PROVIDING SAFE AND COST EFFECTIVE PRIMARY, ACUTE AND AGED CARE SERVICES TO RESIDENTS OF THE PORTLAND DISTRICT
ON BEHALF OF THE BOARD OF MANAGEMENT I AM PROUD TO PRESENT PORTLAND DISTRICT HEALTH’S QUALITY OF CARE REPORT FOR 2008.

This year’s report has been prepared against a background of declining patient numbers, an invitation to our community to bring forward patient care concerns and the Board’s determination to address a number of clinical and corporate governance issues. This approach is consistent with Portland District Health’s aim to provide safe and cost-effective primary, acute and aged care to residents of the Portland, Heywood, Narrawong, Tyrendarra, Nelson and surrounding districts.

Therefore I am delighted to report that Portland District Health has made substantial progress on many fronts over the past twelve months and now offers a more universal health service than in recent times.

Having said that, Portland District Health faces many challenges to build a comprehensive and sustainable health service that will meet the emerging needs of our rural community. The Board and staff are committed to meeting those challenges and I trust you will enjoy this work-in-progress report for 2007/08.

JOHN C O’NEILL
Chief Executive

PORTLAND DISTRICT HEALTH PRESENTS THE 2008 QUALITY OF CARE REPORT. THIS REPORT PROVIDES INFORMATION ON THE QUALITY ACTIVITIES WE HAVE UNDERTAKEN TO DELIVER SAFE CARE TO EVERY MEMBER OF OUR COMMUNITY.

BETTER SERVICES FOR OUR PATIENTS
Over the past year Portland District Health has introduced a number of new patient care initiatives, including:

- The opening of the new $7.5 million residential aged care facility, Harbourside Lodge
- The re-opening of south ward as a dedicated Sub-Acute Unit with an equipment upgrade grant of $144,500
- The commissioning of a $1.5 million eight-bed Day Procedure Unit
- A substantial expansion of dental services
- The appointment of Dr Tim Baker as the inaugural Clinical Associate Professor of Emergency Medicine
- The appointment of Dr Chris Beaton as Director of Obstetrics
- The appointment of Dr Naidoo as a full time General Surgeon
- The appointment of Ros Jones as a full time Quality Coordinator
- The purchase of new radiology equipment valued at over $600,000
- An upgrade of equipment including a $120,000 endoscopy video camera system, an infant warmer, five defibrillators, floor line electronic beds and specialised pressure care mattress overlays
KEEPSING OUR PATIENTS SAFE

The Board of Management has overall responsibility for safe patient care and clinical governance and meet the legislative requirements of the Health Services Act 1988. Clinical governance is the framework through which Portland District Health is accountable for continuously improving the quality of care delivered to patients.

To address the decline in patient activity and other issues facing the service, the Board embarked upon a plan to strengthen its clinical governance framework and thereby improve patient outcomes. Some of the key improvements included:

- The establishment of the Clinical Quality and Risk Management Committee to oversee patient care services
- The appointment of Dr Heather Wellington as chairwoman of this committee
- The appointment of a full time quality coordinator
- The introduction of contemporary hospital by-laws
- New policies on medical credentialling and scope of practice
- The adoption of a Clinical Services Plan and Model of Care

STRENGTHENING CLINICAL GOVERNANCE

Portland District Health recognised the need for the service to place a greater emphasis on quality improvement, which saw the appointment of Ros Jones as a full time quality co-ordinator. Her role is to meet the needs and expectations of our patients and other customers by ensuring that we provide quality, patient-centred care and service delivery.

Concurrently, the Board of Management appointed Dr Heather Wellington as Chair of the Clinical Quality and Risk Management Committee to strengthen clinical governance and risk management processes.

The committee, which meets monthly is developing Portland District Health’s quality systems using data, audit and clinical outcomes to inform its work. This data includes patient complaints, incident and accident reports and clinical indicators as well as quality improvement guidelines. Board committee members are Mike Noske, Jim Harpley and Brian Sparrow.
EXTERNAL REVIEWS
Regular external assessments are a universally accepted method of ensuring that our health service is meeting contemporary and exacting standards. Therefore, on a regular basis we invite external agencies to assess Portland District Health for potential risks that may harm staff, patients, volunteers or visitors to Portland District Health. Some key assessments undertaken included:

AUSTRALIAN COUNCIL OF HEALTHCARE STANDARDS ACCREDITATION
Integral to Portland District Health’s productive and successful future is accreditation with the Australian Council on Healthcare Standards (ACHS). Accreditation is a pivotal step in assurance to our community that standards of excellence exist at Portland District Health while providing a firm foundation for the delivery of health services into the future.

In August 2006, 12 recommendations on standards were received arising from the ACHS Survey Report. Eleven recommendations were addressed in preparation for the periodic review in August 2008, and a process review is currently underway to address the final recommendation.

The periodic review is an important milestone towards Portland District Health’s reaccreditation survey in 2010.

AGED CARE STANDARDS AND ACCREDITATION
Maintaining accreditation of our residential aged care facilities is vital to ensure quality and safety for our residents. Harbourside Lodge currently meets Aged Care Standards and Accreditation Agency criteria, and unannounced inspections during the year saw favourable progress reports.

EXTERNAL RISK ASSESSMENTS
We regularly invite external agencies to assess Portland District Health for any risks that have the potential to harm staff, patients, community members or the organisation. Once the risk assessment has been conducted we are able to respond to recommendations so that the risk of harm is minimised. Some of the risk assessments undertaken were:

- Occupational Health and Safety
- Fire Safety
- Security
- Site Risk Surveys

SITE RISK SURVEY
In early 2008 the Victorian Managed Insurance Authority conducted a site risk survey to identify property and public liability risks. This provides Portland District Health with the opportunity to verify existing processes and procedures that enhance risk management and to identify risks and propose solutions. As a result, Portland District Health was awarded a Gold Rating, which is the highest possible rating for an organisation.

ORGANISATIONAL RISK ASSESSMENT
We also participated in an organisational risk assessment. Under the guidance of consulting firm Deloittes, we identified a range of risks to the organisation. Some of the risks identified related to human resource management, financial management and legislative compliance. Throughout the coming year we will be focusing on strategies to minimise those risks to the organisation.
RISK MANAGEMENT
There has been strong consolidation of the organisation’s incident reporting system with the implementation of Riskman. Demonstrated benefits include increased reporting, timely notification, management of incidents and improved data analysis.

Riskman is also being used for the reporting and management of all patient compliments and complaints. This has enabled reports to be generated for individual departments, committees and external bodies as required.

RISK REGISTER
A Risk Register has been established to document potential risks and to identify the action that has been put in place to minimise incidents occurring.

Strategies that have been implemented include security measures, staff training, new equipment and revised policies and procedures. As new risks are identified, additions are made to the Risk Register and appropriate action implemented.

LAOS
LAOS stands for “Limited Adverse Occurrence Screening” and is a method we use to review clinical records to identify clinical risks that need a more detailed review. LAOS helps us develop strategies to manage these risks effectively. It is not possible to review every clinical record, so we use particular “indicators” which flag the need for a review of specific records. These indicators include:

- Patient deaths
- Unplanned readmission within 28 days
- Transfer to another acute care facility
- Transfer to Intensive Care
- Cardiac arrest
- Patient lengths of stay greater than 21 days
- Any record that has been recommended by a doctor for peer review

CLINICAL INDICATORS
The ACHS has developed a clinical indicator program to assist in monitoring various events in hospitals across Australia and New Zealand. This program allows the measurement of important aspects of a health service.

The ACHS program is the only national clinical indicator program which examines data across a full range of medical disciplines. It has become widely acknowledged that a health service cannot improve what it cannot measure.

Clinical indicators are a powerful tool by which the quality and effectiveness of health care is monitored, assessed and improved. The indicators also provide a useful tool for all stakeholders for both internal quality improvement and external accountability.

Portland District Health regularly monitors 14 ACHS clinical indicators which are reported to the Clinical Quality and Patient Care Committee.

These indicators are:
1. Adverse drug reactions
2. Anaesthesia
3. Day surgery
4. Emergency medicine
5. Unexpected readmissions and blood transfusions
6. Infection control
7. Internal medicine
8. Gynaecology
9. Obstetrics
10. Ophthalmology
11. Pathology
12. Radiology
13. Rehabilitation
14. Surgical

Results from ACHS indicate Portland District Health compares very favourably to peer group aggregate rates.
PATIENT SATISFACTION - COMPLAINTS AND COMPLIMENTS

In 2007/08 patient satisfaction with Portland District Health was consistently rated above the state average according to the Department of Human Services Victorian Patient Satisfaction Monitor (VPSM), which is filled out by volunteer patients upon their discharge.

Patients gave the service a rating of more than 77% in all benchmark categories. The greatest improvement for the year was noted in complaints management and access and admission.

Improvements made from feedback received has resulted in:

- A reduction in the number of complaints received from our acute ward relating to elderly patients. This is a direct result of re-opening our south ward to provide sub-acute care. Our elderly patients are now cared for in a more appropriate environment and by staff who are trained in care of the elderly using equipment relevant to their needs. One patient comment about the new ward was, “nursing staff were fantastic and went above and beyond during my stay. Nothing was too much trouble. They should be congratulated. Portland is lucky to have such a fantastic hospital and nursing staff.”

- Slit lamp training for all Accident and Emergency nursing staff and the majority of doctors servicing the emergency department. A slit lamp is a specialised lamp for assessing damage to eyes. Information is immediately relayed directly to the Royal Victorian Eye and Ear Hospital for specialist consultation, assessment and commencement of treatment.

- Accident and Emergency Department and medical staff completed Advanced Life Support Provider Certificate training, ensuring that a staff member with an Advance Life Support Certificate is working at all times.

Most (96%) complaints that were received were answered on time. Portland District Health’s complaints were predominantly associated with communication and customer service. To improve the service we provide to our patients, our major focus for 2008/09 will be educating staff and improving customer service.
FEEDBACK WELcomed
At Portland District Health complaints feedback is seen as an opportunity to improve care and services by encouraging people to let the service know if anything can be done better. Portland District Health provides an accessible, non-discriminatory complaint process, and has a supportive framework in place for staff and the organisation to manage expressions of dissatisfaction.

Concurrent with the appointment of Ros Jones as Quality Coordinator the process of complaints management was reviewed and a new system implemented.

Upon receiving a complaint the complainant is contacted by phone and in writing and reassured that a thorough investigation will be undertaken and a written response will be provided within an acceptable timeframe.

We aim to have all concerns addressed prior to 30 days, however most have been addressed within seven days. This work is followed up by a phone call to verify that the complainant is satisfied with Portland District Health’s response to the concern.

PREVENTING AND CONTROLLING INFECTIONS
Infection Control impacts on all aspects of health care delivery. A dedicated infection control committee and a fully qualified Infection Control Nurse have responsibility for all aspects of infection control, including staff education, development and review of policies and procedures, monitoring infection control issues to reduce the risk of infection and reporting to the infection control committee.

Hand hygiene is one of the simplest, most effective methods of preventing hospital-acquired infections. Portland District Health is committed to hand hygiene to reduce the risk of infection, and to ensure the best possible care is provided to all patients. Alcohol hand rubs were made available throughout the organisation as a result of a DHS initiative. Recent survey results indicate staff compliance rates of 70%; this is well above DHS expectations of 50-55%. Portland District Health patients and visitors can also contribute to reducing the spread of infections by using the alcohol hand rubs provided.

Influenza continues to affect many people throughout the winter months. To prevent the spread of the flu, Portland District Health offers all staff and volunteers the annual flu vaccine free of charge. Initial uptake rates were poor, however with education and the introduction of a mobile flu vaccine service in 2005, most staff and volunteers are now vaccinated annually. Vaccinations jumped from 110 people in 2004 to 300, or 71 per cent of employees, in 2008. This is 11% higher than DHS expectations.

QUALITY AND SAFETY
Of utmost importance to us and our patients and clients is ensuring that we provide the highest possible quality of care and service. This means that our focus needs to be on safety and risk management.

Our Quality Plan brings all these systems and processes together.

As outlined in the Quality Plan, Portland District Health routinely monitors the following five key measures.

- Infection Control
- Cleaning
- Medication errors
- Falls prevention
- Pressure wound prevention
CLEANING
Cleaning is important in preventing infection as well as for comfort. Results of both internal and external cleaning audits are a key reporting requirement with respect to infection control. Results of audits are reported to DHS to ensure that Portland District Health is meeting the Victorian Cleaning Standards for Public Hospitals.

Portland District Health has consistently achieved excellent external cleaning audit scores, with scores of well over 90% every year since 2004. This year we were rated at 95%. This is far above the acceptable quality level set by DHS of 85%.

Every year an external audit of food safety is conducted by Hygiene Australia to monitor compliance with Hazard Analysis and Critical Control Point (HACCP) guidelines and the food safety plan. Portland District Health received three recommendations which included introducing a delivery register, implementation of a thermometer calibration log and temperature monitoring of meals on wheels on weekends. We are happy to report that all three recommendations have been implemented successfully.

VICNISS
Portland District Health also participates in the Victorian Nosocomial Infection Surveillance System (VICNISS) Type Two, which is for smaller Victorian hospitals. We monitor and report on the number and type of hospital-acquired infections that occur, staff rates of occupational exposures, multi-resistant organisms, bloodstream infections occurring 48 hours after admission, any infections resulting from surgery and the use of prophylactic antibiotics.

The good news is that Portland District Health had very few hospital-acquired infections, which is reflected in the VICNISS reports. Infection recordings decreased from an already-low 1.55% in 2006/07 to 0.44% in 2007/08.

By measuring and submitting data we are able to continue comparing and monitoring our performance.

A GOOD MOVE
The move to Portland District Health’s new purpose-built 30-bed aged care facility Harbourside Lodge was welcomed by its residents this year. This $7.5 million state of the art facility was officially opened by Aged Care Services Minister Lisa Neville on 30 November.

The state-of-the-art accommodation includes spacious ensuite bathrooms attached to each resident’s room, and a dedicated activities room enables residents to maintain involvement in their community and thereby maintaining their quality of life.

Staff also appreciate working in the larger facility, and are driven to strive for excellence in the care they provide.

Falls prevention and continence management are high priorities in aged care, and these specific areas have dedicated staff members who identify best practice and implement changes to improve care.

USING MEDICATIONS SAFELY
Medication safety is a priority quality initiative of Portland District Health. The National Medication Chart remains in use and all patient medication charts are viewed daily on weekdays to test the integrity of the medication provision system and to identify and rectify any possible discrepancies. Errors that can occur when administering medication include duplicating a dosage, providing the wrong medication or the wrong dosage level or not administering the medication at all. Medication errors are also recorded if relevant documentation regarding medication is not completed correctly.

A number of initiatives will be introduced during 2008/09 to enable the service to improve its performance in this area.
PREVENTING FALLS IN HOSPITAL
Portland District Health has been actively monitoring falls for a number of years as falls are one of the most widespread and serious injury problems faced by the elderly. People in hospitals and residential facilities have higher fall rates as a result of sickness and frailty, as well as altered routines and surroundings. Some of the strategies implemented by Portland District Health to reduce or manage falls are:

- On admission, a fall risk assessment tool is used to assess patients or clients at risk of falling
- Review of the environment, footwear, the use of hip protectors and the use of special chairs, beds and mattresses
- The use of fall mats and alert pads
- Reporting and investigation of all falls together with a review of strategies in place
- Analysis of falls reports to review and improve systems

Patients, families and visitors can help prevent falls and fall risks to patients by:

- Bringing firm fitting shoes or slippers
- Making sure pyjamas and dressing gowns are fitted and not too long
- Bringing in the patient’s usual walking aid and keeping it within easy reach

An enhanced reporting structure during 2008/09 will enable Portland District Health to monitor its performance, not only internally but also benchmark its performance against other like-size facilities.

RE-ORIENTATION OF DIETETIC SERVICES AT PORTLAND DISTRICT HEALTH
Between 2005 and 2007 the Portland District Health Dietetics Department experienced a significant increase in demand, with outpatient referrals doubling and the acute hours of service increasing despite the closure of acute beds. The department’s commitment to evidence-based best practice had also led to the introduction of nutritional risk screening processes that increased the time required to serve each referred client. This put a large amount of pressure on services, creating a waiting list which reached 130 clients by April 2007.

Given Portland District Health’s financial status at the time, there was no possibility of a staff increase; so departmental staff realised they needed to change their work practices.

The first method to address demand was a review of the outpatient triage tool and the introduction of group programs for diabetes, cholesterol and weight management. The outpatient waiting list fell from 130 in April 2007 to 44 in October of that year.

A review and re-orientation of other dietetics services meant the department was able to increase its community health service delivery hours in February. By July, the outpatient waiting list had dropped to four people.

In the future the Dietetics Department will focus on other high-demand areas; for example, Department of Human Services statistics show an extremely high level of diabetes-related complications in the Glenelg region compared to the state average. Better coordination of diabetes services, including diabetes self management, is expected to address this issue.
KEEPING THE PRESSURE DOWN
Pressure ulcers or bed sores are unfortunately a common problem in hospitals and are recognised internationally as one of the five most common causes of harm to patients.

A pressure wound or ulcer is any lesion caused by unrelieved pressure that results in damage to the skin and underlying tissue. The risk of a patient developing a pressure ulcer in hospital is high, but is largely preventable. Patients at greater risk are those who are bed-bound; those who are unable to reposition themselves and the elderly.

At Portland District Health our dedicated Clinical Nurse Specialist monitors pressure ulcers and makes sure pressure is reduced by initiating appropriate treatment as well as introducing any necessary equipment to the treatment process.

Measures implemented by Portland District Health to monitor and manage pressure ulcers include:

• Open and honest reporting of all pressure ulcers
• The use of pressure-relieving equipment such as pressure-relieving mattresses, heel protectors, gel cushions and air cushions
• Repositioning of patients who are unable to reposition themselves
• Information brochure on pressure relieving activities in the Patient Information Kit
• Education of staff to identify clients and patients whom are at risk
• Implementation of policies and guidelines for preventing pressure ulcers
• Implementation of appropriate preventative measures, including utilising the relevant equipment

In 2007/08 DHS reported that Portland District Health’s rate of completed risk assessments was 15% higher than the peer group average. These risk assessments are vital for implementation of appropriate ongoing treatment and care. Consequently all at risk patients underwent a pressure ulcer risk assessment with the risk assessment documentation placed in patient notes.

DHS has implemented a new reporting system across 109 health services to accurately determine the incidence of pressure ulcers. The reporting system will provide Portland District Health with the opportunity to benchmark its pressure ulcer rate with that of like-size health services.

DENTAL SERVICES
The Dental Clinic had an overwhelmingly successful year with the recruitment of additional dentists and a major reduction in patient waiting lists.

Programs now offered to patients include early childhood, school and youth oral health as well as supporting the wider community. Emergency, general and denture treatment are provided for eligible patients at Portland District Health.

In 2007/08 the Dental Clinic:

• Provided 920 clients with a general course of dental care
• Treated 589 clients through the emergency triage system
• Provided 257 clients with either partial or full dentures

The clinic aims to provide equitable access to dental care for all eligible clients. Adult clients must be placed on a waiting list before receiving general and denture care.

In July 2007 the waiting list for general dental care was 41 months – well above the 24-month target set by Dental Health Services Victoria and the Department of Human Services. However, by the end of June 2008 that waiting list had dropped to 1½ months. Similarly, denture care waiting times were 25 months, and have now been reduced to 18 months (well below the DHS expectation of a waiting time of up to 26 months).

The challenge for the future will be to retain current staff levels and continue to provide a high-quality service.
ACCIDENT AND EMERGENCY DEPARTMENT
This year saw several changes in the emergency department through a number of improvements and increased education. Key improvements include:

- Clear identification of designated roles of nursing/medical staff in the resuscitation room
- Introduction of Trauma Call Criteria to the department
- The location and utilisation of best practice patient information brochures
- Paediatric trauma management with improved access to trauma equipment for children
- Slit lamp training for nursing and medical staff
- Revised documentation charts used during trauma and resuscitation to improve patient assessment and treatment
- All emergency nursing staff have rotated through the Alfred Hospital Trauma Unit; and
- Training of all Accident and Emergency Department staff in Advanced Life Support to ensure there is a staff member with an Advanced Life Support Certificate on duty at all times.

We are also in the process of training staff to better identify patients that are critically ill, or are likely to become critically ill, through an early warning score system.

The graphs (above right) describe what triage category our 9,564 patient presentations fell into, as well as our performance level in terms of the time it took to see the patients.

Most (91%) of all Accident and Emergency Department attendees in 2007/08 were seen within the desired time.

Next year we intend to maintain the clinical skills of the nursing staff through continuous updates and training and introduce a nurse led minor injuries clinic. We also plan to improve departmental security with a new designated triage area. This will also improve patient confidentiality.

Dr Tim Baker has also been appointed as the inaugural Clinical Associate Professor of Emergency Medicine and is expected to take up these duties early in 2009.

MATERNITY SERVICES GIVEN EXTRA PRIORITY
Portland District Health provides a 24-hour maternity care service for low-risk pregnancies. Women are empowered to choose the best option of doctor’s care that suits their own personal needs.

These care options are:

- Care provided by the woman’s own Portland-based GP Obstetrician
- Shared care between their GP and a Portland-based GP Obstetrician; or
- Care provided by a visiting Specialist Obstetrician for the duration of the pregnancy, and the postnatal period.

Whichever option a woman chooses with regards to her care, the Portland midwives provide support during her pregnancy, labour, in hospital and at home.

In 2007/08 Specialist Obstetrician Dr Chris Beaton was appointed as Portland District Health’s Director of Obstetrics to provide oversight for the service, and Dr Wlad Smolilo returned as a GP Obstetrician. Early in 2009 Dr Deepti Rampal is expected to become a staff member. Dr Rampal is completing an Advanced Diploma of Obstetrics and Gynaecology, and will further enhance the service’s delivery of obstetric services.

In the future, the health service will introduce a midwifery-lead care service where women with low-risk pregnancies can be managed by their GP Obstetrician and a midwife.
QUALITY OF CARE REPORT
2007/08

Bentinck Street
Portland VIC Australia 3305
Tel: 03 5521 0333
Fax: 03 5521 0358
Email: pdh@swarh.vic.gov.au
Website: www.pdh.net.au