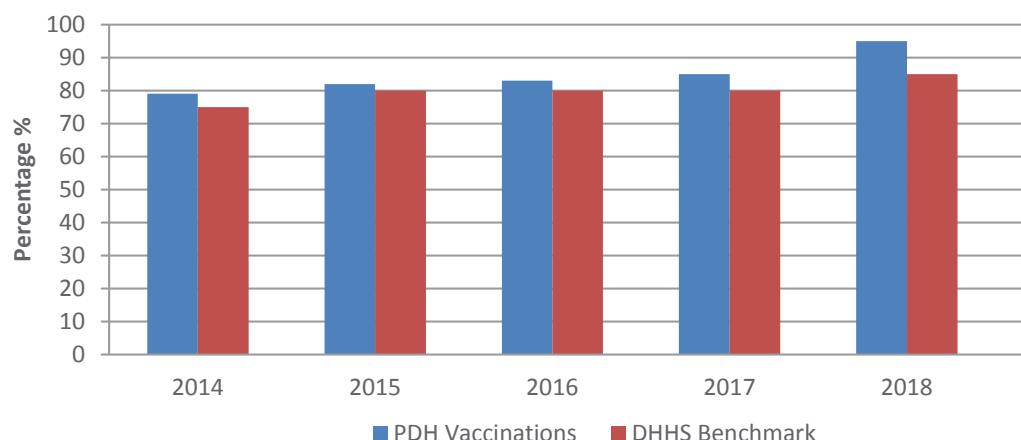
Staff health and wellbeing is highly valued at Portland District Health. A high immunisation rate among our staff is extremely important, and is a safe, simple and effective way to provide protection for health care workers against serious diseases.

In 2018, Portland District Health changed their staff immunisation and wellbeing policy to reflect the importance of high influenza vaccination rates. To

show our commitment to the Portland community and consumers, we introduced the wearing of a surgical mask for all non-influenza vaccinated healthcare workers when working within 1 metre of our consumers.

The introduction of Influenza information and product stands at all entrances has been hugely supported by consumers and staff of Portland District Health.

### Staff influenza vaccination rates for 2014 to 2018



## AGED CARE QUALITY INDICATORS

Harbourside Lodge Aged Care Facility participates in a state-wide program that allows for monitoring and reporting of the 5 quality care indicators as listed below.

**Pressure injuries reduction:** PDH Action – All mattresses are assessed by trained staff to ensure they maintain pressure relieving quality.

**Use of physical restraint:** PDH Action – Portland District Health policy states that physical restraint will not be used.

**Use of nine or more medications:** PDH Action – PDH pharmacist performs scheduled medication reviews with recommendations made to assist in ensuring resident prescriptions are appropriate.

**Falls and fractures:** Action – Introduction of Delirium guidelines to assist with the early recognition and management of a resident who may be experiencing a delirium episode.

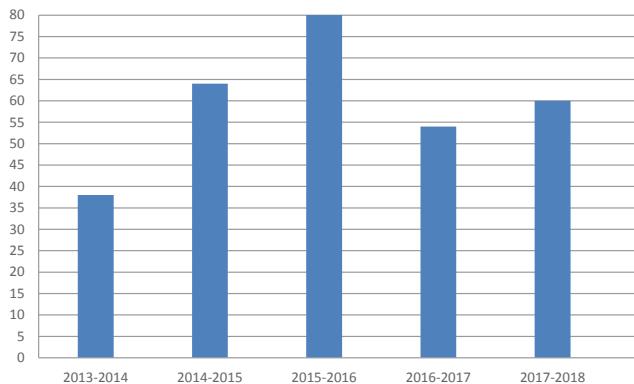
**Unplanned weight loss:** Action – Harbourside Lodge participate in the Nutrition Steering Committee which allows for multiple nursing and allied health professionals to advise on optimal nutritional care for residents.

These indicators are reported at the Quality, Safety and Risk Management Committee on a quarterly basis. Results are also displayed in public areas in Harbourside Lodge.

# CONTINUITY OF CARE

## BIRTHING SERVICES AT PDH

In the last financial year 60 babies were born at Portland District Health.



The level of Maternity Services a hospital can provide is defined and monitored by the Department of Health and Human Services. Portland District Health provides a level 2 Maternity Service and Level 2 Nursery.

A very important part of a maternity service is the availability of oncall theatre staff including nurses and anesthetists. Portland District Health is fortunate to have the services of one full time Obstetrician, 9 permanent midwives and 3 casual midwives.

When a pregnancy or birth falls outside our level of safe capability our maternity team consults and refers to services with greater capacity to deal with high risk care.

We work closely with PIPER, the Paediatric Infant Perinatal Emergency Retrieval Service who decide on the best location for ongoing care which could be Warrnambool, Geelong or Melbourne depending on the situation.

In the 2017 - 2018 period the team assessed and transferred 27 women to higher levels of care and 4 newborns requiring specialist nursery care.

As with any resident in the Glenelg Shire it is vitally important pregnant women and their families have current ambulance subscription to assist in the cost of transfers.

Maternity staff have undertaken various training in the past 12 months including:

- training on Fetal Surveillance (Monitoring of the mother and baby) and Neonatal resuscitation
- scenario based training called PROMPT where we practice emergency situations.
- PIPER training – the team who fly to Portland to retrieve our very sick babies provided on site training.



Medical and Midwifery staff undertaking PROMPT scenario based training at PDH

# CONTINUITY OF CARE (Continued)

## PALLIATIVE CARE SERVICES AT PDH

'Palliative care is an approach that improves the quality of life of patients [adults and children] and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through early identification, correct assessment and treatment of pain and other problems – whether physical, psychosocial or spiritual.' (World Health Organization)

Portland District Health staff are dedicated to ensuring optimal end of life care. This specialist dedicated team support people with a life-threatening illness through:

- direct care for people requiring specialist palliative care interventions
- referrals to specialist palliative care nurse for inpatients
- shared care arrangements with other healthcare providers

PDH works closely with larger healthcare services across South West Victoria and also assists with consultation and advice to other services and healthcare teams providing end-of-life care.

The Palliative Care team play an active role in providing the community with important end of life and palliative care information. Advanced care planning presentations have been provided to service clubs along with media releases and local radio programs.

An Annual remembrance service is provided for the families of past palliative care patients which is always well received.



## ADVANCED CARE PLANNING

Advanced care planning is something that everyone should consider; not just the elderly or sick.

Portland District Health promoted awareness during Advanced Care Planning Week from April 16-22 2018, asking the community to consider the system as part of everyday conversations.

Being prepared for this difficult time can reduce anxiety for ill people, their loved ones and health professionals.

Portland District Health assists people and families with advanced care planning and is encouraging all local residents to have their medical wishes recorded.

Advanced care planning documents how people want to manage their health care if they lose their decision-making capacity.

Everyone should consider appointing a medical treatment decision maker and do an instructional directive for treatment.

Advanced Care Planning includes consideration of who you would want to make decisions for you regarding your health and personal care if you were not able to make it yourself and documentation of guidelines around what treatment you may or may not want in the future.

PDH's Community Palliative Care staff and the Hospital Admission Risk Program (HARP) team can help people to set their advanced care plans, but GPs, practice nurses, allied health professionals and district nurses can also provide support.

A recent audit by the HARP Team, which includes clients with chronic disease, indicated 100% of clients had completed and Advanced Care Plan. 100% of consumers receiving palliative care are provided with the opportunity to complete an advanced care plan.



# OUR STAFF

## OUR NEXT GENERATION OF HEALTH WORKERS

Portland District Health is playing a leading role in training the next generation of health workers.

Each year we host about 100 students on work placements as they complete courses ranging from nursing to radiology.

The on-the-job training is an essential part of the experience for all health workers and PDH maintains a strong commitment to supporting this process.

This year 76 nursing students, as well as six paramedic, one pharmacy, two physiotherapy, four health information, three radiology and one occupational therapy will learn alongside experienced PDH staff.

The students usually stay with PDH for three weeks and work with a 'buddy' or mentor to gain on-the-job experience and to observe staff as they undertake their regular tasks.

They also liaise regularly with education and clinical support nurse Donna Farr as an independent support person.

PDH understands the importance of having a highly skilled workforce and is committed to supporting

training programs and implementing ongoing education and training for existing staff.

Hosting students often inspires them to return to work at PDH and is good for workforce retention.

South West TAFE Diploma of Nursing students Georgia Barnett and Alicia Blain, both from Timboon, have recently completed a three-week clinical placement at PDH and said the experience was invaluable.

"It has consolidated everything we've learned in the course," Miss Blain said. "The nurses at PDH have been very helpful. In a lot of cases they are recent graduates so they understand what we need," Ms Barnett added.



Students - Georgia Barnett & Alicia Blain

## NEW ANAESTHETIST ENJOYS RURAL PRACTICE

Anaesthetist Dr Jun Parker has worked all around Australia but his experiences in Western Victoria have inspired his appointment at Portland District Health.

Dr Parker has experience working in many rural and remote communities, from Queensland to Tasmania and from New South Wales to Western Australia, but when he heard that PDH needed an anaesthetist he was quick to respond.

"After undertaking postgraduate training at Royal Brisbane and Women's Hospital, I moved to Western Victoria for general practice and anaesthetics training. I have worked in Lorne, Airey's Inlet, Bannockburn, Ballarat and Hamilton," he said.

The job at Portland came about through recommendations Dr Parker received from Hamilton.

"I enjoyed working in different parts of rural Australia but I decided to come back here and take on this position in Portland," he said.

"It's a way of saying thanks to the Western Victorian community for its part in training me up to where I am now."

Dr Parker has always enjoyed rural and remote medicine. He studied medicine at James Cook University in North Queensland which has a strong focus on rural, remote

and Indigenous health and he also helped establish a rural generalist training program in Japan.

"I appreciate the joys and challenges of rural medicine and I'd like to show young doctors that rural health can be a fulfilling and interesting career."

Dr Parker was born in Japan and graduated from high school in Adelaide. "I've lived in Australia longer than I have in Japan," he said.

Dr Parker's main role at PDH will be in anaesthetics but he will also work as a general practitioner at Active Health Portland and he has training in palliative care.

"Anaesthetics are where the health needs of the community are but I enjoy all aspects of medicine," he said.



Jun Parker

# OUR STAFF (Continued)

## NEW DIRECTOR OF MEDICAL SERVICES

Portland District Health's new Director of Medical Service Kaushik Banerjea says his work comes down to one basic philosophy.

"My job is to keep patients safe," Dr Banerjea said. "We need to take care of people and provide the best possible care," he said. "We don't want to cut corners and we don't want to be providing outdated care or treat patients as another number."

Dr Banerjea completed his physician training in India. After medical school, he joined the army where he stayed for five years and left as a Major in 1994.



Kaushik Banerjea

"I left because I didn't like the amount of medical work I had," he said. "All my potential patients were fighting fit so I didn't have much to do."

He then went to England to undertake further training before moving to the warmer climate of the Caribbean for eight years where he completed post graduate training.

In 2005 he came to Australia with his wife Krishna and young family.

"Australia had a fascination for us; it was in the southern hemisphere and it was unknown to us," Dr Banerjea said.

He worked as an emergency physician at Tweed Heads before moving to the Gold Coast and later Western Australia and more recently Bairnsdale. "This is the first time in my life I've taken a job in the same state," Dr Banerjea said. "In the past changing jobs meant changing countries."

Dr Banerjea says he was attracted to the Portland role to continue his passion for teaching and studying. He will be undertaking another fellowship in medical administration during his time in Portland.

He's impressed with the people and professionalism at PDH.

"It's nice to go to an organisation and see people you don't know and they smile at you and I'm very impressed with the medical and clinical services," he said.

"The specialist model is a very positive step. There is no doubt there is more we need to do, but the staff we have are brilliant."

## STAFF LENGTH OF SERVICE AWARDS

### 35 Years

Janet Westlake

### 30 Years

Erin Barker  
Megan Bunge  
Peter Bunge  
Bruce Caslake  
Tanya Doran  
Jillian Jennings  
Julie Marsh  
Elizabeth Rundell

### 25 Years

Jennifer Craig  
Lynette Thomas  
Jennifer Trenordan

### 20 Years

Donna Eichler  
Gerard Leonard  
Noelene Mabbitt  
Susan Maher  
Brenda McCulloch  
Lynette McNaughton  
Bronwyn Mibus  
Janne Morrison  
Joanna Spurge

### 15 Years

Louis Adriaanse  
Kym Cook  
Susan Fechner  
Lauren Hockley  
Susanne Johnson  
Amanda Malseed  
Casey Scott

### 10 Years

Dr Timothy Baker  
Marisa Di Serio  
Cheryl Donehue  
Mark Fuller  
Sonia Hartel

### 10 Years (Continued)

Fiona Jenkins  
Annette Kerr  
Deborah Magann  
Rosana Pekin  
Martin Schmetzter  
Tracy Stafford  
Martin Starick  
Leanne Stiles  
Rachel Stoneman  
Nicole Taylor  
Ellen Wombwell



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