



SCHS
Sunraysia Community
Health Services

Quality Account 2016

Welcome

In my new role as Chief Executive Officer (CEO) of Sunraysia Community Health Services (SCHS), I am pleased to be able to present the 2015/2016 Quality of Care Report.

After 14 years of commitment to the service, CEO Craig Stanbridge left the organisation to join his family in South Australia. Prior to his departure, Craig was instrumental in the development of the new state of the art facility in Thirteenth Street. The opportunity of having the majority of staff housed in one site has enhanced service delivery to the clients of Sunraysia, but has also enriched the relationships between all staff. October 2015 marked the start of the relocation from former and temporary sites, with the exception of the services provided from our purpose built Hecht Activity centre in John Street.

I commenced as CEO in February this year, and have been fortunate to come on board after staff had

co-located to the new facility. I look forward to forging new partnerships and relationships with other service providers, thus ensuring the longevity of SCHS and the delivery of services to our community.

Committed to authentic consumer engagement and stakeholder safety, we are in a better position than we ever have been to learn of our strengths and areas for improvement directly from you, the consumer. In listening to your feedback on last year's Quality Account (formerly 'Quality of Care Report') we have increased the size of the text, reduced the amount of complex information contained and have included additional visual aides.

I welcome your feedback on this year's report, which is available in a variety of mediums including our website, printed copies at reception and distribution in the local Sunraysia newspapers.



Simone Heald – CEO

As always, SCHS has also actively undertaken activities to improve the engagement and continuity of care for our more vulnerable community groups. This has included developing and implementing programs to meet the needs of those affected by family and domestic violence, as demonstrated by stories within this report.

I hope you enjoy reading about our achievements, as we focus on continuing to deliver further improvements over the next twelve months.

**Regards,
Simone Heald, CEO**

Continuum of Care – Pain Management

Over the last twelve months SCHS have investigated a number of opportunities to better tailor services to improve continuity of care for the client. These models are aimed at providing more person-centred care, which provides better coordination of services around a consumer's specific health needs. In designing these models of care, SCHS is also exploring opportunities to improve treatment pathways for these services and providing a more seamless transition between related services.

One example of this is a combined project with Mildura Base Hospital to deliver a new Pain Management program in Mildura with funding from the new Murray Primary Health Network (PHN). This new program builds on the work of the previous Lower Murray Medicare Local Integrated Pain Management Service, to provide a local sustainable multi-disciplinary solution.

It is estimated that 20% of Australians suffer from some form of chronic pain. Short term (or acute) pain is brief, acting as a warning for the body to seek help whereas chronic pain usually lasts longer than three months, even after healing from injury, surgery or other condition has taken place. If pain doesn't go away it can have physical and psychological impacts, which can become an issue in its own right. It can result in sleep deprivation, depression, irritability and fatigue resulting in affecting a person's personal and social relationships.

The Murray PHN works closely with regional health systems to identify areas to improve, either through better co-ordination and support of health services or by commissioning new services to address needs. The pain management program supports people who experience



ongoing chronic pain to improve function and quality of life through better management and understanding of their pain. It provides education and support with strategies that clients can use to help them to live a healthy life.

While not all chronic pain can be cured, there are positive steps that can be taken to assist in managing it effectively. Self management has been shown to diminish pain and distress by reducing neural sensitivity and improving functional capacity. A focus of the program is to enable clients to set realistic goals by changing their thinking from 'pain cure' to 'living well'. The multi-disciplinary team consists of; a care co-ordinator, physicians and allied health staff with their focus being on actively engaging clients in treatments and education on self management, through training in relaxation, regular exercise, pacing techniques, group support programs and counselling.

Services

Adult Day Care & Disability Service

- Adult day activities & respite for carers
- Community access programs
- Dementia care
- Disability support services
- Social support programs

Aged Care Assessment Services

Allied Health

- Dietetics
- Occupational Therapy
- Physiotherapy
- Speech Pathology

Aboriginal Health Promotion & Chronic Care Program

Alcohol & Other Drug Treatment Services

- Counselling, consultancy & continuing care
- Pharmacotherapy maintenance program
- Needle Syringe Program
- Withdrawal services
- Youth Accommodation Support Program
- Koori alcohol and drug diversion
- Non-residential rehabilitation program

Chronic Disease Self Management Support

Community Dental Program

Community Health Nursing

- Diabetes management & education
- Well women's clinic
- Refugee Health
- Continence advisor

Counselling Services

- General counselling
- Grief and loss
- Family relationships/separation challenges
- Depression/Anxiety management
- Parenting issues
- Torture & trauma counselling for refugees

Healthy Together Mildura

Home Nursing

Men's Behaviour Change Program

Movement Disorders Nurse

Pain Management Service

Palliative Care

Parent Support Service

SCHS Dental Indicators 2015/2016

1 Restorative retreatment within 6 months - Adult
How many adults had to have a tooth re-fixed after dental work?

	SCHS	Loddon Mallee Region	State
No. Teeth Treated	3,371	18,471	210,700
No. Retreated	271	1,327	16,230
% Retreated	8.0%	7.2%	7.7%

2 Restorative retreatment within 6 months - Child
How many children had to have a tooth re-fixed after dental work?

	SCHS	Loddon Mallee Region	State
No. Teeth Treated	1,792	8,776	90,085
No. Retreated	53	247	2,828
% Retreated	3.0%	2.8%	3.1%

3 Unplanned return within 7 days subsequent to routine extraction
How many people had to come back within a week of having an easy to remove tooth pulled out?

	SCHS	Loddon Mallee Region	State
No. Teeth Treated	1,640	7,687	87,843
No. Retreated	5	153	1,170
% Retreated	0.3%	2.0%	1.3%

4 Unplanned return within 7 days subsequent to surgical extraction
How many people had to come back within a week of having a hard to remove tooth taken out?

	SCHS	Loddon Mallee Region	State
No. Teeth Treated	186	546	7,081
No. Retreated	3	27	239
% Retreated	1.6%	4.9%	3.4%

5 Extraction within 12 months of commencement of endodontic treatment
How many adults had to have their tooth taken out within a year of starting root canal treatment on that tooth?

	SCHS	Loddon Mallee Region	State
No. Teeth Treated	164	712	14,350
No. Retreated	8	46	885
% Retreated	4.9%	6.5%	6.2%

6 Denture remakes within 12 months
How many false teeth (full or part) had to be re-made within 12 months?

	SCHS	Loddon Mallee Region	State
No. Teeth Treated	463	1,997	25,274
No. Retreated	8	46	509
% Retreated	1.7%	2.3%	2.0%

7 Fissure seal retreatment by multiple treatment modes within 2 years - Child (for teeth retreated (not including resealed) within 2 years of initial sealant placement)
How many children had to come back for work on a tooth that had already been sealed in the past 2 years?

	SCHS	Loddon Mallee Region	State
No. Teeth Treated	1,282	7,363	163,807
No. Retreated	44	275	4,558
% Retreated	3.4%	3.7%	2.8%

A **fissure seal** is a plastic coating painted onto the tiny grooves of a back tooth. This coating stops food that can cause decay from getting caught in the tooth.

8 Pulpotomy/Pulpectomy retreatment by extraction within 6 months - Child (for teeth retreated by extraction within 6 months of initial pulpotomy/pulpectomy treatment)
How many children had to have their tooth taken out within 6 months of having part or full root canal treatment on that tooth?

	SCHS	Loddon Mallee Region	State
No. Teeth Treated	30	117	2,809
No. Retreated	3	6	107
% Retreated	10.0%	5.1%	3.8%

Dental Weighted Activity Units (DWAUs)

Month	SCHS' Total DWAU Activity	Minimum DWAU Target	Variance
Jul '15	437	480	-43
Aug '15	468	480	-12
Sep '15	591	480	111
Oct '15	538	480	58
Nov '15	483	480	3
Dec '15	357	240	117
Jan '16	368	240	128
Feb '16	454	480	-26
Mar '16	451	480	-29
Apr '16	450	480	-30
May '16	498	480	18
Jun '16	488	480	8
Total 2015/16	5,583	5,280	303

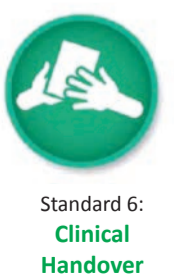
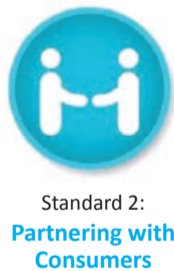
5187 people attended SCHS' dental program during 2015/16, for a total of **13,634 individual visits**. This included **1416 new patients** - **665 children and 751 adults**.

Accreditation

Despite the logistics of staff moving in and out of temporary sites and our subsequent majority relocation to the expanded Thirteenth Street site, we completed all internal auditing and external accreditation and reporting requirements during 2015/16.

SCHS remains accredited against the International Organisation for Standards (ISO) 9001:2008 Quality Management Systems (we will be transitioning to the 2015 version of the standards in 2017), the National Safety and Quality Health Service (NSQHS) Standards and the Department of Health and Human Services (DHHS) Human Services Standards. Thanks to all staff who have assisted with this process, ensuring quality and safety is embedded into everything we do. This has helped our services continue to improve and we trust it provides you, the consumer, with confidence in the quality of our local health services.

November 2015 marked the date for SCHS Re-certification (surveillance) audit by TQCSI against the ISO 9001 and NSQHS (Standards 1-6). This is current until 31 August 2018, however SCHS will still 'check-in' on an annual basis by undergoing mid-cycle external assessments, to ensure our services are continually developing and meeting best practice standards. ISC were tasked with assessing SCHS against the Human Service Standards in December 2015 for the Triennial review. SCHS received positive feedback from the auditors across all sectors of the organisation and is certified until 19 December 2018, with a mid cycle review due April 2017.



Incident reporting

Incident Summary

	2013-2014	2014-2015	2015-2016
Security: No incidents	52	37	88
Vandalism / Theft	2	6	1
Customer Medication	0	3	0
Customer Health	12	12	19
Customer Health Podiatry *	N/A	N/A	97
Hypoglycaemia episode	N/A	5	3
Staff Injury	8	10	14
Violence/Aggression towards staff	6	5	6
Equipment damage/failure	7	5	8
Procedural/system failure	N/A	10	13
Misc.	4	5	4

*Podiatry services identified they were not reporting skin injuries on a regular basis. They now report these occurrences and provide appropriate after care information to customers.

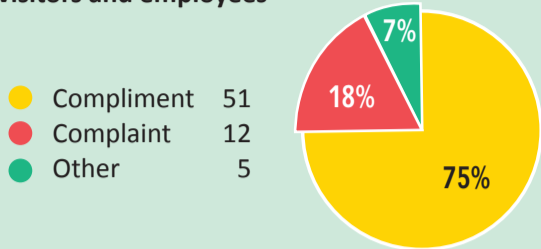
Hazard Summary

	2013-2014	2014-2015	2015-2016
Infection Control	4	4	5
Manual Handling	5	4	0
Physical Injury - Slip/Trip	5	6	4
Other	2	1	3

Consumer Feedback

2015-2016

SCHS values feedback from its customers, visitors and employees



All feedback is used by the organisation to help maintain and improve services

The Manager of Quality and Safety (MQS) receives all feedback, including complaints, and is responsible for recording the details and putting actions in place to address issues raised. The MQS prepares bimonthly reports on the number and type of feedback, the outcomes of complaints, recommendations for change and any subsequent action that has been taken. The reports are tabled at the Board of Directors, Management Group and Community Advisory Committee meetings. The annual Management Review looks at trends in feedback over each 12 month period.

A real **complaint** received during the year:

"Reception signage unclear - went to the wrong window 3 times".

Action: Permanent signage installed in entry areas and outside to direct customers from the carpark.

Examples of the many **compliments** received:

"Excellent service as always. Keep everything exactly as is."

"Thank you for the support and care provided by SCHS staff"

Consumer Advisory Committee (CAC)

The SCHS CAC provides a community perspective in relation to planning, delivery and evaluation of the SCHS programs and services.

In March 2016 the CAC underwent a review, resulting in a number of positive changes. Committee members felt they had not achieved what they hoped in 2014 and 2015 and felt they had little feedback from the organisation on issues they had raised. Membership at that time was limited to consumers who were members of SCHS. The Board of Directors, along with SCHS' management team agreed to:

- remove the requirement for CAC members to be members of SCHS
- increase the number of community member positions available within the committee
- increase the frequency of the meetings, and
- actively promote and engage members in bringing issues that are relevant to them to the table.

There are now ten volunteer members of diverse backgrounds and ages who meet monthly with the Chief Executive Officer (CEO). The meetings are minuted and action items monitored through to completion. The CEO provides feedback to and from the Board of Directors.

Please allow us to introduce you to our members:



Standing: Jeff, Ian, Narelle (Chair), Leesa, Jan (Committee support), Tony.
Seated: Tayla, Pat, Jeni. Not pictured: Eileen, Lisa, Lyle

Ian is a past President and Board member at SCHS. Being involved in the CAC allows him to represent his own views and those of the community. Ian has utilised SCHS services for a number of years which enables him to provide feedback on existing services and identify requirements for potential new services.

Pat lives in Mildura and has a keen interest in after hours Palliative Care Services and District Nursing. In joining the CAC, she seeks to bring attention to the needs of health service users and how services are implemented.

Jeni lives in Walpeup and volunteers at the Ouyen nursing home. Every month Jeni makes the 3 hour return journey to Mildura to ensure the voices of our regional and rural communities are heard.

Jeff is a Multicultural Officer at Mildura English Language Centre. Many of his family members use SCHS on a regular



basis. He aspires to be in a leadership role in the future and wishes to enhance his skills in decision making and consultation. Jeff wants to learn about the services available to engage more people from his community.

Leesa is a strong advocate for Women's Health issues, workplace wellbeing and community engagement. Leesa is the Customer Relations Coordinator at Lower Murray Water and has strong connections in the water and agricultural industries.

Tayla is a university student and works part-time in Mildura, yet still finds time in her busy schedule to attend many of the monthly CAC meetings. With a keen interest in health, Tayla has brought vibrant and innovative points of view to the table; provided her experience and improvement suggestions for the SCHS website and participated in the trialling of new client surveys.

Tony, along with his family, lives and works in Mildura. Tony's actions and contributions to the CAC demonstrate his desire for our community to retain and develop high quality services and viable opportunities for future generations. Not pictured are:

Eileen lives in Irymple and uses many of SCHS' services. Previously a service provider, Eileen is now a service recipient and provides feedback to SCHS in relation to these services. She aims to assist members and the organisation with continuous improvement and growth of services.

Lisa is a talented artist, mother and local resident who amongst her many contributions to the committee has sketched artwork for use in SCHS handouts and brochures. By providing honest and helpful feedback, Lisa has helped SCHS review and update written information provided to clients.

Lyle resides in Mildura, Lyle provides valued carer and service user perspective as he and his family are active users of a number of SCHS services. Lyle seeks to ensure our community retains high quality services.

"We come from an extraordinary range of cultures, ages, experience, priorities and expectations. Most importantly, we are all members of the vibrant Sunraysia community and are working together to ensure we all have access to the highest quality health and wellbeing services now and well into the future". Narelle South, Chair

Feedback

Please rate SCHS' 2016 Quality Account on:

	1 Terrible	2 Poor	3 Average	4 Good	5 Excellent
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any suggestions or ideas on how we can improve our Quality Account in future years?

Do you have any other feedback you would like to make us aware of regarding any aspect of SCHS?

Please return your completed feedback portion to us by either dropping it into one of our reception sites, emailing to schs@schs.com.au or mailing back to:

Sunraysia Community Health Services, Reply Paid 2803, MILDURA VIC 3502

Staffing

Earlier this year, SCHS staff were invited to participate in the staff satisfaction survey conducted by the Victorian Public Sector Commission.

This year we received 123 responses, representing a large proportion of our staff.

Staff demographics	%	Language other than English spoken at Home	
Sex / Gender		Yes	15
Female	89	No	85
Male	8		
Prefer not to say	3		
Age		Highest formal level of education completed	
15-34	28	Post Graduate Level	30
35-54	55	Bachelor Degree (inc. honours)	28
55+	16	Advanced Diploma or Diploma	16
Employment Type		Certificate or Trade	16
Ongoing + Exec	75	Year 12 or equivalent	8
Fixed Term	15	Less than year 12	2
Other	10		
Aboriginal and/or Torres Strait Islander		Working Arrangements	
Aboriginal or Torres Strait Islander	4	Full Time (38hrs+)	53
Not ATSI	91	Part Time (<38hrs)	47
Prefer not to say	5		
Country of Birth		Length of Service (in organisation)	
Born in Australia	89	2 years or less	40
Not born in in Australia	11	3-5 years	13
		6-10 years	23
		11-20 years	21
		21 years or more	4

Our Highest Scoring Results	Percentage Agreement %
Questions	
My organisation provides high quality services to the Victorian community	98
In my organisation, earning and sustaining a high level of public trust is seen as important	93
My workgroup strives to achieve customer satisfaction	92
Our lowest scoring results were from questions:	%
• Senior managers provide clear strategy and direction	52
• My work performance is assessed against clear criteria	57

Reliable, experienced, skilled and trustworthy staff are key to SCHS delivering high quality services. Our staff are our biggest and most valuable asset and whilst we celebrate our successes, we also welcome opportunities to improve. In developing strategies to address the issues raised we have:

- implemented staff forums,
- reviewed and altered team and committee meeting agendas and templates to ensure key topics are discussed and recorded consistently
- increased transparency in management and committee meetings, ensuring all staff have access to minutes of all team and committee meetings
- tasked Management and Executive Operational Groups with improving direction and communication throughout all levels of the organisation,
- introduced Executive E-news, a fortnightly newsletter published by Executive Management and distributed to all staff
- commenced a full review of job description and performance appraisal procedures, and
- engaged a consultant in the field of Human Resources.

'Call Me Dad, Can A Violent Man Change?'



In February 2016, SCHS and the Men's Behaviour Change program (MBCP) provided the community a rare glimpse inside a MBCP. A short documentary on MBCP gave viewers intimate access to this highly confidential process, the first time anywhere in the world cameras have been allowed to film inside a MBCP. The documentary follows a group of fathers through a program, placing an uncompromising spotlight on the voices that are rarely heard – male perpetrators of domestic violence. 'Call me Dad - Can a Violent Man Change?' followed these men over their journey through the program. They attempt to take responsibility for their violence, change themselves – and perhaps heal fragile bonds with their loved ones, who also share their story on how the behaviours have impacted on their families. SCHS has been running the MBCP program in Mildura and Swan Hill for 10 years. Over the last twelve months, SCHS has been able to attract additional funding to increase the capacity to provide more programs. This has increased the number of men able to access support to educate them to change attitudes and behaviours and to promote respectful, non-violent relationships. The MBCP works with men that have used violence or controlling behaviours against family members, challenging the beliefs they hold about the use of violence against women and children. For perpetrators of family violence, the aim is to reduce the chance of them re-offending. Men undertake a 40 hour program over 20 weeks in a group setting, to help them gain an understanding of the types of violence and behaviour that they use and how this behaviour can be changed to help protect women and children within our society. Many men initially attend the program with the belief that they have never used violence against women and children, or that it was not their fault. During the program these beliefs are challenged and most men leave with an understanding that they have chosen to use behaviour that has been abusive or controlling. They have a choice to continue that behaviour and destroy their relationships or chose better behaviours and potentially repair the relationships.

Increasing and supporting our Aboriginal workforce

Annually approximately 390 Aboriginal clients access our dental service, receiving a total of 2,900 treatments over 942 visits. In October 2015, due to staff resignations and with the assistance of the Koolin Balit training grants program, SCHS saw an opportunity to employ two Aboriginal trainees to undertake Certificate 4 in Dental Assisting. This not only increased our indigenous workforce, but also improved the cultural safety of our service.

To further enhance access to dental services for Aboriginal clients, a position was created in the Health Promotion team. This person works closely with dental staff and the community, promoting healthy eating and the importance of good oral hygiene and regular dental check ups to prevent dental problems, especially in children.

Aboriginal staff at SCHS have established a sub-committee of the Diversity committee, meeting regularly to discuss improvements to service accessibility and cultural safety. This group provides support to staff and clients, and is able to advise on aspects of our services which may unintentionally cause Aboriginal clients to feel uncomfortable accessing services, and how to address these. This group provided valuable input on the planning of the official opening of the new SCHS building, and on the choice and placement of artwork.



Improving health and wellbeing outcomes among LGBTI individuals and communities

Commencing in April 2016, SCHS' Clinical Nurse Consultant for Women's Health – Anne Watts, has been conducting monthly information sessions at Headspace Mildura. In promoting SCHS health and wellbeing services inclusive of safe sex practices and sexually transmitted disease (STI) awareness, we strive to improve access and engagement of all young people, including the LGBTI community, in medical and social services. Headspace Mildura hosted a pizza night

for members of the LGBTI support group to provide a forum where Anne could introduce herself to the group and advise members of the purpose of the clinic and future information sessions. The evening was beneficial to all in attendance, with the forum affording clinicians and staff an opportunity to establish rapport and foster relationships. The initial set up of the clinic room at Headspace was facilitated by in-service staff,

clinicians and the Clinical Nurse Consultant. Two additional information sessions were provided to Headspace staff to inform them of the services that the newly established clinic and SCHS provide to individuals including those identifying as LGBTI. All staff involved recognise that some individuals may be in crisis or experiencing significant concern regarding their health and wellbeing. To date, a total of four information sessions have been conducted with positive

attendance numbers. Topics including safe sex practices, sexual health awareness and preventative behaviour were covered, and attendees were provided with the opportunity to undergo pap smear and STI screening. Additional information in relation to the services provided in conjunction with Headspace Mildura has been developed and is available via handouts and brochures at Headspace and SCHS waiting areas.