



**SCHS**  
Sunraysia Community  
Health Services

# Quality Account 2017



*Welcome*

**Simone Heald,**  
Chief Executive Officer

Welcome to Sunraysia Community Health Services (SCHS) 2017 Quality Account. It is amazing how quickly the past 12 months have flown by and how much has happened at SCHS since our last report. We started with our 40th Year of Service celebrations. With pride and passion we opened our doors to our community, hosting an open day. Our staff and volunteers were on hand to showcase our services and conducted tours of our wonderful new building. Many of you toured our facilities and joined in our Gala Dinner

and the official opening of our new building by the Hon Sussan Ley. Thank you for being part of the celebrations.

Many things have changed in local, state and federal governments, and I am sure this will continue. To make sure SCHS is ready and able to handle these changes while still providing valuable services to you, we rearranged the delivery of our services into four streams:

- Social health
- Acute health
- Preventative health, and
- Clinics (GP and Dental).

For many years SCHS has dreamed

of adding Doctors to our range of services, to provide you a fully wrap-around model of care (some have called it a "One Stop Shop"). We achieved the dream this year! Dr Jayne Neyland was our first general practitioner (GP) to join our team and has worked closely with existing staff to develop a unique GP service to ensure health needs are being met, by working closely with other SCHS services and other doctors and services already in our community. We have added other new services during the year and you will see some of these described in this report. We know from your

feedback that these services have helped you and your families in many wonderful ways and this spurs us all on to continue the great work we do. I wish to thank all our staff and volunteers, including the Board of Directors and Consumer Advisory Committee, who continue to adjust to the demands of the changing environment, and embrace these changes to continuously improve our service.

I look forward to your feedback on this years report and thank you for letting us be part of your health and wellbeing journey for another year.

**Simone Heald – CEO**

**Q. Why am I reading this report?**

**A.** SCHS publishes this yearly report as just one way of showing you that we really are committed to providing high quality care. The Quality Account was previously called the Quality of Care Report and the Victorian government has asked community health services to publish these each year to provide accessible information to you about the quality of care and safety.

High quality care is defined as:

- **SAFE:** avoidable harm during delivery of care is eliminated
- **EFFECTIVE:** appropriate and integrated care is delivered in the right way at the right time with the right outcomes for each consumer
- **PERSON-CENTRED:** people's values, beliefs and their specific contexts and situations guide the delivery of care and organisational planning; the health service is focused on building meaningful partnerships with consumers to enable and facilitate active and effective participation.

Over the next few pages we might use some confusing words. Let's break some of them down:

- Client = consumer = patient = individual = community member = **YOU**
- Person centred = client centred = **centred around YOU**
- Holistic = all inclusive = wrap-around = whole = **complete**

**Aboriginal Health Promotion & Chronic Care Program**

Helps Aboriginal people feel comfortable and safe using main stream health services. AHPACC works with Aboriginal people and other local health services to improve health.

**Chronic Disease Self Management**

Helps you gain new skills to deal with your long term health condition. Support with conditions including diabetes, heart disease, Parkinson's and Multiple Sclerosis.

**GP Services**

Our doctors link your general health care needs with our other services.

**Continence Services**

Women and men of any age can have bladder or bowel problems. We can help you manage better with advice and support.

**Diabetes Education**

Help people with diabetes, and their families, know what to do and how to manage to get the best health outcome.

**District Nursing**

The District Nurses provide nursing care in the home. This service helps prevent early admission to hospital.

**Multidisciplinary Nurse**

This service provides support to people (and their families) who have experienced sexual assault, and makes sure they are connected to all the services they need.

**Women's Health**

Provide cervical screening, breast education and sexual and reproductive health information.

**Refugee Health**

Refugee Health Nurses help clients access a doctor for a health assessment, and connect them with other health services based on their health needs.

**Adult Day Activity Centre**

Support group for older people and people with disabilities. You can meet other people, have fun and learn new skills

**Aged Care Assessment Services**

A free service for people 65yrs and over or 50yrs and over for Aboriginal or Torres Straight Island people. This service helps older people to stay in their own home for as long as possible.

**Cognitive Dementia & Memory Service**

A clinic that helps diagnose people with memory loss, changes in thinking. Also helps those that support them.

**Healthy Together Mildura**

Work with the local community to improve healthy eating and physical activity. This allows healthy living to be an easy choice.

**Pain Management Services**

Team helping you with managing your pain so you can do things at home, work and play.

**Palliative Care**

Palliative Care helps you live well with a life limiting illness. Palliative care services work with you, your family, your GP and other health services.

**Regional Communication Service**

Helps people who are not able to talk to use pictures or hand signs. This team also work with places in our community to help everyone understand people who cant talk.

**Our Services**  
*in simpler terms*  
*(because we know medical and health terminology can be very confusing)*

**Doorway to Health**

If you have been given a referral to any of our programs, or you would like to refer yourself, our D2H team will help make that happen. They can make an appointment for you or explain any waitlist process that may be in place

Call them on **5022 5444** or drop in and see them at **137 Thirteenth Street**

**Occupational Therapy**

Helps you to do the things you want to do on your own in your day. May help with changing the environment or how you do the activity.

**Physiotherapy**

Helps adults and children with movement, function, pain, balance and strength. Using exercise, massage and advice.

**Podiatry**

Treatment for painful feet, problems with your toenails, cracks or cuts in the skin, growths such as warts or scaling or peeling on the soles.

**Speech Pathology**

Help children and adults to understand, talk, pronounce words clearly and have conversations. We also help with safe swallowing for eating and drinking.

**Parent Support Services**

Help parents and carers develop skills and confidence in caring for their children. Lots of options including day stay, ante natal and group or individual education.

**Counselling, consultancy & continuing care**

A free and confidential service to help you address any concerns that you or someone you care about has with alcohol and/or other drugs.

**Pharmacotherapy maintenance program**

Pharmacotherapy is a treatment using medication to help you stop using opiates.

**Needle Syringe Program**

A free and confidential service that helps look after your veins and reduces your risk of a blood borne virus by giving you clean sharp needles to inject with.

**Withdrawal Services**

A free and confidential service that works with you and your doctor to help you stop using alcohol and/or other drugs.

**Youth Accommodation Support Program**

A free and confidential service that assists with accommodation if you are 16-22yrs old and want to stop using alcohol and/or other drugs.

**Koori Alcohol & Drug Diversion**

A free and confidential service that helps Aboriginal people with court issues as a result of their drug and/or alcohol use.

**Daybreak (Non-residential rehabilitation)**

A free and confidential day program to support you to stay off alcohol and/or other drugs.

**Men's Behaviour Change Program**

A group program to help you understand the impact of family violence and different ways to deal with your emotions.

**Allied Health**

A team who can help you to recover and improve life with an injury or health condition.

**Child Health Services**

Help children with their talking, playing, writing, and moving to get them ready for school.

**Dietetics**

Work with you to understand the best type and amount of food to help with your health and weight.

**Dental**

Help you to keep your teeth and gums healthy.

**Counselling Services**

Helps if you are feeling depressed, anxious, sad or have other concerns.

**Drug Treatment Services**

A free and confidential service to help you address any concerns that you or someone you care about has with alcohol and/or other drugs.

## Kindergarten Dental Visit Program – A new way to get children to the dentist



We all know having healthy teeth is important, and it is really important for children. The SCHS Dental Team, Healthy Together Mildura and local kindergarten and day care centres worked together to get more children to the dentist. We know that lots of children are scared to go to the dentist, so we came up with a fun group visit program where children were able to come to the dentist with their friends. We also thought having a whole Kindergarten group come to the dentist was a good way to include children who might not otherwise come along. Kindergarten and Day care groups come to SCHS and learn about healthy food and drinks for teeth and how to brush teeth through fun activities like puppet making and story telling. We even have the Tooth Fairy visit! Then each child has a ride in the dentist chair and a quick mouth check. We let parents know if their child needs to come back for treatment.



### In 2016/17 we had:

- 21 Kindergarten/Day Care groups visit
- 572 children have a mouth check, of which 72 were Aboriginal or Torres Strait Islander
- 86 children who needed to come back for treatment

**5,374** people attended SCHS' Dental program during the past year (5,187 the year before), for a total of **13,318** individual visits (13,634 the year before). This included **1,558** new patients (1,416 the year before) – **936** children (665 the year before) and **622** adults (751 the year before).

1 Restorative retreatment within 6 months - Adult

	SCHS		Region		State	
	2016-2017	Previous year	2016-2017	Previous year	2016-2017	Previous year
No. Teeth Treated	2823	3,371	16,834	18,471	212,615	210,700
No. Retreated	223	271	1,248	1,327	15,696	16,230
% Retreated	7.9%	8.0%	7.4%	7.2%	7.4%	7.7%

2 Restorative retreatment within 6 months - Child

	SCHS		Region		State	
	2016-2017	Previous year	2016-2017	Previous year	2016-2017	Previous year
No. Teeth Treated	1526	1,792	7,716	8,776	81,406	90,085
No. Retreated	36	53	178	247	2,204	2,828
% Retreated	2.4%	3.0%	2.3%	2.8%	2.7%	3.1%

3 Unplanned return within 7 days subsequent to routine extraction

	SCHS		Region		State	
	2016-2017	Previous year	2016-2017	Previous year	2016-2017	Previous year
No. Teeth Treated	1438	1,640	7,240	7,687	88,245	87,843
No. Retreated	6	5	143	153	1,206	1,170
% Retreated	0.4%	0.3%	2.0%	2.0%	1.4%	1.3%

4 Unplanned return within 7 days subsequent to surgical extraction

	SCHS		Region		State	
	2016-2017	Previous year	2016-2017	Previous year	2016-2017	Previous year
No. Teeth Treated	168	186	486	546	6,635	7,081
No. Retreated	2	3	17	27	231	239
% Retreated	1.2%	1.6%	3.5%	4.9%	3.5%	3.4%

5 Extraction within 12 months of commencement of endodontic treatment

	SCHS		Region		State	
	2016-2017	Previous year	2016-2017	Previous year	2016-2017	Previous year
No. Teeth Treated	186	164	810	712	13,526	14,350
No. Retreated	14	8	53	46	856	885
% Retreated	7.5%	4.9%	6.5%	6.5%	6.3%	6.2%

6 Denture remakes within 12 months

	SCHS		Region		State	
	2016-2017	Previous year	2016-2017	Previous year	2016-2017	Previous year
No. Teeth Treated	562	463	1,735	1,997	24,378	25,274
No. Retreated	10	8	47	46	584	509
% Retreated	1.8%	1.7%	2.7%	2.3%	2.4%	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)

	SCHS		Region		State	
	2016-2017	Previous year	2016-2017	Previous year	2016-2017	Previous year
No. Teeth Treated	1,006	1,282	8,829	7,363	151,039	163,807
No. Retreated	41	44	273	275	4,269	4,558
% Retreated	4.1%	3.4%	3.1%	3.7%	2.8%	2.8%

8 Pulpotomy/Pulpectomy retreatment by extraction within 6 months - Child (for teeth retreated by extraction within 6 months of initial pulpotomy/pulpectomy treatment)

	SCHS		Region		State	
	2016-2017	Previous year	2016-2017	Previous year	2016-2017	Previous year
No. Teeth Treated	19	30	105	117	2,487	2,809
No. Retreated	0	3	1	6	91	107
% Retreated	0.0%	10.0%	1.0%	5.1%	3.7%	3.8%



## End of Life Care

70% of palliative patients want to die at home. Only 14% do.

Talking about death can be difficult and confronting, but it is a conversation we need to have. We have found people want more information about what can happen in the time leading up to death, and generally we all want to have a real choice in how we are supported and treated at end of life. Early last year, SCHS received funding from the local Primary Health Network (PHN) for an after hours project, in any worthwhile area. SCHS had a community palliative care service at the time that operated Monday to Friday with reduced availability after hours. This reduced the availability to clients to be able to die at home with the support of specialist services. We knew immediately that the PHN funds would be put towards an After Hours Palliative Care Service allowing an opportunity for all members of our community to remain at home surrounded by culturally appropriate, client centred, family supported end of life care.

*Tilly had never talked about end of life wishes and certainly didn't think she would have the strength to care for a dying loved one at home.*

*But Tilly's mother, Colleen, got very sick, and woke up in hospital with a tracheostomy, feeding tube and was told she had six months to live. Colleen needed full-time care. Colleen was unable to speak, but Tilly was able to lip-read and was certain her mum wanted to die at home, with her family by her side, rather than at a hospital.*

*When Colleen was able to come home, she moved in with Tilly and her children. "My mum had confidence in my ability*

*to make sure her dying was dignified, painless and not with strangers" Tilly said. The palliative care nurses were on call 24 hours a day and Tilly was able to connect with them by video call at any time.*

*Just knowing the caring nurses were available reassured Tilly. "If you have the support to do it, it's so much more than anyone can offer them, because you're their loved one" she said. "As their kid, you take better care of them – it's not clinical, it's very homely".*

*Family was really important to Colleen. "We had family come from left, right and centre, which they couldn't have done at the hospital". Colleen was*

*able to be surrounded by family, experiencing the comforting sights and smells of home life including home cooked meals and being with her grandchildren for two weeks before she died at home, as she wanted.*

*Tilly has been so inspired by the palliative care nurses who supported her during this time, has since started studying nursing.*

*Tilly hopes other families will consider the option of a loved one dying at home. "If you're able to choose to birth at home, why shouldn't death be the same?". "It just doesn't have to be that scary. You are capable of doing it with care and support".*

To make sure this was a program that was wanted by our community we had a formal evaluation of the project conducted by La Trobe and Monash Universities.

- Four dedicated and passionate SCHS nurses worked a flexible 24 hour seven day a week roster to support families in their home.
- Other SCHS specialist staff, including our Aboriginal AHPACC worker, were able to assist the individuals, carers and families during the end of life stages.
- The four Palliative Care nurses and twelve relatives were interviewed about their experiences in the research part of the project.

This program led to 17 people being able to die at home surrounded by their families in familiar surrounds. **A local Aboriginal family chose to be part of the program, and this is their story:**

### Results of trial program:

- All patients in the trial died at home
- Relatives and staff are all positive about the service
- For relatives: although a difficult but special time; could not have done it unsupported; positive impact on grief; would recommend the service.
- For staff: rewarding and challenging; regular debriefing needed.

- Good education and support meant overnight call outs weren't actually needed
  - Rostering relied heavily on flexibility of nurses
  - Reduced burden on hospital and ambulance services
- Although there is no further project funding, SCHS has shown the program is absolutely needed in our community, and we have continued a modified version of the program allowing families the ability to have a loved one stay at home at end of life.



## Your Feedback

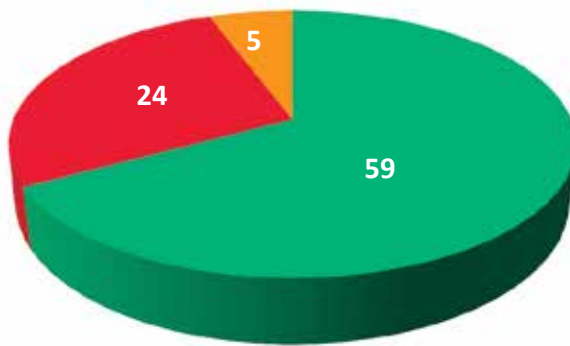
In 2016, SCHS participated in the Victorian Health Experience Survey. Of the 66 questions in the survey, the state government uses the following to compare results across different organisations.

Key aspects of care	SCHS results	Peer Group results	Victoria results
Overall, the care you received was very good or good	Positive 96%	96.7	96.4
You didn't have to repeat information that should have been recorded	Positive 83%	81.8	70.8
You found it easy to make an appointment	Positive 85%	78.2	72.1
SCHS health workers were compassionate	Positive 93%	91.0	88.2
SCHS health workers always considered your needs	Positive 78%	78.3	74.4
You felt comfortable raising issues or asking questions	Positive 90%	85.1	82.9

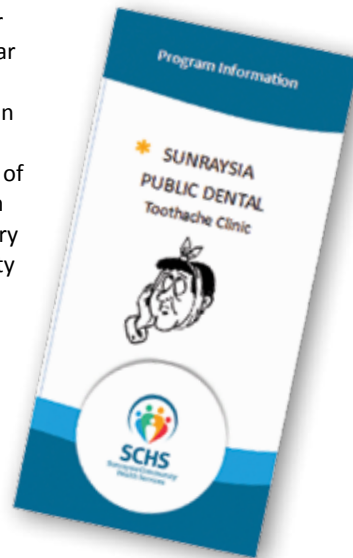
Throughout the year you have also given us general feedback about our service and performance. Your feedback came in many forms including phone calls, emails, letters, gifts, cards and letters-to-the-editors in local newspaper. Every piece of feedback is reviewed, recorded and acted upon.

## General Feedback

Compliment Complaint Other



You gave us feedback on our Toothache Clinic, in particular why we can't give you an exact appointment time in an emergency. We know how hard it can be to take in lots of information when you are in pain. Our Consumer Advisory Committee members, Quality & Safety team, as well as clients who gave us the feedback, worked together to come up with a list of Frequently Asked Questions and answers to help other people better understand how the clinic works.



## Refugee Kitchen - program improvement

In March 2015 SCHS started a cooking and gardening program for refugee men at the Mildura Ecovillage. This group helps the men learn about food handling and cooking with local vegetables and ingredients. This is quite different to where the men have come from (Afghanistan via Indonesia). While they learn these new skills, they are able to socialise, practice their English, and can ask health and general questions in a friendly environment. The group has had a very high turn over as a lot of the men choose to move to capital cities. This means that the group leaders did not get to know the men very well. During a session in January 2017, one man had a suspected allergic reaction during a group session. The man was taken to his GP and recovered well. The group leaders investigated the



incident, considering all the things that led up to it happening and how it was handled when it did. They re-thought the information they collected from the men. A new registration document was

developed which asks the men about any food allergies they have, and any other medical issues. A Group Session Outline was also developed so that at every session the group leaders will ask the men to talk about any allergies they have. These changes mean the chances of this type of incident happening again are lowered, and group leaders are now able to direct the men to extra services where needed.

## Accreditation

SCHS underwent multiple external audits in the past year. In June 2017, SCHS moved to a new certification body which allows us to be audited against multiple standards during one survey visit. This reduces costs, as well as the impact on staff and clients. SCHS achieved ongoing accreditation

against the National Safety and Quality Health Service (NSQHS) Standards and the Human Service Standards (Disability Services). We also successfully transitioned to the ISO 9001:2015 Quality Management Standards after being accredited against the 2008 version for many years.

A huge thank you all clients and Consumer Advisory Committee members who took part in the interviews with the auditors. Your support and willingness to share your experience and opinions was well noted by the auditors and certainly contributed to our success.



Standard 1:  
Governance for Safety and Quality in Health Service Organisations



Standard 2:  
Partnering with Consumers



Standard 3:  
Preventing and Controlling Healthcare Associated Infections



Standard 4:  
Medication Safety



Standard 5:  
Patient Identification and Procedure Matching

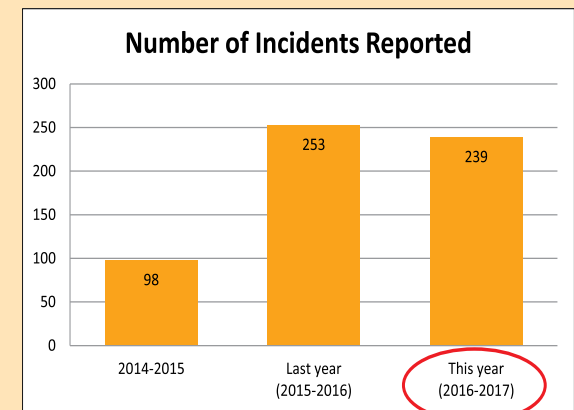


Standard 6:  
Clinical Handover

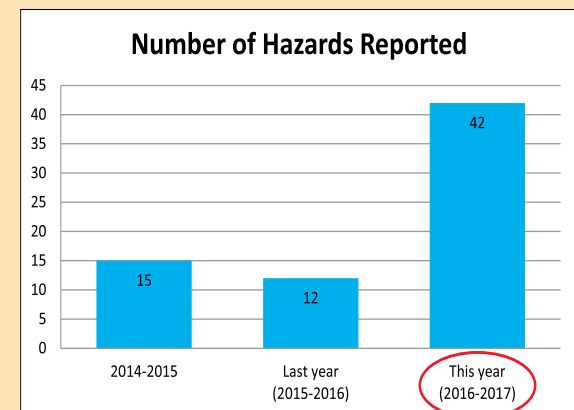
## Safety

It is really important that all safety and quality related incidents (e.g. accidents), as well as hazards and near misses (times where something could have happened or could have been worse) are reported. Staff have focussed on reporting hazards before they turn into incidents this year. Last year 12 hazards were reported, and this year there were 42.

Three of the 281 hazards and incidents needed to be externally reported because of the concern or injury involved. In 2018, SCHS will be moving to an upgraded incident reporting system which will bring many benefits. Each incident and hazard will be given a severity rating. We will continue to report hazards before they turn into incidents, and we are sure we will see less severe incidents as a result.



Incident Summary			
	2014-2015	Last year (2015-2016)	This year (2016-2017)
Security – no loss/impact	37	88	44
Vandalism/theft	6	1	1
Customer medication	3	0	2
Customer health	12	116	44
Hypoglycaemia episode	5	3	4
Staff injury	10	14	10
Violence/aggression towards staff	5	6	17
Equipment damage/failure	5	8	37
Procedural/system failure	10	13	61
Other	5	4	19



Hazard Summary			
	2014-2015	Last year (2015-2016)	This year (2016-2017)
Infection control	4	5	11
Manual handling	4	0	4
Physical injury - slip/trip	6	4	13
Other	1	3	14

## Aboriginal Advisory Group

SCHS' Aboriginal Advisory Group (AAG) expanded in numbers during the year, growing from 7 staff members to 10 SCHS and On-site partner organisation staff.

The AAG continues to inform the direction of the cultural safety of SCHS and contributes to the improved experience of Aboriginal clients and staff. The AAG have been working with the Diversity Committee and Management team to identify an appropriate Cultural Awareness Training platform.

## Partnerships

SCHS continued to work in partnership with other local agencies and government departments. A few of the more recent interagency partnerships we have developed are:

- **Support & Safety Hub** – a key recommendation from the Royal Commission into Family Violence was to establish Support & Safety Hubs. SCHS is an active partner in the Local Hub Establishment Group for the Mallee.
- **Health Justice Partnership** – Victorian Legal Aid (VLA) were actively seeking to establish a service locally in Mildura. It is better understood now that legal problems relate to the social determinants of health, so setting up a health justice partnership to work holistically to meet the needs of clients was important. VLA identified SCHS as their preferred partner, and officially commenced delivering their service in partnership from SCHS in July.
- **Out of Home Care** – SCHS works with Mallee Accommodation Support Program (MASP) to support residential care workers in navigating young people through the health system
- **Northern Mallee Community Partnership (NMCP)** – local Collective Impact initiative, Hands Up Mallee, aims to make long term social change that will improve the quality of people's lives and the overall wellbeing of our community.
- **La Trobe** – building our capacity locally for evaluation and research.
- **Primary Health Network (PHN)** – SCHS continues to have strong working relationships with the PHN, through the delivery of Pain Management, After Hours Palliative Care and most recently Chronic Disease programs
- **Mildura Base Hospital** – we continue to explore opportunities to reduce preventable hospital admissions including working collaboratively in Pain Management, Autism Assessment & Diagnosis, After Hours Non-Emergency Presentations and most recently Chronic Disease programs.



**SCHS**  
 Sunraysia Community  
 Health Services

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 Mildura VIC 3500**

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**Adult Day Activity Centre**

5 Johns Street

Mildura VIC 3500



## Practice Change for Podiatry:

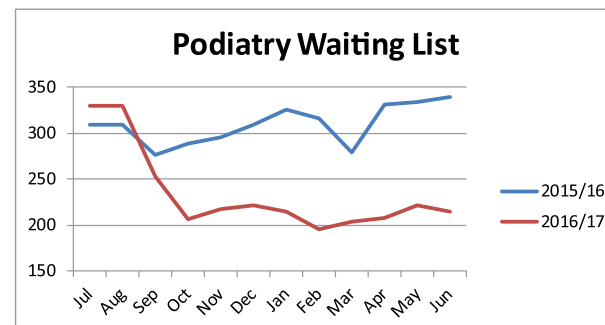
### Improve access for low-risk Diabetic Foot Assessments

Demand for Podiatry services at SCHS has been high with waiting lists climbing to 340 in June 2016. A review of the podiatry service was done during 2015. Two activities were identified that could improve access to podiatry for clients. The first was to work with the SCHS Diabetes Educators to support them to provide annual diabetic foot checks. The second was to work with the SCHS Allied Health Assistants to support them in running a low risk toenail clinic in 2017/18.

During 2016/2017 the focus was on setting up the Low Risk Annual Diabetic Foot checks. An annual foot health check is part of the clinical guidelines for good management of diabetes. Diabetes Educators were trained and assessed by the podiatrist. The team worked on a new assessment form and the clinic begun.

Clients are now screened from the beginning (at referral). Low risk clients see a Diabetes Educator. High risk clients are seen by a Podiatrist. The first clinic was run by the Diabetes

Educators in January 2017. They are now run on a weekly basis. There are 124 clients who are involved in the clinic and no longer need to go to the podiatrist. The number of people on the podiatry waiting list has gone down from 340 in June 2016 to 215 in June 2017.



## Interpreter Use

SCHS has access to accredited interpreters in many languages. Interpreters can be used via telephone as well as in person. If you have a speech or hearing impairment, you can use an Auslan interpreter. We can arrange an interpreter for you. Please let our staff know if you haven't already told us that you would like to use an interpreter. It is really important you are able to give and get information about your health and situation in the clearest way for you.

The following table shows the number of appointments where an interpreter was present in the past year.

Preferred language	Number
Auslan	11
Burmese	1
Dari	176
English	37
Farsi	184
Greek	44
Hazaragi	267
Indonesian	3
Iranic, nec.	6
Italian	23
Khmer	20
Kiriundi	27
Kirundi (Rundi)	26
Malay	43
Mandarin	23
Maori (Cook Island)	6
Persian (excluding Dari)	82
Serbian	4
Swahili	1
Tamil	43
Turkic, nec.	7
Turkish	827
Vietnamese	86
Other	5
<b>Grand Total</b>	<b>1952</b>



## Diversity

The SCHS Diversity Committee continued to meet during the past year. Amongst many activities, this committee maintains SCHS Diversity Improvement Action Plan. The committee coordinated a staff survey which identified that staff would like further training in providing effective care to our lesbian, gay, bisexual, transgender and intersex (LGBTI) communities. Online competency based training has been sourced, and a number of staff have attended specialised workshops and forums. (Sidenote: SCHS is currently providing counselling services for LGBTI people impacted by the Australian Marriage Law Postal Survey. Please give us a call if you feel you could benefit from this service.) SCHS continues to build on its partnership with Headspace to

provide accessible health services for our local youth. Most recently this partnership has extended to include the provision of GP services on a Tuesday afternoon to help young people between the age of 12-25 years with any issues related to their physical health, sexual health, drug or alcohol use, relationship problems or feeling down or upset. This service is welcoming, responsive and understanding of the health needs of young LGBTI members of our community. SCHS applied for, and achieved, registration to provide relevant services through the National Disability Insurance Scheme (NDIS). Staff have attended 'Roadshows' in readiness to support Disability Service clients as they transition from current support packages to the new scheme.

## Feedback

Please tear this section off, fill it out and hand it to one of our staff at your next appointment, or email it to [feedback@schs.com.au](mailto:feedback@schs.com.au) or mail (no stamp required) to:

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

Was this report	Not at all	Not really	Neutral	Mostly	Definitely
Easy to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant to you/or your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have any suggestions on how we can:**

Improve these reports? \_\_\_\_\_

\_\_\_\_\_

Improve our services in general? \_\_\_\_\_

\_\_\_\_\_