



## Your **ACTIVE HEALTH**

### **The GP super clinic has a new name – Active Health Portland.**

The name has been adopted after a competition conducted by PDH and was chosen to reflect the holistic nature of the centre which aims to motivate people to take an active role in their health and wellbeing.

Active Health Portland had been developed as part of the Federal Government's GP Super Clinic program.

The new name was suggested by PDH's Early Intervention Team Leader and Service Access Coordinator Rachael Moore.

A logo has been designed for this important local health initiative and a new board elected to oversee its operations, with Mike Noske as chairman.

The building is progressing well and it is expected that Active Health

Portland will be ready for business by March 2012.

A recruitment campaign is underway to appoint a clinical director, practice manager, GPs and allied health staff.

In its first stage there will be a strong focus on diabetes and heart disease, two of the most prevalent chronic diseases in our region.

Other programs and services will include lifestyle modification programs to address the recognised triggers for both diabetes and heart disease

The project was announced in August

2009 when the Federal Government allocated \$4.9 million to PDH to lead a consortium including the Deakin University School of Medicine, Otway Division of General Practice and Greater Green Triangle GP Education and Southern GP Training to construct a new GP super clinic.

GP Super Clinics include a greater focus on health promotion and illness prevention and better coordination between privately provided GP services, community health and other government funded services.



## For The Good Times

### **Entertainers Mick and Pearl enjoy performing as much as the residents of Harbourisde Lodge enjoy listening to them.**

Mick and Pearl, AKA The Happy Gang Entertainers, have visited

Harbourside for several years but have now moved to Portland and expect to be regular monthly attractions for residents. Their mix of songs, jokes and tap dancing provides fine entertainment.

"We are volunteers," Mick said, "but we do it because we love it".



# Full circle

**Marlene Duffy has gone full circle in her 47 years of employment with PDH.**

Marlene started as a nurse in 1964, spent 30 years working in catering, and for the past seven years has returned to nursing.

It has been a roundabout way of doing things but Marlene continues to enjoy her contribution to the hospital.

"I still enjoy going to work every morning. It's nice to be able to say that after 47 years," she said.

Marlene joined PDH in 1964, three weeks after she married Portland local Brian Duffy.

"I had come from the Wimmera and worked in a few other places but after I was married Portland was the only place I worked," she said.

She worked full time in nursing for about 10 years before having a family and moving back into relief work.

However, Marlene decided to take change direction when she had children. "I changed over to work in catering. I enjoyed the work because it was in the wards with people and the hours were better for my family," she said.

Initially she planned to make the change for a year but that turned into 30 years. "It was usually 8.30am to 5pm shifts which suited our family and I enjoyed it so I just kept going."

However, Brian's death about seven years ago prompted Marlene to return to nursing. "I always had a dream that one day I would go back into nursing so I took long service leave and went to the Hamilton hospital to do my re-entry. It worked out well so now I'm back nursing."

Marlene will be 68 and plans to retire next year. "I'm pretty fit and can keep up with the younger ones but it's probably time to retire," she said.

That will give her more time to pursue her volunteer work, play golf and walk with her partner Rob Bartlett, including tackling the Milford Sound track early in 2012.

Marlene's long service was recognised by the PDH board of management at the annual general meeting.

# Courting success

*Michelle Freeman, Lucy Telfer, Meagan Rogers*



**They come from all parts of PDH, are creeping up towards middle age, and in most cases have never played basketball before...but the Westerns Basketball Club's division five women's team is doing the hospital proud.**

PDH stores supply worker Laurel Morrissey and her husband Greg are the driving forces behind the Westerns club and thought it would be good to start a new women's division five team.

Laurel put the word around and soon had a team together. "It was easier than I expected, people were keen to play," she said.

Finance workers Megan Rogers and Tanya Daniel, theatre Nursing Unit Manager Angela Hand and staff Pip Wombell and Lucy Telfer, drug and alcohol worker Hegarty and admin workers Rachel Stoneman and Michelle Freeman were keen to start their basketball careers.

However, the members would be the first to admit the prospects didn't look great at the start.

"There was only one who had played before," Laurel said. Compounding this lack of experience, the women were often competing against girls almost half their age and the first game reflected their inexperience.

"They were 24-0 at half time," Laurel recalled. "They didn't really have a grasp of the rules and were giving away fouls but they picked it up pretty quickly."

In the second half they scored four points and contained their opponents which started a great turnaround in form.

Apart from a few sore bodies there were no major injuries and the team started to synch and improve in their goal shooting.

They have now won four games and lost a few by just a couple of points. They are also a chance of playing finals.

"Not bad for a group of middle aged women who have never played the game before," Laurel, who also helps out as scorer, said.



# Cooking up a healthy brew

## **Ann Fairman's love of chemistry and her desire to help people inspired her to take up a career in pharmacy.**

Ann, PDH's senior pharmacist, likens the role when she first graduated to "scientific cooking" with weighing and measuring of ingredients.

"I became a pharmacist because I was intrigued by chemistry, enjoyed the creative side of science and have a good memory for words and drug names. It is good to see a product you've made, whether it is an English Trifle or compounded ointment. Today there is very little extemporaneous dispensing except at specialist pharmacies."

"I like cooking international dishes and I like scientific cooking too," she said.

Ann was the September Employee of the Month. She has been with PDH for six years and has a career covering

40 years in the field; including jobs in Canada and the United Kingdom (Ann was born in Scotland and raised in England).

There have been many changes over that time which have impacted on the role of a pharmacist.

"When I did my apprenticeship we didn't even talk to the doctors; there was no interaction between the pharmacist and medical staff," Ann said. "When I graduated the ratio of female to male was 50:50 but now there is about 85% female in the Australian university pharmacy courses."

In the early days labels for directions on medicine containers were hand written but contained no details of the ingredients. "We never included the contents...that was confidential between the doctor and pharmacist," Ann said. "Patient expectations and understanding are much different today."

Ann says this better flow of information makes for an improved system, and Australian hospital pharmacists have more interaction with patients than their Canadian counterparts. "We work closely with patients to make sure they understand their medication," she said.

PDH has introduced a reconciliation system over the past year which has improved monitoring of patient medication and the hospital has developed strong links with community pharmacists.

"We have a great rapport with local community pharmacists," Ann added.

Ann is also one of the few who can honestly say she moved to Portland not only for the job, but also for the weather. She came from Alberta, Canada where the temperature dipped to minus 30 C so her preference for Portland weather is understandable.

# Room with a view



**Is this the best view from any private hospital room in Victoria? It surely would be hard to beat and when you add the occasional whale sighting into the equation it becomes even better.**

PDH now offers a variety of private options that make life just that bit more comfortable for patients with private insurance.

Private Patient Liaison Officer Judy Solly says using private facilities is better for patients and the hospital.

"We encourage people with private

health insurance to use private rooms, but it is their own choice," she said.

Benefits for private patients include a private room, free television rental, free local telephone calls and daily newspapers, and personal

assistance from the liaison officer.

"Everyone receives the same great care at PDH but we do add some extra incentives for private patients," Judy added.

The level of private room use has increased since Judy's appointment last year which is good news for the hospital as private health insurance companies pick up the costs.

PDH aims for a 'no gap' policy and liaises with visiting specialists to eliminate out-of-pocket expenses wherever possible.

# Variety is the key



**Albert Interino is enjoying a lot of variety at PDH. Albert joined the hospital as a Registered Nurse Division One and has been rostered in aged care, sub-acute care and the acute ward. "Having a roster that covers different areas has been very beneficial for me," he said.**

Albert came to Australia from the Philippines and completed a bridging course at Bendigo.

"Australia is a beautiful place and I want to stay here forever," he said. And Portland has its benefits too..."it's great to be able to get to work in less than five minutes," he said.

# Sea View House review

**PDH has appointed Melbourne-based firm Ferrier Hodgson to undertake a comprehensive independent review of Sea View House which will provide a fully-costed appraisal of all future options for the supported accommodation service.**

The review will involve extensive community consultation and will look at all options for Sea View House to continue as supported accommodation servicing a client group similar to its existing mix of residents.

It will assess whether PDH can continue to operate and market Sea View House under a new fee regime or sell the business as a going concern.

The likelihood of an alternative party being interested in either operating or purchasing Sea View House will be considered.

If it is determined that Sea View House can no longer operate as a supported accommodation service, alternative uses for the site will also be considered.

The review is expected to be completed before the end of the year.

# New style of care

**PDH has introduced a new program that will help patients regain their independence and confidence as they recover from an acute illness.**

The holistic Transitional Care Program will also give families time to decide on long-term care arrangements for their loved ones.

Program coordinator Michelle Jenner said that after the 12-week program patients/clients and their families would be in a better position to decide on long-term care.

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

It will help them to return home rather than prematurely enter residential care by using a strong therapy focus with support from physiotherapists, occupational therapists and dedicated nurses.

Michelle said the program was tailored to suit the needs of individuals.

"It is a new style of care for Portland but the program has been very successful in other areas. It is a time limited, case managed program that incorporates very individualised care with input from the patient and their family. There is a waiting list for the Transitional Care Program (TCP) in Warrnambool and we expect there will be strong



*Transition Care Program nurse Felicity Alford and coordinator Michelle Jenner with one of the program's first clients Betty Vivian.*

demand here too," she added.

PDH has been allocated TCP beds, four in the hospital's sub-acute south ward and two in the community. While in hospital the patient is assessed by an Aged Care Assessor as suitable for TCP.

Michelle said the program would give families time to consider long-term care and avoid premature entry to aged care facilities.

"It also avoids any problem of people being released too early and then having to come back to hospital."

The Transitional Care Program was established in 2004-05 as a jointly funded initiative between the Commonwealth and states and territories. It is designed to support non-Indigenous people aged 70 and over and Indigenous people aged 50 and over.

## Landing soon

**Portland's helipad is taking a little longer to arrive than initially expected.**

However, formal state government planning approval for the helipad's construction is expected soon and

it is hoped the work will start early in 2012.

The helipad will be built on Ploughed Field opposite the hospital emergency department.

The Department of Sustainability

and Environment has given coastal management consent with 13 conditions, including demonstrating the stability of the cliff face.

PDH also needs to enter into a licensing agreement with Glenelg Shire Council for the helipad site.

# Back on track

## A pulmonary rehabilitation program is helping Portland people get back on their feet.

The eight-week program helps people with chronic airway diseases such as asthma and emphysema to gently improve their fitness and learn more about their conditions.

Coordinator Helen Anderson said the programs were hitting the mark. "People are really enjoying it and seeing the benefits," Helen said.

The program starts and ends with a simple six-minute walking test. "Everyone involved is able to walk further at the end of the program than at the start which is a good indication of success," Helen said.

"Some people say 'I couldn't do that last week' which shows they are recognising their improvement."

The two-hour programs are split between education and exercise. Participants are put through a series of gentle supervised exercises and hear from experts such as physiotherapists, dietitians and psychologists.

Exercises include walking, cycling, arm and leg pedals, light weights and chair exercises. The level of intensity is set according to the fitness levels of individual clients and pulse and oxygen levels are constantly monitored.

"We teach people to recognise their own signs and symptoms and give them strategies on how to manage their conditions. We don't push people too hard but they respond to the encouragement and everyone sees improvement," Helen said.

Participants are also encouraged to continue exercise after they complete their eight-week program.

# Something to smile about

## Students at primary schools in Glenelg Shire now have healthier teeth thanks to a local health promotion initiative.

The Glenelg Healthy Schools Network has supported 100 per cent of primary schools in the Glenelg Shire to achieve the Kids – 'Go for your life' award.

The network has representatives from Portland District Health, Heywood Rural Health, local school principals, Glenelg Shire Council and the YMCA

Kids – 'Go for your life' Manager Natalie Russell said it was an

amazing achievement to have all primary schools in the Glenelg Shire awarded. "It shows the dedication of the health professionals working in this area, the benefits of their collaboration and sustained commitment to implementing the program locally. They continue to make children's healthy eating and physical activity a priority for their area."

There are 14 schools in Glenelg, the first to become awarded was Portland South Primary School in August 2007 and the most recent school was Sacred Heart School in Casterton in May this year.

# So far so good



## Dr Chengetai Dunduru has come to Australia for the greater opportunities offered to the medical profession. And it's a case of so far, so good in Portland.

Dr Dunduru joined PDH at the end of June after moving from Namibia. He grew up and did his medical training in Zimbabwe but was keen to seek out other international opportunities.

He found the Portland medical officer position through an internet recruitment site and is glad he made the big move from Africa to Australia with his wife Linda and five-year-old son Kombos.

"So far, so good," Dr Dunduru said of his time in Portland. "Everyone is very nice and kind and made us feel very welcome."

Dr Dunduru hopes to specialise in emergency treatment and surgery.

# Settling in

**Two of PDH's recent recruits have settled nicely into the Portland community and are finding plenty of impressive sights to enjoy.**

Tendayi Maregere has joined the pharmacy team and Bindu Mathew is working as a nurse.

Pharmacy technician Tendayi has moved from Zimbabwe and Namibia with her husband Spencer who is working as a pharmacist at Portland Guardian.

"Portland is nice and it was particularly nice to see the ocean. It was my first experience of seeing the ocean so that was wonderful," she said.

The couple was attracted by Australia's economic stability and the job opportunities that it offers.

Originally from India, Bindu has come to Portland after graduating from



Ballarat University and working in Melbourne for two years.

"I did my placement in Portland and was then offered a job. It's a very nice place and the staff and management are very supportive," she said.

# Bridging the gap

**PDH is helping to bridge the gap and provide better health outcomes for Indigenous people with the signing of a new memorandum of understanding.**

The agreement with Dhauwurd-Wurrung Elderly and Community Health Services Inc (DWECH) aims to improve access, quality and cultural safety of services to Aboriginal people by increasing care co-ordination between DWECH and PDH.

It is the first of its type to be signed between the organisations.

DWECH Chair Maxine Risk said all Australians including Aboriginal communities require health services to suit their needs. "The goal of achieving equality in health status and life expectancy is a huge task and this MOU provides for the first time the opportunity to work with PDH," she said.

PDH Board President Andy Govanstone said the agreement would lead to a suitable Aboriginal Hospital Liaison service between the agencies and initiate a partnership group to monitor organisational change.

A liaison officer will ensure a seamless transition for Aboriginal people between the PDH and DWECH.

The MOU will build the capacity of PDH to deliver culturally appropriate services through cultural training by DWECH staff. "We will work together as equals," Andy said.

A joint 'Closing the Gap' Steering Committee will be formed to ensure the agreement's objectives are met.

# Learning experience

**An oral health promotion forum has helped 77 disability support workers, parents, carers and people with a disability to understand more about oral health.**

The forum was hosted by the Glenelg Disability Health Promotion Action Group and Scope Victoria and supported by PDH's health promotion team. Sessions focused on oral hygiene, tube feeding, safe swallowing, nutrition, menu planning, training, and communication. A resource table and 'Cavity Corner' was set up to display an 'Art of Oral Health' project which was presented by students and teachers from Life on Line and Transition Crew classes at South West TAFE in Portland.

The forum enhanced local partnerships and provided a professional development opportunity on how to promote oral health.

The information provided could be integrated into the daily work practices and oral hygiene regimes of disability support workers, parents, carers and people with a disability.

The next strategy for the group is to consider is to adapt and pilot the Better Oral Health in Residential Care package in Disability Accommodation Services (DAS, DHS) and the Kyeema Support Services respite service in Portland.

# Cultural pride



**PDH is proud of its multi-cultural workforce and is helping new staff to settle into the community. The health service has health professionals from a variety of countries, including India, Sri Lanka, Lebanon, Jordan, China, Korea, South Africa, Zimbabwe, among others.**

As part of a program to help clinical staff and their partners settle into the community, PDH hosted a 'meet the partners' luncheon on October 13.

CEO John O'Neill hosted the luncheon and said the hospital has a terrific group of people from around the world who have brought great skills to our community. "We have been recruiting extensively from overseas to fill specialist positions where there are widespread skills shortages in Australia," John said.

"We have a terrific group of people from around the world who have brought great skills to our community. We held the luncheon and other events to help them get to know each other better and to help the settling in process," he said.

*(back row- left to right) David Taylor, Yaser Dardr, Chengetai Dunduru, Jai Sud, Anatoli Sobtchouk, Sathya and Anu Sankarasubramanian.*

*(front row- left to right) Amanda Lishman, Ann Taylor, Mudfi Dardr, Linda Dunduru, Gaurika Sud, Usha Naidoo.*

# Loyal and happy



Janine McIvor is a long-serving, loyal, helpful and happy employee of the Food Services Department at PDH.

Janine's exceptional service to inpatients and her friendly nature to everyone helped her to be named July Employee of the Month

In her nomination form, Janine was described as always having a smile and friendly greeting, offering food and drink and attending to any other requests without hesitation.

# A shining light



Nicole Evans is a shining example of a good nurse.

Nicole was the August Employee of the Month award and is known for "going the extra mile", often giving her time beyond normal working hours to stay with patients and families and attending funerals.

Nicole works in the palliative care area and was previously part of the district nursing team.

Her care and support for patients and their families, especially at the difficult time of loss, requires 100 per cent dedication and professionalism.

It is often stated by patients' families how wonderful Nicole has been during the palliative care of their loved one.

Nicole was described by her nominees as a truly great asset for PDH.



**PORTLAND**  
DISTRICT HEALTH  
PUTTING OUR PATIENT'S HEALTH FIRST

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