



SCHS
Sunraysia Community
Health Services

Quality Account 2019

At Sunraysia Community Health Services (SCHS), we provide health services within a **social model of health**. This means we understand that **social, cultural, political, environmental, and physical factors** (such as where each of us live, if/where we work, how much money we earn, what family we've been born into, what our experiences have been, if we have other health conditions and so on) all contribute

to health and well-being. The Victorian Government has asked community health services to develop these reports each year to provide information to you, about the quality of our care. This is just one way we show our commitment to you. **High quality care** is defined as **safe, effective** and **person-centred**. For more information about what this means, you can visit us or contact us at

schs@schs.com.au or visit Safer Care Victoria – www.bettersafercare.vic.gov.au

We have had another successful year in 2018-2019, and continue to strengthen our organisation through changes that continue to connect us to our **community**, strengthen our workforce, and improve the way we deliver our services to you.

Our Services

Information about each of our services is listed on our website – www.schs.com.au. We have included information on any cost that might be involved, and whether you need to meet any other requirement to be eligible for a particular service. If you would like further information, or a printed brochure, please let us know, and we'd be happy to help.



- **Aboriginal Health Promotion and Chronic Care**
- **Adult Day Activity Centre (Hecht)**
- **Aged Care Assessment Services**
 - (via registration through My Aged Care)
- **Allied Health**
 - Child Health Services
 - Diabetes Education
 - Dietetics
 - Occupational Therapy
 - Physiotherapy
 - Podiatry
 - School Readiness Program
 - Speech Pathology
 - Group Programs (for fitness, nutrition and health)
- **Antenatal Services**
- **Cognitive Dementia and Memory Service**
- **Counselling Services**
- **Dental**
- **GP Service**
- **Health Promotion**
- **Men's Behaviour Change Program**
- **Mental Health, Drug and Alcohol Programs**
- **National Disability Insurance Scheme (NDIS) Programs**
- **Nursing**
 - Continence Services
 - District Nursing
- **Pain Rehabilitation**
- **Palliative Care**
- **Parent Support**
- **Refugee Health**
- **Regional Communication Service**
- **Sexual and Reproductive Health**
 - PrEP for HIV
 - Viral Hepatitis
 - Options Counselling
 - Women's Health
- **Volunteering Program**

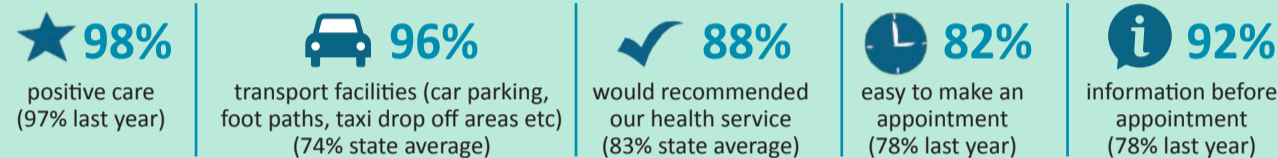
The Victorian Health Experience Survey

SCHS participates in the Victorian Health Experience Survey (VHES) each year – this helps us better

understand your experience in accessing and receiving our services. It is quite a big survey, and

we really appreciate your taking the time to fill these out for us. Our 2018 survey results:

The good



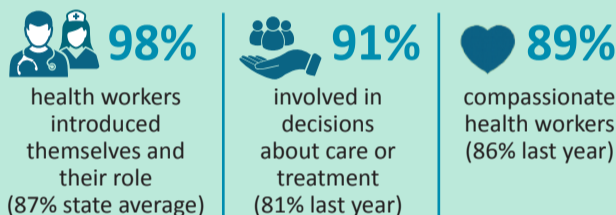
You said...

RECORD **79%**

you didn't have to repeat information that should be in your record (73% last year)

We did...

We have been mindful that you don't want to repeat your story each time we meet with you. In relation to information being in your client record and our staff ensuring they consider all of your health care needs, we initiated a quality improvement activity to support the move to a fully **electronic client records** system. During the last 12 months we have moved from planning to implementation, and we look forward to updating you on our progress and completion in next year's report.



🧠 **83%**

health workers considered all of your needs (health, culture, living, family, age)
(77% last year)

The same

🧼 **89%**

cleanliness of health service
(81% state average)

Where we could do better

You said...

👩👨 **74%**

health workers reviewed and discussed plan
(85% last year)

We did...

Having all clinicians working from the same plan will mean it is a lot more obvious that we are continually reviewing and updating your plan with you. You will, of course, be provided with a copy of the updated plan each time.

👩 **57%**

always asked about other health and wellbeing concerns
(59% state average)

Another big advantage of the new electronic client record is that all of our clinicians will be able to contribute to your individual Management Plan – this is the plan we create with you to address all of your health and wellbeing concerns.

🕒 **92%**

about the right amount of time in waiting room
(94% last year)

We have done a lot of work in updating our website and brochures to make sure that any cost involved in a particular program is well documented, and our frontline and intake staff (who you speak to over the phone) have been very diligent in making sure everyone is aware of any costs of service in advance. In

You said...

💰 **66%**

if there was a cost for the health service, you were aware of how much it would be (77% last year)

We did...

fact, we have had some feedback since the survey and our changes that some people are actually uncomfortable discussing their family income (which is what determines the different fee levels). Feedback such as this is used in our service development planning as we continually strive for the **right balance**

❓ **87%**

knew who to contact if you had questions about your care
(91% last year)

The new electronic client record means we have just the one client file for you, which our clinicians access in order to provide you the high quality care we pride ourselves on. Our staff have access to all relevant information when you visit and won't have to ask you the

same questions over and over. The only time you should be asked a similar question multiple times will be if you access a program that has a much higher level of information privacy, or if there is a requirement to check that the information we have is still correct, or are

about to start an irreversible procedure (for example, before a tooth extraction). Other projects and initiatives that have resulted in improvement in how you see us are included in this report – such as our Volunteers Program and Staff Cultural Awareness training.

Knowing our community

Each calendar year we gather a range of client profile data to review trends from previous years and to assess where our business is changing. The data and information from the client profile report comes from current SCHS databases and includes demographic information for all SCHS clients who received a service from a clinician or practitioner within our services.

In 2018,
13,299
individual clients accessed SCHS services, compared with
11,176
in 2017 and
11,120
in 2015.
This equates to an increase of 19% over the past two years. The majority of clients who accessed only one service were in Dental and the GP clinic.

Community connections

Volunteers

Volunteers play an important role at SCHS including supporting Palliative Care, providing advice on consumer experience as members of the Consumer Advisory Committee, supporting community health projects such as the 'ParkinSong' Choir and HomeBase as well as providing assistance with some administrative tasks across the organisation. Some of our dedicated volunteers have been with us for over 18 years. You may have met our new volunteers as they obtain hands-on experience in all parts of our

organisation including frontline duties, concierge, administrative projects, youth programs, home visits, or perhaps one of our group activities.

To support and build on our volunteer base, we have recently appointed a dedicated Volunteer Coordinator and formalised the volunteer program. Many of our volunteers have valuable professional and life experiences (including living with a disability, parenting responsibilities, extended unemployment and other challenges)

that assist us to improve the quality of services for everyone.

We are developing trainee and internship programs, and will update you on our progress in next years report.

SCHS thanks all volunteers for the valuable support, time and efforts in the past year and we look forward with excitement to the plans we have for the coming year.

Aboriginal & Torres Strait Islander Connections

In preparation for our 2019 NAIDOC week celebrations in August 2019 we held a NAIDOC t-shirt screen-print workshop with staff in late June. Staff learned how to print their own t-shirt to wear during NAIDOC week celebrations. The design was created by local indigenous youth together with SCHS staff.



Pundu Dreaming

Art Mural - Pundu (Cod) Dreaming

Uncle Ivan and Uncle Peter, along with Uncle Mark, are respected Aboriginal Elders that have a passion for working with children and youth in the Mildura region. They conducted an Art Mentoring Project that aims to bring young people together with caring individuals who offer guidance, support and encouragement. The project commenced in early March 2019 and continued over a period of six weeks. The art mural, which was created in the newly established Cultural Hub at our Thirteenth Street site, shows how the river is important to First Nation people of the Darling and Murray river.

Staff Cultural training

Our training continued throughout 2019. Our training has been enhanced through a partnership with the Mildura Base Hospital, who provided the theoretical

connection to Aboriginal health outcomes. This has been combined with the services of Culpra Station, who delivered On-Country experiences with Elders and shared their stories and knowledge with us. The experience included Welcome to Country, smoking ceremony, and a walk On-Country to view historical sites and learn about bush medicine.

Palliative Care

In March 2019, representatives from the Loddon Mallee Regional Palliative Care Consortium, La Trobe University, Mallee District Aboriginal Services (MDAS), Mildura Base Hospital and SCHS CEO and Aboriginal Health Promotion Officer attended two focus groups with local Elders at MDAS. The informative and interactive program was constructive and research findings will inform the next steps required to respond to



any knowledge gaps or barriers for Aboriginal people to access Palliative Care services.

Hecht- Aged Care and Disability Services

Hecht promotes independence and community connections for people with aged or disability related support needs. This service also supports carers by providing some respite from the caring role during the day.



Hecht Open Day and visit by Koorlong School Choir Dec 2018.



Easter Appeal

Many of you joined us again this year in our annual Easter Appeal, which was also well supported by local businesses. A range of family friendly activities, stalls, food and entertainment were enjoyed by the more than 500 locals who attended the event. Close to 90 SCHS staff volunteered in some way for the event, with a total of 327 hours

of volunteering estimated on the day. A huge thank you to our sponsors, particularly our major sponsor Mildura Mazda.

“One of the really great things was that every volunteer I spoke to said they were really enjoying themselves. Well done to SCHS.”



Health Promotion

Our Health Promotion team work in conjunction with local government, schools and other service providers to implement a wide range of state-funded health and wellbeing initiatives across the community. Health Promotion aims to make healthy living an easy choice by encouraging healthy eating, increasing physical activity, reducing obesity, reducing tobacco and harmful alcohol use. Initiatives include:

- Creating local networks to support schools, long day care and pool kiosks to increase the number of healthy menu options provided.
- Promoting oral health in early years services, in conjunction with SCHS Dental Program (funded by Dental Health Services Victoria)
- Increasing community activity levels through the annual 10,000 Steps Challenge and Schools Active Transport program and Mildura Weir parkrun.
- Working with primary and secondary schools to support the Mildura Region School Breakfast Partnership



Our smoothie bike.



Mildura Weir parkrun.

HomeBase

A 'Hands Up Mallee' project idea from a workshop conducted with local youth in 2018 came to fruition in the past year. A group of local young people successfully showed there is a need for a drop-in centre free from violence, drugs and alcohol. The idea came from the young people who have lived experienced of family violence, drugs and alcohol, as well as some becoming parents themselves as teenagers.

In 2018 SCHS supported a short trial conducted in conjunction with Sunraysia Mallee Ethnic Communities Council and supported by Victoria Police. Another trial is underway to build on what was learned in the 2018 trial. This is being run with funding support from Murray Primary Health Network and the Victorian Department of Justice and Community Safety. A big thanks go to the SCHS volunteers and staff that have provided support to HomeBase.

Other Community Connections



One Voice choir.

SCHS also sponsored the first round of Music Generations at Chaffey Aged Care. The program has continued to expand across the district and has great community involvement. SCHS has hosted community choir One Voice, which has been a successful initiative and grew in numbers quickly. The choir brings together a diverse group of community members who love to sing. There are approximately 65 people who attend each Friday night at our Thirteenth Street site.

Continuous Improvement – it starts with us!

We seek feedback from staff throughout the year on all sorts of issues and ideas. One example of such feedback received was how we could best communicate internally when we have so much going on, and many new staff. We found that using multiple methods of communicating internally works best for us and has the best outcomes for our clients. We run monthly all-staff forums, fortnightly staff newsletter, have an intranet that is updated regularly, email, team meetings that are minuted with action lists, and an open door policy for feedback at all levels.

Team Palliative Care Model

Following an original trial in 2016, SCHS completed a further 12-month trial of the end-of-life palliative care program, which was once again evaluated by La Trobe University. The Team Palliative Care (TPC) model was developed as a result, with improvements to the service. These included expansion of hours of operation, integration with the palliative care program, and the employment of a Palliative Care Liaison Nurse. The TPC model was based on the following objectives:

1. To provide a 24-hour community-based service, by palliative care specialised nurses, to residents within the Mildura LGA.
2. To provide the choice for terminally ill patients in the Mildura LGA to die at home.
3. To develop a 24 hour service model within current funding resources and without dependence on a team physician.

The success of the model is due to the efforts of all key stakeholders, who included SCHS staff, ANMF, Ambulance Victoria, the Mildura Base Hospital, local GPs, and local nursing homes.

SCHS has shown it is possible to deliver a 24-hour community based palliative care service that supports dying at home, and that specialised palliative care staff can provide this service without the appointment of a team physician.

The 12-month evaluation of the TPC model demonstrated, of **141 clients, 85%** indicated their preferred place of death to be at **home/residential aged care**, with **47.11%** actually able to die at home/residential aged care. Feedback from those involved in the trail shows that the compassionate and client-centred care had a significant and positive impact on the carer's experience of supporting their loved one to die at home. Research suggests that only around **14%** of people across Australia are actually able to die at home despite more wanting to. Our model shows that we are able to significantly improve this number without additional funding.

Sexual Health Services

In October 2018, SCHS began providing access to the HIV prevention pill, "PrEP". PrEP stands for Pre-Exposure Prophylaxis; 'prophylaxis' meaning 'to prevent or control the spread of an infection or disease.' The pill is taken daily, to reduce the risk of contracting HIV, by people who don't have HIV but are considered at risk. People identified as benefiting most from PrEP, due to being at high risk of HIV infection, include men who have sex with men, and transgender and heterosexual people with a HIV positive partner. Many members of our community have already benefited from the service; telling us that before this service was provided by SCHS, they had to travel to Adelaide or Melbourne for PrEP.

“The thing that really worried me was that until [the service] started there was nothing like this available in Mildura, you had to travel to Melbourne or Adelaide. I had some friends who were doing that, are still doing that, I know people who go to Adelaide for PrEP, but I would never travel those distances. If this service wasn't here I would still not be screened, I would not be on PrEP.”

Clients of the Sunraysia Sexual Health and Viral Hepatitis Service have also said that they had avoided testing for Sexually Transmitted Infections (STIs) because they may not feel comfortable asking their GP;

“I was scared to even ask my GP for this. I felt so much better about bloods and everything being done [at SCHS], I would not have done that off-site, I just wouldn't have gone.”

Mental Health, Drug and Alcohol Services Update

To engage more young people and their families in Sunraysia with regard to information on Alcohol and Other Drugs (AOD), the SCHS AOD team created a

dedicated **Facebook page** - [@SunraysiaYouthAOD](#).

The focus of this page is to share articles and events relevant to Youth AOD from

other services in the Youth AOD space. So if you're a parent or young person looking for information on AOD, check out our Facebook page.

Chronic Obstructive Pulmonary Disorder (COPD)

'The Lung & the Breathless' Pulmonary rehabilitation began in November 2018 and is a group aimed at those who have, or are at risk of developing, a Chronic Lung disease.

Clients attend group-based sessions at SCHS twice a week for eight weeks. Week eight is aimed at preparing them for discharge, equipping them with self-management strategies and implementing a home-based pulmonary rehabilitation program.

Participants have fed back that the



Barry, one of our first participants in *The Lung and the Breathless* program

small groups provide benefits and they have gained confidence in completing exercises; the education is well thought-out and clients feel they have better management of their medications and condition.

Our clients state they feel stronger and have experienced a decrease in breathlessness.

The program will now be expanded to accept cardiovascular clients.

General Practitioners (GPs) in Secondary Schools

In October 2018, we commenced our GPs in Secondary Schools services with Irymple Secondary College, expanding our commitment to ensure young people are getting the health support, advice and treatment they need so they can reach their full potential. Our services are youth friendly and provided by staff



Dr Kelechi with Nurse Mel pictured with Irymple Secondary School student.

who are trained in adolescent health. We are now in our second year of providing these services to Red Cliffs Secondary College.

DET School Readiness Program

From February 2019, SCHS successfully implemented the new Department of Education and Training (DET) School Readiness and Speech Pathology in Schools program. The program is provided across the Mallee, with staff travelling to Donald, Wycheproof, Murrayville and Swan Hill and many other locations in between, to build capacity of early childhood and primary

school educators in the areas of communication (language development), wellbeing (social and emotional), access, and inclusion.

The DET School Readiness Programs include partnerships between community health centres, local councils and education settings across the Mallee. The programs allow multidisciplinary allied health (speech pathology,

psychology and occupational therapy) to work with kindergarten educators and families in kindergarten and Speech Pathologists in school communities, to build their capacity to support young children's learning in the areas of communication (speech, language and communication development) and wellbeing (social and emotional development).

Collaborative Parent Support

We know that parenting our children can be a tricky job! Research presented by Hands Up Mallee in 2018 confirmed that the best prevention and early intervention points for children and youth occur at the antenatal, infancy and early childhood, preschool, primary and secondary years. The best use of

money spent during these stages of life is through parenting – providing systems and programs to respond early to prevent risk factors from growing. Our Board of Directors have committed to setting up a collaborative community parent support service in a two year trial, and our annual Easter Appeal

fundraising event is helping us achieve this. This service will be established in the Mildura central business district with the aim of reducing inequality and improving health outcomes of children and young people in our region.

Family Safe Victoria - The Orange Door

The Orange Door is the entry point for the Mallee community to access child and family services, and family violence services, including services working

with perpetrators of family violence. The Orange Door has resulted from the Royal Commission into Family Violence, and has been a major government

reform. SCHS is proud to be a partner of this initiative and has welcomed the significant focus on family violence as a public health issue.

Aged Care

The **Aged Case Assessment Service (ACAS)** have continued to be advocates for their clients and have a strong commitment to protect and promote the rights of older people who may be at risk of exploitation, abuse or neglect (including self-neglect). The ACAS team have been able to provide a responsive, timely service to their clients, well within the expectations of the governing body

again this year.

ACAS have helped many people to access Home Care Packages. A Home Care Package provides Government funded services that will help older people to remain at home for as long as possible, as well as providing choice and flexibility in the way that the care and support is provided. Unlike services provided under the Commonwealth Home Support

Program, which offers basic assistance, Home Care Packages offer a higher level of support if an older person has more complex needs.

ACAS has provided many community education sessions to service providers and community members. The sessions have provided information about the My Aged Care system and how older people can access help and support.

Dental Performance

Every year we provide details of the work we have done in Dental – both in terms of quality and quantity. Here are some of these details

4,805

people attended SCHS' Dental program
1,845 of which were children

10,853

individual appointments were provided

Smiles 4 Miles



July 2018 – June 2019

14 Early Childhood Services participated

497 children screened (285 last year)

62 identified as Aboriginal and/or Torres Strait Islander (35 last year)

4 went on the general anaesthetics waitlist (3 last year)

168 required follow up (98 last year)

Our performance across our Dental Services

4.8%

of adults had to have a tooth re-fixed after dental work (last year 6.9%)

1.3%

of children had to have a tooth re-fixed after dental work (last year 2.3%)

0.3%

of people came back within a week of having an easy to remove tooth pulled out (last year 0.5%) (state average 1.0%)

12.5%

of people had to have their false teeth remade within 12 months of getting them. (regional average 5.3%)

69.2%

of people had treatment completed within 6 months of starting root canal. (state average 76.6%)

We would love this number to be 100% but what we find is that once the pain has been relieved, clients do not return to finish the treatment. Finishing your treatment is really important to avoid further issues and damage to the tooth.

Your feedback

We continued to review every piece of feedback you gave us throughout the year – both the positive and the negative. Many times you told us how much you appreciate the dedication of our staff, and this puts a skip in our step! You have also told us that sometimes carparking is an issue. We have worked with Mildura Rural City Council to have additional roadside parking, including two additional dedicated accessible parking spaces created. We are also in the process of installing "Client Parking Only" signage in our off-street parking facility.

The following are just a few of the comments we have received throughout the year:

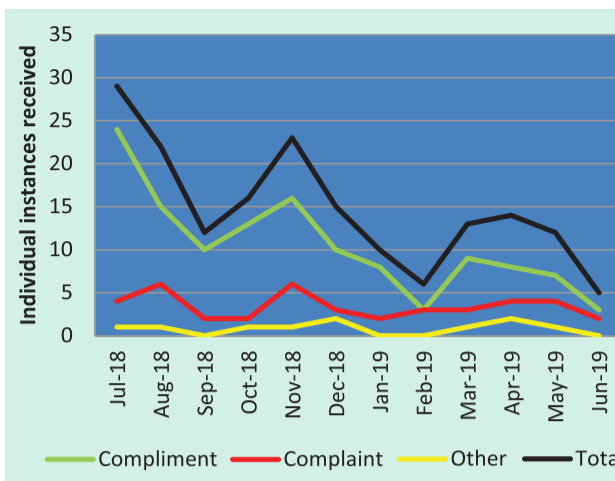
Daybreak – non-residential drug and alcohol rehabilitation program *"they've taught me so much about myself and how to better manage my addiction"*

Palliative Care services *"Just a short note to express my families' appreciation"*

for your compassion and sincerity in preparing my father for the final part of his journey. The work you do is of the greatest benefit to your patient but more so the care and compassion you show to the family who survive the departure. You make us all realise the nature of living and dying. Your service is essential to all suffering bereavement."

"...really can't express adequately, how grateful we are for your support through Palliative Care & also Di's. It would not have been possible to care for Dad at home as we did without you both. It was so good to be able to do what Dad wanted. It also made it so much easier for the family to be with Dad right to the end. Bless you Liz for what you do. You certainly made a difference in our lives."

Pain Management services - At Christmas time, SCHS had a number of toys donated from a client, including two children's bikes; these donations were divided between three very appreciative families who are



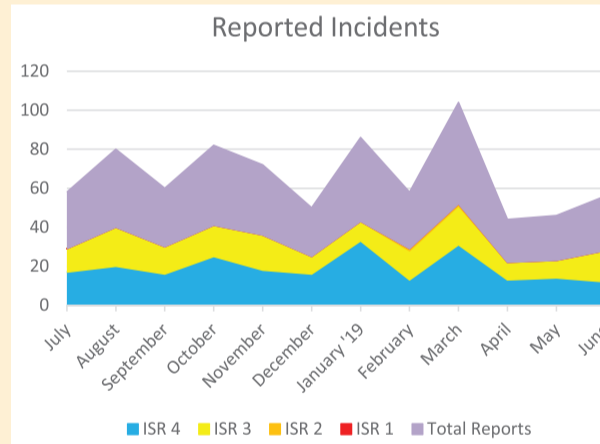
clients of SCHS. The clients wanted us to know that the gifts they were able to give their families as a result brought much joy to the kids, which is something they struggled to do in their current financial position. One of the families had a complex medical and social history significantly affecting their lives. This client had significant pain issues because of an injury and was on a five-year waitlist at a metropolitan hospital for this very debilitating condition. One of our clinicians involved in this family's care has

strongly advocated through numerous channels to have this client's case reviewed, with the hope to reduce the wait time. Our clinician sent lots of supporting information. While the clinician was hoping the referral would be re-triaged to a higher category, and reduce the wait time from 5 years to 18 months, we were ecstatic to hear that this case had been expedited to the top of the list. Stories such as these are not unusual here at SCHS; this is what we are here for, **improving the lives of our community.**

Safety

Your safety, our safety and our community's safety continues to be our priority. We believe 'prevention is better than cure' and you can see that in the way we report hazards and incidents. We use the Victorian Health Incident Management Systems (VHIMS) which assigns an Incident Severity Rating (ISR) for each hazard or event.

ISR 1 = Severe (including death)
ISR 2 = Moderate
ISR 3 = Mild
ISR 4 = No harm (near miss)
As you can see, our staff have reported a number of ISR4s and ISR3s throughout the year, which means we are focussing on reporting hazards and minor incidents before they have a chance to become much more serious events.



Regular fire drills – we learnt the value of these drills at our Hecht facility during the year. Due to the drills, everyone knew what to do when we decided it would be best to evacuate all clients and staff from the building one morning. Everyone

evacuated the building in a calm and safe manner, helping and encouraging each other – well done!
Safety initiative – we celebrated Jobs at Home Day with a lunch at Hecht and a morning tea at our Thirteenth Street site. This day reminds

us all that we need to stay safe at work so as we can all return home to our families at the end of each day, in order to come back to work the next day and continue working on the best outcomes for our clients! SCHS participated in WorkSafe

Victoria's Community Project involving the prevention of aggression and violence in the workplace. This included a visit from WorkSafe inspectors – one that was very successful and reassured us that we are doing a great job in keeping our staff and our clients safe.

Accreditation

We want to provide the best outcomes for everyone who needs our services. We routinely assess what we do against all relevant Quality Standards by internal self-assessment and audits. In addition, we have audits conducted by external auditors, and these include:

- ISO 9001:2015 Quality Management System
- National Safety & Quality Health Services Standards
- Department Human Services' Human Service Standards
- National Disability Insurance Scheme registered provider status and self assessment.
- Royal Australian College of General Practice standards
- Australian Aged Care Quality Agency Aged Care Standards

Do you have feedback?

We appreciate your feedback – including your opinions on this report. Please tear off the section and hand it to staff at your next appointment, email to feedback@schs.com.au or mail it to: **Sunraysia Community Health Services, Reply Paid 2803, Mildura VIC 3502** Was this report:

	Yes	Neutral	No
Easy to read			
Relevant to you/your family			
Informative			

Do you have any suggestions on how we can improve this report or our services in general?

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