Portsea Safe Haven – from DRGs to refugees

Brendon Gardner

A Health Information Manager’s informal description of producing a complete health service for a group of refugees who were being given safe haven in Victoria

Introduction

I walked into my office as I did every Monday morning, planning the week ahead in my mind and preparing for the potential challenges of the day. Apart from the fact that my wife was 39 weeks pregnant, this was not going to be any ordinary week!

At 8.45am I was called into the CEO’s office for a meeting; nothing unusual about that, as Monday was the time that we always looked at our activity for the previous week. I therefore went armed with the usual paraphernalia: DRG lists, WIES position1 and a swag of activity reports. The discussions began with the focus on the news of the weekend that the Australian Government was going to bring a number of Kosovar refugees from their war-torn country to Australia as part of the United Nations Safe Haven plans.

I recall sitting there thinking, OK, what type of ailments might these people suffer from? Would they require inpatient admission? If so, what revenue could we expect to generate, and then the bombshell hit! The CEO told us that 400 refugees would be housed in the old Army barracks at Portsea and that we would be responsible for establishing an entire health service to cater for any needs that these people may have. Then the second bombshell hit: ‘Brendon, I want you to manage this project!’

Getting started

Within 30 minutes I was back in my office with a few of the senior staff establishing a health service plan that would cover the following services on the actual site at Portsea:

- inpatients
- outpatients
- mental health
- allied health
- maternal and child health
- dental care
- trauma counselling
- specialist services
- infectious diseases
- public health.

By the end of the day we had progressed from a blank piece of paper to a theoretically fully integrated health service complete with organisational structures, governance processes, clinical delivery models and estimated costings. The plan was presented to our CEO that night and then to the executive staff of the Department of Human Services and the Department of Immigration and Multicultural Affairs. It was well received and formed the template for other, similar services around Australia.

Next day we visited the site that we had to change from a deserted army training camp into a fully functioning health service within four weeks. We had been allocated a two-storey building, complete with waterfront views that had ‘plenty of potential’! Who said The Block was tough going?

The fun and games of the ‘week from hell’ didn’t stop there, as we had to negotiate further details with other service providers that were operating under our umbrella as the lead agency. It was very interesting comparing the culture of organisations involved in this process, as we all came from very different backgrounds, but were delivering services with the same patient-care objectives.

Next steps

We then moved into the recruiting phase in an attempt to fill our organisational structure. For those who are not aware, Portsea is one of the most affluent postcodes in Victoria and sits on a narrow spit of land that divides Port Phillip Bay from Bass Strait. It is well known as the playground for the rich and famous, so, despite the fact that it was approaching winter, we were inundated with expressions of interest from staff to be seconded from their existing roles within the Health Service.

Next item on the agenda was dealing with the media and the public. I appeared on radio, did interviews for newspapers and spoke at two public forums outlining what was planned. This was perhaps the most difficult task to adjust to. I had previously delivered many presentations to a variety of audiences, but the topic was always something that I could confidently cover, such as casemix or coding. Now I was in front of people from all walks of life answering questions on the health status of the refugees, addressing public health concerns and outlining what services we were providing and how. I quickly learned that the right choice of words and phrases was critical. One or two ‘off the record’ quotes that were published in a major Melbourne newspaper didn’t help to portray the image we were hoping to achieve.

Success

We went on to run a very successful health service for the refugees, but I have never been involved in a project that has had the level of exposure or commitment from staff. It was a project that bonded everybody involved and is still referred to five years after the event as the service that didn’t lose one day to injury or sickness, which is astonishing given the large number of staff who participated. In all, the service operated for three months and every item of our initial plan, from flu vaccinations to emergency helicopter transport, was used during this time.

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1 Weighted Inlier Equivalent Separation – the measurement of hospital admitted patient activity used in Victoria for public hospital funding, based on the Diagnosis Related Group assigned to each episode of acute care.
**Summing up**

In a matter of five long days I went from using my skills as a Health Information Manager to find myself in a role that was well and truly outside of my comfort zone. In this role I was alternating from Health Service Planning, to Financial Management, to Public Relations, to Media Liaison, to Human Resources Management, to Supply Management, to Contract Negotiations, to Engineering to Occupational Health and Safety, and finally Parenting, as I finished off the biggest week of my professional career with the birth of my first son, Joshua! It just proves that the skills that we are equipped with as Health Information Managers can be transformed and utilised in a variety of situations or roles. If you get an opportunity like this, take your hands off the coding books and grab it!

*Brendon Gardner (HIM)*

Director, Information Management
Peninsula Health
PO Box 52
Frankston VIC 3199
Tel: +61 3 9784 7632
E-mail bgardner@phcn.vic.gov.au